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.

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 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 05/10/2022 17:23 (SGT) Reported by Date of Accident 05/10/2022 08:00 (SGT) Exact Location of Accident Woodlands Loop, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC1013B

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner HENG BUS TRANSPORT Company Reg No 2XXXX700K Email Address hengbus@singnet.com.sg Mobile Phone No (Phone) +65-96702587 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Golden Dragon Model XML6103J98 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

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMB1SNW00012732100

6693

DRIVER

Name of Driver TAN HO SENG NRIC No SXXXX390A Date Of Birth 08/05/1952 Occupation Outdoor

Date Of Driving Pass Driving experience Gender	09/05/1979 43 YEARS AND 5 MONTHS Male
Mobile Number	(Phone) +65-96702587
Alt. Phone Number	
Email Address	hengbus@singnet.com.sg
Address complement	BLK 604 YISHUN STREET 61 #04-327
Postcode	70004
Is the driver the policyholder?	760604 No.
If No, Relationship of the Driver with the Insured	No Francisco
Does Driver Own Other Vehicles?	Employee
Vehicle Registration Number of Other Vehicle Owned by Driver	No
verlicle (registration) Number of Other Verlicle 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	Raining
Road Surface	Wet
Trodu Guriace	vvet
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	Yes
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	NO
Translator's ID	-
Translator's phone number	
Translator's email	
Original language used in the statement	
FOREIGN VEHICLE 1	
Vehicle Registration Number	JSH9021
Vehicle Category	Bus
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Vee
Was the accident reported to the police? Police Station Name	Yes
	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address Was notice of intended Prosecution given?	4 Sembawang Crescent Singapore 757633
If yes, against whom?	No
ii yes, agailist whom:	-
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO POLICE REPORT T/20221005/2018	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
DETAILS OF OTHER	VEHICLE PROPERTY 1

JSH9021

Vehicle Registration Number

Vehicle Manufacturer Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Bus
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

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual Driver.
- Information provided must be as <u>inutiful</u> and accurate as <u>possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.

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,

- (F) 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 Signature / Date & Time

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

 Witnessed by Reporting Centre Personnel (Name as in NPCCID card)

Sketch Plan W 000 (BNDS (B)

Reversing B.S. JSH 9

1

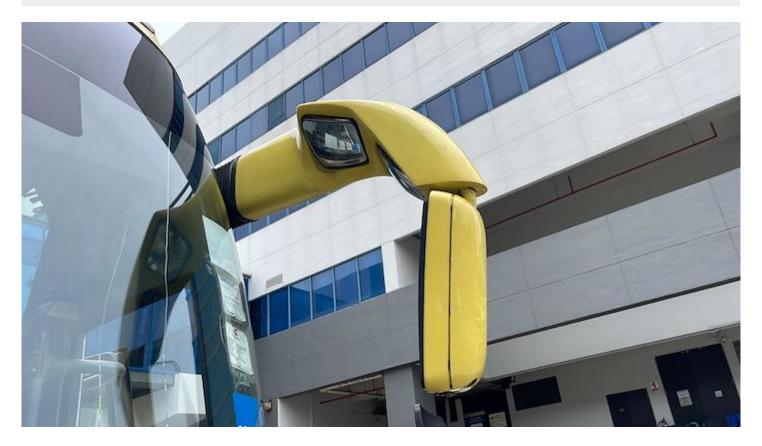
Describe Circumstance of the Accident	
PLS REFER TO POLICE REPORT T	1-10100 1-00
TO KETCH W TOUCE REPORT	2022/005/2018 7
the state of the s	
	/
	/
/	
~	
Was there any video captured by Car Camera? Yes No	
las the driver been approached by unknown person(s)? Yes	(No)
Number of Passengers (Including Driver)?	
Name Gender:	
Name Gender:	
Name Gender:	
Declaration	
I/We declare the foregoing particulars are true in every respect.	
La.M	1.
Man D	al extra la
	- die (2)(10/2
Policyholder's Signature (if driver is not the policyholder) / Date & Time	Wilfested by Reporting Centre Paisonnel (Mame as in NRICID card)























Date of Expiry:

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

Report No. T/20221005/2018

Tel No: 1800-5549999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:

Occupation: Bus driver

	ne Report N 022 09:56	/lade:	Vide Report No.:	Station Diary No.: 17
Informa	nt's Partic	ulars	ALC HALL BEET TO SEE	CONTRACTOR OF THE PARTY OF THE
Name of TAN HO	f Informant: SENG		Address: APT BLK 604 YISHUN : 760604	STREET 61 #04-327 SINGAPORE
	/ ID No.: 0 / S01723:	90A	Contact No.; Home/Office:	Mobile: 96702587
National SINGAP	lity: PORE CITIZ	ΈN	Email:	
Sex: Male	Age; 70	Date of Birth: 08/05/1952	Type of Informant: Driver	
Race: Chinese	E .		Language;	Institution / School Name:

Driving Licence Information: Class: 3,4,5

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 05/10/2022 08:00	Type of Location Inside Private Premises	
Location: WOODLANDS LOOP Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:	
Traffic Flow: Tra		Traffic Control: Not Controlled		Traffic Volume:	
Two Way	Type of Collision: Moving Vehicle Against - Parked Vehicle			the second secon	

Details of V	ehicle involved				4114.000 A COLUMN	A CONTRACTOR OF THE PARTY OF TH
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
JSH9021	Bus/Coach/Mi nibus	110			Seriously Damaged	0
PC1013B	Bus/Coach/Mi nibus				Seriously Damaged	0



Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

Tel No: 1800-5549999



2013

Report No. T/20221005/2018

CONTINUATION OF REPORT

Brief Details.

On 05/10/2022, at about 0800hrs, I parked my vehicle PC 1013 B inside ASE Singapore PTE LTD, 2 Woodlands Loops \$738074 waiting to pick up my passengers. It was raining heavily and there was a vehicle JSH 9021 suddenly reversed and hit the from of my vehicle. My vehicle was seriously damaged with windscreen shattered. No one was injured.



Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633 Tel No: 1800-5549999 T/20221005/2018

3 of 3 Report No. T/20221005/2018

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report, If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The L / SR STAFF SGT RENUKHA D/O SELVARAJU	Report:	Signat
Signature Of Interpreter: Ooi Jia Jun / S9230224E	F	Date/T 05/10/
Officer In Charge Of Case: TP / AEIT / SI TAN JEOK LENG Contact No.: 65476151		Classii

Date/Time: 05/10/2022 09:56	
	s.b
Classification Of Case:	

NP168