

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	14/03/2023 10:26 (SGT)
Reported by	Driver
Date of Accident	14/03/2023 06:34 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC535T
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INSURED/POLICYHOLDER

Is 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) +65-93655466
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Golden Dragon
Model	XML6957J14
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	6693

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00012322205

DRIVER

Name of Driver	ZHANG GUOTANG
Passport No/FIN	GXXXX118X
Date Of Birth	14/07/1976
Occupation	Outdoor

Date Of Driving Pass	02/04/2012
Driving experience	10 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93655466
Alt. Phone Number	-
Email Address	stlee.transport@gmail.com
Address	-
Address complement	-
Postcode	-
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	Side Swipe
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)	35
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	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Male

PASSENGER 4

Name	UNKNOWN
Gender	Male

PASSENGER 5

Name	UNKNOWN
Gender	Male

PASSENGER 6

Name	UNKNOWN
Gender	Male

PASSENGER 7

Name	UNKNOWN
Gender	Male

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 XE6671M
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 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

IMPORTANT NOTICE

1. Please report accurately the details of the accident to the police.
 2. This form must be completed by the police officer and the driver.
 3. Information provided must be true and correct. Any false information may result in criminal charges.
 4. The Police Department will use the information provided to investigate the accident and to determine the cause of the accident.
 5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
 6. This report will be provided to the Traffic Police Department for investigation.
 7. By the submission of this report to the police, you hereby consent to the use of this report for the purpose of the investigation.
 8. Consent under the Personal Data Protection Act (PDPA)
- I understand and agree that:
- (a) I am providing my personal data to the Traffic Police Department for the purpose of the investigation.
 - (b) I am providing my personal data to the Traffic Police Department for the purpose of the investigation.
 - (c) I am providing my personal data to the Traffic Police Department for the purpose of the investigation.
 - (d) I am providing my personal data to the Traffic Police Department for the purpose of the investigation.
 - (e) I am providing my personal data to the Traffic Police Department for the purpose of the investigation.
 - (f) I am providing my personal data to the Traffic Police Department for the purpose of the investigation.
 - (g) I am providing my personal data to the Traffic Police Department for the purpose of the investigation.
 - (h) I am providing my personal data to the Traffic Police Department for the purpose of the investigation.
 - (i) I am providing my personal data to the Traffic Police Department for the purpose of the investigation.
 - (j) I am providing my personal data to the Traffic Police Department for the purpose of the investigation.
 - (k) I am providing my personal data to the Traffic Police Department for the purpose of the investigation.
 - (l) I am providing my personal data to the Traffic Police Department for the purpose of the investigation.
 - (m) I am providing my personal data to the Traffic Police Department for the purpose of the investigation.
 - (n) I am providing my personal data to the Traffic Police Department for the purpose of the investigation.
 - (o) I am providing my personal data to the Traffic Police Department for the purpose of the investigation.
 - (p) I am providing my personal data to the Traffic Police Department for the purpose of the investigation.
 - (q) I am providing my personal data to the Traffic Police Department for the purpose of the investigation.
 - (r) I am providing my personal data to the Traffic Police Department for the purpose of the investigation.
 - (s) I am providing my personal data to the Traffic Police Department for the purpose of the investigation.
 - (t) I am providing my personal data to the Traffic Police Department for the purpose of the investigation.
 - (u) I am providing my personal data to the Traffic Police Department for the purpose of the investigation.
 - (v) I am providing my personal data to the Traffic Police Department for the purpose of the investigation.
 - (w) I am providing my personal data to the Traffic Police Department for the purpose of the investigation.
 - (x) I am providing my personal data to the Traffic Police Department for the purpose of the investigation.
 - (y) I am providing my personal data to the Traffic Police Department for the purpose of the investigation.
 - (z) I am providing my personal data to the Traffic Police Department for the purpose of the investigation.



Police Officer's Signature / Date & Time

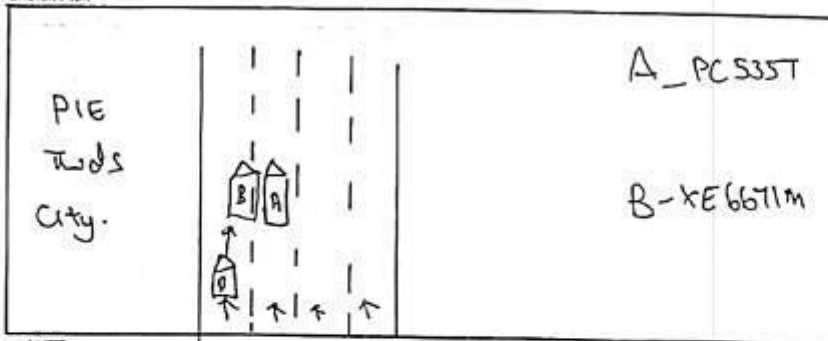
张国强

Accident Driver's Signature / Date & Time

Witnessed by Reporting Company Representative (Name as in 2015/12 card)

14/03/2023

Sketch Plan



Describe Circumstances of the Accident

On 14/3/2023 around 0634hrs I was driving my Bus PC5357 along P/E Tuds City. My Bus was travel within my lane. Suddenly I felt an impact from the left side. Ven B XE 6671M swerved into my lane and brush against my Bus left side.

Declaration
I/we declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

张国堂

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

Witnessed by Reporting Centre Personnel
(Please sign in NPD card)
14/03/2023

