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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
 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.

- 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
eate of Submission	13/03/2023 15:03 (SGT)
	Driver
Reported by Date of Accident	12/03/2023 07:35 (SGT)
vate of Accident exact Location of Accident	PIE, Singapore
Additional Location Information	AFTER STEVEN ROAD
Additional Location information	Singapore
Country/State of Loss	Singapore
DETAILS OF	OWN VEHICLE
/ehicle Registration Number	PC76B
INSURED/POLICYHOLDER	
s company?	Yes
Name Of Registered Owner	ST LEE TRANSPORT PTE LTD
Company Reg No	2XXXXX388Z
Email Address	stlee.transport@gmail.com
Mobile Phone No	(Phone) +65-81585597
Alternative Phone No	
VEHICLE PARTICULARS	
Manufacturer	Golden Dragon
Model	XML6957J14
Variant	
	-
Exact purpose for which vehicle was being used at time of	- Employment
accident Are you claiming under your own insurance policy for repair to	
accident Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category	No - Claiming third party Bus
accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission	No - Claiming third party Bus Manual
accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category	No - Claiming third party Bus
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accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC INSURANCE COMPANY Name of Insurance Company	No - Claiming third party Bus Manual 6693 China Taiping Insurance (Singapore) Pte. Ltd.
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accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC INSURANCE COMPANY Name of Insurance Company Policy Number / Cover Note Number DRIVER Name of Driver	No - Claiming third party Bus Manual 6693 China Taiping Insurance (Singapore) Pte. Ltd. DMB1SNW00000162302
accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC INSURANCE COMPANY Name of Insurance Company Policy Number / Cover Note Number DRIVER	No - Claiming third party Bus Manual 6693 China Taiping Insurance (Singapore) Pte. Ltd. DMB1SNW00000162302 EONG CHOON HWA

Date Of Driving Pass	27/09/2017
Driving experience	5 YEARS AND 6 MONTH
Gender	Male
Mobile Number	(Phone) +65-81585597
Alt. Phone Number	-
Email Address	stlee.transport@gmail.co
Address	-
Address complement	_
Address complement	-
Postcode	N
s the driver the policyholder?	No
f No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	_
nsurance Company of Other Vehicle Owned by Driver	···
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Side Swipe
21	
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
The state of the s	
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)	21
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
Translator's name	- 1
	-
Translator's ID	=
Translator's phone number Translator's email	_
Translator's email Original language used in the statement	-
PASSENGER 1	
Name	UNKNOWN
	Male
Gender	
PASSENGER 2	
Name	LINICALOUAINI
Gender	UNKNOWN Male
Gender PASSENGER 3	Male
Gender PASSENGER 3 Name	Male
Gender PASSENGER 3 Name Gender	Male UNKNOWN
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DETAILS OF POLICE ACTION

Was the accident reported to the police?

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?

Was there any video captured by Car Camera?

Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

SJD2826G Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Private car Vehicle Category Name of Driver Contact Number Address Address complement Postcode AIG Asia Pacific Insurance Pte. Ltd. Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report conectly 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 cossible. 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 Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Segapore (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 precess 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 dairns including the settlement of the claims and any necessary investigations relating to the clams:

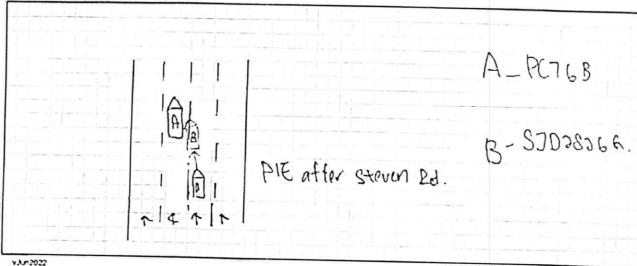
- (=) investigating the accident and/or my claims;
- (a) carrying out and/or dealing with my instructions or responding to any enquines by ma;
- (w) administering my claims (including the making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/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

Actual Driver's Signature (1 driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NRICAD card)

Sketch Plan



v.lun2022

Describe Circumstance of the Acc	ident					
On 12/3/2003 are PIE after Steven's love. Suddenly Swerved into my	ound orsessed to 2 felt a land aw	5hrs, I was brit. I was u impact from I brush acc	traing M	y Bus F Straight tsdi,)C768 6 - With.r	ilong My JD38X5
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claration o declare the foregoing particulars a	are true in every :	respect.				_
	\checkmark	2000			131	68/202
icyholder's Signature / Dato & Time	Actual Driver's / Date & Time	Signature (4 driver is not th	e policy holder)	Witnessed by Ri (Name as in NR	eporting Centre	Personnel

