

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	28/03/2023 16:58 (SGT)
Reported by	Actual Driver
Date of Accident	27/03/2023 18:05 (SGT)
Exact Location of Accident	Sims Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC147E
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	T & K BUS TRANSPORTATION
Company Reg No	5XXXXX979X
Email Address	tnkbus@gmail.com
Mobile Phone No	(Phone) +65-93892465
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	LT134P
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	7790

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00000202301

DRIVER

Name of Driver	TEO KIM SAN
NRIC No	SXXXX180C
Date Of Birth	13/10/1958
Occupation	Outdoor

Date Of Driving Pass	03/07/1978
Driving experience	44 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93892465
Alt. Phone Number	-
Email Address	tnkbus@gmail.com
Address	BLK 936 TAMPINES AVENUE 5 #07-113
Address complement	-
Postcode	520936
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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 ATTACHMENT AND STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC6948R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	JAFFAR BIN HARON

NRIC No	SXXXX961Z
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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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.



X

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

- Refer to attached statement. -

- Refer to attached Statement. -

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



Witnessed by Reporting Centre
Personnel

Accident Date: 27/03/2023

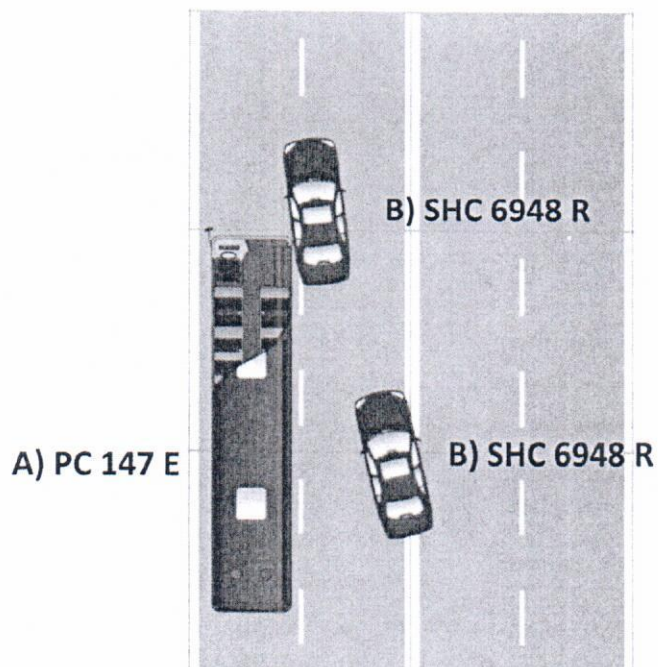
Accident Time: 18:05 Hr

Location: Sims Avenue

Vehicle No. A) PC 147 E

B) SHC 6948 R Taxi

On 27/03/2023, at 6.05pm, I was driving my bus A) PC 147 E on the left lane, heading straight on Sims Avenue. I was moving slowly as the traffic ahead was heavy. Suddenly, a vehicle Taxi B) SHC 6948 R from the right lane cut into my lane, causing a collision between our two vehicles. I have CCTV footage as supporting evidence. No one was injured and we exchanged particulars before leaving the scene.



Teo Kim San

Send/Fax to: _____

Submitted: _____

SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION			
Date of Accident:	27/03/2023	Time of Accident:	18:05 Hr
Exact Location:	Sims Ave		

DETAILS OF OWN VEHICLE			
Vehicle Registration No.	PC 147 E	NRIC / FIN / Passport no:	52935979 X
Name of Registered Owner:	T&K Bus Transportation		
Owner's Email:	TNKBus@gmail.com		
Owner's Address:	Blk 936 Tampines Avenue 5 #07-113 Singapore 520936		
Vehicle Make:	Isuzu	Vehicle Model:	LT134P
Engine Capacity (cc):	7790 cc	Transmission:	Auto (Manual)
Type of Claim:	Own Damage (Third Party) / Reporting Only		
Vehicle Category:	Private (Commercial) / Motorcycle / Private Hire		
Name of Insurance Co:	China Taiping Insurance (Singapore) Pte Ltd		
Type of Policy:	Comprehensive / Third Party (Third Party, Fire & Theft)		
Policy Number:	DMB1SNW00000202301		

