



## 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	16/12/2022 15:30 (SGT)
Reported by	Driver
Date of Accident	14/12/2022 07:45 (SGT)
Exact Location of Accident	Clementi Ave 6, Singapore
Additional Location Information	TOWARDS PIE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PD125M
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WU LI TRANSPORT SERVICES
Company Reg No	5XXXX315K
Email Address	connect3winnie@gmail.com
Mobile Phone No	(Phone) +65-90178473
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Scania
Model	KIB4X2 12L
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	11705

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00011272200

#### DRIVER

Name of Driver	MOHAMAD NAWAWI BIN REDUAN
NRIC No	SXXXX896B
Date Of Birth	08/10/1988
Occupation	Outdoor

Date Of Driving Pass	11/08/2010
Driving experience	12 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92343005
Alt. Phone Number	-
Email Address	connect3winnie@gmail.com
Address	BLK 77 BEDOK NORTH ROAD #14-202
Address complement	-
Postcode	460077
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	Side Swipe
Weather Conditions	Clear
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)	35
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

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLC9371L  
 Vehicle Manufacturer -  
 Vehicle Model -  
 Vehicle Variant -  
 Vehicle Colour -  
 Vehicle Category Private car  
 Name of Driver -  
 Contact Number -  
 Address -  
 Address complement -  
 Postcode -  
 Insurance Company Name Income Insurance Limited  
 Nature Of Damage -  
 Details of property damaged in accident -  
 No. Of Passenger (Including Driver) -

## SKETCH PLAN

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#### 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;



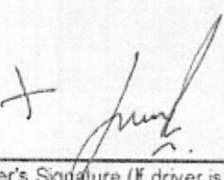
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

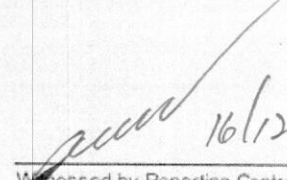
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

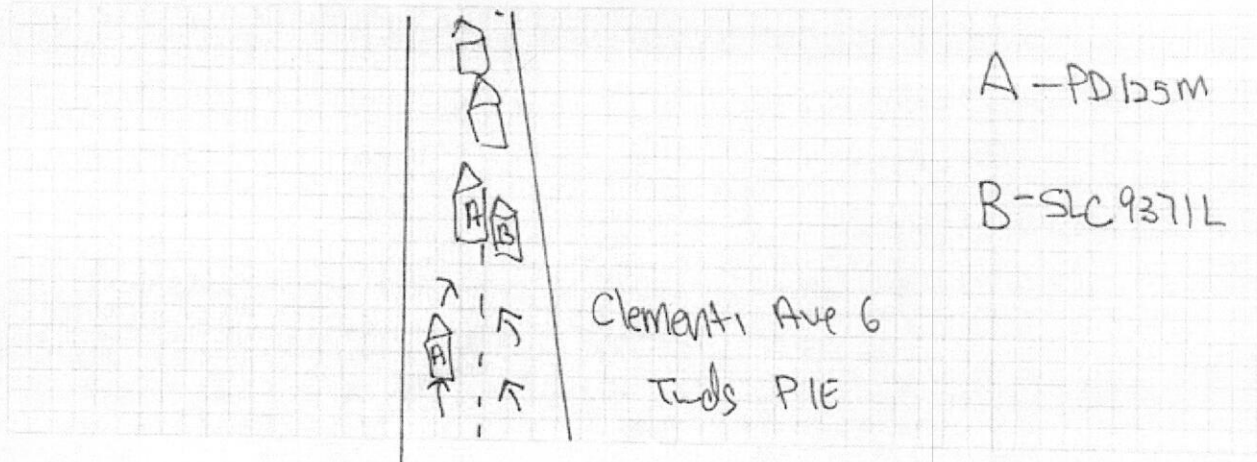
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

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

 16/12/2022  
Witnessed by Reporting Centre Personnel

Sketch Plan





**Describe Circumstances of the Accident**

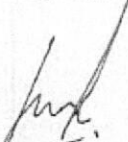
on 14/12/2022 around 0745hrs, I was driving my Bus PD125M along Clementi Ave 6 Towards PIE, when reaching the merge lane, Suddenly, I felt an impact on the right front portion, Veh B SK 9371 L Squeeze into my lane and hit onto my Bus.

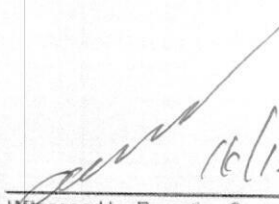
**Declaration**

We declare the foregoing particulars are true in every respect.

