

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	03/01/2023 10:33 (SGT)
Reported by	Driver
Date of Accident	30/12/2022 16:09 (SGT)
Exact Location of Accident	Thomson Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7821X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	NLS TRANSPORT SERVICES PTE. LTD.
Company Reg No	2XXXXX299K
Email Address	connect3winnie@gmail.com
Mobile Phone No	(Phone) +65-93838450
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Coaster
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	4009

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00004172200

DRIVER

Name of Driver	HOY CHOON YEAN
Passport No/FIN	FXXXX999R
Date Of Birth	11/08/1979
Occupation	Outdoor

Date Of Driving Pass	02/09/2021
Driving experience	1 YEAR AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81327979
Alt. Phone Number	-
Email Address	connect3winnie@gmail.com
Address	. BLK 231 COMPASSVALE WALK #04-450
Address complement	-
Postcode	540231
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 - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20221231/2003

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	FBG361Y
Vehicle Manufacturer	Honda
Vehicle Model	Cbf150
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN RIDER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBG361Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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.
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.

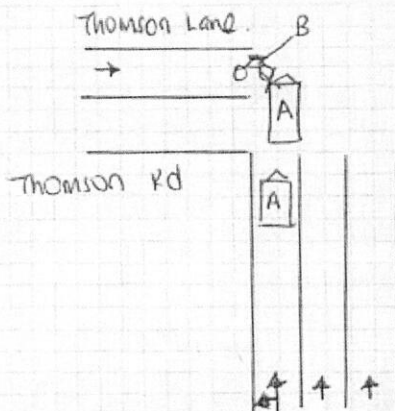


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A = PC7821X

B = FBG 361Y

Describe Circumstances of the Accident

* PIS ref to police report *. T/20221231/2003

Declaration

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

03/01/2023



SINGAPORE POLICE FORCE



T/20221231/2003

1 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20221231/2003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/12/2022 01:02		Vide Report No.: E/20221230/0109		Station Diary No.: 13	
Informant's Particulars					
Name of Informant: HOY CHOON YEAN			Address: APT BLK 550 SERANGOON NORTH AVENUE 3 #07-35 SINGAPORE 550550		
ID Type / ID No.: FIN NO / F8238999R			Contact No.: Home/Office:		Mobile: 81327979
Nationality: MALAYSIAN			Email:		
Sex: Female	Age: 43	Date of Birth: 11/08/1979	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: 2B,3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 30/12/2022 16:30	Type of Location: Straight Road
Location: THOMSON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG361Y	Motorcycle	HONDA	CBF150	Black	Slightly Damaged	0
PC7821X	Bus/Coach/Mi nibus	TOYOTA	COASTER SUPER LWB	White	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20221231/2003

2 of 3

Report No. T/20221231/2003

Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

CONTINUATION OF REPORT

Brief Details.

On the above date time and location, my vehicle met with an accident with a motorcycle along Thompson road. I was moving forward when a motorcycle came from the side and hit the left front side of my vehicle.

I was not injured and I assisted to call for ambulance. Ambulance and police officer came down and the rider was conveyed via ambulance.

I am lodging this report as instructed by the police officer



**SINGAPORE
POLICE FORCE**



T/20221231/2003

3 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20221231/2003

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 Report:

F /

SGT 1 MUHAMMAD RAFIQUE
BIN ROSLAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SR STAFF SGT LEE GUANG HUI
Contact No.: 65476423

Signature Of Informant:

Date/Time:
31/12/2022 01:02

Classification Of Case:

Road surface: Dry / Wet

Weather condition: Clear / Raining

Speed: _____

Does driver own a vehicle: yes / no

if yes, veh number plate: _____

veh insurance co: _____

Relationship with insured: Employee & Employer

Witness (if any): yes/no

Witness name: _____

Witness hp: _____

Witness email (if any): _____

Witness add: _____

Witness IC no: _____

Third party veh number: FBG 361 Y

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: _____

Police report (if any): yes/no

Police report reported at which police station: Hougang NPC

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: 01

- Male

1 Female

Connect3 client vehicle no: PC7821X

Owner contact no: 9383 8450

Email Address: connect3winnie@gmail.com

Date of accident: 30/12/2022

Location of accident: Thomson Road

Time of accident : 16:09hrs

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

Motor Bus

MZ601

N SN

AN0740A

Cov. Type:F

CERTIFICATE OF INSURANCEMotor 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)

Engine No.: N04CUH11627

Cha. No.:JTGEPS38806000053

CERTIFICATE No.

