

# 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 ..... 13/05/2022 15:50 (SGT)  
Date of Accident ..... 12/05/2022 14:05 (SGT)  
Exact Location of Accident ..... Holland Cl, Singapore  
Additional Location Information ..... CARPARK  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... PC7684A

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SKYISLAND TRANSPORT & TRADING PTE LTD  
Company Reg No ..... 201700039E  
Email Address ..... SKYISLAND96@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-90090569  
Alternative Phone No ..... +65-90090569

### VEHICLE PARTICULARS

Manufacturer ..... Higer  
Model ..... Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus  
Variant ..... KLQ6952 AUTO  
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 - Reporting only  
Vehicle Category ..... Bus  
Transmission ..... Auto  
CC ..... 7475

### INSURANCE COMPANY

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

### DRIVER

Name of Driver ..... TOH THIAM HOCK  
NRIC No ..... S1140024H

Date Of Birth .....	25/02/1955
Occupation .....	Outdoor
Date Of Driving Pass .....	13/06/1975
Driving experience .....	46 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96281271
Alt. Phone Number .....	-
Email Address .....	SKYISLAND96@HOTMAIL.COM
Address .....	BLK 330, JURONG EAST AVE 1, #08-1712
Address complement .....	-
Postcode .....	2260
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 .....	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) .....	21
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	NA
Gender .....	Female

#### PASSENGER 2

Name .....	NA
Gender .....	Female

#### PASSENGER 3

Name .....	NA
Gender .....	Female

#### PASSENGER 4

Name .....	NA
Gender .....	Female

#### PASSENGER 5

Name .....	NA
Gender .....	Female

#### PASSENGER 6

Name .....	NA
Gender .....	Female

#### PASSENGER 7

Name .....	NA
Gender .....	Female

#### PASSENGER 8

Name .....	NA
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Gender ..... Female

PASSENGER 9

Name ..... NA  
Gender ..... Female

PASSENGER 10

Name ..... NA  
Gender ..... Female

PASSENGER 11

Name ..... NA  
Gender ..... Male

PASSENGER 12

Name ..... NA  
Gender ..... Male

PASSENGER 13

Name ..... NA  
Gender ..... Male

PASSENGER 14

Name ..... NA  
Gender ..... Male

PASSENGER 15

Name ..... NA  
Gender ..... Male

PASSENGER 16

Name ..... NA  
Gender ..... Male

PASSENGER 17

Name ..... NA  
Gender ..... Male

PASSENGER 18

Name ..... NA  
Gender ..... Male

PASSENGER 19

Name ..... NA  
Gender ..... Male

PASSENGER 20

Name ..... NA  
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

#### 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 ..... SHA4140C  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Taxi  
Name 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) ..... -

**SKETCH PLAN****IMPORTANT NOTICE**

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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.

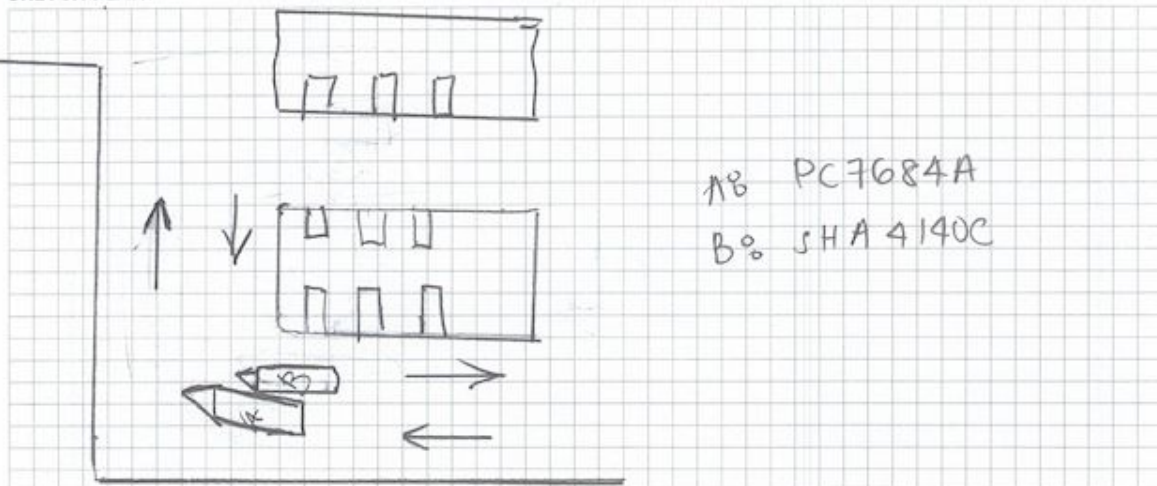


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The bus is stopping to alight children and the bus want to turn right after the taxi suddenly came from the right side of the opposite road and bang into my right side.

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.:





中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Bus

MZ601

R SN

AN0580A

Cov. Type: C

### CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1987  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1988 (Malaysia)

CERTIFICATE No.: QMB15NAG0007492101

Engine No.: WP7270E911018C004636

Chs. No.: LKLR1ESF1JA728754

1. Make/Model and Registration  
Number of Vehicle:

PC7684A

AUTOSAFE

\*\*\*\*\*

2. Name of Policy Holder:

SKY ISLAND TRANSPORT &amp; TRADING PTE LTD

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Certificate or Endorsement:

24/06/2021  
(00:00:00)

Excess Sect. I. S\$3,000.00

Excess Sect. II S\$2,500.00

EX ON WINDSCREEN S\$500.00

4. Date of Entry of Insurance:

23/06/2022

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.: SINGAPURA FINANCE LTD AS HP OWNER

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 55 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: Zhong YueQiang  
Authorised Officer

杨亚美  
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

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