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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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	10/03/2022 10:31 (SGT) 03/03/2022 19:30 (SGT) Punggol Way, Singapore TOWARDS PUNGGOL CENTRAL Singapore	

Date of Submission Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	03/03/2022 19:30 (SGT) Punggol Way, Singapore TOWARDS PUNGGOL CENTRAL
198	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PC3921S
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	AEDGE HOLDINGS PTE LTD 2XXXXX323E william@aedge.com.sg (Phone) +65-91460806
VEHICLE PARTICULARS	
Manufacturer	Golden Dragon

Mobile Phone No Alternative Phone No	(Phone) +65-91460806 +65-96223415	
VEHICLE PARTICULARS		
Manufacturer	Golden Dragon	
Model	XML6957J14B	
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	No. Deporting only	
your vehicle? Vehicle Category	No - Reporting only	
	Bus	
Transmission	Manual	
CC	9980	
INSURANCE COMPANY		

CC	9980
INSURANCE COMPANY	
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number	China Taiping Insurance (Singapore) Pte. Ltd. Comprehensive No DMB1SNA00006272102
DRIVER	

Name of Driver ROBERT TAN CHAI HOCK NRIC No SXXXX056G

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	04/07/1964 Outdoor 04/08/2000 21 YEARS AND 7 MONTHS Male (Phone) +65-96223415 - william@aedge.com.sg BLK 658A PUNGGOL EAS: - 621658 No Employee No	
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident Weather Conditions Road Surface	Side Swipe Raining Wet	
OTHER INFORMATION		
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 1	
DETAILS OF POLICE ACTION		
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No	
CIRCUMSTANCES OF ACCIDENT		
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?	OR MOTHER IN CASE OF THE PARTY.	
DETAILS OF OTHE	ER VEHICLE PROPERTY 1	2000年1月2日
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number Address Address complement	- - - Bus - -	

Postcode	-
Insurance Company Name	-
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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 Polleyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy flability</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 fake 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.
- B. 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 ["diA") 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 "Imurers"), 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 the purpose(s) and the police of the purpose of the purp
 - 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 Parconal 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

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

HRIC/TIN No.:

A-PC 3921S B-SBS 65132

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	ı	1	1	<u>1</u> .
	F	1	1	Punggal Way
	1 1	1	ريا ، _{ديا} ا	Punggol Central

ESCRIBE CIRCOMSTRACES OF THE ACCIDENT	
CN 3/3/2000 around 1930hre, I was driving	my bus PC 39219
along Punggol Way & Punggol Cantral. Veh	B \$85 6513 Z OM
my left land. Both vernicle making a r	
Bith vericle was so close and side	
BOLM MODILLY MALE ZO CIOSO MAN 21001	3017
	. /
DECLARATION	
I/We declare the foregoing particulars are true in every respect.	/ 1 1
	and into long
AN WEY	W 14(05 DE) 22

Policyholder's Signature 3V + Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Name:

MRIC/TIN No.:

Road surface: Dry / (Vet)	Usage of veh during of accident:	
Weather condition: Clear / Haining		
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: Emplayer Eduplayer		
Witness (if any): yes/no		
Witness name:		
Witness hp:		
Witness email (if any):		
Witness add:		
Witness IC no:		
Third party veh number: SBS 65132		
Name of third party driver:		
IC CALL I AND I AN		
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 / re	porting only	
No of Pax:	Male Female	
Connect3 client vehicle no: PC39 215.		
Current contact no: 9146 of ob	11 Address: William @ Aedje . com	gr
Date of accident: 03(3(30)		
Location of accident: Pungol Lay & Ruggol Control.		
Time of accident: 1930krs .		
Any Injury: yes /no (If yes, must have police report)		

The owner and vehicle particulars for Vehicle No. PC3921S as at 08 Jun 2016 are as follows:

		1 Covers as at 00 July 2010 are as follows:
1.	Name	A EDGE HOLDINGS
2.	Identification No. Type	: AEDGE HOLDINGS PTE. LTD.
3.	Identification No.	: Company
4.		: 200509323E
5.	Place Of Passport Issue	1 *
	Vehicle No.	: PC3921S
6.	Previous Vehicle No.	1 =
7.	Effective Date of Ownership	: 17 Aug 2015 : 17 Aug 2015 : 17 Aug 2015
8.	Original Registration Date	: 17 Aug 2015
9.	First Registration Date	: 17 Aug 2015
10.	venicle Type	: Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus
11.	Vehicle Scheme	: Public Service Vehicle (Others)
12.	Attachment I	: Air-Conditioned
13.	Attachment 2	: -
14.	Attachment 3	: -
15.	Vehicle Make	: GOLDEN DRAGON
16.	Vehicle Model	: XML6957J14B
17.	Year of Manufacture	: 2015
18.	Primary Colour	: Multi-Colour
19.	Secondary Colour	: -
20.	Passenger Capacity	: 59
21.	Chassis/Trailer Chassis No.	: LL3BECDH1FA011483
22.	Propellant	: Diesel
23.		: ISB67E5225B22152228
24.	Engine Capacity(cc)/Power Rating(kW)	: 6,690.0
25.	Unladen Weight(kg)	: 9980
26.		: 13700
27.	Open Market Value	: \$94,595.00
28.	PARF Eligibility	: No
29.		:-
30.	Minimum PARF Benefit	: •
31.	No. of Transfers	: 0
32.	IU Label No.	: 2050103496
33.	COE No.	: 2015080105000285E
34.	COE Expiry Date	: 16 Aug 2025
35.	COE Category	: C - Goods Vehicle & Rus
36.	Quota Premium/Prevailing Quota Premium	: \$50,001.00
37.	Actual Quota Premium/PQP Paid	: \$50,001.00
38.	Actual ARF Paid	: \$4,730.00
39.	CO2 Emission(g/km)	-
40.	Actual CEVS Rebate Utilised	
41.	CEVS Surcharge Paid	
42.	Actual Green Vehicle Rebate Utilised	-
43.	Vehicle Lifespan Expiry Date	16 Aug 2035
44.	Road Tax Amount	\$0.00
45.	Road Tax Start Date	17 Feb 2016
46.	Road Tax End Date	16 Aug 2016
47.	Remarks	To renew the COE, the Prevailing Quota Premium
		payable is that of Category C.
		W. W. (C.)

- Please contact our customer service officers at tel: 1800- CALL LTA (1800-2255 582) should you require further assistance.
- 4. Thank you.

Yours sincerely

EU AI MING (MR) for DEPUTY DIRECTOR, VEHICLE ENGINEERING VEHICLE SERVICES GROUP LAND TRANSPORT AUTHORITY

(This is a computer-generated notice that requires no signature.)

NOTE: The General Insurance Association of Singapore would like to advise motorists to notify and declare to their respective motor insurers any modifications (including those approved by the Land Transport Authority) made to their vehicles. Failure to do so may result in the declining of claims in the event of an accident and the motor insurance policy considered void on the grounds of non-disclosure.



中国太平保险 (新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Bus

MZ601

BR0120A

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.

DMB1SNA00006272102

Engine No.: ISB67E5225B22152228

Cha. No.:LL3BECDH1FA011483

1. Index Mark and Registration

PC3921S

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

AEDGE HOLDINGS PTE LTD

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

01/06/2021

Excess Sect I.

\$\$3,000.00

Excess Sect, II

\$\$3,000,00

4. Date of Expiry of Insurance

31/05/2022

EX ON WINDSCREEN .

\$\$500.00

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.: DBS BANK 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: Gan Li Jia Jesca 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