SC1A229S0001 / CAR CITY AUTO CENTRE PTE LTD ENTRY DATE & TIME: 28/09/2022 12:24 (SGT) SUBMITTED BY: ANSON SEAH SIEW JOO VERSION: 1 (28/09/2022 12:24 (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.

- 4. The issue and acceptance of this is form by instrained 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 28/09/2022 12:24 (SGT) Reported by Date of Accident 28/09/2022 08:10 (SGT) Exact Location of Accident 1 Woodleigh Ln, Singapore 357684 Additional Location Information STAMFORD AMERICAN SCHOOL Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number CB6286G

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner TOK'S SCHOOL BUS SERVICE Company Reg No 28666000L Email Address finance@ezbuzz.com.sg Mobile Phone No (Phone) +65-87838589 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 No - Claiming third party your vehicle? Vehicle Category Bus Transmission Manual CC 4000

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMB1SNA00008702200

DRIVER

Name of Driver TEO KHAY HOCK NRIC No S0404215H Date Of Birth 19/01/1953 Occupation Outdoor

Date Of Driving Pass 04/01/1978 Driving experience 44 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-96397132 Alt. Phone Number Email Address finance@ezbuzz.com.sg Address BLK 232 HOUGANG AVE 1 #07-232 Address complement Postcode 530232 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 14 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 **Female** PASSENGER 2 Name UNKNOWN Gender Female PASSENGER 3 Name **UNKNOWN** Gender Female PASSENGER 4 Name **UNKNOWN** Gender Female PASSENGER 5 Name **UNKNOWN** Gender **Female** PASSENGER 6 UNKNOWN Gender Female PASSENGER 7 UNKNOWN

Female

Gender

PASSENGER 8

Name UNKNOWN Gender Female

PASSENGER 9

Name UNKNOWN Gender Female

PASSENGER 10

Name UNKNOWN Gender Male

PASSENGER 11

Name UNKNOWN Gender Male

PASSENGER 12

Name UNKNOWN Gender Male

PASSENGER 13

Name UNKNOWN Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?

Yes
Was there any video captured by Car Camera?

Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration NumberSHC3061TVehicle ManufacturerHyundaiVehicle ModelIoniqVehicle Variant-Vehicle ColourBlueVehicle CategoryTaxiName of DriverTAN KEOK HUATNRIC NoS1188938G

Contact Number (Phone) +65-96338188

Address

Address complement BLK 35 EUNOS CRESENT #04-276
Postcode 400035

Insurance Company Name
Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration NumberSLB99MVehicle ManufacturerToyota



Vehicle Model	Alphard
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)	_

Describe Circumstance of the Accident
al T when the second of the Accident
Mr. Teo Khay Hock, who is a driver from Tox's School Bus Service. After he the
and the second s
pille up his ofestern from consequent orestand speciality work, he on the
pick up his opender's from Bhildfor Addition Blook openlants house, he on the way to sportford American School. When he want to turn late to strop off
pludition of separation school in the or brok wall another
ar come and from the School door , he heard a sound behind his car. This
equatories at at a Spanobred - American School, he treak a construct wait another consone and from the School door he heard a sound behind his car. This happened by a Toyota (Alpharel) collide a taxi (Hyundai) and then lead to the
The state of the s
tori collide his vehicle. This accident is happened of wood woodleigh
lone
2 1
Taxi car plate: SHC 3061] (3rd party)
Dale : 28 /09 /2022
Time : 08:10 am

Declaration

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

ature / Date & Time

Actual Driver's Signature (if driver is not the policyholder)

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card) 78/09 , 11:00 am

vJun2022

2

SKETCH PLAN

IMPORTANT NOTICE

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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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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.
- 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.

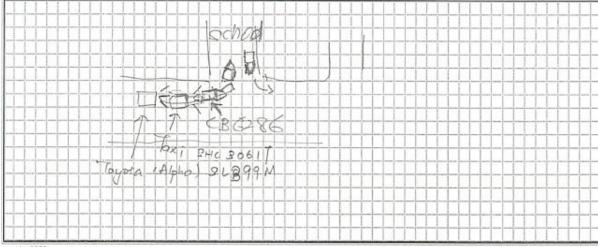
Policyholder's SignSture / Date & Time

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

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

ANSON

Sketch Plan



28/09 11:00am

vJun2022