



## 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	14/02/2023 10:55 (SGT)
Reported by	Driver
Date of Accident	14/02/2023 07:30 (SGT)
Exact Location of Accident	KJE, Singapore
Additional Location Information	TOWARDS TUAS
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6872E
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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	Zk6107he
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	DMB1SNA00009062203

#### DRIVER

Name of Driver	LIM TIAN CHIN
NRIC No	SXXXX087B
Date Of Birth	18/04/1979
Occupation	Outdoor

Date Of Driving Pass .....	15/09/2008
Driving experience .....	14 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91908522
Alt. Phone Number .....	-
Email Address .....	william@aedge.com.sg
Address .....	BLK 509 CHOA CHU KANG STREET 51 #05-229
Address complement .....	-
Postcode .....	680509
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 .....	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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	22
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 ..... XD4136K  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Commercial vehicle  
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) ..... -

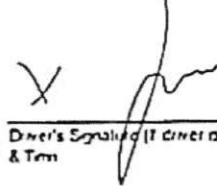
# SKETCH PLAN


## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claim process.
  2. This Form must be completed by the Policyholder and/or the Authorised 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 rescind the policy.
  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 CAA to the Discrepancy Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will be a form to be made available upon application by a interested parties.
  7. By the submission 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 stated.
  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 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 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/firm, the Maritime Authority of Singapore and any relevant government agency/authorities (such as the police), for the purpose(s) 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 enquiries 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/postal packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claim, (collectively the "Purposes")
  - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/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 also be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/firm), which may be located outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

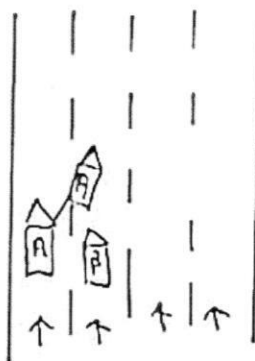
Sketch Plan

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

  
Witnessed by Reporting Centre Personnel

A-PC6872E

B-XD4136K-




KJE Tuas  
Tuas-

Describe Circumstances of the Accident

ON 14/12/2023 around 0730 hrs, I was driving my Bus PC 6872E along LGF Tully Tully. I was travel at the 4 lane 2 signal wanting to change to 3rd lane. I check on the 3rd lane. VEH B WD 4136K was quite a distance away. as such I filter to 3rd lane. Suddenly I felt an impact from the right VEH B brush against my Bus.


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 Officer / Date & Time

14/12/2023

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: XD4136 K.  
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:                       
Any intended prosecution given: yes / no  
If yes, against whom: veh A / veh B driver

Action taken: claiming third party / claiming own damage / reporting on  
No of Pax: 22

10 Male  
11 Female

Connect3 client vehicle no: PC68726  
Owner contact no: 9146 0800  
Date of accident: 14/2/2023  
Location of accident: EJE Tudt Tuds  
Time of accident: 0730hrs  
Any Injury: yes / no (if yes, must have police report)

Email Address: William@Aedex.com.sg





中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Bus

MZ601

R SN

BR0120A

Cov. Type:C

**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.	DMB1SNA00009062203	Engine No.: ISB67E525022248510	
		Cha. No.: LZYTBD67H1041369	
1. Index Mark and Registration Number of Vehicle	PC6872E	AUTOSAFE	=====
2. Name of Policy Holder	AEDGE HOLDINGS PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	01/06/2022 (00:00:00)	Excess Sect. I .	SS\$3,000.00
		Excess Sect. II	SS\$3,000.00
4. Date of Expiry of Insurance	31/05/2023	EX ON WINDSCREEN .	SS\$500.00
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. : MAYBANK AS HP OWNER * 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: Tan Jia Hwei  
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



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## Enquire Vehicle Transfer Fee

### Vehicle Details

Vehicle No.  
**PC6872E**

Make / Model  
**YUTONG / ZK6107HE AUTO**

Vehicle Type :  
**Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus**

Vehicle Attachment 1 :  
**Air-Conditioned**

Vehicle Scheme :  
**Public Service Vehicle (Others)**

Chassis No. :  
**LZYTBD67H1041369**

Propellant :  
**Diesel**

Engine No. :  
**ISB67E525022248510**

Motor No. :  
**-**

Engine Capacity :  
**6690 cc**

Power Rating :  
**-**

Maximum Power Output :

-  
Maximum Laden Weight :

**15500 kg**

Unladen Weight :

**11200 kg**

Year Of Manufacture :

**2017**

Original Registration Date :

**28 Dec 2017**

Lifespan Expiry Date :

**27 Dec 2037**

COE Category :

**C - Goods Vehicle & Bus**

Quota Premium :

**\$45,112.00**

COE Expiry Date :

**27 Dec 2027**

Road Tax Expiry Date :

**27 Dec 2022**

PARF Eligibility Expiry Date :

-

Inspection Due Date :

**27 Dec 2022**

Intended Transfer Date :

**23 Nov 2022**

CO2 Emission :

-

CEV/VES Rebate Utilised Amount :

-

CO Emission :

-

HC Emission :

-

NOx Emission :

-  
PM Emission :  
-

## Fees To Be Paid For Transfer

Transfer Fees	\$25.00
Road Tax Renewal - 6 months (28 Dec 2022 to 27 Jun 2023)	\$421.00
Road Tax Renewal - 12 months (28 Dec 2022 to 27 Dec 2023)	\$1,016.00

## Message

The fees above do not include any late road tax fees, which apply if road tax or lay-up has expired. You can use the digital service Enquire Road Tax Payable to check if there are any late road tax fees. Any road tax that has been paid for the vehicle will be transferred to the next owner.

This vehicle has a road tax Over Payment of \$174.00. This Over Payment may be used to offset Road Tax payable and Transfer Fees respectively, where applicable.

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