

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 17/08/2022 14:16 (SGT)
Reported by Driver
Date of Accident 17/08/2022 07:45 (SGT)
Exact Location of Accident Punggol, Aft Punggol Rd, TPE, Singapore
Additional Location Information TPE near Exit 4
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number CB6342C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ATLANTIC TRAVEL PTE LTD
Company Reg No 201407049C
Email Address Atlantictravel14@gmail.com
Mobile Phone No (Phone) +65-96571883
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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 Auto
CC 2750

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Policy Number / Cover Note Number D18MFL0002658_03

DRIVER

Name of Driver TAN TIONG SEEN
NRIC No S1393352I
Date Of Birth 28/08/1959
Occupation Outdoor

Date Of Driving Pass	19/03/1980
Driving experience	42 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96571883
Alt. Phone Number	-
Email Address	Atlantictravel14@gmail.com
Address	4F
Address complement	Swanage Road
Postcode	437182
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
Number of Passengers (Including Driver)	5
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	Nil
Gender	Male

PASSENGER 2

Name	Nil
Gender	Male

PASSENGER 3

Name	Nil
Gender	Male

PASSENGER 4

Name	Nil
Gender	Male

DETAILS OF POLICE ACTION

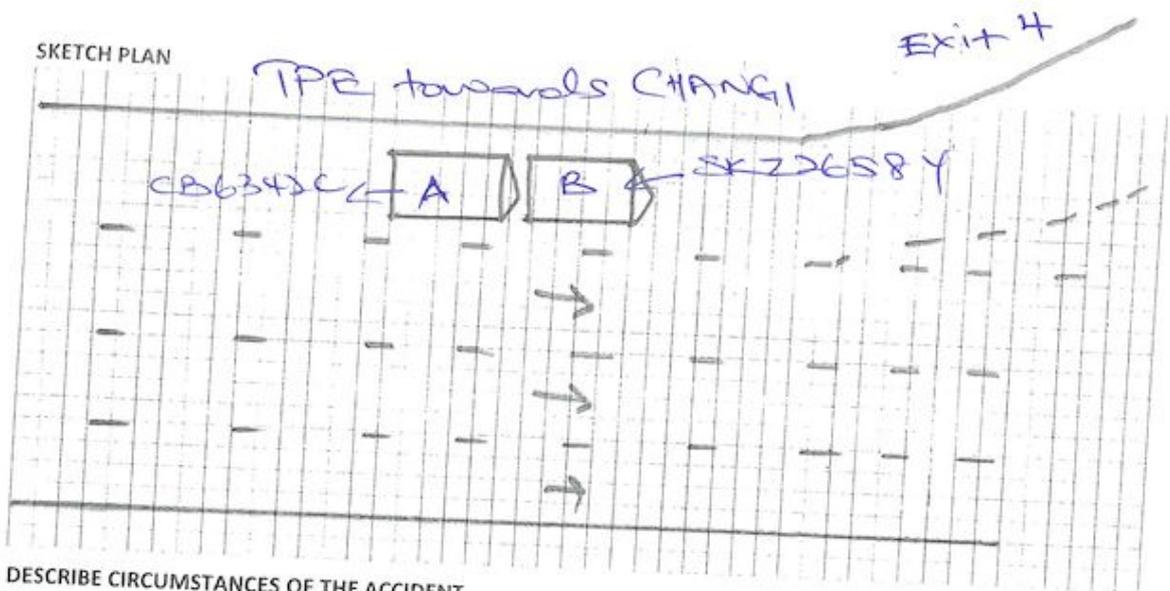
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

On 17th Aug at about 7.45am, I was driving along the left most lane on TPE towards Changi near Exit 4. Vehicles was exiting where suddenly the car in front of me SKZ2658Y suddenly stopped. I can't brake on time and hit it's rear. That's all I have to say.

ATTACHMENT(S)

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17th August 2022 at 9.45am, I was driving my bus along TPE towards Changi near EXIT 4 - vehicles queuing, but all of a sudden the front vehicle SK22658Y stopped, I couldn't brake on time and hits it's rear. That's all I have to say.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: MILMI DEES
NRIC/EIN NO.: S702926E























INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST. Reg. No. M2-0078806-X
64 | Cecil Street | #04 | #05 | #06-02 | IOH Building | Singapore 049711
Office (65) 63476100 Email insure@iil.com.sg
Fax (65) 62244174 Website www.iil.com.sg

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)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D18MFL0002658_03		COVER: Comprehensive
1. Index Mark and Registration Number of Vehicle	:	CB6342C
Chassis No	:	KDH2210002075
2. Name of Policyholder	:	ATLANTIC TRAVEL PTE. LTD.
3. Effective date of Insurance	:	03 Jan 2022
4. Expiry date of Insurance	:	31 Oct 2022
5. Persons or Classes of Persons entitled to drive*		
Any person provided he/she is in the Policyholder's employ and is driving on their order or with their 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*		
Within The Republic of Singapore only.		
Use only for the carriage of passengers or goods in connection with the Policyholder's business.		
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.		
*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.		
Excess Section I WITHIN SINGAPORE	:	SGD 1,500.00
Excess Section II WITHIN SINGAPORE	:	SGD 1,500.00
Windscreen Excess	:	SGD 200.00
Hire Purchase Company	:	N.A
FOR DRIVERS BELOW 21 YEARS OR ABOVE 70 YEARS OF AGE &/OR WITH LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN ADDITIONAL EXCESS OF \$2500.00 ON SECTION I & II (SEPARATELY) WILL BE APPLICABLE.		
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).		
Agent/Broker	:	A000047/SINCL PTE LTD
Date of Issue	:	10/01/2022 09:31:25
M.Z. 601CS - OMNIBUS Company's use		
		For India International Insurance Pte Ltd
		Authorised Signatory

