

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	10/03/2023 17:22 (SGT)
Reported by	Driver
Date of Accident	09/03/2023 17:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS BEFORE EXIT 40
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6672R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CITY TRANSIT PTE. LTD.
Company Reg No	2XXXXX331D
Email Address	citybus@singnet.com.sg
Mobile Phone No	(Phone) +65-82372100
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Golden Dragon
Model	XML6103J98
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	6693

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MCV0010187

DRIVER

Name of Driver	ZHONG YONGGANG
Passport No/FIN	GXXXX119L
Date Of Birth	24/11/1974
Occupation	Outdoor

Date Of Driving Pass	09/11/2015
Driving experience	7 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82372100
Alt. Phone Number	-
Email Address	citybus@singnet.com.sg
Address	10 JELEBU ROAD #14-18
Address complement	-
Postcode	677672
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO STATEMENT AND ATTACHMENT

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	YP6952H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	AZMAN BIN ABDULLAH
NRIC No	SXXXX363I

Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	XD7279L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	APPADURAI
Passport No/FIN	GXXXX883N
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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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

- Refer to attached statement. -

Describe Circumstances of the Accident

- Refer to attached statement. -

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

钟永刚

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

Witnessed by Reporting Centre Personnel

10/03/2023

Accident Date: 09/03/2023

Accident Time: 17:00 Hr

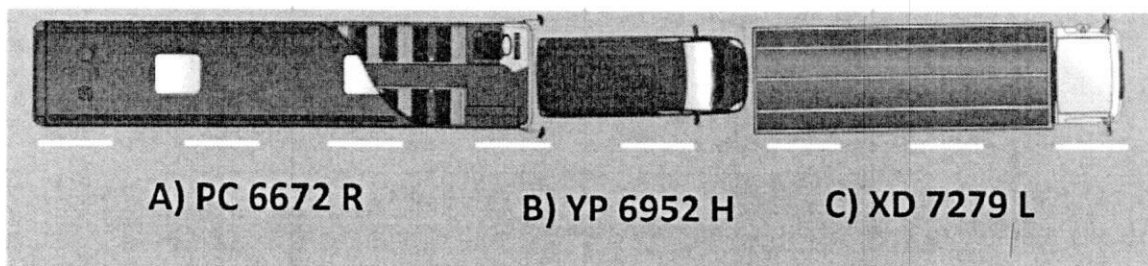
Location: PIE towards Tuas before Exit 40

Vehicle A) PC 6672 R

B) YP 6952 H

C) XD 7279 L

On 09/03/2023, at around 5pm, I was driving company bus PC 6672 R along PIE towards Tuas. Before Exit 40, suddenly I saw vehicle YP 6952 H jammed brake and hit the vehicle XD 7279 L in front of him. I immediate applied brake but could stop on time and collided the vehicle YP 6952 H in front of me. Total 3 vehicles involved in this accident. My vehicle was towed to workshop after this. Nobody was injured.



钟永刚

Zhong Yonggang

acc
10/03/2023

Send/Fax to: _____

Submitted: _____

SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION			
Date of Accident:	09/03/2023	Time of Accident:	17:50 Hr
Exact Location:	PIE towards Tuas before Exit 40.		
DETAILS OF OWN VEHICLE			
Vehicle Registration No.	PC6672R	NRIC / FIN / Passport no:	201604331D
Name of Registered Owner:	City Transit Pte Ltd		
Owner's Email:	citybus@singnet.com.sg		
Owner's Address:	7030 Ang Mo Kio Avenue 5 #06-25 Northstar @ AMK S(569880)		
Vehicle Make:	Golden Dragon	Vehicle Model:	XML6103J98
Engine Capacity (cc):	6693cc	Transmission:	Auto <input checked="" type="checkbox"/> Manual
Type of Claim:	Own Damage / Third Party <input checked="" type="checkbox"/> Reporting Only		
Vehicle Category:	Private <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input type="checkbox"/> Private Hire <input type="checkbox"/>		
Name of Insurance Co:	India International Insurance Pte Ltd		
Type of Policy:	Comprehensive / Third Party / <input checked="" type="checkbox"/> Third Party, Fire & Theft		
Policy Number:	D22MCV0010187		

