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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wiful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

Any false reporting may be referred to the Police for investigation.

- This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

设置的有限分别的With Nation 1995 And Add To	ACCIDENT STATEMENT
Date Of Report	17/06/2020 14:32
Date Of Accident	17/06/2020 07:30
Exact Location Of Accident	WOODLANDS AVENUE 12/WOODLANDS AVENUE 5 JUNCTION
Country/State of Loss	SINGAPORE
CONTROL OF THE PROPERTY OF THE	ETAILS OF OWN VEHICLE
Vehicle Registration Number	CB7291J
Insured/Policyholder	
Name Of Registered Owner	J.T BUS SERVICE
Co Reg No	4XXX800W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94550531
Alternative Phone No	OFFICE-96944577
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	RM117NB20282
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	BUS
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	DMB1SNW00002302005
Cover Note Number	
Driver	
Name of Driver	JUSTIN TOH ENG SOON
NRIC No	SXXXX718C
Date Of Birth	21/09/1960
Occupation	OUTDOOR
Date Of Driving Pass	30/12/1981
Driving Experience	38 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94550531
Fax Number	
Contact Number	OTHERS-96944577

NOEMAIL

Address

BLK 195B PUNGGOL ROAD

#12-516

Postcode

822195

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

21

Details of Police Action

Was the accident reported to the police?

NO

If Yes Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

YN1573L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of
 the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (r) my Perconal information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

(O)

Policyholder's Signature Oate & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

A-C372917 B-YN1573L

Woodlands Ave 12 F Woodlands Ave 5

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	ES OF THE ACCIDENT			9 1
CO 18 C 18 C 18 C 18	round 07:30015 I w 12 & Woodlands Ave My has hit ento Front Wind Screen	my right fr	C. Martina VI	VEN B LIU IS S
HA ONTO MY	trans of discrete	0.00		
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DECLARATION

eclare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Road surface: Dry (Wet)	Usage of veh during of accide
Weather condition: Clear / Raining	
Speed:	Driver IC:
history (100	Driver Name :
Does driver own a vehicle: yes /no	Driver Pass date:
if yes, veh number plate:	Drver Birth date :
veh insurance co:	and the second s
Relationship with insured: Employee & turky	-
Witness (if any): yes/fio	
Witness name:	
Witness hp:	
Witness hp: Witness email (if any):	
Witness add:	
Witness IC no:	
Third party veh number: YN 1573L.	
Name of third party driver:	
IC of third party driver:	
HP of third party driver:	
Address of third party driver:	
Insured/Co name of third party vehicle:	
Contact number of insured/Co:	
Insurance co of third party vehicle:	
Police report (if any): yes/no	
Police report reported at which police station:	
Any intended prosecution given: yes /no	
if yes, against whom: veh A /veh B driver	
Action taken claiming third party Aclaiming own damage	/ reporting only
	Tapotang sang
No of Pax: 3-1	
Connect3 client vehicle no: CB 71913	
Owner contact no: 44220531.	
Date of accident: \7\6\3030	
Location of accident: Woodland AVE 12 & AVE I'	Juntion.
Time of accident : 07: 30krs	The state of the s
Any Injury: yes /no (if yes, must have police report)	
A SEA OF THE PROPERTY OF THE P	

CERTIFICATE OF INSURANCE

Non-Verticolor (Third) Plants Holes and Comparements (Act) Chapter 18 March 19 M

ANCOROA

Cost Event F.

CERTIFICATE NO

DM815NW00002302005

Engine No. 6016962656 Chia No. RM117NB20282

1. Index Mark and Tingstrator

CB7291.0

Number of Values

IT HUS SERVICE

Effective date of the Continuous amount of prescriptor for the pagement of the Regulations. Online on Englander

Excess Sect 1 Fire & Theft

5\$1,000.00

Excess Sect. II

251,000.00

6. Date of Every of Insurance

26/03/2021

5. Harmon in Classics of Particle and but the

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission of any person driving with polysticider's permission.

