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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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 witholding 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

15/11/2021 10:43 (SGT) 13/11/2021 10:30 (SGT) Woodlands Rd, Singapore SLIP ROAD TOWARDS KJE Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

PC4831L

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No.

AKP COACH SERVICES PTE. LTD.

2XXXXXX066D

akpcoach.parmeshsingh@gmail.com

(Phone) +65-84884547

+65-84884547

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission CC

Toyota

Hiace

Employment

No - Claiming third party

Bus Manual

2982

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd.

Comprehensive

DMB1SNW00015282100

DRIVER

Name of Driver

Passport No/FIN

AMRITPAL SINGH GXXXX512K



Date Of Birth 07/02/1993 Occupation Outdoor Date Of Driving Pass 26/04/2017 Driving experience 4 YEARS AND 7 MONTHS Gender Male Mobile Number (Phone) +65-84884547 Alt. Phone Number Email Address akpcoach.parmeshsingh@gmail.com 79B TOA PAYOH CENTRAL #36-27 Address CENTRAL HORIZON Address complement Postcode 312079 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 Collision - Head to Rear Type of Accident Weather Conditions Wet Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? 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 NumberYP7844EVehicle Manufacturer-Vehicle Model-Vehicle Variant-Vehicle Colour-Vehicle CategoryCommercial vehicleName 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)

Liberty Insurance Pte Ltd

- 2

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 Singapora and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the daims;
 - (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.
- (c) 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:

SERV

201500DR8D

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

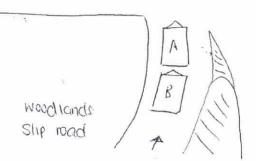
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On 13/11/2021 @	10:30 hrs, I was driving	my bus along	woodlands Rd
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LARATION			
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(201500066D) P)			1/ 1/2 /2002
as so my	/ / hu	all	15/11/100
cykolder's Senature	Driver's Signature	Reperting Cent	re Personnel's Signature
e & Time:	(If driver is not the policyholder)	Name:	
	Date & Time:	Albig (mails)	

Road surface: Dry / Wet Weather condition. Clear Raining Speed:	Usage of	veh durin	g of accident:	
эреей				
Does driver own a vehicle: yes /no				
if yes, veh number plate:				
veh insurance co:				
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: YP 7844E				
Name of third party driver:				
IC of third party driver:	1117			
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: Liberty Ins.				
Police report (if any): yes/ no				
Police report reported at which police station:	Marie Mills			
Any intended prosecution given: yes /no				
if yes, against whom: veh A /veh B driver				
Action taken : claiming third party / claiming own damage / repo	orting only			
No of Pax: Ol pax				
Connect3 client vehicle no: PC 4831 L	email:	akproai	ch-parmeshsir	ngh @ gmail. com
Owner contact no: 8#88 4547			12	
Date of accident: 13 11 2021				
Location of accident: woodlands Rd Ship wad to KJE				
Time of accident : 10:30hrs				
Any Injury: yes /no (if yes, must have police report)				

CERTIFICATE OF INSURANCE

tor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

MZ601

AN0597A

Cov. Type:C

Engine No.: 1KD2594051 CERTIFICATE No. DMB1SNW00015282100 Cha. No.: KDH2230027142

1 Index Mark and Registration

Number of Vehicle

PC4831L

AUTOSAFE

2. Name of Policy Holder

AKP COACH SERVICES PTE LTD

Effective date of the Commencement of Insurance for the purposes of the Regulations. Ordinance or Enactment (00.00.00)

Excess Sect I.

\$\$2,000.00

Excess Sect. II S\$1,500.00

EX ON WINDSCREEN.

\$\$100.00

4. Date of Expiry of Insurance

10/10/2022

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: ABS INSURANCE AGENCY PTE LTD Authorised Officer

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. PC4831L	Make/ Model TOYOTA/HIACE COMMUTER 3.0 GL	Vehicle Scheme Public Service Vehicle (Others)
Current Propellant	Chassis No.	Vehicle Type
Diesel	KDH2230027142	Private Hire (Chauffeur) Bus/Coach /Minibus

Owner's Details

Owner Name:

AKP COACH SERVICES PTE. LTD.

NRIC/Passnort/Company Cert No :

201500066D

Mailing Address:

. (40)

Registration Details

Previous Vehicle No.:

100 IV 90' 11 270 10 11 10 10 10

25 May 2016

No. of Transfers:

1

Vehicle Specifications

Engine No.:

1KD2594051

Year of Manufacture:

2016

Owner ID Type:

Company

Registered Address

79B TOA PAYOH CENTRAL #36-27 CENTRAL HORIZON SINGAPORE 312079

Birth Date

Effective Date of Ownership:

11 Nov 2021

Registration Date

25 May 2016

IU Label No.:

1550321102

Chassis No.:

KDH2230027142

Primary Colour:

White

Secondary Colour: Passenger Capacity: 13 Maximum Power Output: 2982 cc/-Max Unladen Weight: 2140 kg 2990 kg Vehicle Attachment 1: Vehicle Attachment 2: Air-Conditioned Vehicle Attachment 3: Additional Registration Fee (ARF) and COE Information Additional Registration Fee Rate: Open Market Value: 5.00% \$42,335.00 Vehicle Lifespan Expiry Date: 24 May 2036 \$2,117.00 QP during COE Bidding Exercise: \$0.00 No COE No.: 2016052505001257K 24 May 2026 COE Registration Category: COE Category: C - Goods Vehicle & Bus C - Goods Vehicle & Bus Quota Premium (QP) / Prevailing Quota \$37,263.00 -/\$45,441.00 QP (Regn Cat): **PARF Rebate Details** PARF Eligibility Expiry Date: PARF Eligibility: No

Vehicle Emissions Details

Minimum PARF Benefit:

PM Emission:

Message:

The vehicle is registered under Early Turnover Scheme. This is a public service vehicle.

Printed on 11 Nov 2021 20:29:28

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