SN08228H0001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 17/08/2022 12:33 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (17/08/2022 12:33 (SGT))

# **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 Actual 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.

- 4. The issue and acceptance 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 17/08/2022 12:33 (SGT) Reported by Driver Date of Accident 11/08/2022 15:30 (SGT) Exact Location of Accident Chuan Ln, Singapore Additional Location Information Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Golden Dragon

3759

Vehicle Registration Number CB73711

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **HUP HOE COACH SERVICE** Company Reg No 5XXXX439J Email Address hj\_tptsvc@yahoo.com.sg Mobile Phone No (Phone) +65-81007676 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model XML6770J18 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

**INSURANCE COMPANY** 

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMB1SNW00003092206

DRIVER

CC

Name of Driver TAN BAN HENG, HARRY (CHEN WANXING, HARRY) NRIC No SXXXX391C Date Of Birth 09/01/1976 Occupation Outdoor

Date Of Driving Pass 03/12/1997 Driving experience 24 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-81007676 Alt. Phone Number Email Address hj\_tptsvc@yahoo.com.sg Address BLK 135 BEDOK NORTH STREET 2 #06-123 Address complement Postcode 460135 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 Collided into Property Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο 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 Male PASSENGER 3 Name **UNKNOWN** Gender Male PASSENGER 4 Name **UNKNOWN** 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?

PLEASE REFER TO SKETCH PLAN

CIRCUMSTANCES OF ACCIDENT

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 Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category NA / Unknown Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident **CARPARK BARRIER** No. Of Passenger (Including Driver)

#### SKETCH PLAN

## IMPORTANT NOTICE

- Pease report <u>correctly</u> the details of the accident to speed up the clarm process.
- 2. This Formatist be completed by the Pol-syholder and/or the Authorised Driver.
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- 4. The issue and acceptance of this Formity insurance companies is not an admission of policy liability on the part of the insurance companes
- 5 Any talse reporting may be referred to the Police for investigation
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- 7. By the kidgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to sopies of the report being mixte available inforesaid.
- B Consent under the Personal Data Protection Act (PDPA)

funderstand, acknowledge, agree and consent that

(a) My insurer my workshop and the General Estrance Association of Singapore ("GIA") may lare semitted to collect use disclose and/or process my personal data personal information solicularities (found and any other personal information provided by me or possessed by my insurer (colocits by the "Personal Information") and doctors and transfer such Personal information to all insurer(s) who have restrict otheries, much not in this accepted call insureries, who have restrict violences, increased in this accepted shall be collectively referred to as the "Insurers") the insurers like yersitive time, the Unitedly Authority of Conjugate and any relevant government agency authority (such as the poice) for the purposets) of

(i) processing funding and/or dealing in thinly claims including the settlement of the claims and any necessary investigations relating to the clare.

- (i) investigating the accident and/or my claims.
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me.
- (iii) administering my claims (including the milling of correspondence, statements, invokes, respects or notices to me, which could invoke disclosure of cortain personal data about no to bring about delivery of the same as well as on the external cover of envelopes med pockages) and/or
- (v) correlying with applicable law in administering, processing, handling ansicr dealing with my claims

(coloctively the 'Purposes')

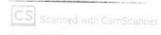
- (b) all resurer(s) who have resured vehicle(s) involved in the accident and the histories, law years law firms, may are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes, and
- (c) my Personal Information may can be disclosed by any of the Impurers and/or CAN to their third party service providers or agents (mobiling then law yers favored firms), which may be sted outside of Singapore, for one or more of the above Purposes

**Policytrols** 

Divin's Signature (If driver is not the policyholder) / Date

Sketch Plan

Chuan Lone.



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