Provided that the person driving is permissed of accordance with the interioring or other laws or requisitoring to strong in permissed on a powerfield and in the interioring or other laws or requisitoring to strong the Motor Camera or negotiation in that behalf from through the Motor Vehicle

A SUPPLEMENT OF STUDEN

Use only for the cambige of passangers or goods in connection with the Policyhotter's business as specified in the Schedule

The Policy does not cover

(1) Use for racing, piece-making, reliability that or speed-feeting

(2) Use whilst drawing a trader, necept the sowing jother than for reward; of any one disabled mechanically properled vehicle

"Limitations rendered respective by Section 6 of the Motor Valuation (Third Planty Misks and Compression) Art (Chapter 199) and Section 95 of the Road Transport Act 1967 (Maleysia), are not to be included under these featings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malkysia)

Please see reverse

THE CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD.

Issued By

copps x roles Authorised Office a

Authorised Signatory

China Taiping Insurance (Saigapore) Pte. Ltd. (Co. Ring. No. 200208384E) A 3 Amon Road #16-00 Springleaf Tower Singapore 079909.

Cesso 6111

C+222 1033

@www.sgunteiping.com

transaction ref 20140423153200165629

The owner and vehicle particulars for Vehicle No. CB7291J as at 23 Apr 2014 are as follows:

		as at 25 Apr 2014 are as
1	. Name	. IT DUG SERVICE
2.	Identification No. Type	: J.T. BUS SERVICE
3.		: Business
4.		: 47287800W
5.		CDTOOL
6.	Previous Vehicle No.	: CB7291J
7.	Effective Date of Ownership	22 1 2011
8.	Original Registration Date	: 23 Apr 2014
9.	First Registration Date	: 27 Mar 2004
10		: 27 Mar 2004
		: S20 - School Transport Bus/Coach/Minibus
11.	Vehicle Scheme	: School Bus without AW(
12.	Attachment 1	: Air-Conditioned
13.	Attachment 2	:-
14.	Attachment 3	
15.	Vehicle Make	: MITSUBISHI
16.	Vehicle Model	: RM117NSRDEB
17.	Year of Manufacture	: 2003
18.	Primary Colour	: White
19.	Secondary Colour	
20.	Passenger Capacity	: 45
21.	Chassis/Trailer Chassis No.	: RM117NB20282 / -
22.	Propellant	: Diesel
23.	Engine No./Motor No.	: 6D16962656 / -
24.	Engine Capacity(cc)/Power Rating(kW)	
25.	Maximum Power Output(kW/bhp)	
26.	Unladen Weight(kg)	:-/-
711/2	omader (Cight(Ag)	: 9500

Transaction ref 20140423153200165629

The owner and vehicle particulars for Vehicle No. CB7291J as at 23 Apr 2014 are as follows:

	23 Apr 2014 are as follows:
27. Maximum Laden Weight(kg)	: 14030
28. Open Market Value	
29. PARF Eligibility	: \$84,801.00
30. PARF Eligibility Expiry Date	: No
31. Minimum PARF Benefit	
32. No. of Transfers	: S0.00
33. IU Label No.	12
34. COE No.	: 2050079225
35. COE Expiry Date	
36. COE Category	
- Integrity	
Tevalling Quota Premium	
 Actual Quota Premium/PQP Paid Actual ARF Paid 	
reduct Piki Fald	: \$4,241.00
Zimsaton(g/km)	
Totali CLEVS Regale Utilised	
42. CEVS Surcharge Paid	
43. Actual Green Vehicle Rebate Utilised	
44. Vehicle Lifespan Expiry Date	: 26 Mar 2024
45. Road Tax Amount	: \$603.00
46. Road Tax Start Date	: 27 Mar 2014
47. Road Tax End Date	: 26 Sep 2014
48. Remarks	
	: The vehicle will be de-registered upon reaching its statutory lifespan on 26 Mar 2024. This is a public service vehicle.