

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	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
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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	-

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 - Claiming third party
Vehicle Category	Bus
Transmission	Manual
CC	4009

INSURANCE COMPANY

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

DRIVER

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

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	-
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	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)	2
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	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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS3251Z
Vehicle Manufacturer	-
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

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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.



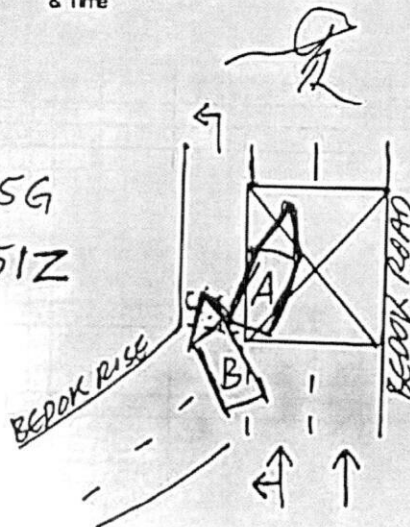
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

VEH. A - CB2555G
VEH. B - SBS3251Z



ACCIDENT ALONG BEDOK ROAD

Describe Circumstances of the Accident

ON THE STATED DATE AND TIME. I, VEHICLE 'A'
WAS STATIONARY AT THE STATED VENUE. SUDDENLY,
VEHICLE 'B' COLLIDED ONTO MY VEHICLE'S LEFT
SIDE AND LEFT REAR PORTION.

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

21/07/2023

Date of Accident : 23/02/2023 Accident Time: 1545 (24-HR-Format)
Accident Place : ALONG BEDOK ROAD
Vehicle, No. (Car Plate No.) : CB 2555 G Make/Model: TOYOTA COASTER
Insurance Company : CHINA TAIPIING Policy No: _____
Owner or Company Name / IC No. : GIAN BROTHERS SCHOOL TRANSPORT (53101977B)
Owner or Company Contact No. : 94241063 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : WANG SIN HU (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 5541297
DRIVER'S Contact No./ Alt No. : 1) 88860227 2) _____
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address : GIANBSTS@GMAIL.COM
Weather & Road Surface : CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 02
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): NO

Other Party Driver's Particular (if any)

(B)
Vehicle, No: SBS3251Z Vehicle, No: _____
Vehicle Make/Model: _____ Vehicle Make/Model: _____
Name Driver: _____ Name Driver: _____
IC No. Driver/Contact: _____ IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

GIAN PEM WEI - FEMALE



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

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.

DMB1SNW00014902201

Engine No.: N04CUH16862

Cha. No.:JTGEP538006000788

1. Index Mark and Registration
Number of Vehicle

CB2555G

2. Name of Policy Holder

GAN BROTHERS SCHOOL TRANSPORT SERVICE

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

12/09/2022
(00:00:00)

Excess Sect. II S\$1,000.00

4. Date of Expiry of Insurance

11/09/2023

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

Issued By:

ODDS EVEN
Authorised Office

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

张中义

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

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