

# 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 ..... 10/09/2021 14:36 (SGT)  
Date of Accident ..... 10/09/2021 09:00 (SGT)  
Exact Location of Accident ..... Clementi Ave 6, Singapore  
Additional Location Information ..... BLK. 208 CLEMENTI AVE 6  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... PC2871J

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... KIM BUS CO PTE LTD  
Company Reg No ..... 201110478Z  
Email Address ..... Johnktang@yahoo.com.sg  
Mobile Phone No ..... (Phone) +65-94517007  
Alternative Phone No ..... (Office) +65-63643536

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Hiace  
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 - Reporting only  
Vehicle Category ..... Bus  
Transmission ..... Auto  
CC ..... 2982

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... D19MCV0005290\_01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ABDUL RAHMAN BIN GANI  
NRIC No ..... S1406796E

Date Of Birth .....	11/03/1960
Occupation .....	Outdoor
Date Of Driving Pass .....	21/12/2012
Driving experience .....	8 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97164745
Alt. Phone Number .....	-
Email Address .....	mandjrainbow@gmail.com
Address .....	BLK. 191 BOON LAY DRIVE
Address complement .....	#09-148
Postcode .....	640191
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 .....	Wet

#### 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 vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	9
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	FATIMAH
Gender .....	Female

#### PASSENGER 2

Name .....	CHERLY ANN
Gender .....	Female

#### PASSENGER 3

Name .....	KANSHIK
Gender .....	Male

#### PASSENGER 4

Name .....	WAN LIN
Gender .....	Female

#### PASSENGER 5

Name .....	BEBE
Gender .....	Female

#### PASSENGER 6

Name .....	IRNIE
Gender .....	Male

#### PASSENGER 7

Name .....	JIA HUA
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

I WAS DRIVING VEHICLE NUMBER PC2871J ON 10 SEPT 21, I WAS AT CLEMENTI AVE 6 BLK 208 TO ALIGHT MY CLIENTS. I COME OUT OF THE CARPARK AND STOP AT THE STOP LINE, I WANT TO TURN LEFT THEN RIGHT. ONCE I SEE NO TRAFFIC, I PROCEEDED AND TURN. SUDDENLY, I HEAR A LOUD BANG.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	DEVICE FAULTY
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJN5558H
Vehicle Manufacturer .....	Hyundai
Vehicle Model .....	-
Vehicle Variant .....	-
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) .....	-

## SKETCH PLAN

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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.
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.

  
KIM BUS LTD  
2011/11/27  
Registration Number

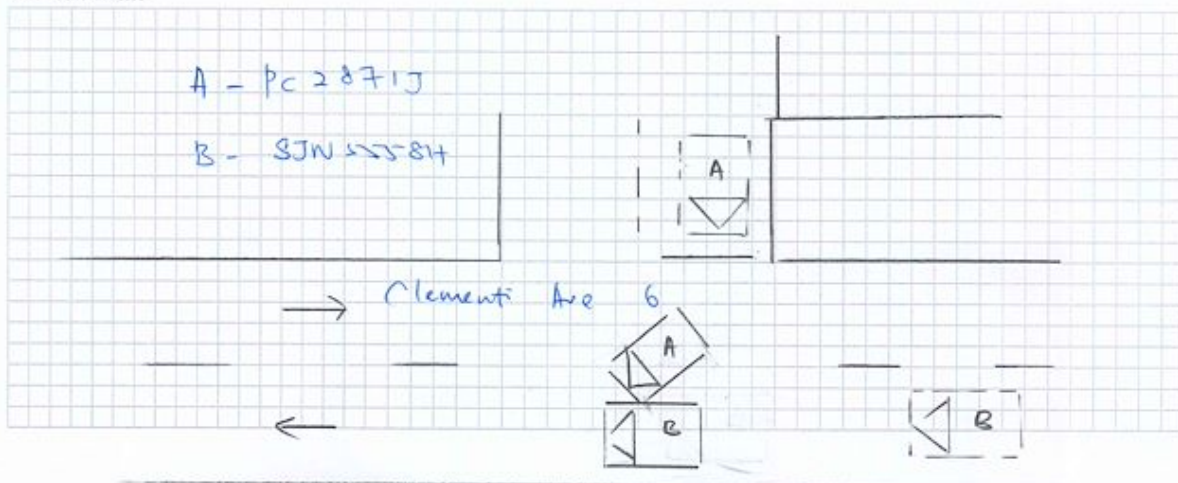
Policyholder's Signature / Date & Time



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

 進友成汽車服務私人有限公司  
CYS Automobile Services Pte Ltd  
38 Woodlands Industrial Park East 1  
#07-17 Admiralty Industrial Park  
Singapore 757400  
Tel: 6219 2098 (3lines) Fax: 6219 2096  
Witnessed by Reporting Centre Personnel

