

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 Submission 18/01/2021 16:24 (SGT)
Date of Accident 25/11/2020 07:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information Woodlands Ave 9 & Woodlands Sector 1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PA52E

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TRANSPORT REPUBLIC PTE LTD
Company Reg No 201505633C
Email Address evelynchew1@gmail.com
Mobile Phone No (Phone) +65-67550025
Alternative Phone No (Office) +65-67550025

VEHICLE PARTICULARS

Manufacturer King Long
Model XMQ6117K
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Bus
Transmission Auto
CC 6693

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5111892039-01-000002
Cover Note Number 10/08/20 - 09/08/21

DRIVER

Name of Driver CUI GUOWEI
Passport No/FIN G8450215X

Date Of Birth	03/03/1971
Occupation	Outdoor
Date Of Driving Pass	13/03/2009
Driving experience	11 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84678879
Alt. Phone Number	-
Email Address	evelynchew1@gmail.com
Address	-
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 - Major/Minor Rd
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)	11
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Male

PASSENGER 2

Name	PASSENGER
Gender	Male

PASSENGER 3

Name	PASSENGER
Gender	Male

PASSENGER 4

Name	PASSENGER
Gender	Male

PASSENGER 5

Name	PASSENGER
Gender	Female

PASSENGER 6

Name	PASSENGER
Gender	Female

PASSENGER 7

Name	PASSENGER
Gender	Female

PASSENGER 8

Name	PASSENGER
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Gender Female

PASSENGER 9

Name PASSENGER

Gender Female

PASSENGER 10

Name PASSENGER

Gender Female

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 ATTACHED. (REPAIR BY CONNECT3 WORKSHOP PTE LTD)

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 GBH4780P

Vehicle Manufacturer -

Vehicle Model -

Vehicle Variant -

Vehicle Colour -

Vehicle Category Commercial vehicle

Name of Driver RAMJAN MOHAMMAD

Passport No/FIN G2001518M

Contact Number -

Address -

Address complement -

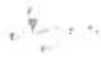
Postcode -

Insurance Company Name -

Nature Of Damage -

Details of property damaged in accident -

No. Of Passenger (Including Driver) -



SKETCH PLAN

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

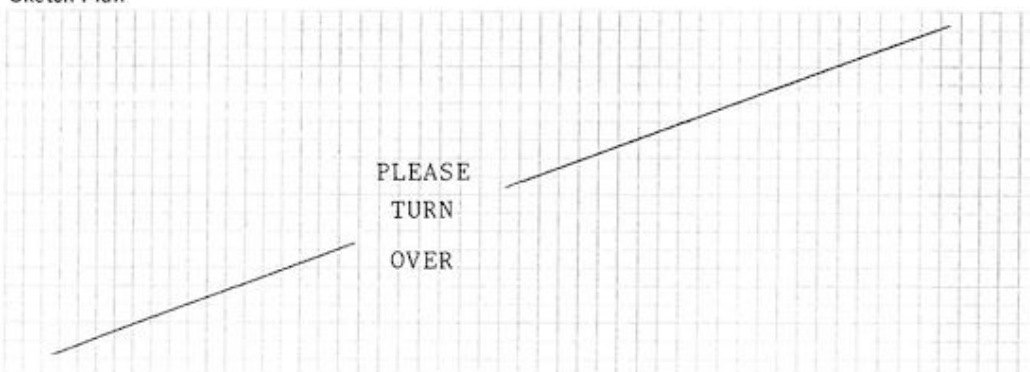
1. VEHICLE NO.: PA52E
2. INSURER CO.: NTUC
3. ACCIDENT
DATE & TIME: 25/11/20 7.30pm

Policyholder's Signature / Date & Time

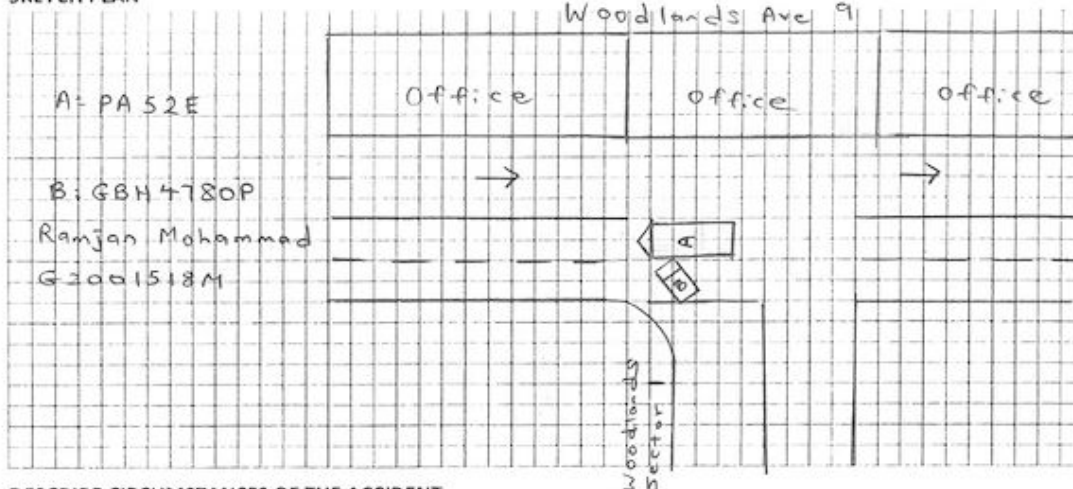
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



PLEASE
TURN
OVER



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ins: NIUC	Veh No: PA52E	30A: 25/11/20 7:30am
I travelled on the main road. GBH4780P turned out from side road without stopping and hit onto front left of my bus.		
Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.		

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.:

() Claim Own Policy () Claim Third Party (/) Reporting Only
() Claim OD/TP at other workshop (_____)

Date: 18 Jan 2021

To : Accident Reporting Centre (ARC)

I/ We hereby approve (driver's name) Cui GuoWei
 NRIC/FIN G8450215X, our employee / employee of Ming Yu Jiang
Express Pte Ltd to drive our m/vehicle no. PA 52E

and to file the accident report (Third Party claims/Own Damage Claims/Reporting
 Only) which occurred on (date) 25 Nov 2020 @ (time) 0730 am
 along (location) Woodlands Avenue 9

* Relationship between Insured and driver's company: Related Party

Thank you.

Regards,



*** SIGN & STAMP at the above ***

Name of Owner: See Ming Loo

NRIC / ROC: 56933582I

Contact No: 67550025

Email: myjepl@supnet.com.sg















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SC1G21110002 Vehicle Registration No: PA52E

Name (as shown in NRIC): Transport Republic Pte Ltd NRIC/FIN/Passport No: 201905633C

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): 6755 0025 Mobile No.: _____

Email Address: evelyn@trb.com

Date of Accident: 25/11/20 Time of Accident: 07:30

Place of Accident: Woodlands Ave 9 & Woodlands Sector 1

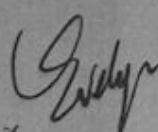

Insurance Company: NISC Income Insurance Co-operative Ltd

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Would like to convert from Reporting Only to Third Party Claim.

Workshop: Connect3 Workshop Pte Ltd

Policyholder / Driver's Signature

Date: 06/04/2021




Reporting Centre Personnel's Signature

Name: Wei Lin

NRIC/FIN No.: _____

Date: 6/4/21