

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	05/10/2021 12:05 (SGT)
Date of Accident	02/10/2021 22:12 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SEMBAWANG ROAD X CANBERRA LINK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB7536D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AEGIS COACH PTE LTD
Company Reg No	2XXXXX133M
Email Address	OPS@BTNTAN.COM
Mobile Phone No	(Phone) +65-83206242
Alternative Phone No	(Office) +65-83206242

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Bus
Transmission	Auto
CC	2488

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMB1SNW00001792106
Cover Note Number	-

DRIVER

Name of Driver	UMAR BIN HAMZAH
NRIC No	SXXXX837A

Date Of Birth	08/04/1983
Occupation	Outdoor
Date Of Driving Pass	27/06/2003
Driving experience	18 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83206242
Alt. Phone Number	-
Email Address	OPS@BTNTAN.COM
Address	BLK 120B CANBERRA CRESCENT
Address complement	#02-365
Postcode	752120
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 - Cross Junction
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WIFE
Gender	Female

PASSENGER 2

Name	CHILD 1
Gender	Male

PASSENGER 3

Name	CHILD 2
Gender	Female

PASSENGER 4

Name	CHILD 3
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO: L/20211003/7040

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 SMH4849X
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver -
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name NTUC Income Insurance Co-operative Ltd
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person UMAR BIN HAMZAH
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained NECK,BACK,HEAD,LEFT SHOULDER AND CHEST.
 Injured person in which vehicle? CB7536D
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person HASANAH BINTE ABDUL HALIM
 Gender Female
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained NECK,SHOULDER,BACK AND JAW.
 Injured person in which vehicle? CB7536D
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? -

INJURED 3

Name of injured person FUAD
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained NECK,HEAD AND BACK.
 Injured person in which vehicle? CB7536D
 Were seat belts worn? -

Was this injured conveyed to hospital by ambulance?

-

INJURED 4

Name of injured person

ATIQAHA

Gender

Female

Phone No

-

Address

-

Address Complement

-

Post Code

-

Approximate Age Years Old

-

Injuries Sustained

FACE,MOUTH,NECK AND BACK.
CB7536D

Injured person in which vehicle?

-

Were seat belts worn?

-

Was this injured conveyed to hospital by ambulance?

INJURED 5

Name of injured person

MELISSA

Gender

Female

Phone No

-

Address

-

Address Complement

-

Post Code

-

Approximate Age Years Old

-

Injuries Sustained

FACE,HEAD,CHIN,NECK AND BACK.
CB7536D

Injured person in which vehicle?

-

Were seat belts worn?

-

Was this injured conveyed to hospital by ambulance?

SKETCH PLAN

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B. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that

- (a) My insurers, 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 their respective 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 based 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.

