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SN08232R0001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 27/02/2023 10:32 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (27/02/2023 10:32 (SGT))



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 witholding of material facts may allow insurance companies to repudiate policy liability.

Amagan Alexandra

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 27/02/2023 10:32 (SGT) Reported by Driver Date of Accident 23/02/2023 15:45 (SGT) **Exact Location of Accident** Bedok, Singapore Additional Location Information BEDOK ROAD Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number CB2555G INSURED/POLICYHOLDER

	(*)
Is company?	Yes
Name Of Registered Owner	GAN BROTHERS SCHOOL TRANSPORT SERVICE
Company Reg No	5XXXX977B
Email Address	ganbsts@gmail.com
Mobile Phone No	(Phone) +65-94241063
Alternative Phone No	·

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	No. Claiming third party
your vehicle? Vehicle Category	No - Claiming third party
Tennendada	Bus
CC	Manual
	4009

INSURANCE COMPANY	
Name of Insurance Company Policy Number / Cover Note Number	China Taiping Insurance (Singapore) Pte. Ltd. DMB1SNW00014902201

Name of Driver	WANG SIN CHU
NRIC No	SXXXX772G
Date Of Birth	27/02/1961
Occupation	Outdoor

DRIVER

VEHICLE PARTICULARS

Date Of Driving Pass	16/06/2010
Driving experience	12 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88860227
Alt. Phone Number	-
Email Address	ganbsts@gmail.com
Address	BLK 297A COMPASSVALE STREET #11-28
Address complement	-
Postcode	541297
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	140
verilele riegistration ramber of ether verilele ewilea by briver	
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	No
Was anybody injured in the Accident?	2
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	· Vaa
Number of Passengers (Including Driver)	Yes 2
Has the driver been approached by unknown person(s)	2
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	
Newson	
Name	GAN PEH WEI
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 OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number	SBS3251Z
Vehicle Manufacturer	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Vehicle Model	-
Vehicle Variant	

Vehicle Colour	-
Vehicle Category	Bus
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 claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The 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
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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 hourers' 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
- (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
- (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' law yers/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 (firms), which may be sited outside of Singapore, for one or more of the above Purposes. K001573

Policyholder's Signature / Date &

Sketch Plan

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

Wilnessed by Reporting Centre

ALLIDENT ALONG BEOOK ROAD

Personnel

VEM. A-CB 2555G VEH.B-SBS3251Z

scribe Circumstances of the Accident	
ON THE STATED DATE AND TIME. I, VEH	ILLEA
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Declaration

We declare the foregoing particulars are true in every respect.

Policyholdon StriAlluru / Data 8 Tirma Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Date of Accident	: 23/02/2023 Accident Time: 1545 (24-11R-Format)
Accident Place	: ALONG BEOOK ROAD
Vehicle, No. (Cur Plate No.)	: CB 2555 G Make/Model: TOYOTA COASTER
Insurace Company	: GHINA TAIPING Policy No:
Owner or Company Name /IC No.	: GAN BROTHERS SCHOOL TRANSPORT (531019778)
Owner or Company Contact No.	: 94741063 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: WANG SIN CHU (52566772G)
DRIVER'S Date Of Birth	: 27/02/1961 DRIVER'S License Pass Date 16/06/2010
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling Employee Others:
DRIVER'S Address	: BLK 297A COMPASSVALE STREET #11-28 554129
DRIVER'S Contact No./ Alt No.	:1)_88860227 2)_
DRIVER'S Occupation	: INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	: GANBSTS@GMAILCOM
Weather & Road Surface	CLEAR & DRY) RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party\ Claim Own Insurance
Number of Passengers (Including D	Priver): 02
Was there any video Captured by ea Exact purpose for which vehicle wa Any Injury (If YES, Pls state):	is being used at the time of accident: Private use Work purpose
(B) Other I	Party Driver's Particular (if any)
Vehicle, No: 5853751	Z
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:
* NEW - Passenger's name &	gender:

GAN PEH WEI - FEMALE



Motor Bus

MZ601

R SN

AN0580A

Cov. Type:F

CERTIFICATE No.

DMB1SNW00014902201

Engine No.: N04CUH16862

Index Mark and Registration

Cha. No.:JTGEP538006000788

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)

Number of Vehicle 2. Name of Policy Holder

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment (00:00:00)

GAN BROTHERS SCHOOL TRANSPORT SERVICE 12/09/2022

Excess Sect. II

\$\$1,000.00

4. Date of Expiry of Insurance

11/09/2023

CB2555G

Persons or Classes of Persons entitled to drive*

Any persons or classes or Persons enutied 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:

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)

*3 Anson Road #16-00 Springleaf Tower Singapore 079909

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6222 1033

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