SN0922670004 / National Assessment Centre Services [408933]
ENTRY DATE & TIME: 07/06/2022 11:30 (SGT)
SUBMITTED BY: Roslinda Binte A. Wahab
VERSION: 1 (07/06/2022 11:30 (SGT))

Your NCD will be affected due to late reporting

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	07/06/2022 11:30 (SGT)
Date of Accident	25/05/2022 16:15 (SGT)
Exact Location of Accident	Dunearn Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7415K

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JOSEPH COACH PTE LTD
Company Reg No	2XXXXX851E
Email Address	josephcoachsg@gmail.com
Mobile Phone No	(Phone) +65-87672547
Alternative Phone No	+65-87672547

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	ROSA BE641JRMDEE
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2998

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMB1SNW00015582102
Cover Note Number	-

DRIVER

Name of Driver	SIM SIEW HONG
NRIC No	SXXXX354C

Date Of Birth	09/01/1954
Occupation	Outdoor
Date Of Driving Pass	13/10/1976
Driving experience	45 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91818964
Alt. Phone Number	-
Email Address	josephcoachsg@gmail.com
Address	BLK 662D EDGEDALE PLAINS
Address complement	#08-700
Postcode	824662
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	DRIZZLING
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)	16
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	STUDENT
Gender	Male

PASSENGER 2

Name	STUDENT
Gender	Male

PASSENGER 3

Name	STUDENT
Gender	Male

PASSENGER 4

Name	STUDENT
Gender	Male

PASSENGER 5

Name	STUDENT
Gender	Male

PASSENGER 6

Name	STUDENT
Gender	Male

PASSENGER 7

Name	STUDENT
Gender	Male

PASSENGER 8

Name	STUDENT

Gender	Female

PASSENGER 9

Name	STUDENT
Gender	Female

PASSENGER 10

Name	STUDENT
Gender	Female

PASSENGER 11

Name	STUDENT
Gender	Female

PASSENGER 12

Name	STUDENT
Gender	Female

PASSENGER 13

Name	STUDENT
Gender	Female

PASSENGER 14

Name	STUDENT
Gender	Female

PASSENGER 15

Name	STUDENT
Gender	Female

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

PLS REFER TO THE ATTACHED STATEMENT.

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	SMT6851L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

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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.
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**")

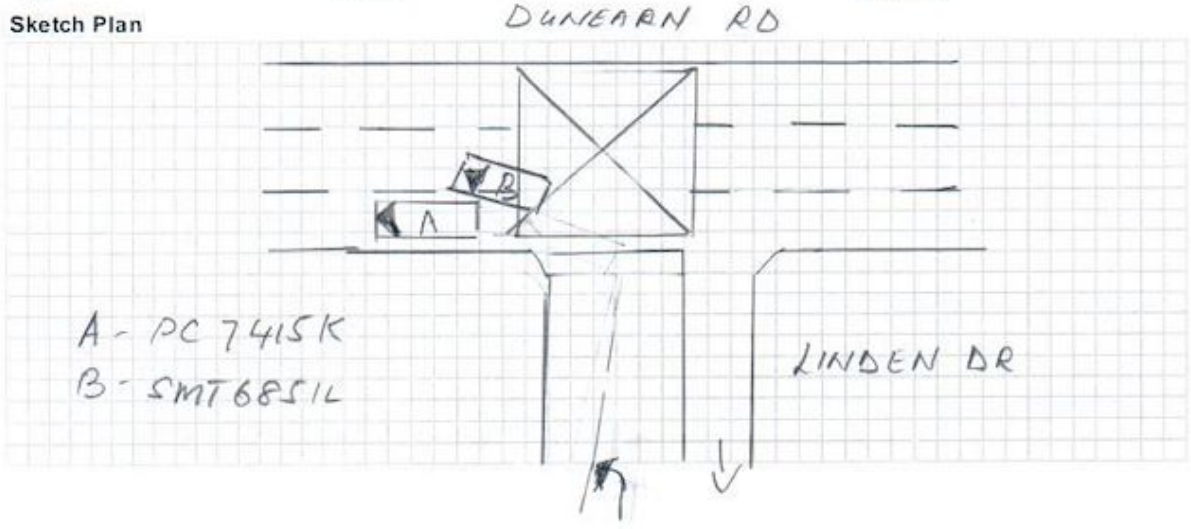
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

JOSEPH COACH PTE LTD UEN: 201719851E

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
	6/6/22	07/06/22

Sketch Plan



Describe Circumstances of the Accident

I was travelling from Linden Drive turning left into Dunearn Road. After making a left turn and I was inside my lane suddenly veh B overtake from my right and hit onto my rear right side portion of my veh.

