

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	22/08/2022 08:46 (SGT)
Reported by	Driver
Date of Accident	17/08/2022 06:45 (SGT)
Exact Location of Accident	Kaki Bukit Ave 4, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB8051D
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	RENHURN BUS SERVICE
Company Reg No	4XXXX200L
Email Address	alexamp@yahoo.com
Mobile Phone No	(Phone) +65-83827366
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Coaster
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	4009

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00002512203

DRIVER

Name of Driver	TAN CHEE SHEE
NRIC No	SXXXX152B
Date Of Birth	01/11/1958
Occupation	Outdoor

Date Of Driving Pass	11/05/1979
Driving experience	43 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93398180
Alt. Phone Number	-
Email Address	alextamp@yahoo.com
Address	BLK 185 PASIR RIS STREET 11 #08-60
Address complement	-
Postcode	510185
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT G/20220817/7012

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	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GY2815M
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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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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 to the GAA Records Management Centre established by the General Insurance Association of Singapore (GIAA) for archiving and full 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.
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 ("GIAA") may be 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 insurers who have insured vehicle(s) involved in this accident (all insurers who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law firm/law firms, the Ministry of Transport 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 claim, including the settlement of the claim, and any necessary investigations relating to the claim;
(ii) investigating the accident and/or my claim;
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(iv) administering my claim (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 and packages); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claim;
(collectively the "Purposes")
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law firm/law firms, may be 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 GIAA to their third party service providers or agents (including their law firm/law firms), which may be sent outside of Singapore, for one or more of the above Purposes.

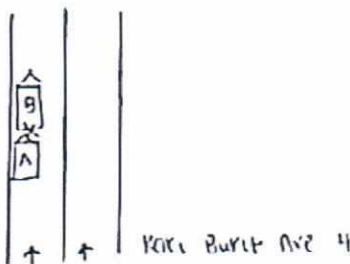


Policyholder's Signature / Date & Time
12/8/22 9:00pm
Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date & Time
12/8/22 9:00pm

Witnessed by Reporting Centre Personnel

19/8/2022



A) CB8051A

B) GY 2875M


Describe Circumstances of the Accident


1. PLUNDERED RUTHLESSLY + Police Report G/20220817/7012


Declaration

We declare the foregoing particulars are true in every respect.



X 
Policyholder's Signature / Date &
Time 18/8/22 9 AM

X 
Driver's Signature (if driver is not the policyholder) / Date
& Time 18/8/22 9 AM

 19/8/2022
Witnessed by Reporting Centre
Reviewed



**SINGAPORE
POLICE FORCE**



G/20220817/7012

1 of 2

POLICE REPORT (NP299)

Report No. G/20220817/7012

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 17/08/2022 09:30		Vide Report No.		Station Diary No.	
Name Of Informant TOH CHER BOON		Address 495E TAMPINES STREET 43 #07-366 SINGAPORE 524495			
ID Type / ID No. NRIC NO / S8020224E		Contact No. Home/Office:		Mobile: 93398180	
Nationality SINGAPORE CITIZEN		Email Address alexamp@yahoo.com			
Occupation Transport/Technical operations manager (except port/shipping)		Sex Male	Age 42	Date of Birth 08/07/1980	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 17/08/2022 06:40 - 17/08/2022 06:45		Location Of Incident KAKI BUKIT AVENUE 4			

Brief details.

My Driver parked the bus (CB8051D) on the left side of the road, he went to the opposite coffee shop for toilet break. When he was in the toilet, the lorry(GY2815M) in front of our bus started to reverse and hit onto the bus front. The lorry driver didn't come down to see the incident, instead he drove off. Nobody is injured in the incident. I need to email the photos and video,

Subjects Involved

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/08/2022 09:30
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20220817/7012

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220817/7012

Victim			
Person Name	TAN CHEE SHEE		
ID Type	NRIC NO	ID No	S1319152B
Gender	Male	Age	63
Race	Chinese	Language	Chinese
Occupation	Bus driver	Address	185 PASIR RIS ST 11 #08-60 SINGAPORE 510185
Home/Office No	93398180	Mobile No	87821541
Relation To Informant	EMPLOYEE		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:
The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
17/08/2022 09:30

Classification Of Case:

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: G42815M
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: China Taping

Police report (if any) yes / no
Police report reported at which police station: Bedok Division HQ
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: 0 Pax

- Male
- Female

Connect3 client vehicle no: CP8051D
Owner contact no: 83827366
Date of accident: 17/08/2022
Location of accident: Kaki Bukit Ave 4
Time of accident: 0645hrs

Email Address: alex.tamp@yahoo.com

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.

DMB1SNW00002512203

Engine No.: N04CTQ11722

Chassis No.: JTGFC538403000214

1. Index Mark and Registration
Number of Vehicle

CB6051D

2. Name of Policy Holder

RENHURN BUS SERVICE

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment19/02/2022
(00:00:00)

Excess Sect. II \$51,000.00

4. Date of Expiry of Insurance

18/02/2023

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.: SIN HENG CREDIT PTE LTD AS HP OWNER

* 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 GAVIN
Authorised Officer

Authorised Signatory