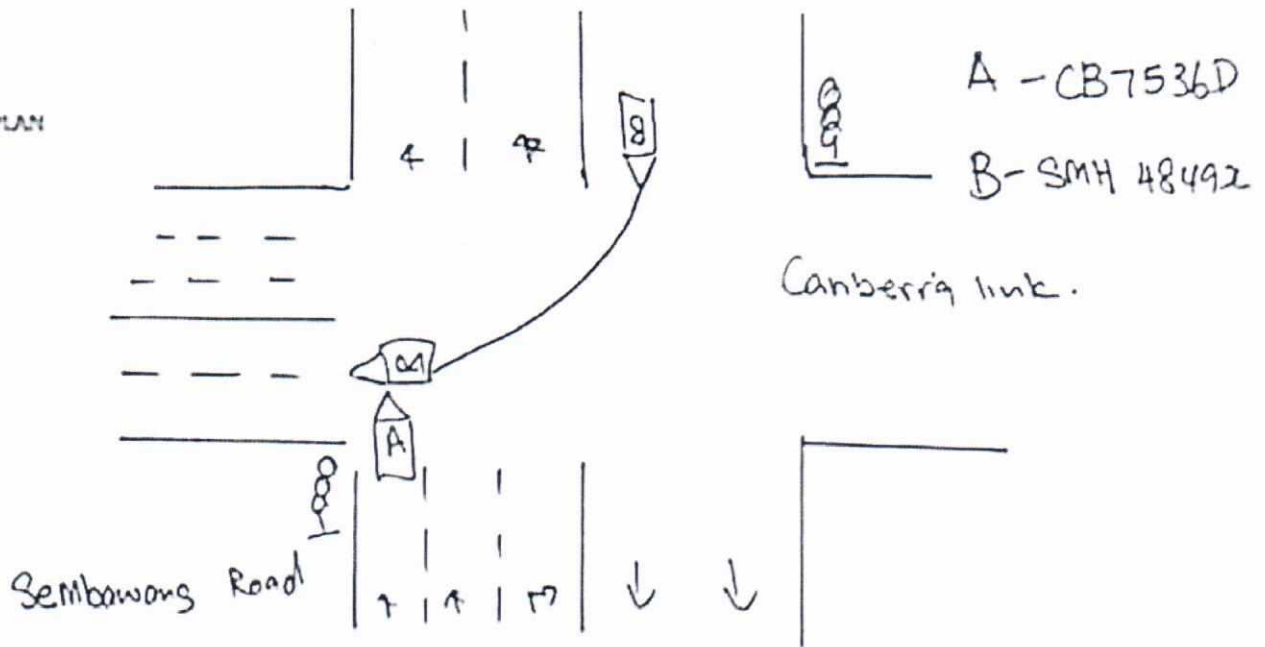


Policyholder's Signature
Date & Time

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

Reporting Centre Personnel's Signature
Name
NRIC/IN ID

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police report.

DECLARATION

I hereby declare that the particulars are true to the best of my knowledge.



[Signature]

[Signature]

Driver's Signature
(If driver is not the person making the declaration)
Date & Time

[Signature]

Reported by
Name
Address

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: Employee & Employer
Witness (if any): yes/no
Witness name: _____
Witness hp: _____
Witness email (if any): _____
Witness add: _____
Witness IC no: _____

Third party veh number: SMH 48492
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: Ntuc

Police report (if any): yes/no
Police report reported at which police station: Woodlands Division HQ
Any intended prosecution given: yes/no
if yes, against whom: veh A / veh B driver

Action taken claiming third party / claiming own damage / reporting only
No of Pax: 5 1 Male
3 Female

Connect3 client vehicle no: CB7536D
Owner contact no: 83206242 Email Address: ops@btntan.com
Date of accident: 21/10/2021
Location of accident: Sembawang Road X Canberra link
Time of accident: 22:12hrs
Any Injury: yes/no (if yes, must have police report)



**SINGAPORE
POLICE FORCE**



L/20211003/7040

1 of 2

POLICE REPORT (NP299)

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Report No. L/20211003/7040

Date/Time Report Made 03/10/2021 22:02	Vide Report No.	Station Diary No.
Name Of Informant UMAR BIN HAMZAH	Address 120B CANBERRA CRESCENT #02-365 SINGAPORE 752120	
ID Type / ID No. NRIC NO / S8310837A	Contact No. Home/Office: Mobile: 83206242	
Nationality SINGAPORE CITIZEN	Email Address papahensem1983@gmail.com	
Occupation Bus driver	Sex Male	Age 38
Institution/School Name	Date of Birth 08/04/1983	Race Javanese
Date/Time Of Incident 02/10/2021 22:45	Location Of Incident SEMBAWANG ROAD	

Brief details.

On the stated date and time I was driving my wife (Hasanah binte Abdul halim-front pax) and 3 children (Fuad Haziq - male, back passenger, 2nd row), (Atiqah Najwa- female, back passenger, 1st row), (Melissa Mysara- female, back passenger, 2nd row)

We were on board CB7536D and traveling on sembawang Road. As we approach the junction of Canberra link, I proceeded on as the traffic lights was in my favor, suddenly vehicle SMH4849X who was on my opposite direction (sembawang road) made a discretionary right turn to Canberra link did not stop.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/10/2021 22:02
Officer In-Charge Of Case:	Classification Of Case:



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20211003/7040

When I saw him I jammed brake but to no avail, I collided onto his vehicle left portion.

