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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.

ACCIDEN	IT STATEMENT
Date of Submission Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	24/03/2023 11:31 (SGT) Actual Driver 23/03/2023 14:05 (SGT) Grange Rd, Singapore T-JUNCTION WITH ORCHARD BOULEVARD Singapore
DETAILS O	F OWN VEHICLE
Vehicle Registration Number	CB8188T
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	Yes KAL TRANSPORT PTE. LTD. 2XXXXX086E kaltransport@tts.edu.sg (Phone) +65-67767371
VEHICLE PARTICULARS	
Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC	Toyota Coaster - Employment No - Reporting only Bus Auto 4009
INSURANCE COMPANY	

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMB1SNW00006222200

DRIVER

Name of Driver LIM LUI PHENG NRIC No SXXXX186J Date Of Birth 15/07/1955 Occupation Outdoor

Date Of Driving Pass 24/03/1976 Driving experience 47 YEARS Gender Male Mobile Number (Phone) +65-96237953 Alt. Phone Number Email Address kaltransport@tts.edu.sg Address BLK 475 JURONG WEST STREET 41 #05-372 Address complement Postcode 640475 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 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 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) 13 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 UNKNOWN Gender Male PASSENGER 3 Name UNKNOWN Gender Male PASSENGER 4 Name UNKNOWN Gender Female PASSENGER 5 Name UNKNOWN Gender Female PASSENGER 6 Name UNKNOWN Gender Female PASSENGER 7 UNKNOWN Gender Female

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?

Was there any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNF7660B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	1.0
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. Pease report correctly the details of the accident to speed up the claims process.
- 2. This Form runt on completed by the Policyholder and/or the Authorised Driver.
- Morration provided must be as <u>truthful and acquiste as possible</u>. Any will unstropresentation or withholding of material lasts may allow insurance companies to <u>report site 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 Are laise reporting may be referred to the Police for investigation
- 6. The report will be forwisched by the insurers of the GA Records Management Centre established by the General Insurance Association of Singapore. (GA) for entiring and that copies of this report will for a fee be made available upon application by interested patters.
- 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 record being made available aforested.
- E Consent under the Personal Osta Protection Act (POPA)
- funderstand, advinow ledge, agree and consent that
- (a) My insurer. Thy workshop and the General his urance Association of Singapore ("GIA") may large 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 the or possessed by my insurer (coloratively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insureris"), the houses like yers/har firm, the Monetary Authority of Singapore and any relevant government agency authority (such as the police), for the purpose(s) of
- (ii) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims.
- (i) investigating the account and or my claims;
- (ii) carrying out and or dealing with my instructions or responding to any enquiries by me;
- (N) administering my claims (including the making of correspondence, successio, invoces, reports or notices to mill, which could involve disclosure of cortain personal data about me to bring about delivery of the same as well as on the external cover of envelopes mail packages), and/or
- (\star) compaying 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 hauters' brwyers haw 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 man be disclosed by any of the Insurers and/or GW to their bird porty service providers or agents (including their line yers like firms), which may be sted outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

1 8=

Diver's Signature (I driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

Sketch Plan

Lorry

Boulevard

Fig. Grange 8d

A-CB8188T

B-SNF 7660R.

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n	Driver's Signature (If driver is not the policyholder) / Dute & Time	With essed by Repor Personnel	trig Centre

Road surface: Dty) Wet	Usage of veh during of accident:
Weather condition: Clear / 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: EMplayee & Emplayer	
Witness (if any) was Tra	
Witness (if any): yes/no	
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Third party veh number: SNF 7660 B	
Name of the Land	
Name of third party driver:	
IC 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:	
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 /	
No of Pax: 13 pax	
	Male
Connect3 client vehicle no: CB & 18& T	Female
	Kaltrana Laura
Date of accident: 23 03 2023.	ddress: Kaltransport@tts.edu.sg.
Location of accident: Grange Rd & Boulevard T- Ju	action
Time of accident: 14: 05 hrs.	inc(cor)
Any Injury: yes-/no (if yes, must have police report)	
Panericporty	



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

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

AN0580A

Cov. Type:C

CERTIFICATE No.

DMB1SNW00006222200

Engine No.: N04CWA11522

1. Index Mark and Registration

CB8188T

Cha. No.:JTGFD838906000190

Number of Vehicle

AUTOSAFE

2. Name of Policy Holder

KAL TRANSPORT PTE LTD

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

18/04/2022 (00:00:00)

\$\$2,000.00

Excess Sect. II

\$\$1,000.00

4. Date of Expiry of Insurance

17/04/2023

EX ON WINDSCREEN

Excess Sect I.

S\$500.00

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 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.

HIRE PURCHASE CO.: BOARDINGHOUSE PTE. LTD.

* 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:

Zhon Authorise

Authorised Signatory

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

© 6389 6111

6222 1033

www.sg.cntaiping.com



Vehicle Registration Details

Vehicle No. CB8188T	Make/ Model TOYOTA/COASTER 23 SEATER AUTO	Vehicle Scheme School Bus without AWC
Current Propellant Diesel	Chassis No. JTGFD838906000190	Vehicle Type School Transport Bus /Coach/Minibus

Owner's Details

Owner Name:

KALTRANSPORT PTE. LTD.

NRIC/Passport/Company Cert No.:

200505086E

Mailing Address:

Owner ID Type:

Company

Registered Address

12 FABER CRESCENT FABER HILLS

SINGAPORE 129460

Birth Date

Registration Details

Previous Vehicle No.:

19 Apr 2022

Original Registration Date:

19 Apr 2022

No. of Transfers:

Vehicle Specifications

Engine No.:

N04CWA11522

Year of Manufacture:

2020

Effective Date of Ownership:

Registration Date:

19 Apr 2022

IU Label No.:

1550336523

Chassis No.:

JTGFD838906000190

Primary Colour:

White

Secondary Colour:	Passenger Capacity:
	24
Engine Capacity / Power Rating:	Maximum Power Output:
4009 cc/-	-
Max Unladen Weight:	Maximum Laden Weight:
4100 kg	5600 kg
Vehicle Attachment 1:	Vehicle Attachment 2:
Air-Conditioned	-
Vehicle Attachment 3:	
Additional Registration Fee (ARF) and COE	Information
Open Market Value:	Additional Registration Fee Rate:
\$89,779.00	5.00 %
Actual ARF Paid:	Vehicle Lifespan Expiry Date:
\$4,489.00	18 Apr 2042
OPC Cash Rebate Eligibility:	QP during COE Bidding Exercise:
No	
COE No.:	
PARF Rebate Details	
PARF Eligibility:	PARF Eligibility Expiry Date:
No	-
Minimum PARF Benefit:	
Vehicle Emissions Details	
CO2 Emission:	
CO Emission:	HC Emission:
	-
NOx Emission:	PM Emission:
	-

Message:

This is a public service vehicle.

Printed on 26 May 2022 15:32:10

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