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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 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 23/11/2021 12:25 (SGT) Date of Accident 22/11/2021 15:45 (SGT) **Exact Location of Accident** Newton Circus, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number CB6349J

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner KAL T&T SERVICES Company Reg No 5XXXX838C Email Address kaltransport@tts.edu.sg Mobile Phone No (Phone) +65-96608206 Alternative Phone No (Office) +65-67767371

VEHICLE PARTICULARS

Manufacturer Toyota Model Hiace Variant Exact purpose for which vehicle was being used at time of Employment

accident

Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Bus

Transmission Manual CC 2982

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number DMB1SNW00005022106 Cover Note Number

DRIVER

Name of Driver TAN KOK BOON NRIC No SXXXX134G

Date Of Birth	03/12/1952
Occupation	Outdoor
Date Of Driving Pass	27/02/1971
Driving experience	
Gender	50 YEARS AND 9 MONTHS Male
Mobile Number	(Phone) +65-96608206
Alt. Phone Number	(Filone) +03-90008200
Email Address	kaltransport@tts.edu.sg
Address	BLK 247 JURONG EAST STREET 24 #05-28
Address complement	BLK 247 JUNONG EAST STREET 24 #05-20
Postcode	2260
Is the driver the policyholder?	No.
If No, Relationship of the Driver with the Insured	
Does Driver Own Other Vehicles?	Employee No
Vehicle Registration Number of Other Vehicle Owned by Driver	140
Venicle Registration Number of Other Venicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	-
misurance company of other venters of metrol of	
A COLDENT	
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)	5
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
Soliciting/offering accident claims assistance.	
PASSENGER 1	
Name	UNKNOWN PAX
Gender	Male
delider the state of the state	
PASSENGER 2	
Name	UNKNOWN PAX
Gender	Male
delidei	
PASSENGER 3	
Name	UNKNOWN PAX
Gender	Female
Gerider	
PASSENGER 4	
Name	UNKNOWN PAX
Gender	Female
Geridei	. •
DETAILS OF POLICE ACTION	
90 6 69 59	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	7 -
CIRCUMSTANCES OF ACCIDENT	
200-201	

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

Yes

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJY195X
Vehicle Manufacturer	551 1957
Vehicle Model	·=
Valida Valida	-
Vehicle Colour	X = 0
The state of the s	8 = 9
Vehicle Category	Private car
Name of Driver	•
Contact Number	_
Address	_
Address complement	,-
Postcode	(A)
lander of the state of the stat	-
N. O. O. O.	AIG Asia Pacific Insurance Pte. Ltd.
	*1
Details of property damaged in accident	E
No. Of Passenger (Including Driver)	■ 0

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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 The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archering and that copies of this report will for a fee be made available upon application by interested parties.
- By the ledgment 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)

lunderstand, 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 :
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (li) 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
 - 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

Dato & Time:

) Jan

Driver's Signature

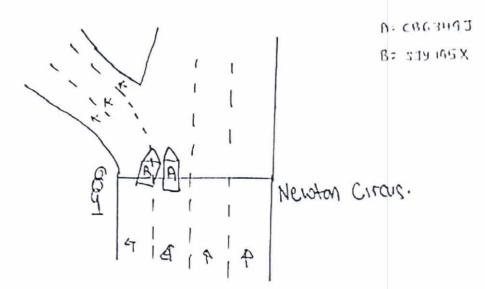
(If driver is not the policyholder)

Date & Time

entine Centre Personnel's Senature

Name:

NRIC/FIN No



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

THE ACCIDENT	
on solil soon around 15:45hrs, I was driving my Bus	CB 6349 J
410kg Newton Circus. I was travelling within the Inc	while westing
I'm traffic light to turn Green. when traffic halif	turn Green
I process to move Off, Suddenly veh B SJY 1952	Swarved into
my low and hit ruto my left front portion.	
DECLARATION	
DECOMMINI	

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

Policyholder's Signature Date & Time

Apriver's Signature

(a) If driver is not the policyhalder)

bate & Time

Recording Centre Personnel's Signature Name

NRIC/FIN No

Road surface. Dry Wet	Usage of veh during of accident:
Weather condition: Flear Raining	
Speed:	
	Driver IC:
Does driver own a vehicle: yes /no	Driver Name :
if yes, veh number plate:	Driver Pass date :
veh insurance co:	Drver Birth date:
Relationship with insured: Employee & Employee	<u>√</u>
Witness (if any): yes/no	
Witness name:	
Witness hp:	
Witness email (if any):	_
Witness add:	
Witness IC no:	
Third party veh number: SJY 145 X	
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: Alf los.	
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 dam	age / reporting only
No of Pax:	
C8 63 H G T	
Owner contact no: 6 776 7371	Email address: Kaltranspor @ Hs. edu . Sg
	Number of Pax :
Date of accident: 20 11 2021	
Time of accident: 15: 47 NVS.	Males: \(\frac{\gamma}{2}\) Females: \(\frac{\gamma}{2}\)
	remaies:
Any Injury: 4es/no (if yes, must have police report)	



Motor Bus

CERTIFICATE OF INSURANCE

Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) or Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

MZ601

SN

AN0580A

Cov. Type:F

CERTIFICATE No.

DMB1SNW00005022106

Engine No.: 1KD1766250 Cha. No.:KDH2010014695

1. Index Mark and Registration

CB6349J

2. Name of Policy Holder

KAL T&T SERVICES

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment (00:00:00)

16/05/2021

Excess Sect. II

\$\$750.00

4. Date of Expiry of Insurance

15/05/2022

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 Provided that the person driving with policyholder's permission.

Provided that the 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.: BOARDINGHOUSE PTE. 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

ODE Authorised

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. CB6349J	Make/ Model TOYOTA/HIACE 3.0DX A	Vehicle Scheme School Bus with AWC
Current Propellant Diesel	Chassis No. KDH2010014695	Vehicle Type School Transport Bus /Coach/Minibus

Owner's Details

Owner Name:

KALT&T SERVICES

NRIC/Passport/Company Cert No.:

53005838C

Mailing Address:

Registration Details

Previous Vehicle No.:

Original Registration Date:

16 May 2008

No. of Transfers:

2

Vehicle Specifications

Engine No.:

1KD1766250

Year of Manufacture:

2008

Owner ID Type:

Business

Registered Address

12 FABER CRESCENT FABER HILLS

SINGAPORE 129460

Birth Date

Effective Date of Ownership:

18 Dec 2014

Registration Date:

16 May 2008

IU Label No.:

1550223506

Chassis No.:

KDH2010014695

Primary Colour:

White

m	12
Engine Capacity / Power Rating: 2982 cc / -	Maximum Power Output:
Max Unladen Weight: 1800 kg	Maximum Laden Weight: 3205 kg
Vehicle Attachment 1: Air-Conditioned	Vehicle Attachment 2:
Vehicle Attachment 3:	
Additional Registration Fee (ARF) and COE Information	on
Open Market Value: \$29,920.00	Additional Registration Fee Rate: 5.00 %
Actual ARF Paid: \$1,496.00	Vehicle Lifespan Expiry Date: 15 May 2028
OPC Cash Rebate Eligibility: No	QP during COE Bidding Exercise:
COE No.:	
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:

Passenger Capacity:

Secondary Colour:

Message:

This is a public service vehicle.

Printed on 22 Nov 2021 17:00:20

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