





## 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	27/03/2023 12:11 (SGT)
Reported by	Actual Driver
Date of Accident	27/03/2023 08:09 (SGT)
Exact Location of Accident	960 Woodlands Rd, Singapore 738702
Additional Location Information	KRANJI MRT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC8679J
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TONG WEI BUS SERVICE
Company Reg No	4XXXX700M
Email Address	tongweibusservice@gmail.com
Mobile Phone No	(Phone) +65-92365386
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	LT434P
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	Auto
CC	7790

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00002072303

#### DRIVER

Name of Driver	CHUE YOCK CHIN
NRIC No	SXXXX837F
Date Of Birth	29/11/1953
Occupation	Outdoor

Date Of Driving Pass .....	26/01/1978
Driving experience .....	45 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92365380
Alt. Phone Number .....	-
Email Address .....	tongweibusservice@gmail.com
Address .....	BLK 421 FAJAR ROAD #09-495
Address complement .....	-
Postcode .....	670421
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) .....	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? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMB159L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Bus
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

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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:

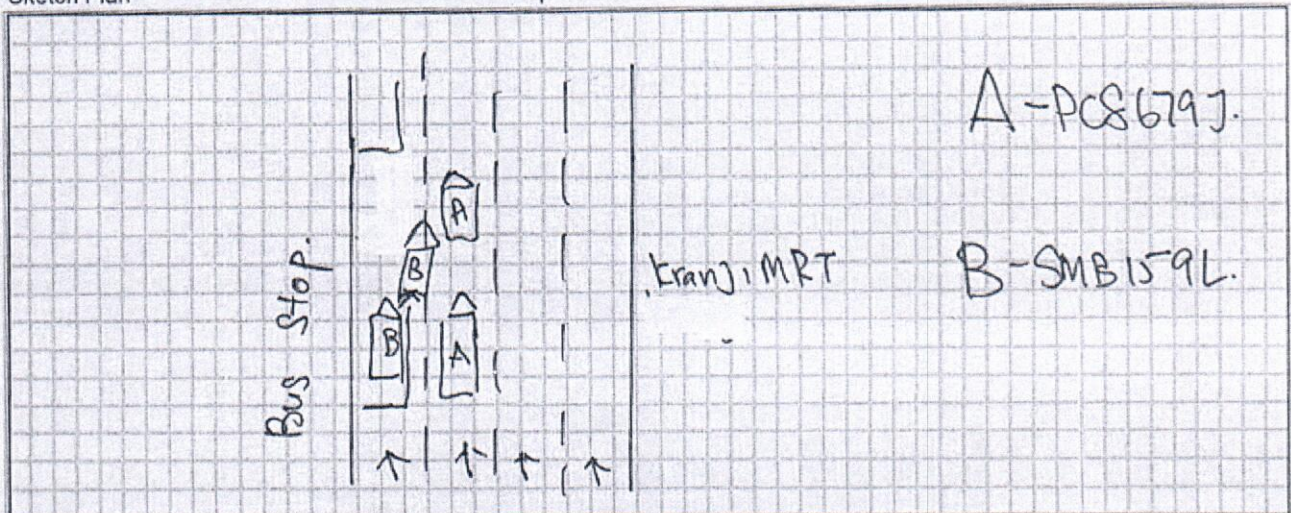
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

**TW 東威巴士服務**  
**TONG WEI BUS SERVICE**  
Blk 421 Fajar Road #09-495 Singapore 670421  
Tel: 6769 9749 H/P: 9326 5386  
Email: Tongweibusservice@gmail.com  
Co. Reg. No. 49298700

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





Describe Circumstance of the Accident

On 27/3/2023 around 0809hrs, I was driving my Bus PC8679J along Kranji MRT. I was Travelling straight, Suddenly I felt an impact from the left veh B SMB 159L move out from Stationary position and Swerved into my lane and brush against my Bus left portion.

Declaration

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

**TW** 東威巴士服務  
TONG WEI BUS SERVICE

Blk 421 Fajar Road #09-495 Singapore 670421  
Tel: 6769 9749 H/P: 9326 5386

Email: Tongweibusservice@gmail.com

Co. Reg. No. 18298700

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)



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: Employer & Employer

Witness (if any): yes/no

Witness name: \_\_\_\_\_

Witness hp: \_\_\_\_\_

Witness email (if any): \_\_\_\_\_

Witness add: \_\_\_\_\_

Witness IC no: \_\_\_\_\_

Third party veh number: SMB 159L.

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: \_\_\_\_\_

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: PC86 79J.

Owner contact no: 9326 5386

Date of accident: 27/3/2023

Location of accident: Kranji MRT

Time of accident: 0809hrs.

Email Address: Tong Wei bus service@gmail.com

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

R SN

AN0580A

Cov. Type:C

### 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)

CERTIFICATE No.

DMB1SNW00002072303

Engine No.: 6HK1674583

Cha. No.: JALLT434PF7000149

1. Index Mark and Registration  
Number of Vehicle

PC8679J

AUTOSAFE

=====

2. Name of Policy Holder

TONG WEI BUS SERVICE

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
(00:00:00)  
Ordinance or Enactment

18/02/2023

Excess Sect I . \$S\$2,000.00

Excess Sect. II \$S\$1,500.00

EX ON WINDSCREEN . \$S\$800.00

4. Date of Expiry of Insurance

17/02/2024

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 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. : BOARDINGHOUSE PTE. LTD. AS HP OWNER

\* 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: \_\_\_\_\_

ODDOR LAM

Authorised Officer

Authorised Signatory

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



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## Enquire Vehicle Transfer Fee

### Vehicle Details

Vehicle No.

**PC8679J**

Make / Model

**ISUZU / LT434P 7.8 SMT**

Vehicle Type :

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

Vehicle Attachment 1 :

**Air-Conditioned**

Vehicle Scheme :

**Public Service Vehicle (Others)**

Chassis No. :

**JALLT434PF7000149**

Propellant :

**Diesel**

Engine No. :

**6HK1674583**

Motor No. :

-

Engine Capacity :

**7790 cc**

Power Rating :

-

Maximum Power Output :



-  
Maximum Laden Weight :

**15200 kg**

Unladen Weight :

**10780 kg**

Year Of Manufacture :

**2015**

Original Registration Date :

**18 Feb 2016**

Lifespan Expiry Date :

**17 Feb 2036**

COE Category :

**C - Goods Vehicle & Bus**

PQP Paid :

**\$37,296.00**

COE Expiry Date :

**17 Feb 2026**

Road Tax Expiry Date :

**17 Aug 2023**

PARF Eligibility Expiry Date :

-

Inspection Due Date :

**17 Feb 2024**

Intended Transfer Date :

**27 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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