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SN0823330002 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 03/03/2023 15:11 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (03/03/2023 15:11 (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.

  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 03/03/2023 15:11 (SGT) Reported by Driver Date of Accident 03/03/2023 09:15 (SGT) Exact Location of Accident Yishun Ave 8, Singapore Additional Location Information Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number CB6553K

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner HENG BUS TRANSPORT Company Reg No 2XXXX700K **Email Address** hengbus@singnet.com.sg Mobile Phone No (Phone) +65-87932780 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer Higer Model KLQ6109Q 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 6692

#### INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMB1SNW00012612201

#### DRIVER

Name of Driver LIU CHANG Passport No/FIN GXXXX069P Date Of Birth 04/10/1987 Occupation Outdoor

Date Of Driving Pass	10.00
Driving experience	
Gender	Male
Mobile Number	(Phone) +65-87932780
Alt. Phone Number	
Email Address	hengbus@singnet.com.sg
Address	BLK 21 CHAI CHEE ROAD #03-444
Address complement	-
Postcode	461021
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	
Does Driver Own Other Vehicles?	
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	12
GENERAL INFORMATION OF THE ACCIDENT	
GENERAL INFORMATION OF THE ACCIDENT	
Name   Bartife   17000   50	
Type of Accident	Oldo Ollipo
Weather Conditions	Clear
Road Surface	Wet
OTHER INFORMATION	
W	
Was any foreign vehicle involved in the accident?	
Number of vehicles involved in the accident	_
Was anybody injured in the Accident?	
Was any injured conveyed to hospital by ambulance?	
Was any other vehicle or property damaged?	
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	V=
Translator's phone number	
Translator's email	
Original language used in the statement	tu tu
DETAILS OF POLICE ACTION	
Was the assidant reported to the police?	
Was the accident reported to the police?	
Was notice of intended Prosecution given?	1.37
If yes, against whom?	<del></del>
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO ATTACHMENT AND STATEMENT	
TELAGE HEI EN TO ATTAONMENT AND OTATEMENT	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	
Reasons for not uploading a video of the accident	
The production of the control of the production of the control of	
DETAILS OF OTH	ER VEHICLE PROPERTY 1
Vehicle Registration Number	YN4631H
Vehicle Manufacturer	
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
14.11.1	

Commercial vehicle TAY LEE CHAI

Vehicle Category
Name of Driver

NRIC No	SXXXX513Z
Contact Number	0/////3132
A -1 -1	-
	-
Address complement Postcode	
Insurance Company Name	
Natura Of Damass	( <del>-</del>
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-
train and assertiger (including briver)	_

#### 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. 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 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' law yers/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' 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 (including their law yers/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

Witnessed by Reporting Centre

Sketch Plan

- Please refer to affached statement . -

Describe Circumstan	ces of the Accident
Please	refer to attached statement
	The state of

#### 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 Centre

Personnel

Accident Date: 03/03/2023

Accident Time: 09:15 Hr

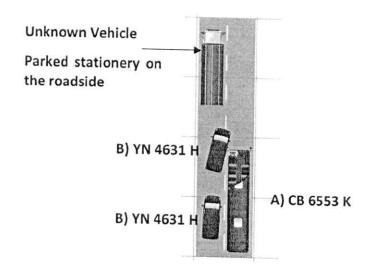
Location: Yishun Ave 8

Vehicle

A) CB 6553 K

B) YN 4631 H

On 03/03/2023, at around 9.15am, I was driving my company vehicle CB 6553 K along Yishun Ave 8. I was moving straight on my second lane and suddenly a vehicle YN 4631 H on my left changed lane and collided my vehicle front left side portion and left side mirror. We moved the vehicle to the road side and exchanged particular then only I know vehicle YN 4631 H changed lane due to unknown vehicle parked stationery on the road side. Nobody was injured.



Liu Chang

grund /03/2023.

