

For Clasp  
For Clasp



## 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	15/11/2021 10:43 (SGT)
Date of Accident	13/11/2021 10:30 (SGT)
Exact Location of Accident	Woodlands Rd, Singapore
Additional Location Information	SLIP ROAD TOWARDS KJE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC4831L
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#### INSURED/POLICYHOLDER

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

#### 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	Manual
CC	2982

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMB1SNW00015282100
Cover Note Number	-

#### DRIVER

Name of Driver	AMRITPAL SINGH
Passport No/FIN	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
Address	79B TOA PAYOH CENTRAL #36-27
Address complement	CENTRAL HORIZON
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

Type of Accident	Collision - Head to Rear
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### 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	YP7844E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

Postcode	-
Insurance Company Name	Liberty 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.



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.:

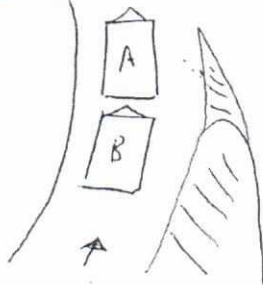


SKETCH PLAN

KJE ←  
←  
←

A = PC4831L  
B = YP7844E

woodlands  
slip road



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/11/2021 @ 10:30hrs, I was driving my bus along woodlands Rd  
w I stopped my bus @ slip road to check for oncoming vehicles  
from main road when a lorry hit onto my bus rear from behind.

DECLARATION

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



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.:

15/11/2021

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: \_\_\_\_\_

Relationship with insured: Employee x 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: \_\_\_\_\_

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: \_\_\_\_\_

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: 01 pax

Connect3 client vehicle no: PC 4831 L

Owner contact no: 8488 4547

Date of accident: 13/11/2021

Location of accident: woodlands rd slip road to KJE

Time of accident: 10:30hrs

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

email: akproach.parmeshsingh@gmail.com

# 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.

DMB1SNW00015282100

Engine No.: 1KD2594051

Cha. No.: KDH2230027142

1. Index Mark and Registration  
 Number of Vehicle

PC4831L

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 Enactment

11/11/2021  
 (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

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

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

### Owner's Details

Owner Name:  
**AKP COACH SERVICES PTE. LTD.**

Owner ID Type:  
**Company**

NRIC/Passport/Company Cert No.:  
**201500066D**

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

Mailing Address:  
**-**

Birth Date  
**-**

### Registration Details

Previous Vehicle No.:  
**-**

Effective Date of Ownership:  
**11 Nov 2021**

Original Registration Date:  
**25 May 2016**

Registration Date:  
**25 May 2016**

No. of Transfers:  
**1**

IU Label No.:  
**1550321102**

### Vehicle Specifications

Engine No.:  
**1KD2594051**

Chassis No.:  
**KDH2230027142**

Year of Manufacture:  
**2016**

Primary Colour:  
**White**

Secondary Colour:

-

Passenger Capacity:

13

Engine Capacity / Power Rating:

2982 cc / -

Maximum Power Output:

-

Max Unladen Weight:

2140 kg

Maximum Laden Weight:

2990 kg

Vehicle Attachment 1:

Air-Conditioned

Vehicle Attachment 2:

-

Vehicle Attachment 3:

-

#### Additional Registration Fee (ARF) and COE Information

Open Market Value:

\$42,335.00

Additional Registration Fee Rate:

5.00 %

Actual ARF Paid:

\$2,117.00

Vehicle Lifespan Expiry Date:

24 May 2036

OPC Cash Rebate Eligibility:

No

QP during COE Bidding Exercise:

\$0.00

COE No.:

2016052505001257K

COE Expiry Date:

24 May 2026

COE Category:

C - Goods Vehicle & Bus

COE Registration Category:

C - Goods Vehicle & Bus

Quota Premium (QP) / Prevailing Quota Premium:

- / \$45,441.00

PQP Paid

\$37,263.00

QP (Regn Cat):

--

#### PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

Minimum PARF Benefit:

-

#### Vehicle Emissions Details

CO2 Emission:

-

CO Emission:

-

HC Emission:

-

NOx Emission:

-

PM Emission:

-

Message:

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

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