

# 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 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 .....	13/08/2022 16:29 (SGT)
Reported by .....	Driver
Date of Accident .....	11/08/2022 10:55 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	CHAI CHEE STREET TURNING ONTO BEDOK NORTH ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... CB8448T

### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	MAHA BODHI SCHOOL BUS SERVICE
Company Reg No .....	37880000X
Email Address .....	andrewtan.jielun@gmail.com
Mobile Phone No .....	(Phone) +65-96625022
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	TOYOTA / HIACE 3.0 DX DIESEL TURBO AT 2WD
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 - Claiming third party
Vehicle Category .....	Bus
Transmission .....	Auto
CC .....	2982

### INSURANCE COMPANY

Name of Insurance Company .....	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number .....	5111077578-03-000003 (C) 27.07.22-26.07.23

### DRIVER

Name of Driver .....	NEO SOON HO
NRIC No .....	S0172988H
Date Of Birth .....	06/02/1954
Occupation .....	Outdoor

Date Of Driving Pass .....	20/04/1976
Driving experience .....	46 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96625022
Alt. Phone Number .....	-
Email Address .....	andrewtan.jielun@gmail.com
Address .....	BLK 63 CHAI CHEE ROAD #11-810 S460063
Address complement .....	-
Postcode .....	-
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 .....	Collision - Head to Rear
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
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 .....	-

#### 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 REPORT

#### 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 .....	THE FILE IS WITH INSURED

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLT3553D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LOW BOON KENG

Contact Number .....	(Phone) +65-94571469
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**INJURED PERSONS DETAILS**

INJURED 1

Name of injured person .....	NEO SOON HO
Gender .....	Male
Phone No .....	(Phone) +65-96625022
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	CB8448T
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

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.



Policyholder's Signature / Date & Time

*[Handwritten signature]*

*[Handwritten signature]*

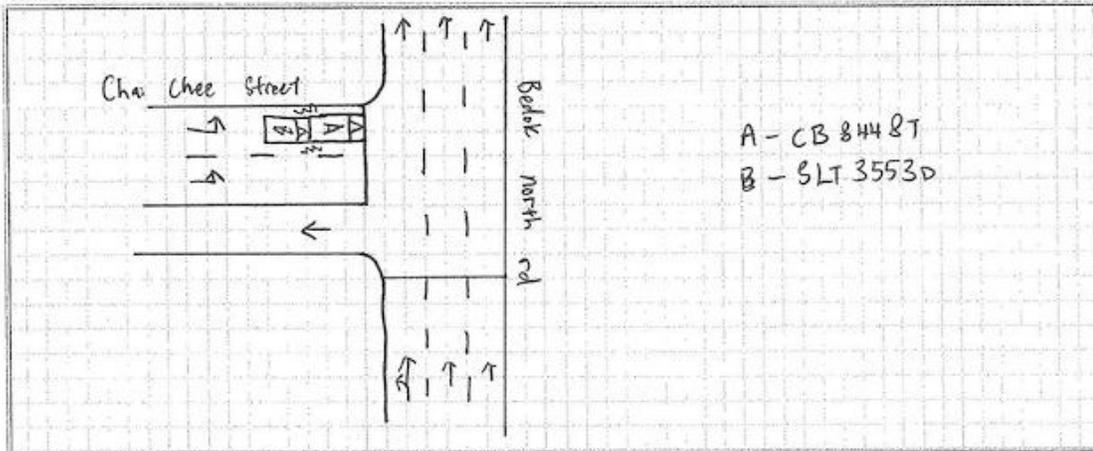
Driver's Signature (if driver is not the policyholder) / Date & Time

11-45  
13/8/22



Witnessed by Reporting Centre Personnel (Name as in NRIC/ID Card)

Sketch Plan



Describe Circumstance of the Accident

As per above date and time, I was driving CB8448T along Chai & Chee street on the extreme left lane heading onto Bedok north rd. Before turning left onto Bedok north rd, I slowed down and stopped my vehicle to give way to oncoming vehicles. Out of sudden, I felt an impact from the rear. I alighted and discovered Veh(B) SLT3553D front portion collided onto my vehicle rear portion.

Declaration

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



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]*

11-45  
13/8/22



Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

























## 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)  
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5111077578-03-000003

Cover : Comprehensive

- |   |                                 |
|---|---------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : CB8448T                       |
| Chassis Number  | : KDH201023226E                 |
| 2. Name of Policyholder   | : MAHA BODHI SCHOOL BUS SERVICE |
| 3. Effective Date of Insurance  | : 27 Jul 2022                   |
| 4. Expiry Date of Insurance   | : 26 Jul 2023                   |
| 5. Persons or Classes of Persons entitled to drive*   |                                 |
| (a) The Policyholder.   |                                 |
| (b) Any other person who is driving on the Policyholder's order or with his/her 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*   |                                 |
| (a) Use for the carriage of passengers in connection with the Policyholder's business.  |                                 |
| (b) Limited to carry 11 passengers.   |                                 |

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.  
 (b) 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 Vehicle (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

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

GEOGRAPHICAL LIMIT	: WITHIN THE REPUBLIC OF SINGAPORE ONLY
EXCESS (SECTION I)	: S\$2,000
EXCESS (SECTION II)	: S\$3,000
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: THINK ONE CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : THINK ONE AUTOMOBILE & TRADING PTE LTD (00000615443)  
 Date of Issue : 06 Jul 2022 19:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

## Enquire Vehicle Registration Details

<b>Owner Particulars</b>	
NRIC/Passport/Company Cert No.	87820600x
Owner ID Type	Business
Owner Name	MAHA BODHI SCHOOL BUS SERVICE
Registered Address	APT BLK 63 CHAI CHEE ROAD #11-808 SINGAPORE 460063
Mailing Address	-
Birth Date	-
<b>Vehicle Particulars</b>	
Vehicle No.	CB9498T
Previous Vehicle No.	-
Effective Date of Surrender	06 Mar 2018
Original Regn Date	08 Mar 2018
Registration Date	08 Mar 2018
Year of Manufacture	2017
Vehicle Type	School Transport Bus/Coach/Minibus
Vehicle Scheme	School Bus without AWC
Vehicle Attachment 1	No Attachment
Vehicle Attachment 2	-
Vehicle Attachment 3	-
Vehicle Make	TOYOTA
Vehicle Model	HIACE 3.0 DX DIESEL TURBO AT 2WD
Primary Colour	Silver
Secondary Colour	-
Passenger Capacity	11
Chassis No.	KDH2010232268
Engine No.	1KD2746924
Engine Capacity / Power Rating	2982 cc / -
Maximum Power Output	-
Propellant	Diesel
Max Unladen Weight	1800 kg
Maximum Laden Weight	3205 kg
Open Market Value	\$36,765.00
PARF Eligibility	No
PARF Eligibility Expiry Date	-
Minimum PARF Benefit	-
No. of Transfers	0
IU Label No.	1550299333
COE No.	-
OPC Cash Rebate Eligibility	No
Additional Registration Fee Rate	5.00 %
Actual ARF Paid	\$1,839.00
Vehicle Lifespan Expiry Date	07 Mar 2038
CO2 Emission	-
CO Emission	-
HC Emission	-
NOx Emission	-
PM Emission	-
Message	The vehicle will be de-registered upon reaching its statutory lifespan on 07 Mar 2038. This is a public service vehicle.

OK

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