170,5055

Road surface: Diy / Wet	Usage of veh during of accident:
Weather condition: Glear / Raining	
Speed:	
	Driver IC:
Does driver own a vehicle: yes /no	Driver Name :
if yes, veh number plate:	Driver Pass date :
veh insurance co:	Drver Birth date :
Relationship with insured: topoyer templage	
Witness (if any):yes/no	_
Witness name:	
Witness hp:	
Witness hp: Witness email (if any):	
Witness add:	
Witness IC no:/	
070 . 0	
Third party veh number: 370 38366	
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: H(G	
Police report (if any): yasino	
Police report reported at which police station:	
Any intended prosecution given: yes /no	
if yes, against whom: veh A /veh B driver	
Action taken : (laiming third party / claiming own damage / re	porting only
No of Pax: 2 20	Male
50	Female
Connect3 client vehicle no: PC76B	
Owner contact no: Email A	ddress: StLee. Trongport Dgmail. com.
Date of accident: 1> (5) 203	,
Location of accident: PIE Affer Strum Exit.	
Time of accident : 07 35 Ng.	
Any Injury: yes /no l if yes must have notice report)	



Motor Bus

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)

MZ601

SN R

AN0681A

Cov. Type:F

CERTIFICATE No.

DMB1SNW00000162302

Engine No.: ISBE422521971233 Cha. No.:LL3BECDH2AA013848

1. Index Mark and Registration

Number of Vehicle

2. Name of Policy Holder

PC76B

ST LEE TRANSPORT PTE LTD

Excess Sect. II

\$\$1,500,00

Effective date of the Commencement of 04/01/2023 Insurance for the purposes of the Regulations, (00:00:00) Ordinance or Enactment

Date of Expiry of Insurance

03/01/2024

04/01/2023

5. Persons or Classes of Persons entitled to drive* 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. 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.: UNITED OVERSEAS BANK LIMITED

* 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.

Authorised Signatory

Issued By: MULTISYS AGENCIES & SERVICES Authorised Officer

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

Transaction ref 20150623145414814436

The owner and vehicle particulars for Vehicle No. PC76B as at 23 Jun 2015 are as follows:

		The control of the co
1.	Name	: ST LEE TRANSPORT PTE LTD
2.	Identification No. Type	: Company
3.	Identification No.	: 201437388Z
4.	Place Of Passport Issue	d -
5.	Vehicle No.	: PC76B
6.	Previous Vehicle No.	:-
7.	Effective Date of Ownership	: 23 Jun 2015
8.	Original Registration Date	: 03 Jan 2011
9.	First Registration Date	: 03 Jan 2011
10.	Vehicle Type	: Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus
11.	Vehicle Scheme	: Public Service Vehicle (Others)
12.	Attachment I	: Air-Conditioned
13.	Attachment 2	:-
14.	Attachment 3	Ti-
15.	Vehicle Make	: GOLDEN DRAGON
16.	Vehicle Model	: XML6957J14
17.	Year of Manufacture	: 2010
18.	Primary Colour	: Multi-Colour
19.	Secondary Colour	:-
20.	Passenger Capacity	: 43
21.	Chassis/Trailer Chassis No.	: LL3BECDH2AA013848 / -
22.	Propellant	: Diesel
23.	Engine No./Motor No.	: ISBE422521971233 / -
24.	Engine Capacity(cc)/Power Rating(kW)	: 6693 / -
25.	Maximum Power Output(kW/bhp)	:-/-
26.	Unladen Weight(kg)	: 9500

Transaction ref 20150623145414814436

The owner and vehicle particulars for Vehicle No. PC76B as at 23 Jun 2015 are as follows:

27		
	Maximum Laden Weight(kg)	: 13200
28.	opon market value	: \$86,644.00
29.	PARF Eligibility	: No
30.	PARF Eligibility Expiry Date	: -
31.	Minimum PARF Benefit	
32.	No. of Transfers	: \$0.00
33.	IU Label No.	: 1
34.	COE No.	: 2050086866
35.	COE Expiry Date	: 2011010105000352K
36.	COE Category	: 02 Jan 2021
37.	Quota Premium/Prevailing Quota Premium	: C - Goods Vehicle & Bus
38.	Actual Quota Premium/PQP Paid	: \$33,501.00 / -
39.	Actual ARF Paid	: \$33,501.00
40.	CO2 Emission(g/km)	: \$4,333.00
41.	Actual CEVS Rebate Utilised	:-
42.	CEVS Surcharge Paid	÷-
	Actual Green Vehicle Rebate Utilised	1-
	Vehicle Lifespan Expiry Date	:-
	Road Tax Amount	: 02 Jan 2031
	Road Tax Start Date	:-
	Road Tax End Date	:-
	Remarks	1 H
		To renew the COE, the Prevailing Quota Premium payable is that of Category C. This is a public service vehicle.