X   
Policyholder's Signature, Date & Time



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

 16/12/2022  
Witnessed by Reporting Centre Personnel

Road surface: Dry / Wet

Weather condition: Clear / Raining

Speed: \_\_\_\_\_

Usage of veh during of accident:  
\_\_\_\_\_

Does driver own a vehicle: yes / no

if yes, veh number plate: \_\_\_\_\_

veh insurance co: \_\_\_\_\_

Driver IC:

Driver Name :

Driver Pass date :

Driver Birth date :

Relationship with insured: Employer & Employer

Witness (if any): yes / no

Witness name: \_\_\_\_\_

Witness hp: \_\_\_\_\_

Witness email (if any): \_\_\_\_\_

Witness add: \_\_\_\_\_

Witness IC no: \_\_\_\_\_

Third party veh number: SLC 9371L

Name of third party driver: \_\_\_\_\_

IC of third party driver: \_\_\_\_\_

HP of third party driver: \_\_\_\_\_

Address of third party driver: \_\_\_\_\_

Insured/Co name of third party vehicle: \_\_\_\_\_

Contact number of insured/Co: \_\_\_\_\_

Insurance co of third party vehicle: N TUC

Police report (if any): yes / no

Police report reported at which police station: \_\_\_\_\_

Any intended prosecution given: yes / no

if yes, against whom: veh A / veh B driver

Action taken : claiming third party / claiming own damage / reporting only

No of Pax: 35

19 Male

15 Female

Connect3 client vehicle no: PD125M

Owner contact no: 9017 8473

Email Address: connect3winnie@gmail.com

Date of accident: 14/12/22

Location of accident: Clementi Ave 6 twds PIE

Time of accident : 0745 hrs.

Any Injury: yes / no ( if yes, must have police report)



Motor Bus

MZ601

N SN

AN0580A

Cov. Type:F

### CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMB1SNW00011272200

Engine No.: 6408507

Cha. No.:YS2K4X20001863107

1. Index Mark and Registration  
Number of Vehicle

PD125M

2. Name of Policy Holder

WU LI TRANSPORT SERVICES

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment

30/06/2022  
(09:31:47)

Excess Sect. II S\$1,000.00

4. Date of Expiry of Insurance

29/06/2023

5. Persons or Classes of Persons entitled to drive\*

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's permission.  
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use:\*

Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

The Policy does not cover

(1) Use for racing, pace-making, reliability trial or speed-testing.

(2) Use whilst drawing a trailer, except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. : YONG KHIONG CREDIT PTE LTD

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

**I/We hereby Certify** that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

ODDS & EVEN  
Authorised Officer

Authorised Signatory



## Vehicle Registration Details

Vehicle No. <b>PD125M</b>	Make/ Model <b>SCANIA/KIB4X2 12L MT ABS TURBO 19T</b>	Vehicle Scheme <b>Public Service Vehicle (Others)</b>
Current Propellant <b>Diesel</b>	Chassis No. <b>YS2K4X20001863107</b>	Vehicle Type <b>Private Hire (Chauffeur) Bus/Coach /Minibus</b>

### Owner's Details

Owner Name:  
**WU LI TRANSPORT SERVICES**

Owner ID Type:  
**Business**

NRIC/Passport/Company Cert No.:  
**53287315K**

Registered Address  
**APT BLK 669 WOODLANDS RING ROAD  
#09-375 SINGAPORE 730669**

Mailing Address:  
**-**

Birth Date  
**-**

### Registration Details

Previous Vehicle No.:  
**-**

Effective Date of Ownership:  
**30 Jun 2022**

Original Registration Date:  
**03 Aug 2009**

Registration Date:  
**03 Aug 2009**

No. of Transfers:  
**7**

IU Label No.:  
**2050109949**

### Vehicle Specifications

Engine No.:  
**6408507**

Chassis No.:  
**YS2K4X20001863107**

Year of Manufacture:  
**2008**

Primary Colour:  
**Multicolor**

Secondary Colour:

-

Passenger Capacity:

51

Engine Capacity / Power Rating :

11705 cc / -

Maximum Power Output:

-

Max Unladen Weight:

14060 kg

Maximum Laden Weight:

19000 kg

Vehicle Attachment 1:

Air-Conditioned

Vehicle Attachment 2:

-

Vehicle Attachment 3:

-

#### Additional Registration Fee (ARF) and COE Information

Open Market Value:

\$157,227.00

Additional Registration Fee Rate:

5.00 %

Actual ARF Paid:

\$7,862.00

Vehicle Lifespan Expiry Date:

02 Aug 2029

OPC Cash Rebate Eligibility:

No

QP during COE Bidding Exercise:

\$7,600.00

COE No.:

2009060105000250H

COE Expiry Date:

31 May 2029

COE Category:

C - Goods Vehicle & Bus

COE Registration Category:

C - Goods Vehicle & Bus

Quota Premium (QP) / Prevailing Quota Premium :

\$7,600.00 / -

PQP Paid

\$27,819.00

QP (Regn Cat):

\$7,600.00

#### PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

Minimum PARF Benefit:

-

#### Vehicle Emissions Details

CO2 Emission:

-

CO Emission:

-

HC Emission:

-

NOx Emission:

-

PM Emission:

-

Message:

**This is a public service vehicle.**

*Printed on 30 Jun 2022 10:03:25*

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