





## 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              | 11/11/2021 18:10 (SGT) |
| Date of Accident                | 09/11/2021 18:07 (SGT) |
| Exact Location of Accident      | Loyang Way, Singapore  |
| Additional Location Information | -                      |
| Country/State of Loss           | Singapore              |

### DETAILS OF OWN VEHICLE

|                             |         |
|-----------------------------|---------|
| Vehicle Registration Number | PD6332S |
|-----------------------------|---------|

#### INSURED/POLICYHOLDER

|                          |                              |
|--------------------------|------------------------------|
| Is company?              | Yes                          |
| Name Of Registered Owner | AKP COACH SERVICES PTE. LTD. |
| Company Reg No           | 2XXXXX066D                   |
| Email Address            | akpcoachpameshsing@gmail.com |
| Mobile Phone No          | (Phone) +65-84884547         |
| Alternative Phone No     | +65-96970544                 |

#### 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 - Claiming third party |
| 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             | DMB1SNW00007632100                            |
| Cover Note Number         | -   |

#### DRIVER

|                |               |
|----------------|---------------|
| Name of Driver | LEE CHIN MENG |
| NRIC No        | SXXXX864F     |

|  |  |
|--|--|
| Date Of Birth .....  | 31/03/1948                               |
| Occupation .....   | Outdoor                                  |
| Date Of Driving Pass .....   | 14/01/1979                               |
| Driving experience .....   | 42 YEARS AND 10 MONTHS                   |
| Gender .....   | Male                                     |
| Mobile Number .....  | (Phone) +65-96970544                     |
| Alt. Phone Number .....  | -  |
| Email Address .....  | akpcoachpameshsing@gmail.com             |
| Address .....  | BLK 147 SERANGOON NORTH AVENUE 1 #07-439 |
| Address complement .....   | -  |
| Postcode .....   | 550147                                   |
| 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 .....       | 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) .....   | 8   |
| 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? .....   | No  |
| Was there any audio recorded? .....                 | No  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|   |          |
|---|----------|
| Vehicle Registration Number .....             | SBS3437E |
| Vehicle Manufacturer .....                    | -        |
| Vehicle Model .....                           | -        |
| Vehicle Variant .....                         | -        |
| Vehicle Colour .....                          | -        |
| Vehicle Category .....                        | Bus      |
| 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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6. The 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 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.

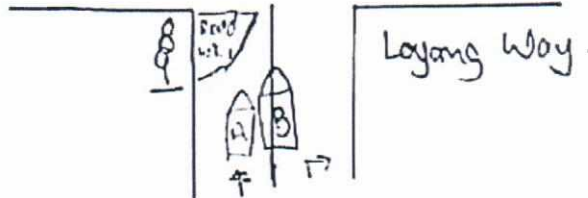
AKP Coach Services Pte. Ltd.  
(ROC/GST No. 201500066D)  
Blk 79B Toa Payoh Central  
#36-27 Singapore 312079  
Fax: 6884 7481

Policyholder's Signature  
Date & Time:

AKP Coach Services Pte. Ltd.  
(ROC/GST No. 201500066D)  
Blk 79B Toa Payoh Central  
#36-27 Singapore 312079  
Fax: 6884 7481

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

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 9/11/2021 around 18:07hrs, I was driving my Bus PD 6332S along Layang Way. I was travel within lane. Suddenly, veh B SBS 3437E swerved into my lane and hit onto my right side portion.

DECLARATION

We declare the foregoing particulars are true in every respect.

AKP Coach Services Pte. Ltd.  
(ROC/GST No. 201500066D)  
Blk 79B Toa Payoh Central  
#36-27 Singapore 312079

AKP Coach Services Pte. Ltd.  
(ROC/GST No. 201500066D)  
Blk 79B Toa Payoh Central  
#36-27 Singapore 312079

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.:



Road surface: Dry / Wet  
Weather condition: Clear / Raining  
Speed: \_\_\_\_\_

Usage of veh during of accident:  
\_\_\_\_\_

Does driver own a vehicle: yes / no L  
If yes, veh number plate: 1-10-11  
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: SBS 34376  
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: \_\_\_\_\_

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: 9

4 Male  
4 Female

Connect3 client vehicle no: PD 63329  
Owner contact no: 8488 4547  
Date of accident: 8/11/2021  
Location of accident: Layang Way.  
Time of accident: 18:07hrs.  
Any Injury: yes / no ( if yes, must have police report)

Email Address: AKP Coach Parmesh Singh@gmail.com

Motor Bus

MZ601

E SN

AN0597A

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.

DMB1SNW00007632100

Engine No.: 1KD2699191

Cha. No.:KDH2230031487

1. Index Mark and Registration  
Number of Vehicle

PD6332S

AUTOSAFE  
=====

2. Name of Policy Holder

AKP COACH SERVICES PTE LTD

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment30/06/2021  
(00:00:00)

Excess Sect. I. S\$2,000.00

Excess Sect. II S\$1,500.00

EX ON WINDSCREEN. S\$100.00

4. Date of Expiry of Insurance

24/06/2022

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.: ABS FINANCIAL PTE LTD

\* 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: \_\_\_\_\_  
Irene Hor  
Authorised Officer

Authorised Signatory



[> Back to OneMotoring](#)

## Enquire Vehicle Transfer Fee

### Vehicle Details

Vehicle No.  
**PD6332S**

Make / Model  
**TOYOTA / HIACE COMMUTER GL 3.0 AT 2WD 4DR LWB**

Vehicle Type :  
**Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus**

Vehicle Attachment 1 :  
**Air-Conditioned**

Vehicle Scheme :  
**Public Service Vehicle (Others)**

Chassis No. :  
**KDH2230031487**

Propellant :  
**Diesel**

Engine No. :  
**1KD2699191**

Motor No. :  
**-**

Engine Capacity :  
**2982 cc**

Power Rating :  
**-**

Maximum Power Output :  
**-**

Maximum Laden Weight :

**2990 kg**

Unladen Weight :

**2140 kg**

Year Of Manufacture :

**2017**

Original Registration Date :

**23 May 2017**

Lifespan Expiry Date :

**22 May 2037**

COE Category :

**C - Goods Vehicle & Bus**

Quota Premium :

**\$26,029.00**

COE Expiry Date :

**22 May 2027**

Road Tax Expiry Date :

**24 Dec 2021**

PARF Eligibility Expiry Date :

-

Inspection Due Date :

**24 Jun 2022**

Intended Transfer Date :

**11 Nov 2021**

CO2 Emission :

-

CEV/VES Rebate Utilised Amount :

-

CO Emission :

-

HC Emission :

-

NOx Emission :

-

PM Emission :



## Fees To Be Paid For Transfer

|   |          |
|---|----------|
| Transfer Fees   | \$25.00  |
| Road Tax Renewal - 6 months (25 Dec 2021 to 24 Jun 2022)  | \$160.00 |
| Road Tax Renewal - 12 months (25 Dec 2021 to 24 Dec 2022) | \$447.00 |

## Message

The fees above do not include any late road tax fees, which apply if road tax or lay-up has expired. You can use the digital service Enquire Road Tax Payable to check if there are any late road tax fees. Any road tax that has been paid for the vehicle will be transferred to the next owner.

The road tax schedules for petrol-electric cars and electric cars will be revised from 1 January 2022. The current enquiry result does not include the revised road tax schedules commencing 1 January 2022. Please refer to the [Press Release](#) for more information.

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