

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 withholding 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 hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

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

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB6543P
Insured/Policyholder	
Name Of Registered Owner	ST LEE TRANSPORT PTE. LTD.
Co Reg No	2XXXXX388Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96868028
Alternative Phone No	OFFICE-81545597

Vehicle Particulars

Manufacturer	GOLDEN DRAGON
Model	XML6957J14-6.7 D (A)
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	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?	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 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

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 withholding 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. 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.
7. 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:
 - (i) 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:
 - (i) 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.

ST LEE
TRANSPORT PTE LTD
Bk: 1002 Toa Payoh Industrial Park #07-1447
Singapore 319074
TEL: 6258 6188 FAX: 6258 1677

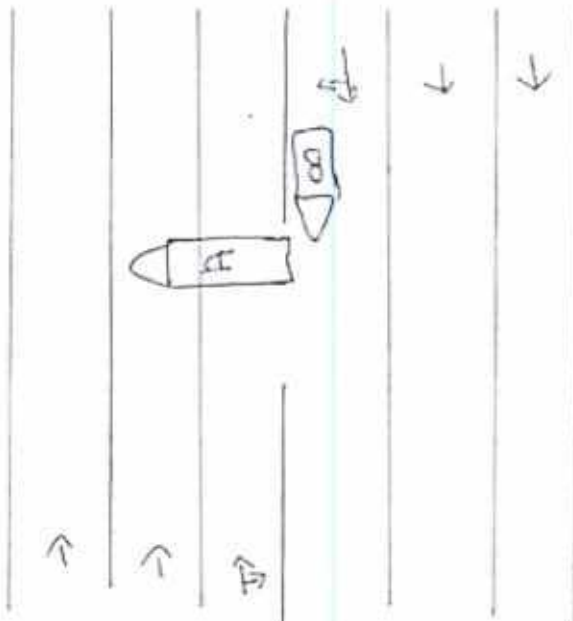
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Tea Payoh Lor 1



A - CB6543P

B - PC 4234E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/9/2020 around 14:00hrs. I was driving my Bus CB6543P along Tea Payoh Lor 1. While I was doing a u-turn and my # Bus was stationary Veh B PC 4234E collided onto my right rear portion.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

ST LEE

TRANSPORT PTE LTD

Policyholder's Signature: *[Signature]*
Date & Time: 0258 6188 FAX: 6258 1677
Of driver is not the policyholder)
Date & Time:

Responsible Centre Personnel's Signature: *[Signature]*
Name: *[Signature]*
NRIC/TIN No.:

STLEE



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

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

Weather condition: Clear / Raining

Speed: _____

Does driver own a vehicle: yes/no

if yes, veh number plate:

veh insurance co:

Relationship with insured: Employee ? Employer

Witness (if any): yes/no

Witness name:

Witness hp:

Witness email (if any):

Witness add:

Witness IC no:

Third party veh number: PC 4234K

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

Action taken : claiming third party / claiming own damage / reporting only

No of Pax: 44 pax

Connect3 client vehicle no: CB 65 43P

Owner contact no: 968 68 028

Date of accident: 29/09/2020

Location of accident: Toa Payoh Lor 1

Time of accident: 14.00hrs

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

Usage of veh during of accident:

Driver IC:

Driver Name :

Driver Pass date :

Driver Birth date :



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Bus

MZ601

R SN

AN058CA

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
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMB1SNW0004992001

Engine No.: ISBE422521838611

Chs. No.: LL38ECDH3AA011110

1. Index Mark and Registration
Number of Vehicle

CB6543P

AUTOSAFE

2. Name of Policy Holder

ST LEE TRANSPORT PTE. LTD.

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

08/07/2020

Excess Sect. I. S\$2,000.00

Excess Sect. II S\$1,000.00

EX ON WINDSCREEN. S\$500.00

4. Date of Expiry of Insurance

07/07/2021

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 trial or speed-testing.
- (2) Use whilst drawing a trailer, except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

* Limitations rendered inoperative 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).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

ODDS & EVEN

Authorised Officer



杨亚美

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.sg.cntaiping.com

Annex A

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	: -
15. Vehicle Make	: GOLDEN DRAGON
16. Vehicle Model	: XML6957J14
17. Year of Manufacture	: 2010
18. Primary Colour	: White
19. Secondary Colour	: -
20. Passenger Capacity	: 43
21. Chassis/Trailer Chassis No.	: LL3BECDH5AA011110 / -
22. Propellant	: Diesel
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