DRIVER			
Name of Driver:	Zhong Yonggang	<input type="checkbox"/> same as	
NRIC / FIN / Passport no:	G2633119L	Date of Birth:	24/11/1974
Occupation:	Indoor <input checked="" type="checkbox"/> Outdoor	Driving Pass Date:	09/11/2015
Contact Number:	82372100	Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Address:	10 Jelebu Road #14-18 Singapore 677672.		
Relationship with Owner:	Owner <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Hirer <input type="checkbox"/> Other:		
Translator Name:		Translator NRIC:	
Translator Contact no:		Translator email:	
GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision:	<input checked="" type="checkbox"/> Chain collision <input type="checkbox"/> Side Swipe <input type="checkbox"/> Front to Rear <input type="checkbox"/> Others:		
Weather Condition:	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others:	Road Surface:	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet
Video available:	Yes <input checked="" type="checkbox"/> No		
Was anybody injured?	Yes <input checked="" type="checkbox"/> No	Police Report Made?	Yes <input checked="" type="checkbox"/> No
No. of passenger onboard (including driver):	01		

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	YP6952H	XD7279L	
Vehicle Make / Model:	-	-	
Name of Driver:	Azman Bin Abdullah	Appadurai Balaji	
NRIC / FIN / Passport no:	S1727363J	G2060883N	
Contact Number:	-	-	
Name of Insurance Co:	-	-	

DETAILS OF WITNESS	
Name:	Contact Info:

DETAILS OF INJURED PERSON			
	Person 1	Person 2	Person 3
Name / in which vehicle?:			

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.


钟永刚
Signature of Driver

Date and time

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)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D22MCV0010187		COVER: Third Party Fire & Theft
1. Index Mark and Registration Number of Vehicle	:	PC6672R
Chassis No	:	LL3BGCDH8BA000355
2. Name of Policyholder	:	CITY TRANSIT PTE. LTD.
3. Effective date of Insurance	:	29 Nov 2022
4. Expiry date of Insurance	:	28 Nov 2023
5. Persons or Classes of Persons entitled to drive*		
<p>Any person provided he is in the Policyholder's employ and is driving on their order or with their 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.</p>		
6. Limitations as to use*		
<p>Use only for the carriage of passengers or goods in connection with the Policyholder's business. The Policy does not cover a) Use for racing, pace-making, reliability trial or speed-testing. b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p>		
<p>*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.</p>		
<p>Excess Section II: SGD2,000.00 TERRITORIAL LIMIT: WITHIN THE REPUBLIC OF SINGAPORE ONLY Hire Purchase Company : N.A</p>		
<p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 75 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN ADDITIONAL EXCESS OF S\$1500/- ON SECTION II WILL BE APPLICABLE.</p>		
<p>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).</p>		
<p>Agent/Broker : A000047/SINCL PTE LTD Date of Issue : 29/11/2022 15:13:01 M.Z. 600C - OMNIBUS (ORGANIZATION)</p>		<p>For India International Insurance Pte Ltd</p>  <p>Authorised Signatory</p>

Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle No.
PC6672R

Make / Model
GOLDEN DRAGON / XML6103J98

Vehicle Type :

Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus

Vehicle Scheme :

Public Service Vehicle (Others)

Propellant :

Diesel

Motor No. :

-

Power Rating :

-

Maximum Laden Weight :

16000 kg

Year Of Manufacture :

2011

Lifespan Expiry Date :

21 Jun 2031

PQP Paid :

\$20,162.00

Road Tax Expiry Date :

29 May 2023

Inspection Due Date :

29 May 2023

CO2 Emission :

-

CO Emission :

-

NOx Emission :

-

Vehicle Attachment 1 :

Air-Conditioned

Chassis No. :

LL3BGCDH8BA000355

Engine No. :

ISBE430021974787

Engine Capacity :

6693 cc

Maximum Power Output :

-

Unladen Weight :

10840 kg

Original Registration Date :

22 Jun 2011

COE Category :

C - Goods Vehicle & Bus

COE Expiry Date :

21 Jun 2026

PARF Eligibility Expiry Date :

-

Intended Transfer Date :

11 Mar 2023

CEV/VES Rebate Utilised Amount :

-

HC Emission :

-

PM Emission :

-