

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	22/07/2022 14:33 (SGT)
Reported by	Driver
Date of Accident	18/07/2022 09:10 (SGT)
Exact Location of Accident	Penang Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB8231K
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	READY GO TRADING
Company Reg No	5XXXX672K
Email Address	connect3lau@gmail.com
Mobile Phone No	(Phone) +65-88535273
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	BE639JRMHDEA
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	Bus
Transmission	Manual
CC	3908

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00011532102

DRIVER

Name of Driver	LEE KOK KENG
NRIC No	SXXXX807Z
Date Of Birth	07/07/1953
Occupation	Outdoor

Date Of Driving Pass	13/04/1978
Driving experience	44 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88535273
Alt. Phone Number	-
Email Address	connect3lau@gmail.com
Address	BLK 112 ANG MO KIO AVENUE 4#07-317
Address complement	-
Postcode	560112
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)	13
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Female

PASSENGER 3

Name	UNKNOWN
Gender	Female

PASSENGER 4

Name	UNKNOWN
Gender	Female

PASSENGER 5

Name	UNKNOWN
Gender	Female

PASSENGER 6

Name	UNKNOWN
Gender	Female

PASSENGER 7

Name	UNKNOWN
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

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SBS6400R
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Bus
 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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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.

READY GO TRADING
25 ELIAS ROAD #07-12
SINGAPORE 019831

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A-CB8231B

B-SBS 6400R.

Penang Road

Describe Circumstances of the Accident

On 18/7/2022 around 0910hrs, I was driving my Bus CB8231B along Penang Road. I Signal left, I check there was no vehicle I filter to the left. Suddenly I felt an impact, Veh B SBS6400R, did not give way to me and brush against my Bus.

Declaration

We declare the foregoing particulars are true in every respect.

READY GO TRADING
25 ELLIAS ROAD #07-12
SINGAPORE 618934

See

Policyholder's Signature / Date & Time

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

22/07/2022
Witnessed by Reporting Centre Personnel

Road surface: Dry / Wet
Weather condition: Clear / Raining
Speed _____

Usage of veh during of accident:

Does driver own a vehicle: yes/no
if yes, veh number plate: _____
veh insurance co: _____

Driver IC: _____
Driver Name: _____
Driver Pass date: _____
Driver Birth date: _____

Relationship with insured: Employee & Employer
Witness (if any): yes/no
Witness name: _____
Witness hp: _____
Witness email (if any): _____
Witness add: _____
Witness IC no: _____

Third party veh number: SBS 6400R
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: _____

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 / reporting only
No of Pax: 13

____ Male
12 Female

Connect3 client vehicle no: CB 813 1B.

Owner contact no: _____

Email Address: Connect3 lau@gmail.com

Date of accident: 18/7/2022.

Location of accident: Penang Road.

Time of accident: 0910hrs.

Any Injury: yes/no (if yes, must have police report)

Motor Bus

MZ601

R SN

AN0580A

Cov. Type:F

CERTIFICATE OF INSURANCEMotor 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.

DMB1SNW00011532102

Engine No.: 4D34K91881

Cha. No.: BE639JD00356

1. Index Mark and Registration

CB8231B

Number of Vehicle

2. Name of Policy Holder

READY GO TRADING

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment23/09/2021
(00:00:00)

Excess Sect. II S\$1,000.00

4. Date of Expiry of Insurance

22/09/2022

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.: TATCO CREDIT PTE LTD

* 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:

ODDS & EVEN

Authorised Officer

Authorised Signatory

Annex

Transaction ref 20191031113411472339

Please check that the owner and vehicle details are correct:

- | | |
|--|---|
| 1. Name | : READY.GO TRADING |
| 2. Identification No. Type | : Business |
| 3. Identification No. | : 52974672K |
| 4. Country/Region | : - |
| 5. Vehicle Registration No. | : <u>CB8231B</u> |
| 6. Previous Vehicle Registration No. | : <u>PC8466G</u> |
| 7. Effective Date of Ownership | : <u>23 Sep 2019</u> |
| 8. Original Registration Date | : 20 Sep 2006 |
| 9. First Registration Date | : 20 Sep 2006 |
| 10. Vehicle Type | : S20 - School Transport
Bus/Coach/Minibus |
| 11. Vehicle Scheme | : School Bus with AWC |
| 12. Attachment 1 | : Air-Conditioned |
| 13. Attachment 2 | : - |
| 14. Attachment 3 | : - |
| 15. Vehicle Make Description | : MITSUBISHI |
| 16. Vehicle Model | : BE639JRMHDEA |
| 17. Year of Manufacture | : 2006 |
| 18. Primary Colour | : White |
| 19. Secondary Colour | : - |
| 20. Passenger Capacity | : 23 |
| 21. Chassis/Trailer Chassis No. | : BE639JD00356 / - |
| 22. Propellant | : Diesel |
| 23. Engine No./Motor No. | : 4D34K91881 / - |
| 24. Engine Capacity(cc)/Power Rating(kW) | : 3908 / - |
| 25. Maximum Power Output(kW/bhp) | : - / - |
| 26. Unladen Weight(kg) | : 4120 |
| 27. Maximum Laden Weight(kg) | : 6100 |
| 28. Open Market Value | : \$59,849.00 |
| 29. PARF Eligibility | : No |
| 30. PARF Eligibility Expiry Date | : - |
| 31. Minimum PARF Benefit | : - |
| 32. No. of Transfers | : 3 |