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#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- 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 wilful 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.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. 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.
- 7. By the lodgement of this report to the insurers, you heroby consent to the a

aforesaid.	ord hereby consent to the archiving of this report at the centre and to copies of the report being made availab	lo:	
· · · · · · · · · · · · · · · · · · ·	ACCIDENT STATEMENT	Mrisa	
Date Of Report	29/09/2020 18:26		
Date Of Accident	29/09/2020 14:00		
Exact Location Of Accident	ALONG TOA PAYOH LORONG 1		
Country/State of Loss	SINGAPORE		
in the second of	DETAILS OF OWN VEHICLE	ala.	
Vehicle Registration Number	CB6543P		
Insured/Policyholder			
Name Of Registered Owner	ST LEE TRANSPORT PTE, LTD,		
Co Reg No	2XXXXX388Z		
Email Address	NOEMAIL		

(LOCAL) +65-96868028

OFFICE-81545597

Alternative Phone No. Vehicle Particulars

Mobile Phone No

Manufacturer GOLDEN DRAGON Model XML6957J14-6.7 D (A) Exact Purpose for which vehicle was being used at WORKING PURPOSES time of accident

Are you claiming under your own insurance policy

NO for repair to your vehicle? THIRD PARTY

If No, Please state action to be taken

BUS

Vehicle Category

Insurance Company

Name of Insurance Company CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. Type Of Coverage

COMPREHENSIVE

Fleet Policy NO

Policy Number DMB1SNW00004992001

Cover Note Number

Driver

Name of Driver EONG CHOON HWA

Passport No/FIN GXXXX904Q Date Of Birth 24/07/1987 Occupation OUTDOOR Date Of Driving Pass 12/08/2015

Driving Experience 5 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-96868028

Fax Number

Contact Number OTHERS-81545597

EMail Address NOEMAIL Address

Postcode

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

COLLISION - U-TURN

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

NO 2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

NO

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)

44

**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

PC4234K

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

### IMPORTANT NOTICE

- 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.
- 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.
- 5. 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 the 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")
- (b) 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
- (c) my Personal 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

ST (Fer complying with requirements under any regulations, laws or court orders.

TRANSPORT PTE LTD

Bit 1002 Tog Payoh Industrial Park #07-1447 Singapore 319074

TEL: 6258 6188 FAX: 6258 1677

Policyholder's Signature Date & Time: Driver's Genaldre

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signa

Name:

NRIC/FIN No.:

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

IPC no	912000	around	14:odurs	Iwa	s drive	y my	BUS	CB 654	3.9
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I/We declare the foregoing particulars are true in every respect.

TRANSPORT PTE LTD

Policyfold of Constant Post of Control of Co

NECTIN NO.

Responder Centre Personnel

Block 1002 Toa Payoh Industrial Park #07-1447 Singapore 319074 (T) 62586188 (F) 62581677

Website: www.stleetransport.com.sg Email: stlee.transport@gmad.com

29 September 2020

## TO WHOM IT MAY CONCERN

Dear Sir

REFERENCE : CB6543P CHINA TAIPING INSURANCE

I hereby confirmed aware of this incident and authorised Mr Eong Choon Hwa Fin G2602904Q to lodge a report to your kind department . Our vehicle are insured under China Taiping Insurance

I thank you in advance for your kind consideration and understanding and hope to hear from your kind department as soon as possible.

Regards

Lee Sin Tiong

Director

Road surface: Dry / Wet	Usage of veh during of accident:
Weather condition: (lear / Raining	
Speed:	
0464/026 <del></del> )	Driver IC:
Does driver own a vehicle: yes/no	Driver Name :
if yes, veh number plate:	Driver Pass date :
veh insurance co:	Drver Birth date :
Relationship with insured: Employee 7 Employer -	
Witness (if any): yes/no	
Witness name:	
Witness hp:	
Witness email (if any):	
Witness add:	
Third party veh number: PC 4334 K.	
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: NTUC	
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	
ANNO MENORANA PENERSI DEN SONI SERIA DEN SENI DEN SERIA DEN SERIA PENERSI PENE	
Action taken : claiming third party / claiming own damage / rep	orting only
No of Pax: 44 pox	
Connect3 client vehicle no: CB 65 43P	
Owner contact no: 968 68 028	
Date of accident: >9\09\>020	
Location of accident: Toa Payoh Lor 1	
Time of accident: 14,00kg	

Any Injury: yes /no ( if yes, must have police report)



# 中国太平保险 (新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Motor Bus

557501

R. SN

ANOSSCA

Cov. Type C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)

Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960

Riced Transport Act, 1987 (Malaysia)

Motor Vehicles (Third-Party Risks) Rules, 1959 (Motaysia)

CERTIFICATE No.

DMB1SNW00004992001

Engine No.: ISBE422521838611

Cha No. 1138ECDH1AA011110

1. Index Mark and Registration.

CB6543P

AUTOSAFE \*\*\*\*\*\*\*\*

Number of Vehicle

STILEE TRANSPORT PTE, LTD.

2. Name of Policy Holder

Excess Sect 1.

5\$2,000.00

Efective date of the Convenencement of historización insurance for the purposes of the Regulations. Ordinance or Enectment

Excess Sect. II

\$\$1,000.00

4. Date of Expry of Insurance

07/07/2021

EX ON WINDSCREEN.

\$\$500.00

5. Persons or Classes of Persons entitled to drive" Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or

regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use:

Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

The Policy does not cover

(1) Use for racing, pace-making, reliability to all or speed-testing.

(2) Use whitst drawing a trailer, except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

Limitations rendered incoerative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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 (Malaysia).

Pleasa see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: CDDS & Authorised

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) ★3 Anson Road #16-00 Springleaf Tower Singapore 079909

@6389 6111

6222 1033

www.sq.cntaiping.com

## Transaction ref 20150509100648898449

The owner and vehicle particulars for Vehicle No. CB6543P as at 09 May 2015 are as follows:

1.	Name	: ST LEE TRANSPORT PTE LTD
2.	Identification No. Type	: Company
3.	Identification No.	: 201437388Z
4.	Place Of Passport Issue	( •
5.	Vehicle No.	: CB6543P
6.	Previous Vehicle No.	:-
7.	Effective Date of Ownership	: 09 May 2015
8.	Original Registration Date	: 13 Jul 2010
9.	First Registration Date	: 13 Jul 2010
10.	Vehicle Type	: S20 - School Transport Bus/Coach/Minibus
11.	Vehicle Scheme	: School Bus with AWC
12.	Attachment 1	: Air-Conditioned
13.	Attachment 2	
14.	Attachment 3	(1.4)
15.	Vehicle Make	: GOLDEN DRAGON
16.	Vehicle Model	: XML6957J14
17.	Year of Manufacture	: 2010
18.	Primary Colour	: White
19.	Secondary Colour	1-
20.	Passenger Capacity	: 43
21.	Chassis/Trailer Chassis No.	: LL3BECDH5AA011110/-
22.	Propellant	: Diescl
23.	Engine No./Motor No.	: ISBE422521838611 / -
24.	Engine Capacity(cc)/Power Rating(kW)	: 6693 / -
25.	Maximum Power Output(kW/bhp)	:-/-
26.	Unladen Weight(kg)	: 9440