Due to the impact I suffered pain on my neck and back, the back of my head hit against my headrest, my left shoulder and chest area was sore due to my seat belt.

My wife suffered pain on her neck, shoulder, back and jaw.

My son Fuad hit his head onto the front seat and felt pain on his neck, forehead and back.

My daughter Atiqah face hit the engine compartment in front of her and felt pain on her face, mouth, neck and back.

My daughter Melissa hit her face onto the back of the seat in front and felt pain on her head, chin, neck and back.

The following day we went to Martin Medical Centre to seek treatment and me and my wife were given 3 days MC each.

My children all received 4 days MC each.

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
03/10/2021 22:02

Classification Of Case:

Motor Bus

MZ601

R SN

AN0580A

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. DMB1SNW00001792106

Engine No.: YD25355098A

Cha. No.: JN1UC4E26Z0001979

1. Index Mark and Registration Number of Vehicle CB7536D

AUTOSAFE

=====

2. Name of Policy Holder AEGIS COACH PTE LTD

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 23/02/2021 (00:00:00)

Excess Sect I. S\$2,000.00

Excess Sect. II S\$750.00

EX ON WINDSCREEN. S\$100.00

4. Date of Expiry of Insurance 22/02/2022

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

Issued By:

ODDS & EVEN

Authorised Officer



For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

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 20150223162006518983

The owner and vehicle particulars for Vehicle No. CB7536D as at 23 Feb 2015 are as follows:

1.	Name	: AEGIS COACH PTE LTD
2.	Identification No. Type	: Company
3.	Identification No.	: 200609133M
4.	Place Of Passport Issue	: -
5.	Registered Address	: 7030 ANG MO KIO AVENUE 5 #03-19 NORTHSTAR @ AMK SINGAPORE 569880
6.	Mailing Address	: -
7.	Vehicle No.	: CB7536D
8.	Effective Date of Ownership	: 23 Feb 2015
9.	Original Registration Date	: 23 Feb 2015
10.	First Registration Date	: 23 Feb 2015
11.	Vehicle Type	: S20 - School Transport Bus/Coach/Minibus
12.	Vehicle Scheme	: School Bus without AWC
13.	Attachment 1	: Air-Conditioned
14.	Attachment 2	: -
15.	Attachment 3	: -
16.	Vehicle Make	: NISSAN
17.	Vehicle Model	: NV350 HR MICROBUS 2.5 4DR 5AT ABS D/AB
18.	Year of Manufacture	: 2014
19.	Primary Colour	: Silver
20.	Secondary Colour	: -
21.	Passenger Capacity	: 14
22.	Chassis/Trailer Chassis No.	: JN1UC4E26Z0001979 / -
23.	Propellant	: Diesel
24.	Engine No./Motor No.	: YD25355098A / -
25.	Engine Capacity(cc)/Power Rating(kW)	: 2488 / -
26.	Maximum Power Output(kW/bhp)	: - / -
27.	Unladen Weight(kg)	: 2300
28.	Maximum Laden Weight(kg)	: 3400
29.	Open Market Value	: \$31,876.00
30.	PARF Eligibility	: No
31.	PARF Eligibility Expiry Date	: -
32.	Minimum PARF Benefit	: \$0.00
33.	IU Label No.	: -
34.	COE No.	: -
35.	COE Expiry Date	: -
36.	COE Category	: -
37.	Quota Premium/Prevailing Quota Premium	: -
38.	Actual Quota Premium/PQP Paid	: -
39.	Actual ARF Paid	: \$1,594.00
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	: 22 Feb 2035
45.	Road Tax Amount	: \$319.00
46.	Road Tax Start Date	: 23 Feb 2015
47.	Road Tax End Date	: 22 Aug 2015
48.	Remarks	: This is a public service vehicle. The vehicle will be de-registered upon reaching its statutory lifespan on 22 Feb 2035.