



## 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	13/03/2023 16:10 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	13/03/2023 06:42 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 5, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA4555U
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG SEE BEE
NRIC No	SXXXX224J
Email Address	keithong.1985@gmail.com
Mobile Phone No	(Phone) +65-96745689
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	LT133P
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	8226

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00004002200

#### DRIVER

Name of Driver	ONG SEE BEE
NRIC No	SXXXX224J
Date Of Birth	07/07/1957
Occupation	Outdoor

Date Of Driving Pass .....	19/01/1973
Driving experience .....	50 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96745689
Alt. Phone Number .....	-
Email Address .....	keithong.1985@gmail.com
Address .....	BLK 909 TAMPINES AVENUE 4 #11-244
Address complement .....	-
Postcode .....	520909
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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) .....	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 SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLV2703J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-

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

# SKETCH PLAN

## IMPORTANT NOTICE

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3. Information provided must be as truthful and accurate as possible. Any willful 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 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' 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

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

## Sketch Plan

Sketch Plan

A - PA4555U

B - SLV2703J

Ang Mo Kio Ave 5


v. Jun 2022

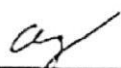
Describe Circumstance of the Accident

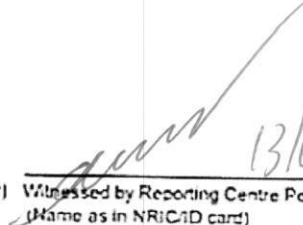
On 13/3/2023 around 0645hrs, I was driving my Bus PC 4555U along Ang Mo Kio Ave S. Suddenly I felt an impact from the rear VEH B SLV 27037 collided into my Bus rear portion

Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

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

 13/03/2023  
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Road surface: Dry / Wet

Weather condition: Clear / Raining

Speed: \_\_\_\_\_

Usage of veh during of accident:

Driver IC:

Driver Name :

Driver Pass date :

Driver Birth date :

Does driver own a vehicle: yes/no

if yes, veh number plate:                     

veh insurance co:                     

Relationship with insured: Owner

Witness (if any): yes/no

Witness name:                     

Witness hp:                     

Witness email (if any):                     

Witness add:                     

Witness IC no:                     

Third party veh number: SLV 27037

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: NTUC

Police report (if any): yes/no

Police report reported at which police station:                     

Any intended prosecution given: yes /no

if yes, against whom: veh A /veh B driver

Action taken: claiming third party / claiming own damage / reporting only

No of Pax: 1

                     Male

                     Female

Connect3 client vehicle no: PA45554

Owner contact no:                     

Email Address:

Keithong.1985@gmail.com

Date of accident: 13/3/2023

Location of accident: Ang Mo Kio Ave 5

Time of accident: 0645hrs

Any Injury: yes /no ( if yes, must have police report)





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/P

N SN

AN0681A

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)

Engine No.: 6HH1320093  
Cha. No.: JALLT133P43000008

CERTIFICATE No.

DMB1SNW00004002200

1. Index Mark and Registration  
Number of Vehicle

PA4555U

2. Name of Policy Holder

ONG SEE BEE

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

19/03/2022  
(00:00:00)

Excess Sect. II S\$1,500.00

4. Date of Expiry of Insurance

18/03/2023

5. Persons or Classes of Persons entitled to drive\*

(a) The Policyholder.

(b) 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.

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



[> Back to OneMotoring](#)

## Enquire Vehicle Transfer Fee

### Vehicle Details

Vehicle No.  
**PA4555U**

Make / Model  
**ISUZU / LT133P**

Vehicle Type :  
**D20 - Private Hire Bus/Coach/Minibus**

Vehicle Attachment 1 :  
**Air-Conditioned**

Vehicle Scheme :  
**Public Service Vehicle (Others)**

Chassis No. :  
**JALLT133P43000008**

Propellant :  
**Diesel**

Engine No. :  
**6HH1320093**

Motor No. :  
**-**

Engine Capacity :  
**8226 cc**

Power Rating :  
**-**

Maximum Power Output :

-  
Maximum Laden Weight :

**13500 kg**

Unladen Weight :

**9500 kg**

Year Of Manufacture :

**2004**

Original Registration Date :

**19 Mar 2004**

Lifespan Expiry Date :

**18 Mar 2024**

COE Category :

**C - Goods Vehicle & Bus**

PQP Paid :

**\$13,378.00**

COE Expiry Date :

**18 Mar 2024**

Road Tax Expiry Date :

**18 Sep 2023**

PARF Eligibility Expiry Date :

-

Inspection Due Date :

**18 Sep 2023**

Intended Transfer Date :

**13 Mar 2023**

CO2 Emission :

-

CEV/VES Rebate Utilised Amount :

-

CO Emission :

-

HC Emission :

-

NOx Emission :

-  
PM Emission :  
-

## Fees To Be Paid For Transfer

Transfer Fees	\$25.00
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### Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

Print

OK →

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