

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	20/09/2021 11:12 (SGT)
Date of Accident	17/09/2021 09:15 (SGT)
Exact Location of Accident	Thomson Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6341X
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	AEDGE HOLDINGS PTE LTD
Company Reg No	2XXXXX323E
Email Address	william@aedge.com.sg
Mobile Phone No	(Phone) +65-91460806
Alternative Phone No	+65-87557037

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	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMB1SNA00006252102
Cover Note Number	-

DRIVER

Name of Driver	ROSLINOR BIN MAZLAN
NRIC No	SXXXX488G

Date Of Birth	21/03/1960
Occupation	Outdoor
Date Of Driving Pass	08/05/2001
Driving experience	20 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87557037
Alt. Phone Number	-
Email Address	william@aedge.com.sg
Address	BLK 337 BUKIT BATOK STREET 34 #04-06
Address complement	-
Postcode	650337
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	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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN PAX
Gender	Male

PASSENGER 2

Name	UNKNOWN PAX
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

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	SML8096D
Vehicle Manufacturer	-

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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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.

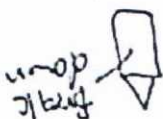
Policyholder's Signature
Date & Time:



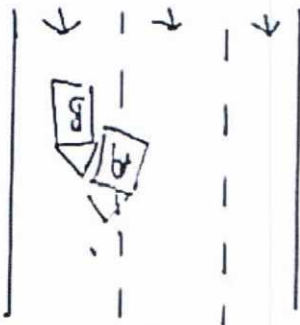
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN



Thompson Road.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 17/9/2021 around 09:15hrs, I was driving my Bus PC6341X along Thompson Road. I was travel on the middle lane and I saw a vehicle break down, I signal right and see traffic was clear before I overtake, vehicle SML8096D did not slow down and hit onto my bus rear right portion.

DECLARATION

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



Policyholder's Signature

[Signature]

Date & Time:

Driver's Signature

[Signature]

(If driver is not the policyholder)

NRIC/NTN No.:

Name:

Reporting Centre Person's Signature

[Signature]
20/09/2021

Road surface: Dry / Wet
Weather condition: Clear / Raining
Speed: _____

Usage of veh during of accident:

Does driver own a vehicle: yes / no
If yes, veh number plate: _____
veh insurance co: _____

Driver IC:
Driver Name :
Driver Pass date :
Driver Birth date :

Relationship with insured: Employer & employer
Witness (if any): yes / no
Witness name: _____
Witness hp: _____
Witness email (if any): _____
Witness add: _____
Witness IC no: _____

Third party veh number: SML 8096D
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: _____

91443486
RESLINOR BIN MAZLAN
875X7037
2037960
08/05/2001

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

BLK 337 BUKIT BARUK S134
10/06 (650337)

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

No of Pax: 3

1 Male
1 Female

Connect3 client vehicle no: PC 6341X
Owner contact no: 91460806
Date of accident: 17/9/2021
Location of accident: Thomson Rd.
Time of accident : 0915 hrs
Any Injury: yes / no (if yes, must have police report)

Email Address: William@Aedge.com.sg



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

BR0120A

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.

DMB1SNA00006252102

Engine No.: 1KD2735973

Cha. No.:KDH2230033417

1. Index Mark and Registration
Number of Vehicle

PC6341X

AUTOSAFE

2. Name of Policy Holder

AEDGE HOLDINGS PTE LTD

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

01/06/2021
(00:00:00)

Excess Sect. I. \$S2,000.00

Excess Sect. II \$S2,000.00

4. Date of Expiry of Insurance

31/05/2022

EX ON WINDSCREEN. \$S100.00

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.

HIRE PURCHASE CO.: DBS BANK LTD AS HP OWNER

* 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: Gan Li Jia Jesca
Authorised Officer

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

Transaction ref 20170831123902995669

The owner and vehicle particulars for Vehicle No. PC6341X as at 31 Aug 2017 are as follows:

1. Name : AEDGE HOLDINGS PTE. LTD.
2. Identification No. Type : Company
3. Identification No. : 200509323E
4. Place Of Passport Issue : -
5. Registered Address : 4009 ANG MO KIO AVENUE 10
#04-33
TECHPLACE 1
SINGAPORE 569738
6. Mailing Address : -
7. Vehicle No. : PC6341X
8. Effective Date of Ownership : 31 Aug 2017
9. Original Registration Date : 31 Aug 2017
10. First Registration Date : 31 Aug 2017
11. Vehicle Type : Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus
12. Vehicle Scheme : Public Service Vehicle (Others)
13. Attachment 1 : Air-Conditioned
14. Attachment 2 : -
15. Attachment 3 : -
16. Vehicle Make : TOYOTA
17. Vehicle Model : HIACE COMMUTER GL 3.0 AUTO
18. Year of Manufacture : 2017
19. Primary Colour : White
20. Secondary Colour : -
21. Passenger Capacity : 13
22. Chassis/Trailer Chassis No. : KDH2230033417 / -
23. Propellant/Emission Standard : Diesel / JPN2009 + Euro VI PN limit
24. Engine No./Motor No. : 1KD2735973 / -
25. Engine Capacity(cc)/Power Rating(kW) : 2982 / -
26. Maximum Power Output(kW/bhp) : - / -
27. Unladen Weight(kg) : 2140
28. Maximum Laden Weight(kg) : 2990
29. Open Market Value : \$42,327.00
30. PARF Eligibility : No
31. PARF Eligibility Expiry Date : -
32. Minimum PARF Benefit : \$0.00
33. IU Label No. : - 1550297767
34. COE No. : 2017083105003221C
35. COE Expiry Date : 30 Aug 2027
36. COE Category : -
37. Quota Premium/Prevailing Quota Premium : \$35,839.00
38. Actual Quota Premium/PQP Paid : \$30,715.00
39. Actual ARF Paid : \$2,117.00
40. CO2 Emission(g/km) : -
41. Actual CEVS Rebate Utilised : -
42. CEVS Surcharge Paid : -
43. Actual Green Vehicle Rebate Utilised : -
44. Vehicle Lifespan Expiry Date : 30 Aug 2037
45. Road Tax Amount : \$13.00
46. Road Tax Start Date : 31 Aug 2017
47. Road Tax End Date : 30 Aug 2018
48. Remarks : This is a public service vehicle.
The vehicle is registered under Early Turnover Scheme.

4. All new In-vehicle Units (IUs) are covered by a 5-year warranty against manufacturer's defect.
5. Please contact our customer service officers on tel: 1800-CALL LTA (1800-2255 582) if you have any question.

Yours sincerely

NG LAY CHOO (MS)
DEPUTY DIRECTOR, VRL SERVICE OPERATIONS
VEHICLE SERVICES GROUP
LAND TRANSPORT AUTHORITY

(This is a computer-generated notice that requires no signature.)

From 15 February 2017, you do not need to display road tax disc on the windscreen of your vehicle. LTA has stopped issuing physical road tax discs as part of our efforts to streamline our processes. Please ensure that your original motor insurance certificate is readily available in your vehicle at all times. If you are driving into Malaysia, you are advised to carry printed proof of the validity of your road tax in your vehicle.