

[illegible]

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	12/09/2022 12:35 (SGT)
Reported by	Driver
Date of Accident	11/09/2022 17:45 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	TOWARDS PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6887M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ST LEE TRANSPORT PTE LTD
Company Reg No	2XXXXXX388Z
Email Address	stlee.transport@gmail.com
Mobile Phone No	(Phone) +65-96868028
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Golden Dragon
Model	XML6126J18
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	8849

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00012892100

DRIVER

Name of Driver	SETHU NAGARAJAH MANIKANDAN
Passport No/FIN	GXXXX777U
Date Of Birth	25/01/1982
Occupation	Outdoor

Date Of Driving Pass	07/05/2013
Driving experience	9 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83609752
Alt. Phone Number	-
Email Address	stlee.transport@gmail.com
Address	BLK 1002 TOA PAYOH INDUSTRIAL PARK #07-1447
Address complement	-
Postcode	319074
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)	21
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	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Male

PASSENGER 4

Name	UNKNOWN
Gender	Male

PASSENGER 5

Name	UNKNOWN
Gender	Male

PASSENGER 6

Name	UNKNOWN
Gender	Male

PASSENGER 7

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?	-

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	SKC686A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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 making 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

ST LEE

TRANSPORT PTE LTD

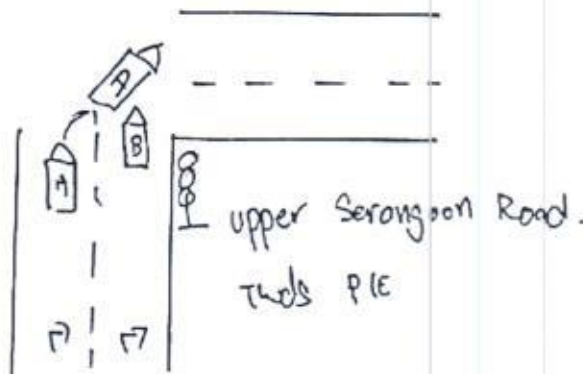
88 1002 Toa Payoh Industrial Park #07-1447
Singapore 319074

Tel: 6733 0708 Fax: 6734 1677
Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



A-PC6877M

B-SKC686A

Describe Circumstances of the Accident

On 11/9/2022 around 1745hrs, I was driving my Bus PC687TM along Upper Serangoon Road Trade Plc, Veh B SKC 686A on my right lane. Both vehicles making a right turn, while making the turn my Bus brush against veh B Front left portion.

Declaration

We declare the foregoing particulars are true in every respect.

ST LEE

TRANSPORT PTE LTD

81 1002 Toa Payoh Industrial Park #07-1417

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

12/09/2022

ST LEE

TRANSPORT PTE LTD

Block 1002 Toa Payoh Industrial Park #07-1447 Singapore 319074 (T) 62586188 (F) 62581677

Website: www.stlee.transport.com.sg Email: stlee.transport@gmail.com

12 September 2022

TO WHOM IT MAY CONCERN

Dear Sir

REF: PC6887M

I hereby confirmed aware of this incident and authorised Mr Sethu Nagarajan Manikandan, G7714777U to lodge a report to your kind department. Our vehicle is insured under China Taiping Insurance

I thank you in advance for your kind consideration and understanding and hope to hear from your kind department as soon as possible.

Yours Faithfully

Lee Sin Tiong

Director



Road surface: Dry / Wet

Weather condition: Clear / Raining

Speed: _____

Does driver own a vehicle: yes / no

if yes, veh number plate: _____

veh insurance co: _____

Relationship with insured: Employer 3 Employer

Witness (if any): yes / no

Witness name: _____

Witness hp: _____

Witness email (if any): _____

Witness add: _____

Witness IC no: _____

Third party veh number: SEC 686A

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: 21

20 Male

Female

Connect3 client vehicle no: PC6877M

Owner contact no: 9686 8028

Email Address: stee.transport@gmail.com

Date of accident: 11/11/2022

Location of accident: Upper Serangoon Road Twp's P1E

Time of accident: 1745hrs

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

Motor Bus

MZ601

N SN

ANOSICA

Ccy Type F

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1990
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third Party Risks) Rules, 1953 (Malaysia)

CERTIFICATE No.

DVB15NM00012892100

Engine No. 15LE430221836855

Chassis No. LL13BHCOMCBA002622

1. Index Mark and Registration
Number of Vehicle

PC6887M

2. Name of Policy Holder

ST LEE TRANSPORT PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

22/10/2021
(00:00:00)

Excess Sect. II \$31,000.00

4. Date of Expiry of Insurance

21/10/2022

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.

* 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 TAIPIING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

OCOS S. MEN
Authorised Signatory

Authorised Signatory

Transaction ref 20150325121317940918

The owner and vehicle particulars for Vehicle No. PC6887M as at 25 Mar 2015 are as follows:

1. Name	: ST LEE TRANSPORT PTE LTD
2. Identification No. Type	: Company
3. Identification No.	: 201437388Z
4. Place Of Passport Issue	: -
5. Vehicle No.	: PC6887M
6. Previous Vehicle No.	: -
7. Effective Date of Ownership	: 25 Mar 2015
8. Original Registration Date	: 22 Oct 2012
9. First Registration Date	: 22 Oct 2012
10. Vehicle Type	: Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus
11. Vehicle Scheme	: Public Service Vehicle (Others)
12. Attachment 1	: Air-Conditioned
13. Attachment 2	: -
14. Attachment 3	: -
15. Vehicle Make	: GOLDEN DRAGON
16. Vehicle Model	: XML6126J18
17. Year of Manufacture	: 2011
18. Primary Colour	: Multi-Colour
19. Secondary Colour	: -
20. Passenger Capacity	: 53
21. Chassis/Trailer Chassis No.	: LL3BHCDK0BA002822 / -
22. Propellant	: Diesel
23. Engine No./Motor No.	: JSLE432021836855 / -
24. Engine Capacity(cc)/Power Rating(kW)	: 8849 / -
25. Maximum Power Output(kW/bhp)	: - / -
26. Unladen Weight(kg)	: 12920

Transaction ref 20150325121317940918

The owner and vehicle particulars for Vehicle No. PC6887M as at 25 Mar 2015 are as follows:

27. Maximum Laden Weight(kg)	: 18000
28. Open Market Value	: \$139,744.00
29. PARF Eligibility	: No
30. PARF Eligibility Expiry Date	: -
31. Minimum PARF Benefit	: \$0.00
32. No. of Transfers	: 1
33. IU Label No.	: 2050094364
34. COE No.	: 2012100105000277G
35. COE Expiry Date	: 21 Oct 2022
36. COE Category	: C - Goods Vehicle & Bus
37. Quota Premium/Prevailing Quota Premium	: \$57,809.00 / -
38. Actual Quota Premium/PQP Paid	: \$57,809.00
39. Actual ARF Paid	: \$6,988.00
40. CO2 Emission(g/km)	: -
41. Actual CEVS Rebate Utilised	: -
42. CEVS Surcharge Paid	: -
43. Actual Green Vehicle Rebate Utilised	: -
44. Vehicle Lifespan Expiry Date	: 21 Oct 2032
45. Road Tax Amount	: -
46. Road Tax Start Date	: -
47. Road Tax End Date	: -
48. Remarks	: To renew the COE, the Prevailing Quota Premium payable is that of Category C. This is a public service vehicle.