

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	28/10/2021 14:13 (SGT)
Date of Accident	28/10/2021 08:34 (SGT)
Exact Location of Accident	81 Pasir Ris Heights, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA7141K
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	RI SHENG TRANSPORT SERVICES
Company Reg No	5XXX055L
Email Address	yappochuan@gmail.com
Mobile Phone No	(Phone) +65-92370292
Alternative Phone No	+65-92370292

VEHICLE PARTICULARS

Manufacturer	King Long
Model	XM6900K
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	6700

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMB1SNW00014142000
Cover Note Number	-

DRIVER

Name of Driver	YAP POH CHUAN
NRIC No	SXXXX681A

Date Of Birth	18/12/1965
Occupation	Outdoor
Date Of Driving Pass	20/03/1987
Driving experience	34 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92370292
Alt. Phone Number	-
Email Address	yappochuan@gmail.com
Address	BLK 412B FERNVALE LINK #17-29
Address complement	-
Postcode	792412
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)	22
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	Male

PASSENGER 3

Name	UNKNOWN PAX
Gender	Male

PASSENGER 4

Name	UNKNOWN PAX
Gender	Female

PASSENGER 5

Name	UNKNOWN PAX
Gender	Female

PASSENGER 6

Name	UNKNOWN PAX
Gender	Female

PASSENGER 7

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? Yes
Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC8178K
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Taxi
Name of Driver DANIEL
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name AXA Insurance Pte Ltd
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

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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)

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.

0019 0100 101 0101 0101 0101
00 210 0101 0101 0101 0101
00 0101 0101 0101 0101 0101

0101 0101 0101 0101 0101 0101

Policyholder's Signature
Date & Time:

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

RI SHENG

Transport & Logistics
31, 4108 Ponggol Link #17-09
Singapore 710412

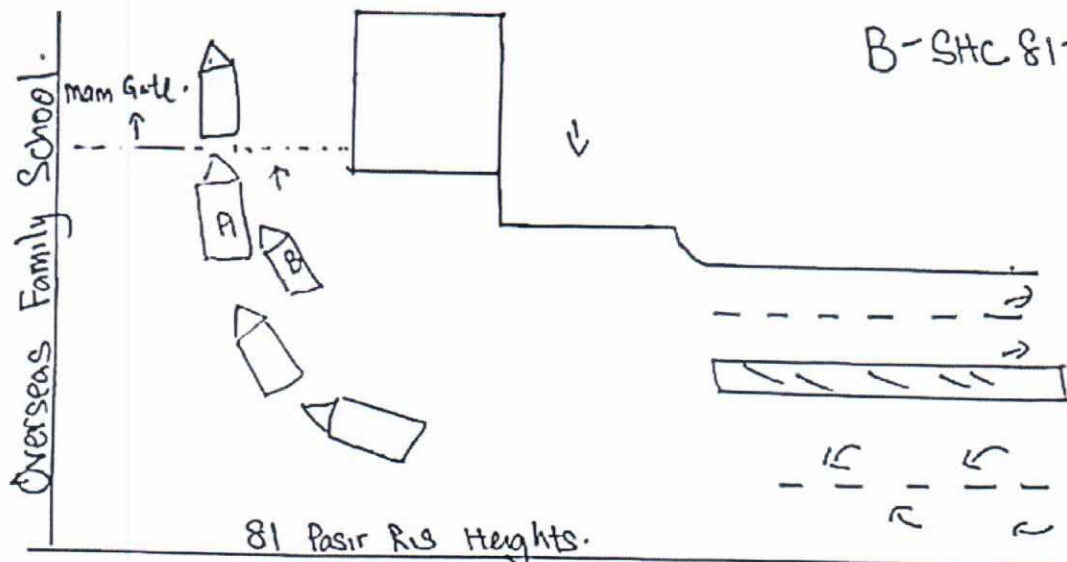
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

28/10/2021

SKETCH PLAN

A - PA 7141K

B - SHC 8178K.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 28/10/2021 around 08:34hrs I was driving my Bus PA 7141K along 81 Pasir Ris Heights. My Bus was queuing up going into Overseas Family School. Suddenly veh B SHC 8178K did not follow the queue behind he brushed against my Bus right portion.