## Sketch Plan





## Describe Circumstances of the Accident

I WAS Driving vehicle number ~~PC28715~~ PC28715, on 10 Sept 21, I was at Clementi Ave 6 blk 208 to align my client. I came out of the carpark and stop at the stop line, I want to turn left then right. once I see no traffic, I proceeded to turn, suddenly, I hear a loud bang;

Note: Please note that your insurer may have 14 days Time Frame for you to submit an Own Damage claim under your own comprehensive policy. please check with your policy for more information.

## Declaration

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



Witnessed by Reporting Centre Personnel



進友成汽車服務私人有限公司  
CYS Automobile Services Pte Ltd  
38 Woodlands Industrial Park East 1  
#07-17 Admiralty Industrial Park  
Singapore 757100  
Tel: 6219 2098 (3lines) Fax: 6219 2096













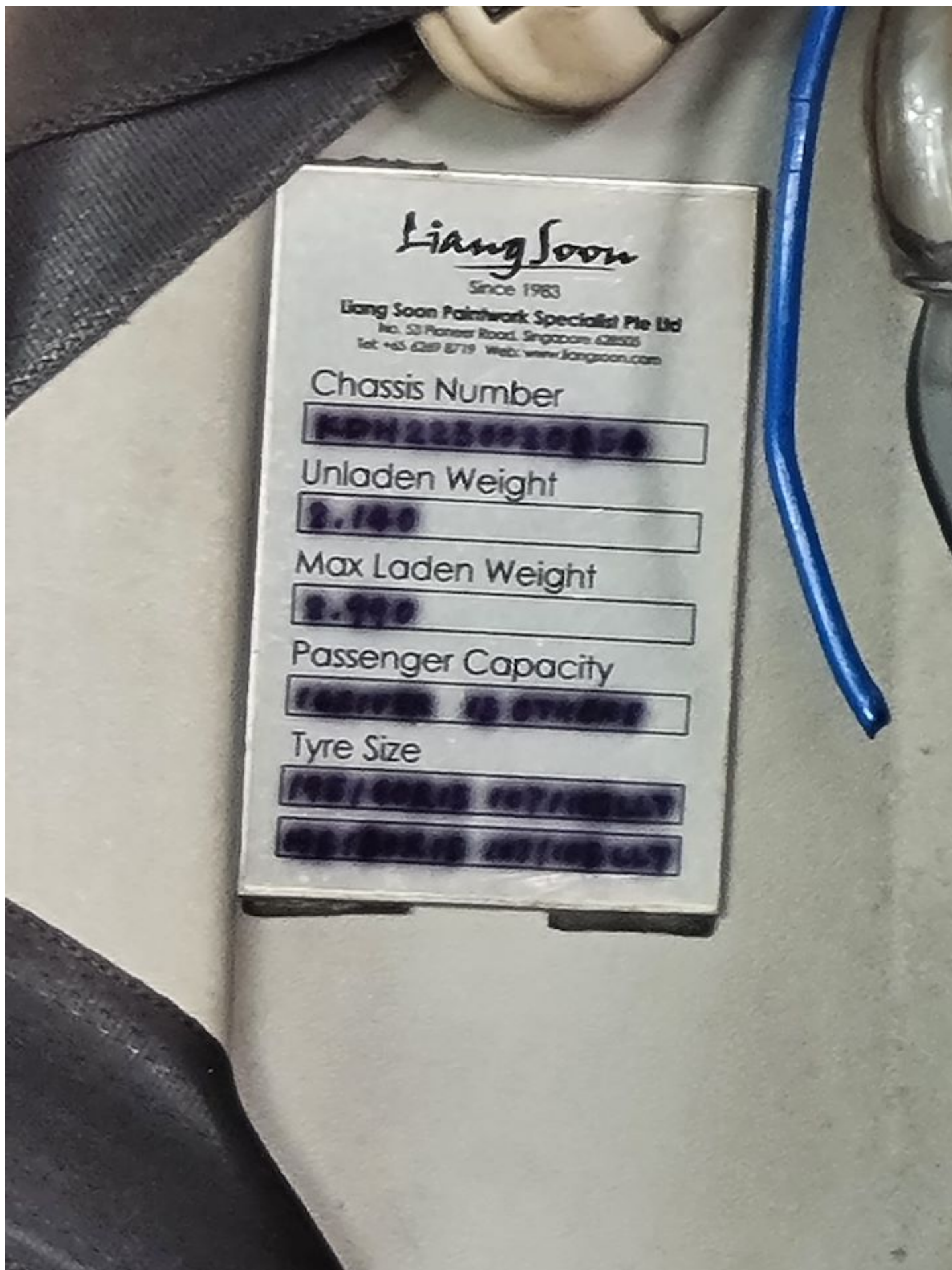












04/10/2016 11:55 FAX

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Transaction ref 20171025094648567235

The owner and vehicle particulars for Vehicle No. PC2871J as at 25 Oct 2017 are as follows:

1. Name	: SRI LANKA AIR FORCE
2. Identification No. Type	: Company
3. Identification No.	: 201110478Z
4. Place Of Passport Issue	: -
5. Vehicle No.	: PC2871J
6. Description of Vehicle	: -
7. Effective Date of Ownership	: 25 Oct 2017
8. Original Registration Date	: 28 Oct 2014
9. First Registration Date	: 28 Oct 2014
10. Vehicle Type	: Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus
11. Vehicle Service	: Public Service Vehicle (Others)
12. Attachment 1	: Air-Conditioned
13. Attachment 2	: -
14. Attachment 3	: -
15. Vehicle Make	: TOYOTA
16. Vehicle Model	: HIACE COMMUTER GL 3.0 A
17. Year of Manufacture	: 2014
18. Primary Colour	: Silver
19. Secondary Colour	: -
20. Passenger Capacity	: 13
21. Chassis/Engine Number (NO.)	: KDPHZZ30020854 / -
22. Propellant	: Diesel
23. Engine No./Motor No.	: 1KD2430559 / -