DRIVER			
Name of Driver:	Teo Kim San	<input type="checkbox"/> same as	
NRIC / FIN / Passport no:	S1320180C	Date of Birth:	13/10/1958
Occupation:	Indoor (Outdoor)	Driving Pass Date:	03/07/1978
Contact Number:	93892465	Gender:	(Male) Female
Address:	Same as above.		
Relationship with Owner:	(Owner) Employee / Spouse / Child / Hirer / Other:		
Translator Name:		Translator NRIC:	
Translator Contact no:		Translator email:	

GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision:	Chain collision (Side Swipe) / Front to Rear / Others:		
Weather Condition:	(Clear) Raining / Others:	Road Surface:	(Dry) / Wet
Video available:	(Yes) / No		
Was anybody injured?	Yes / (No)	Police Report Made?	Yes / (No)
No. of passenger onboard (including driver):	01		

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	SHC 6948R		
Vehicle Make / Model:			
Name of Driver:	Jaffar Bin Haron		
NRIC / FIN / Passport no:	S1552961Z		
Contact Number:			
Name of Insurance Co:			

DETAILS OF WITNESS	
Name:	Contact Info:

DETAILS OF INJURED PERSON			
	Person 1	Person 2	Person 3
Name / in which vehicle?:			

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.

Signature of Driver



Date and time

Motor Bus

MZ601

R SN

AN0735A

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)

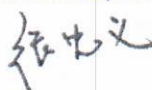
CERTIFICATE No.	DMB1SNW00000202301	Engine No.: 6HK1494715	Cha. No.: JALLT134PA7000113
1. Index Mark and Registration Number of Vehicle	PC147E		
2. Name of Policy Holder	T & K BUS TRANSPORTATION		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	04/01/2023 (00:00:00)	Excess Sect. II	SS\$1,500.00
4. Date of Expiry of Insurance	03/01/2024		
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.		

* 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: SSTA INSURANCE AGENCY PTE LTD
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

Enquire Vehicle Registration Details

Vehicle Registration Details

Vehicle No.
PC147E

Make/ Model
ISUZU/LT134P

Vehicle Scheme
Bus Carrying School Children

Current Propellant
Diesel

Chassis No.
JALLT134PA7000113

Vehicle Type
Private Hire (Chauffeur) Bus/Coach/Minibus

Owner's Details

Owner Name:
T&K BUS TRANSPORTATION

NRIC/Passport/Company Cert No.:
52935979X

Mailing Address:
-

Owner ID Type:
Business

Registered Address:
**936 TAMPINES AVENUE 5 TAMPINES PALMSRING
SINGAPORE 520936**

Birth Date:
-

Registration Details

Previous Vehicle No.:
-

Original Registration Date:
04 Jan 2011

No. of Transfers:
0

Effective Date of Ownership:
04 Jan 2011

Registration Date:
04 Jan 2011

IU Label No.:
2050087187

Vehicle Specifications

Engine No.:
6HK1494715

Year of Manufacture:
2010

Secondary Colour:

Chassis No.:
JALLT134PA7000113

Primary Colour:
Multicolor

Passenger Capacity:

-

Engine Capacity / Power Rating :

7790 cc / -

Max Unladen Weight:

10260 kg

Vehicle Attachment 1:

Air-Conditioned

Vehicle Attachment 3:

-

49

Maximum Power Output:

-

Maximum Laden Weight:

15200 kg

Vehicle Attachment 2:

-

Additional Registration Fee (ARF) and COE Information

Open Market Value:

\$104,418.00

Actual ARF Paid:

\$5,221.00

OPC Cash Rebate Eligibility:

No

COE No.:

2010110105000284E

COE Category:

C - Goods Vehicle & Bus

Quota Premium (QP) / Prevailing Quota Premium

\$30,511.00 / -

QP (Regn Cat):

\$30,511.00

Additional Registration Fee Rate:

5.00 %

Vehicle Lifespan Expiry Date:

03 Jan 2031

QP during COE Bidding Exercise:

\$30,511.00

COE Expiry Date:

30 Nov 2030

COE Registration Category:

C - Goods Vehicle & Bus

PQP Paid

\$28,535.00

PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

Minimum PARF Benefit:

-

Vehicle Emissions Details

CO2 Emission:

-

CO Emission:

-

NOx Emission:

-

HC Emission:

-

PM Emission:

-

Message:

This is a public service vehicle.