SA1G211J0002 / ASM Automotive Services Pte Ltd
ENTRY DATE & TIME: 20/01/2021 13:50 (SGT)
SUBMITTED BY: Yandy Ang
VERSION: 1 (20/01/2021 13:50 (SGT))

Your NCD will be affected due to late reporting

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 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 Submission	20/01/2021 13:50 (SGT)
Date of Accident	18/01/2021 18:10 (SGT)
Exact Location of Accident	Boon Lay Way, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA87E

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	STS Transport Management Pte Ltd
Company Reg No	2XXXXX540Z
Email Address	info@ststransport.com.sg
Mobile Phone No	(Phone) +65-68982668
Alternative Phone No	(Office) +65-68982668

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	LT134P
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Bus

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	SD20V02524/VBS/R00
Cover Note Number	-

DRIVER

Name of Driver	Wang Zhiyong
Passport No/FIN	GXXXX141U
Date Of Birth	14/08/1976
Occupation	Outdoor

Date Of Driving Pass	17/02/2009
Driving experience	11 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86156620
Alt. Phone Number	-
Email Address	info@ststransport.com.sg
Address	NIL
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	7
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Unknown
Gender	Male

PASSENGER 2

Name	Unknown
Gender	Male

PASSENGER 3

Name	Unknown
Gender	Male

PASSENGER 4

Name	Unknown
Gender	Male

PASSENGER 5

Name	Unknown
Gender	Male

PASSENGER 6

Name	Unknown
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to the attached.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD6566D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
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

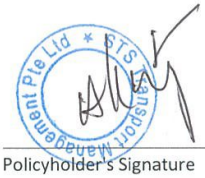
   (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

   (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.



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

- Refer to the attached -

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to the attached statement -

DECLARATION

I/We declare 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 Name: NRIC/FIN No.:

Accident Report **workshop@ststransport.com.sg** **tel no: 68982668 (Ms Lim Mei Jun)**

Date/ Time of Accident: _____ / 6.10pm

Location of Accident: _____

(A) Vehicle No: PA 87 E Model: _____

Name of Driver: Wang ZhiYong Contact No: 86156620

(B) Other Vehicle No: SHD 6566D Model: _____

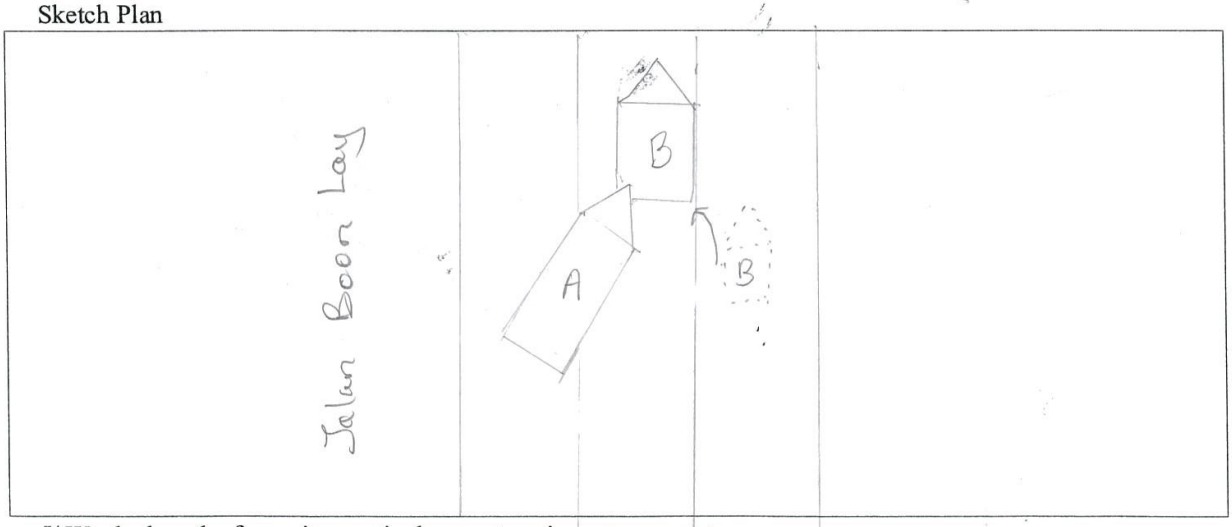
Name of Driver: Norman Bin Atan Contact no: 9276 1429

Was any foreign vehicle involved in this accident? Yes/ No
Vehicle No: _____ Contact No: _____
Was anybody injured in this accident? Yes/ No
Was the accident reported to police? Yes/ No

Circumstances of Accident

refer to attached

Sketch Plan



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

Policy holder Signature	Driver's Signature	Witnessed
Date:	Date: 19/01/2021	Date:
Time:	Time: 0950	Time:

On the 18th January 2021(around 6.10PM), I was driving Vehicle A (PA87E) along Boon Lay Way.