liyun/28/10/2021 14:35:11

10/01/2022 09:34:33

Vehicle Registration Details

Vehicle No. CB6342C	Make/ Model TOYOTA/REGIUS ACE 3.0DX A	Vehicle Scheme School Bus with AWC
Current Propellant Diesel	Chassis No. KDH2210002075	Vehicle Type School Transport Bus /Coach/Minibus

Owner's Details

Owner Name:
ATLANTIC TRAVEL PTE. LTD.

Owner ID Type:
Company

NRIC/Passport/Company Cert No.:
201407049C

Registered Address
BLK 39 WOODLANDS CLOSE #03-42
MEGA@WOODLANDS SINGAPORE 737856

Mailing Address:
-

Birth Date:
-

Registration Details

Previous Vehicle No.:
-

Effective Date of Ownership:
03 Jan 2022

Original Registration Date:
12 Jun 2008

Registration Date:
12 Jun 2008

No. of Transfers:
1

IU Label No.:
1550227194

Vehicle Specifications

Engine No.:
1KD1751029

Chassis No.:
KDH2210002075

Year of Manufacture:
2008

Primary Colour:
White

Secondary Colour:

-

Passenger Capacity:

14

Engine Capacity / Power Rating :

2982 cc / -

Maximum Power Output:

-

Max Unladen Weight:

2160 kg

Maximum Laden Weight:

3155 kg

Vehicle Attachment 1:

Air-Conditioned

Vehicle Attachment 2:

-

Vehicle Attachment 3:

-

Additional Registration Fee (ARF) and COE Information

Open Market Value:

\$36,260.00

Additional Registration Fee Rate:

5.00 %

Actual ARF Paid:

\$1,813.00

Vehicle Lifespan Expiry Date:

11 Jun 2028

OPC Cash Rebate Eligibility:

No

QP during COE Bidding Exercise:

-

COE No.:

-

PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

Minimum PARF Benefit:

-

Vehicle Emissions Details

CO2 Emission:

-

CO Emission:

-

HC Emission:

-

NOx Emission:

-

PM Emission:

-



Message:

This is a public service vehicle.

Printed on 03 Jan 2022 14:16:02

Copyright © Land Transport Authority of Singapore 2021

SKZ2658Y.

SINGAPORE ACCIDENT STATEMENT

Accident Date & Time: 17/8/2022 @ 7:45AM		
Accident Location: TPE towards Changi near Exit 4		
Vehicle Number: CB6342C	Make/Model: TOYOTA HIACE	
Policy Holder Name: ATLANTIC TRAVEL PTB LTD		
NRIC/ROC: 201407049C	Mobile: 96571883	
Email: Atlantict2travel14@gmail.com		
Insurance Company: India International Insurance		
Policy Number: D18MFL0002658_03	Policy Period: 3/1/2022 - 31/10/2022	
Policy Coverage: Comprehensive <input checked="" type="checkbox"/> Third Party () Third Party Fire & Theft ()		
State Action Taken: Claim Own Policy () Claim Third Party () Reporting Only <input checked="" type="checkbox"/>		
Driver Name: TANTIONG SEEN		
NRIC: S1393352I	Mobile: 96571883	
Date Of Birth: 28/08/1959	Driving Pass Date: 19/03/1980	
Gender: Male <input checked="" type="checkbox"/> Female ()	Occupation: Indoor () Outdoor <input checked="" type="checkbox"/>	
Address: 4F SWANAGE ROAD SINGAPORE 437182		
Is driver an employee of the insured's company: Yes <input checked="" type="checkbox"/> No ()		
If No, Relationship of the driver with the insured:		
Owner () Spouse () Friend () Relative () Children () Sibling () Hirer ()		
Weather Conditions: Clear <input checked="" type="checkbox"/> Raining () Others ()		
Road Surface: Dry <input checked="" type="checkbox"/> Wet () Others ()		
Was any foreign vehicle involved in this accident? Yes () No <input checked="" type="checkbox"/>		
Was anybody injured in the Accident? Yes () No <input checked="" type="checkbox"/>		
Was there any video captured by Car Camera? Yes () No <input checked="" type="checkbox"/>		
Number of Passenger (Including Driver): 05PAX		
1)	2)	3) 4)
Was the accident reported to the police? Yes () No <input checked="" type="checkbox"/> "attach Police Report, if any"		
3 rd Party Name: WONG MAI YEAN		
Vehicle Number: SKZ2658Y	Make & Model: TOYOTA	
NRIC: S1364563I	Mobile No:	
Witness Details (if any):		
NAME:	NRIC:	Mobile No:
Other remark: if any		

SKETCH PLANIMPORTANT 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. The 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 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:

x

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

Reporting Centre Personnel's Signature
Name: HUMI DEBES
NRIC/EIN No: ST00216C