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SN0821210004 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 01/02/2021 15:23 (SGT) SÜBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (01/02/2021 15:23 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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

01/02/2021 15:23 (SGT) Date of Submission 21/01/2021 13:50 (SGT) Date of Accident Phoenix Park, Singapore **Exact Location of Accident** Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

CB7166M Vehicle Registration Number

INSURED/POLICYHOLDER

Yes Is company? AIK SHEN BUS SERVICE Name Of Registered Owner 2XXXX400K Company Reg No aikshen1@singnet.com.sg **Email Address** (Phone) +65-96327095 Mobile Phone No +65-91505574 Alternative Phone No

VEHICLE PARTICULARS

Mitsubishi Manufacturer **RK117JBSRDEA** Model Variant Exact purpose for which vehicle was being used at time of Employment accident Are you claiming under your own insurance policy for repair to No - Reporting only your vehicle? Bus Vehicle Category

INSURANCE COMPANY

China Taiping Insurance Name of Insurance Company ThirdPartyFireTheft Type of Coverage Fleet Policy DMB1SNW00000252005 Policy Number Cover Note Number

DRIVER

AZMAN BIN SENIN Name of Driver NRIC No SXXXX867Z

Date Of Driving Pass	25/08/1992
Driving experience	28 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91505574
Alt. Phone Number	-
Email Address	aikshen1@singnet.com.sg
Address	BLK 436 WOODLANDS STREET 41 #06-384
Address complement	The state of the s
	730436
Postcode	No
Is the driver the policyholder?	Employee
If No, Relationship of the Driver with the Insured	
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	Side Swipe
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)	23
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	UNKNOWN
	Male
Gender	Maio
PASSENGER 2	
Name of the second seco	UNKNOWN
Name	Male
Gender	Male
PASSENGER 3	
Name	
Gender	Male
PASSENGER 4	
Name	UNKNOWN
Gender	Male
PASSENGER 5	
Name	UNKNOWN
Gender	Male
PASSENGER 6	
Name	UNKNOWN
Gender	
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PASSENGER 7	
Name	UNKNOWN
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Gender	
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Was notice of intended Prosecution given? If yes, against whom?	No -
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

No

Vehicle Registration Number	SMQ2222U
Vehicle Manufacturer	*
Vehicle Model	-
Vehicle Variant	-0
Vehicle Colour	-
Vehicle Category	Private car
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)	-

Was there any audio recorded?

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 for 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 repudists 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)

l 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 aet 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)
 - (i) processing, handling and/or dealing with my dalms 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 daims (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
- (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
- (r) my Partonal Information may/can be disclosed by any of the incurers 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

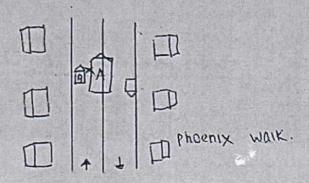
Driver's Signature

(If driver is not the policyholder)

Date & Time:

Name:

NAIC/FIN No .:



On a	1101/20	010	13: 50 n	15. 1	was	dewing	my b	us c	B7166r	n along
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Policyholder's Signature

Date & Time:

Univer Signature

III driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Road surface: Ory Wet	Usage of veh during of accident:
Weather condition Clear Raining	
Speed:	
	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 & Employee	<u>, </u>
Witness (if any): yes/no	
Witness name:	
Witness hp:	
Witness email (if any):	
Witness add:	
Witness IC no:	
Third party veh number: SMQ 2222 4	
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 / claiming own damag	reporting only
No of Pax: 23 pax	
Connect3 client vehicle no: CB 7 166 m .	20.000
	Email address: <u>aikshen 1 @ singnet.</u> com . 23.
	Number of Pax : 22- pox :
Location of accident: Phoenix Walk. Time of accident: 13:50 hrs	Males: Fpax.
Time of accident: 13:50 hrs	Females : 15 pox
Any Injury: yes-/no (if yes, must have police report)	





Motor Bus

MZ601

SN

AN0580A Cov. Type:F

CERTIFICATE OF INSURANCE
Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
tor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1967 (Malaysia)

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

CERTIFICATE No.

DMB1SNW00000252005

Engine No.: 6D16953650 Cha. No.: RK117JB20038

Index Mark and Registration

Number of Vehicle

CB7166M

2. Name of Policy Holder

AIK SHEN BUS SERVICE

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

Excess Sect. I -Fire & Theft .

5\$1,000.00

Excess Sed. II \$\$1,500.00

4. Date of Expiry of Insurance

28/01/2021

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

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

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

ODDS & Authorised Officer

Authorised Signatory

Q63896111



www.sg.cntalping.com

Transaction ref 20130701163533640440

The owner and vehicle particulars for Vehicle No. CB7166M as at 01 Jul 2013 are as follows:

1.	Name	: AIK SHEN BUS SERVICE
2.	Identification No. Type	: Business
3.	Identification No.	: 29635400K
4.	Place Of Passport Issue	:-
5.	Vehicle No.	: CB7166M
6.	Previous Vehicle No.	: PA4163S
7.	Effective Date of Ownership	: 19 Dec 2012
8.	Original Registration Date	: 29 Jul 2003
9.	First Registration Date	: 29 Jul 2003
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 Description	: MITSUBISHI
16	. Vehicle Model	: RK117JSRDEA
17	. Year of Manufacture	: 2002
18	. Primary Colour	: Multi-Colored
19	. Secondary Colour	
20	. Passenger Capacity	: 41
21	. Chassis/Trailer Chassis No.	; RK117JB20038 / -
22	. Propellant	: Diesel
23		: 6D16953650/-
24	. Engine Capacity(cc)/Power Rating(kw)	: 7545 / -

25. Unladen Weight(kg)

: 7260