Declaration

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

JOSEPH COACH PTE LTD UEN: 201719851E

Policyholder's Signature / Date & Time

6/6/22

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

07/06/22

Witnessed by Reporting Centre Personnel

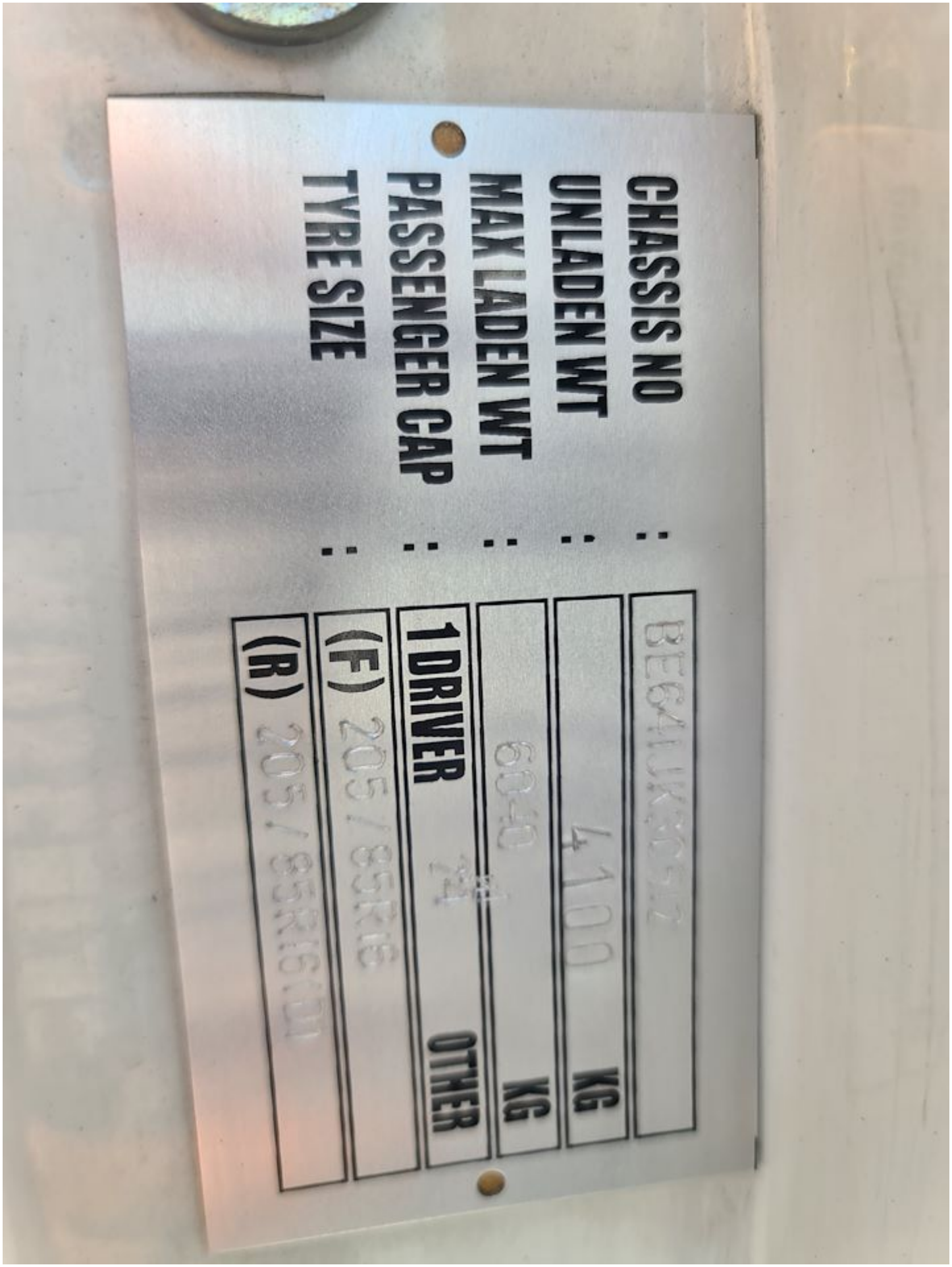
IMAGES


JCPL
JOSEPH COACH
PTE LTD
HP: 9178 1988
josephcoachsg@gmail.com
PC
7415K
FUSO

IMAGES #2

IMAGES #3

IMAGES #4


CHASSIS NO
UNLADEN WT
MAX LADEN WT
PASSENGER CAP
TYRE SIZE
BE64UK5022
4100 KG
60-60 KG
1 DRIVER OTHER
(F) 205/85R16
(R) 205/85R16

IMAGES #6