24. Engine Capacity(cc)/Power Rating(kW)	: 2982 / -
25. Maximum Power Output(kW/bhp)	: - / -
26. Unladen weight(kg)	: 2140



## INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST Reg. No. M2-0078906-X  
 64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711  
 Office (65) 63476100 Email insure@iil.com.sg  
 Fax (65) 62244174 Website www.iil.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)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

<b>CERTIFICATE NO.: D19MCV0005290_01</b>		<b>COVER: Comprehensive</b>
1. Index Mark and Registration Number of Vehicle	: PC2871J	
Chassis No	: KDH2230020854	
2. Name of Policyholder	: KIM BUS CO PTE. LTD.	
3. Effective date of Insurance	: 28 Oct 2020	
4. Expiry date of Insurance	: 27 Oct 2021	
5. Persons or Classes of Persons entitled to drive*	<p>Any person who is driving on the Policyholder's 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.</p>	
6. Limitations as to use*	<p>Use only for the carriage of passengers or goods in connection with the Policyholder's business.  <b>The Policy does not cover</b>          a) Use for racing, pace-making, reliability trial or speed-testing.          b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p>	
<p>*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.</p>		
<p>Excess Sect I &amp; II SEPARATELY : SGD1,500.00          Windscreen Excess : SGD200.00          TERRITORIAL LIMIT : WITHIN THE REPUBLIC OF SINGAPORE ONLY          Hire Purchase Company : N.A</p>		
<p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &amp;/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I &amp; II SEPARATELY WILL BE APPLICABLE.</p>		
<p>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).</p>		
Agent/Broker : A000047/SINCL PTE LTD		For India International Insurance Pte Ltd
Date of Issue : 14/09/2020 11:43:19		
M.Z. 600C - OMNIBUS (ORGANIZATION)		 Authorised Signatory