DECLARATION

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

DI SHENG

Transport Services

Policyholder's Signature

Date & Time: 28/10/21

Tel: 6375 1413 Fax: 6375 6704

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 28/10/2021

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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: SHC 8178F
Name of third party driver: Daniel
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: AXA

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 damage / reporting only

No of Pax: 22

13 Male
8 Female

Connect3 client vehicle no: PA 7141F

Owner contact no: 9237 0292

Date of accident: 28/10/2021

Location of accident: 81 PASIR RIS HEIGHTS

Time of accident: 08:34hrs

Email Address: Yappoh chuan . com . sg

Any Injury: yes / no (if yes, must have police report)



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

N SN

AN0580A

Cov. Type:F

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.

DMB1SNW00014142000

Engine No.: 21804200

Cha. No.: LKLR1DSC87B201457

1. Index Mark and Registration
Number of Vehicle

PA7141K

2. Name of Policy Holder

RI SHENG TRANSPORT SERVICES

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

29/12/2020
(00:00:00)

Excess Sect. II S\$1,000.00

4. Date of Expiry of Insurance

28/12/2021

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.

* 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:

ODDS SEVEN
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

Vehicle Registration Details

Vehicle No. PA7141K	Make/ Model KING LONG/XMQ6900K	Vehicle Scheme Bus Carrying School Children
Current Propellant Diesel	Chassis No. LKLR1DSC87B201457	Vehicle Type Private Hire (Chauffeur) Bus/Coach /Minibus

Owner's Details

Owner Name:
RI SHENG TRANSPORT SERVICES

Owner ID Type:
Business

NRIC/Passport/Company Cert No.:
53020554L

Registered Address
**APT BLK 412B FERNVALE LINK #17-29
SINGAPORE 792412**

Mailing Address:
-

Birth Date
-

Registration Details

Previous Vehicle No.:
-

Effective Date of Ownership:
29 Dec 2007

Original Registration Date:
29 Dec 2007

Registration Date:
29 Dec 2007

No. of Transfers:
0

IU Label No.:
2050067246

Vehicle Specifications

Engine No.:
21804200

Chassis No.:
LKLR1DSC87B201457

Year of Manufacture:
2007

Primary Colour:
Grey

Secondary Colour:

-

Passenger Capacity:

39

Engine Capacity / Power Rating :

6700 cc / -

Maximum Power Output:

-

Max Unladen Weight:

8560 kg

Maximum Laden Weight:

11800 kg

Vehicle Attachment 1:

Air-Conditioned

Vehicle Attachment 2:

-

Vehicle Attachment 3:

-

Additional Registration Fee (ARF) and COE Information

Open Market Value:

\$90,871.00

Additional Registration Fee Rate:

5.00 %

Actual ARF Paid:

\$0.00

Vehicle Lifespan Expiry Date:

28 Dec 2027

OPC Cash Rebate Eligibility:

No

QP during COE Bidding Exercise:

\$13,000.00

COE No.:

2008010105000194Z

COE Expiry Date:

31 Jul 2027

COE Category:

C - Goods Vehicle & Bus

COE Registration Category:

C - Goods Vehicle & Bus

Quota Premium (QP) / Prevailing Quota Premium :

\$13,000.00 / -

PQP Paid

\$34,070.00

QP (Regn Cat):

\$13,000.00

PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

Minimum PARF Benefit:

-

Vehicle Emissions Details

CO2 Emission:

-

CO Emission:

-

NOx Emission:

-

HC Emission:

-

PM Emission:

-

Message:

This is a public service vehicle.

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