DMB1SNW00004172200

1 Index Mark and Registration
Number of Vehicle

PC7821X

2 Name of Policy Holder

NLS TRANSPORT SERVICES PTE. LTD.

3 Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment19/03/2022
(00:00:00)

Excess Sect. II S\$1,500.00

4 Date of Expiry of Insurance

18/03/2023

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.

* 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:

TATCO ENTERPRISE
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com

達高企業
TATCO ENTERPRISE
250/252 JALAN KAYU
SINGAPORE 799475/78
TEL: 6482 0153 FAX: 6481 1903

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport /Company Cert No.: 201816299K
 Owner ID Type: Company
 Owner Name: NLS TRANSPORT SERVICES PTE. LTD.
 Registered Address: APT BLK 231 COMPASSVALE WALK #04-450 SINGAPORE 540231
 Mailing Address: -
 Birth Date: -

Vehicle Particulars

Vehicle No.: PC7821X
 Previous Vehicle No.: -
 Effective Date of Ownership: 30 Apr 2019
 Original Regn Date: 19 Mar 2010
 Registration Date: 19 Mar 2010
 Year of Manufacture: 2009
 Vehicle Type: Private Hire (Chauffeur) Bus/Coach/Minibus
 Vehicle Scheme: Public Service Vehicle (Others)
 Vehicle Attachment 1: Air-Conditioned
 Vehicle Attachment 2: -
 Vehicle Attachment 3: -
 Vehicle Make: TOYOTA
 Vehicle Model: COASTER SUPER LWB
 Primary Colour: White
 Secondary Colour: -
 Passenger Capacity: 23
 Chassis No.: JTGEF538806000053
 Engine No.: N04CUH11627
 Engine Capacity /Power Rating: 4009 cc / -
 Maximum Power Output: -
 Propellant: Diesel

Max Unladen Weight:	3720 kg
Maximum Laden Weight:	5600 kg
Open Market Value:	\$80,387.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
Minimum PARF Benefit:	-
No. of Transfers:	4
IU Label No.:	1550238521
COE No.:	2010030105000155M
COE Expiry Date:	18 Mar 2020
COE Category:	C - Goods Vehicle & Bus
COE Registration Category:	C - Goods Vehicle & Bus
Quota Premium (QP) / Prevailing Quota Premium:	\$21,390.00 / -
Actual QP Paid:	\$21,390.00
QP (Regn Cat):	\$21,390.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$21,390.00
Additional Registration Fee Rate:	5.00 %
Actual ARF Paid:	\$4,020.00
Vehicle Lifespan Expiry Date:	18 Mar 2030
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-
Message:	This is a public service vehicle.

TATCO ENTERPRISE

252 Jalan Kayu
Singapore 799475

Tel: 64820153 Fax: 64811903

DEBIT NOTE

Insured Name :

NLS TRANSPORT SERVICES PTE. LTD.
865 MOUNTBATTEN ROAD
#02-26 KATONG SHOPPING CENTRE
SINGAPORE 437844

Debit Note : PD20-05008

Date : 11/03/2022

Policy No. : DMB1SNW00004172200

Document No: DO2015-03542

Insurance Co.: CHINA TAIPING INSURANCE (SINGAPORE) P/L

Excess (Named Driver) : \$0.00
Excess (Unnamed Driver) : \$1,500.00
Excess (Wind Screen) : \$0.00

Insured Details : **Registration No.: PC7821X**
2009 TOYOTA COASTER SUPER LWB 4009c.c.
Engine No. : N04CUH11627
Chassis No. : JTGEF538806000053

Sum Insured : Market Value
Coverage Period : 19/03/2022-18/03/2023
Coverage Type : THIRD PARTY FIRE & THEFT
Premium Payable : \$1,425.77

Note: Subject to Premium Warranty as per your policy.
Please pay the premium within the Premium Warranty to ensure the continuity of your insurance cover.

Please make all cheque payable to "TATCO ENTERPRISE" by 21/03/2022.



For and on behalf of
TATCO ENTERPRISE