

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 25/11/2022 11:29 (SGT)
Reported by Driver
Date of Accident 24/11/2022 16:01 (SGT)
Exact Location of Accident Sentosa Cove, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number CB8506J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner HONG YUN BUS SERVICES PTE. LTD.
Company Reg No 2XXXXX457Z
Email Address hongyunbus.services@outlook.sg
Mobile Phone No (Phone) +65-96216653
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Golden Dragon
Model XML6118E1A
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 Private car
Transmission Auto
CC 8849

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMB1SNW00012002200

DRIVER

Name of Driver WU TONG
Passport No/FIN GXXXX928L
Date Of Birth 28/11/1979
Occupation Outdoor

Date Of Driving Pass	15/04/2017
Driving experience	5 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-80381105
Alt. Phone Number	-
Email Address	hongyunbus.services@outlook.sg
Address	-
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	Hit by fallen tree / Other objects
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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)	25
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	Female

PASSENGER 5

Name	UNKNOWN
Gender	Female

PASSENGER 6

Name	UNKNOWN
Gender	Female

PASSENGER 7

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? Yes
 Reasons for not uploading a video of the accident FILE TOO BIG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number -
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category NA / Unknown
 Name of Driver -
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident BARRIER
 No. Of Passenger (Including Driver) -

SKETCH PLAN

IMPORTANT NOTICE

1. Please report only the details of the accident to speed up the claims process.
2. This 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 withholding of material facts may void the insurance contract and invalidate policy benefits.
4. The issue and acceptance of this Form by insured does not constitute an admission of policy liability on the part of the insurance company.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the Civil Insurance Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of it may be used for a future claim and/or a claim application by interested parties.
7. By the inclusion 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 as aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I/undersigned, Y B A3, 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 insured(s) who have insured vehicle(s) involved in this accident and insured(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers", the Insurers' (as per the law firm, the Ministry of Law, Singapore and any relevant government agency/authority (such as the police), for the purposes 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, notices, reports or copies to me, which could involve disclosure of certain personal data about me to bring about delivery of the form as well as on the external cover of envelopes and postcards; and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(collectively the "Purposes")
(b) all insured(s) who have insured vehicle(s) involved in this accident and the Insurers' (as per the law firm) may be 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 firms (as per the law firm), which may be based outside of Singapore, for one or more of the above Purposes.



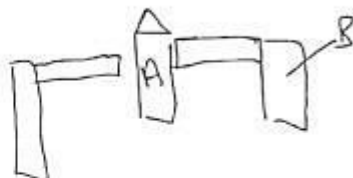
Policyholder's Signature / Date & Time
Sketch Plan

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

Witnessed by Reporting Centre Personnel

A-CB8506J

B-Bonner



Sentosa Cove

Describe Circumstances of the Accident

On 24/1/2022 around 16:01 hrs, I was driving my bus along Sennar
 Lane. When my bus reached the gateway, I waited for the barrier
 to open, when the barrier open, I proceed to ~~and~~ move forward.
 Suddenly I felt an impact from the right side. the gateway
 Barrier hit on to my bus.

Declaration

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



Policyholder's Signature / Date & Time

[Signature]

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

Witnessed by Reporting Centre Personnel

[Signature] 25/1/2022





















