

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 16/03/2022 14:30 (SGT)
Date of Accident 16/03/2022 06:56 (SGT)
Exact Location of Accident May Street 2, Singapore
Additional Location Information PSA NEAR TO MULTI LEVEL AUTOMOTIVE YARD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC601K

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner COMFORTDELGRO BUS PTE LTD
Company Reg No 1XXXXX256W
Email Address lucychin@comfortdelgrobus.com.sg
Mobile Phone No (Phone) +65-64169697
Alternative Phone No +65-64169697

VEHICLE PARTICULARS

Manufacturer Yutong
Model Zk6127h
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? Yes
Vehicle Category Bus
Transmission Auto
CC 8000

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number D20ML0003256_01
Cover Note Number -

DRIVER

Name of Driver CHEN YUNGUO
Passport No/FIN GXXXX756X

Date Of Birth	10/03/1969
Occupation	Indoor
Date Of Driving Pass	29/12/2010
Driving experience	11 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84281587
Alt. Phone Number	-
Email Address	lucychin@comfordelgrobust.com.sg
Address	BLK 925 TAMPINES ST 91 #02-271
Address complement	-
Postcode	520925
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	Raining
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)	6
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MR1
Gender	Male

PASSENGER 2

Name	MR2
Gender	Male

PASSENGER 3

Name	MR3
Gender	Male

PASSENGER 4

Name	MR4
Gender	Male

PASSENGER 5

Name	MR5
Gender	Male

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 ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	DRIVER DID NOT PROVIDE AT TIME OF REPORTING.
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	571254
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	PSA PORT EQUIPMENT SPECIALIST
No. Of Passenger (Including Driver)	-

SKETCH PLANIMPORTANT NOTICE

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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:

16/3/22

陈定国

Driver's Signature

(If driver is not the policyholder)

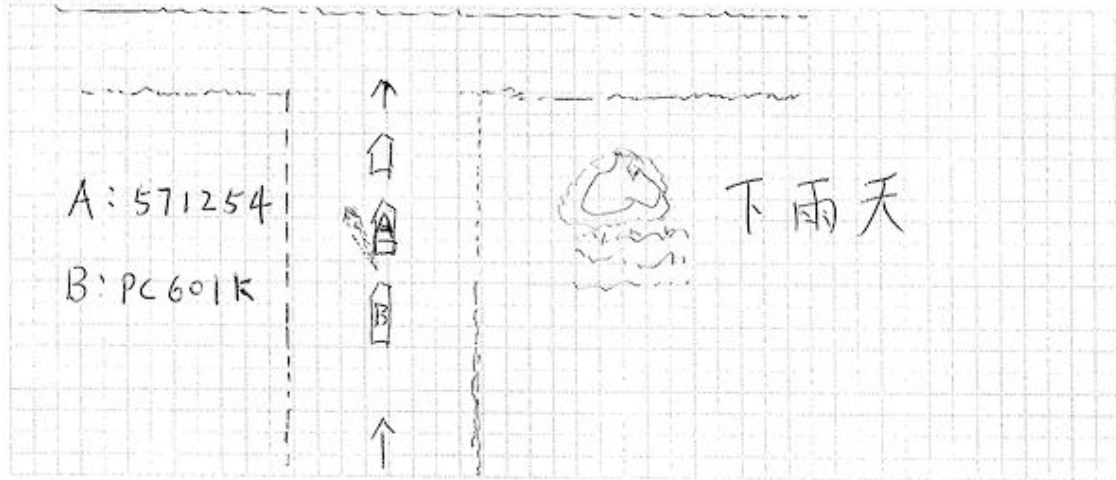
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

16. 3. 22 AM 06:56 我驾驶 PC601K 行驶此路段时与 PSA 前方的 571254 拖挂车追尾。事发当时正下大雨，刹车时整辆车向前移动，为了避免发生重大案情，然后向左打了一把方向，避开不及追尾。对方车辆无事故，我的车大镜破，后视镜脱落，车上人无事。然后拨打电话给主管，然后公司负责人安排拖车把车拖至公司。

Translate:

On 16/3/22 at 0656, I was driving PC601K along this route behind PSA 571254 (Port Equipment Specialist). It was raining heavily when I brake the vehicle skid due to wet road. I tried to avoid and swerve to the left but still collided. The other party no damage but my bus windscreen crack side mirror damage and right hand side damage. No one injured. I inform my incharge of the accident and arrange the bus to tow back office.

DECLARATION

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

Policyholder's Signature
Date & Time:

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


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



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792K | GST Reg. No. M2-0078806-X

64 Cecil Street | #04 | #05 | #06-02 | IHH Building | Singapore 04971

Office: (65) 63476100 Email: insure@iic.com.sg

Fax: (65) 62244174 Website: www.iic.com.sg

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)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D20MFL0003256_01		COVER: Comprehensive
1. Index Mark and Registration Number of Vehicle	:	PC601K
Chassis No	:	LZYTATF63A1009122
2. Name of Policyholder	:	COMFORTDELGRO BUS PTE LTD
3. Effective date of Insurance	:	01 Jun 2021
4. Expiry date of Insurance	:	31 May 2022
5. Persons or Classes of Persons entitled to drive*		
Any person provided he/she is in the Policyholder's employ and is driving on their order or with their 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.		
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.		
*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.		
Excess Section I WITHIN SINGAPORE	:	SGD 1,500.00
Excess Section I OUTSIDE SINGAPORE	:	SGD 3,000.00
Excess Section II WITHIN SINGAPORE	:	SGD 1,500.00
Excess Section II OUTSIDE SINGAPORE	:	SGD 3,000.00
Windscreen Excess	:	SGD 500.00
Hire Purchase Company	:	N.A
GEOGRAPHICAL AREA: WITHIN SINGAPORE & WEST MALAYSIA.		
I, THE UNDERSIGNED, 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).		
Agent/Broker	:	B000018 COMFORTDELGRO INSURANCE BROKERS PTE LTD
Date of Issue	:	25/05/2021 09:21:59
M.Z. 601CM - OMNIBUS Company's use		
		For India International Insurance Pte Ltd
		Authorised Signatory

huoywen/25/05/2021 09:21:59

25/05/2021 09:44:20