	SINGAPORE ACC	CIDENT STATEMENT	
	BASIC IN	FORMATION	MASSIAL AND THE RESIDENCE
Date of Accident:	03 03 2023	Time of Accident:	09:15 Hr
Exact Location:	Yishun Ave 8		1
	DETAILS O	F OWN VEHICLE	
Vehicle Registration No.	CB 6553 K	NRIC / FIN / Passport no:	26611700F
Name of Registered Owner:	Heng Bus Trans		1 20011 1201
Owner's Email:	hengbus@singne-	From . Ca	
Owner's Address:	335 Cembanana	close #04-459 Sing.	anobe Ico235
Vehicle Make:	Higer	Vehicle Model:	K4061090
Engine Capacitty (cc):	669266	Transmission:	(Auto)/ Manual
Type of Claim:	Own Damage (Third F		(Auto) Maridai
Vehicle Category:		Motorcycle / Private Hire	
Name of Insurance Co:		yrance (Singapore) Ite L	td
Type of Policy:	(Comprehensive) Third	Party / Third Party, Fire & Their	ft.
Policy Number:	DMB15NW00012		
	I MILBISIAL DAGIT	0 20	
	D	RIVER	
Name of Driver:	Liu Chang		same
NRIC / FIN / Passport no:	68034069P	Date of Birth:	04/10/1987
Occupation:	Indoor (Outdoor)	Driving Pass Date:	08/69/2009
Contact Number:	87932780	Gender:	Male Female
Address:	Blk 21 chai Ch	ee Road # 03 - 444 Sin	gapore 461021
Relationship with Owner:	Owner / Employee / Spo	ouse / Child / Hirer / Other:	
Translater Name:		Translater NRIC:	
Translater Contact no:		Translater email:	
		ATION OF THE ACCIDENT	
Type of Collision:	Chain collision / Side Si	wipe/ Front to Rear / Others:	
Weather Condition:	Clear/ Raining / Others	: Road Surface:	Dry (We)
Video available:	(Yes) No		
Was anybody injured?	Yes (No)	Police Report Made?	Yes (No)
No. of passenger onboard (in	cluding driver): 0		
	DETAILS OF	OTHER VEHICLE	
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	4N4631H		
Vehicle Make / Model:	-		
Name of Driver:	Tay Lee Chai		
NRIC / FIN / Passport no:	568 16513 Z		
Contact Number:	_		
Name of Insurance Co:			
	DETAILS	OF WITNESS	
Name:		Contact Info:	
	The state of the s		
a (1966) and (1966)	DETAILS OF	NJURED PERSON	
	Person 1	Person 2	Person 3
Name / in which vehicle?:			
Driver's Declaration: I declare that the info consequences arising from incomplete or	ormation given in this report are true innaccurate information that are su	e and accurate to the best of my collection a abmitted.	and I bear full responsibility for any
Signature of Driver	-	Date and time	
STATE OF THE STATE		Date and lime	

Date and time



Motor Bus

CERTIFICATE OF INSURANCE

MZ601

R SN

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)

AN0707B Cov. Type:F

CERTIFICATE No.

DMB1SNW00012612201

Engine No.: ISBE430021930909

Cha. No.:LKLR1FSJ1AB535492

1. Index Mark and Registration

Number of Vehicle

CB6553K

2. Name of Policy Holder

HENG BUS TRANSPORT

3. Effective date of the Commencement of

30/07/2022 Insurance for the purposes of the Regulations, (00:00:00)

Excess Sect. II

S\$1,000.00

Ordinance or Enactment 4. Date of Expiry of Insurance

29/07/2023

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 Any person provided he is in the Policyholder's employ and is driving on their order of many horizon 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

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: KHC HOLDINGS PTE LTD Authorised Officer

Authorised Signatory

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

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www.sg.cntaiping.com

# **Enquire Vehicle Transfer Fee**

### Vehicle Details

CB6553K	
Make/Model HIGER / KLQ6109Q	
Vehicle Type: S20 - School Transport Bus/Coach/Minibus	Vehicle Attachment 1 :  Air-Conditioned
Vehicle Scheme : School Bus with AWC	Chassis No. : LKLR1FSJ1AB535492
Propellant: Diesel	Engine No. : ISBE430021930909
Motor No.:	Engine Capacity: 6692 cc
Power Rating :	Maximum Power Output:
Maximum Laden Weight: 16000 kg	Unladen Weight: 11960 kg
Year Of Manufacture : 2010	Original Registration Date : 30 Jul 2010
Lifespan Expiry Date : 29 Jul 2030	COE Category :
Road Tax Expiry Date: 29 Jul 2023	PARF Eligibility Expiry Date:
Inspection Due Date : 29 Jul 2023	Intended Transfer Date: 28 Feb 2023
CO2 Emission :	CEV/VES Rebate Utilised Amount:
CO Emission :	HC Emission :
NOx Emission :	PM Emission :

## Fees To Be Paid For Transfer