

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	07/10/2022 15:40 (SGT)
Reported by	Driver
Date of Accident	07/10/2022 12:50 (SGT)
Exact Location of Accident	Telok Blangah Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3474R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AEDGE HOLDINGS PTE LTD
Company Reg No	2XXXXX323E
Email Address	william@aedge.com.sg
Mobile Phone No	(Phone) +65-91460806
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yutong
Model	Zk6107h
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	Manual
CC	6690

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNA00009062203

DRIVER

Name of Driver	KOH KIAH HENG
NRIC No	SXXXX964I
Date Of Birth	31/10/1961
Occupation	Outdoor

Date Of Driving Pass	15/04/1985
Driving experience	37 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96779960
Alt. Phone Number	-
Email Address	william@aedge.com.sg
Address	BLK 872 WOODLANDS ST 81 #03-278
Address complement	-
Postcode	730872
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	Raining
Road Surface	Wet

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)	2
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

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	SMK403J
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

IMPORTANT NOTICE

1. Please report promptly the details of the accident to promptly the claim process.
 2. The Form must be completed by the Policyholder and/or the Authorized Person.
 3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or willful leaking of material facts may allow us, once confirmed, to rescind the policy/claim.
 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 reported to the Police for investigation.
 6. The report will be forwarded by the insurers of the CAT (Insurance Management Centre) to the CAT (Insurance Management Centre) by the General Insurance Association of Singapore (GIAS) for archiving and that copies of this report will also be made available upon application by interested parties.
 7. By the completion of this report to the insurers, you hereby consent to the archiving of this report at the end of the policy term of the report being made available to interested parties.
 8. Consent under the Personal Data Protection Act (PDPA)
- I/We hereby acknowledge and consent that:
- (a) I/We, in submitting this report and the General Insurance Association of Singapore (GIAS) 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 disclosed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers who have insured vehicles involved in this accident (all insurers) who have insured vehicles involved in this accident that be collectively referred to as the "Insurers", the Insurers' lawyers (law firms), the Insurance Authority of Singapore and any relevant government agency/authority (such as the police) for the purposes 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 obligations or responding to any requests by me;
 - (iv) administering my claim, including the making of correspondence, statements, evidence, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the claim 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")
- (a) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers (law firms), may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
 - (b) my Personal Information may be disclosed by any of the Insurers and/or CAT to their third party service providers or agents, (including their lawyers (law firms)), which may be used outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time
Sketch Plan


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


Witnessed by Witnessing Centre Personnel
07/10/2022



Telok Blangah Road.

A - PC3474R

B - SNK403J

Describe Circumstances of the Accident

On 7/10/2022 around 1250 hrs, I was driving my Bus PC3474R along Telok Blangah Road. Vch B SMK 4037 in front of my Bus stop at traffic. I caught stop in time and collided onto Vch B rear portion.

Declaration

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

 
Policyholder's Signature / Date & Time


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

 07/10/2022
Witnessed by Reporting Centre Personnel

