I was switching from the left to the middle lane near a bus stop (B10: Jurong Point). I stopped my vehicle prior to changing lane and a lorry was kind enough to let me switch lanes first. I proceeded to do so slowly.

However, Vehicle B (SHD6566D), suddenly swerved from the right lane into my lane. Despite clearly seeing my vehicle, the vehicle continued to move into the lane without due care. I attempted to stop immediately but Vehicle B (SHD6566D) still brushed the front portion of my bus.

At the site of the incident, we exchanged our particulars. No injuries were sustained.

After the incident, I checked the bus' surveillance footage and found that Vehicle B drove recklessly and without due care. I have attached a copy of our surveillance footage for your reference.

IMAGES

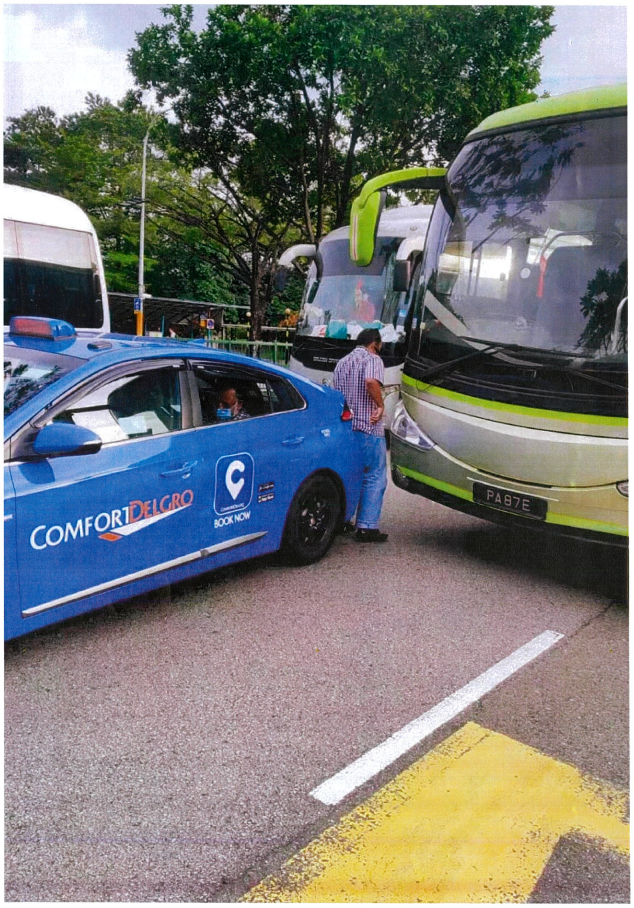
IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6



IMAGES #7

IMAGES #8

Liberty Insurance.

1800-LIBERTY
[1800-5423789]
AUTO ASSISTANCE HOTLINE
24 HR
ACCIDENT RESPONSE
BREAKDOWN ASSISTANCE
FLOOD ASSISTANCE

Liberty Insurance Pte Ltd
Registration no: 199002791D
51 Club Street
#03-02 Liberty House
Singapore 069428
Tel: (65) 6221 8811 Fax: (65) 6223 6882
Website: http://www.libertyinsurance.com.sg

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	SD20V02524 /VBS /R00
Form	MZ603A
Date Of Issue	02-MAR-2020
1.Index Mark and Registration No. of Vehicle:	PA87E
2.Chassis number of Vehicle:	JALLT134PA7000118
3.Name of Policyholder:	STS TRANSPORT MANAGEMENT PTE LTD
4.Effective date of Commencement of Insurance for the purpose of the Act:	01-MAR-2020 00:00 AM
5.Date of Expiry of Insurance:	28-FEB-2021 23:59 PM

6.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.

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.
And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

7.Limitations as to use*:

A) Use only for the carriage of passengers or goods in connection with the Policyholder's business.
B) Use only in the Republic of Singapore.

8.Policy does not cover:

A) Use for racing, pace-making, reliability trials or speed-testing.
B) 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 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.

For and on behalf of
LIBERTY INSURANCE PTE LTD
Approved Insurers

Authorised Signature

For Information only:	
COVERAGE :	Windscreen Limit - S$3500/- No reinstatement allowed,Geographical Area: Singapore only,Comprehensive
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I S$2000,Section II S$1000,REFER MEMORANDUM - Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S$3000,Windscreen Excess S$300
FINANCE COMPANY:	
PRODUCER NAME:	SUE & WONG (S.E.A.) PTE LTD

S1_C/_T1_T3_OE_Template2 Ver1 03-MAR-20

PLFM/-/03-MAR-20