SK0U229Q000X / KAN FOOK SING MOTOR WORKSHOP [533758]
ENTRY DATE & TIME: 26/09/2022 18:54 (SGT)
SUBMITTED BY: Jerry Goh
VERSION: 1 (26/09/2022 18:54 (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.
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	26/09/2022 18:54 (SGT)
Reported by	Driver
Date of Accident	23/09/2022 15:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SINGAPORE AMERICAN SCHOOL (SAS)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC9960P

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TRAVEL GSH PTE LTD
Company Reg No	199205400K
Email Address	SLTANJANETTAN@GMAIL.COM
Mobile Phone No	(Phone) +65-90219119
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Scania
Model	KIB4X2
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	11705

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5127042894-000004

DRIVER

Name of Driver	BENJAMIN HE ZHEN XIN
NRIC No	S1663764E
Date Of Birth	30/11/1964
Occupation	Outdoor

Date Of Driving Pass	23/02/1993
Driving experience	29 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90219119
Alt. Phone Number	-
Email Address	SLTANJANETTAN@GMAIL.COM
Address	683C CHOA CHU KANG CRESCENT #12-370 S(683683)
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	15
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

PASSENGER 8

Name	UNKNOWN
Gender	Male

PASSENGER 9

Name	UNKNOWN
Gender	Male

PASSENGER 10

Name	UNKNOWN
Gender	Male

PASSENGER 11

Name	UNKNOWN
Gender	Male

PASSENGER 12

Name	UNKNOWN
Gender	Male

PASSENGER 13

Name	UNKNOWN
Gender	Male

PASSENGER 14

Name	UNKNOWN
Gender	Female

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

SEE 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 TOO BIG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKN6455C
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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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 report(s) 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.

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 insurers who have insured vehicle(s) involved in the accident, all insurer(s) who have insured vehicle(s) involved in this accident (shall be collectively referred to as the "Insurers"), the Insurers' law firm(s)/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 insurance or reinsurance or 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 any third party as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law (in combination, 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' law firm(s), if any, 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 law firm(s), if any), which may be sited outside of Singapore, for one or more of the above Purposes.

GSH TRAVEL PTE LTD 山河旅遊

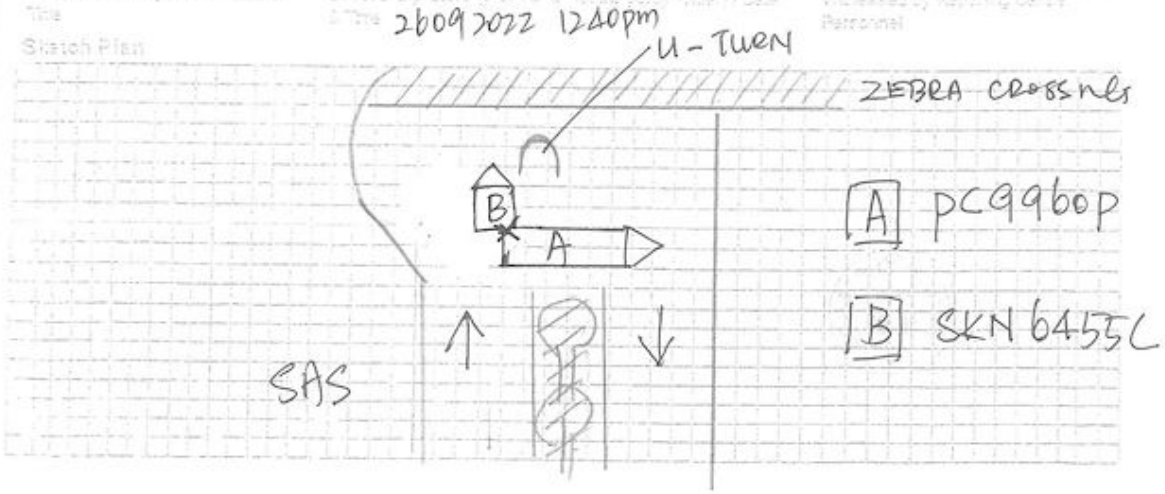
KAN FOOK SING MOTOR WORKSHOP

Policyholder's Signature / Date / Title

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

AS ATTACHED. (REFER)

ON 23-09-2022 AROUNF 15:45PM, I WAS PICKING UP THE STUDENTS FROM SINGAPORE AMERICAN SCHOOL (SAS). AFTER I WAS DRIVING OUT TO MAKE A 3-POINTS TURN. THERE WAS A MERCEDES VEHICLE NO. SKN6455C IN FRONT OF ME WITH A HAZEL LIGHT ON. SHE MOVED FORWARDED ASIDE TO PICK UP HER SON. SO, I MAKE A 3-POINTS TURN AHEAD.

SUDDENTLY I HEARD A 'BANG' FROM MY BACK THAT SHE HIT INTO MY VEHCILE BACK SIDE BECAUSE SHE WAS MAKING A REVERSED.

Declaration

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

TRAVEL GSH PTE LTD 山河旅遊

Policyholder's Signature / Date & Time

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

26092022 12.40pm

KAN FOOK SING MOTOR WORKSHOP

Witnessed by Reporting Centre Personnel

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10


CHASSIS NO.:YS2K4X20001863470
U.W. :12,500 KG
M.L.W. :19,000 KG
TYRE SIZE :F.295/80R-22.5
:R.295/80R-22.5(D)
PASS. CAP. :1 DRIVER ONLY
:45 PASSENGERS

IMAGES #11


15
10
1/min x 100
20
25
60
80
km/h
40
100
20
120
L
H
1/2
0
1
N N 12:50
770572.0 km 31 c
0
6
12
bar
0
6
bar

IMAGES #12

IMAGES #13

IMAGES #14

IMAGES #15

IMAGES #16