

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	02/12/2022 08:15 (SGT)
Reported by	Driver
Date of Accident	09/11/2022 15:50 (SGT)
Exact Location of Accident	10 Bayfront Ave, Singapore 018956
Additional Location Information	MBS CONVENTION CTR
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC4462T
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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	Auto
CC	6690

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNA00009072203

DRIVER

Name of Driver	PANG POW
NRIC No	SXXXX366B
Date Of Birth	13/11/1959
Occupation	Outdoor

Date Of Driving Pass	14/12/1999
Driving experience	22 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92781311
Alt. Phone Number	-
Email Address	william@aedge.com.sg
Address	BLK 135 BEDOK RESERVOIR ROAD #11-1245
Address complement	-
Postcode	470135
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	Collided into Property
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)	10
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? No


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 ADVERTISEMENT
 No. Of Passenger (Including Driver) -

SKETCH PLAN

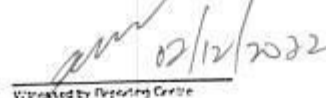
IMPORTANT NOTICE

1. Please report promptly the details of the accident to speed up the claim process.
2. This document is to be completed by the Policyholder and/or the Authorized Person.
3. Information provided must be as truthful and accurate as possible. Any material misrepresentation or withholding of material facts may allow insurance companies to reject the policy benefit.
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 statement may be referred to the Police for investigation.
6. The report will be forwarded by the insurers to the Civil Aviation Authority of Singapore (CAAS) and the Civil Aviation Accident Investigation Board (CAAIB) for their use and that report will be a confidential document for use by the insurers and the CAAS.
7. By the completion of this report to the insurers, you hereby consent to the insurers' use of this report and the details and contents of the report being disclosed to the insurers.
8. Consent under the Personal Data Protection Act (PDPA)
I understand, acknowledge, agree and consent that:
(a) my insurer, my co-insurer and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and process my personal data and/or information contained in this form and any other personal information provided by me or possessed by my insurer, including my "Personal Information", and disclose and transfer such Personal Information to an insurer(s) who have insured vehicles involved in this accident and/or insurer(s) who have insured vehicles involved in this accident shall be collectively referred to as the "Insurers" for the purposes of this form, the Insurance Act, the Insurance Act, the Insurance Act 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 process my insurer(s) relating to the claim;
(ii) investigating the accident and/or my claim;
(iii) carrying out and/or dealing with my claim(s) or responding to any enquiries by me;
(iv) administering my claim, including the making 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 and packages; and/or
(v) anything with applicable law in administering, processing, handling and/or dealing with my claim.
(collectively the "Purposes")
(b) all insurer(s) who have insured vehicles involved in this accident and the Insurers 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 be disclosed by any of the Insurers to the CAAS to their third party service providers or agents (including their law firm(s)), which may be disclosed to Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time

Sketch Plan


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


Witnessed by Witnessing Centre Personnel

A - PC4462T.

B - Advertisement



MBS Convention Centre

Describe Circumstances of the Accident

On 9/11/2022 around 15:00hrs, I was driving my bus #44627 along MBS Convention Center. After picking up all the passengers there was a car in front of my bus, as such, I checked there was no oncoming vehicle on its right. I slowed, and then to the right, suddenly my bus hit onto the advertisement. I quickly stopped, and pass my number and company details to the Security and I left the place.

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

Witnessed by Reporting Centre Personnel

























