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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.

- 3. 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.

- 4. The issue and acceptance of this Point by instraince 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

28/03/2023 16:58 (SGT) **Actual Driver** 27/03/2023 18:05 (SGT) Sims Ave, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

PC147E

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No

Alternative Phone No

Yes T & K BUS TRANSPORTATION 5XXXX979X tnkbus@gmail.com (Phone) +65-93892465

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?

Transmission CC

Vehicle Category

Isuzu LT134P

Employment

No - Claiming third party

Manual 7790

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd. DMB1SNW00000202301

DRIVER

Name of Driver NRIC No Date Of Birth

Occupation

TEO KIM SAN SXXXX180C 13/10/1958 Outdoor

Accident report SN08233S0004

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) 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

JAFFAR BIN HARON

est i	D	
(61)	Accident report	SN08233S0004

Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver

NRIC No	SXXXX961Z
Contact Number	-
Address	E4
Address complement	-
Pastanda	-
	= :
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate 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. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forw arded 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.
- 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

×

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

- Refer to attached Startement. -

Describe Circumstances of the Accident	
Daliet allelele Ctore	
- Refer to attached Statement	

Declaration

We declare the foregoing particulars are true in every respect.

×

F

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel Accident Date: 27/03/2023

Accident Time: 18:05 Hr

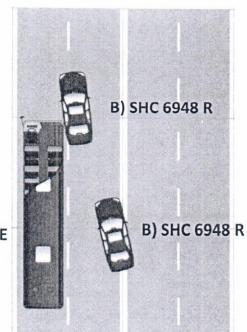
Location: Sims Avenue

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.



A) PC 147 E

F

Teo Kim San



Send/Fax to:	CINCAPORE ACO	Submit	tted:	
The second secon		IDENT STATEMENT		
Date of Accident:	17 03 2023	ORMATION	chart things to be the same as with	
Exact Location:	Sims Ave	Time of Accident:	18:05 Hr	
Valida Davida de la Salada		OWN VEHICLE		
Vehicle Registration No.	PC 147 E	NRIC / FIN / Passport no	o: 52935979X	
Name of Registered Owner:	T&K BW Trans	portation		
Owner's Email: Owner's Address:	TNKBUS @ gmail.	com		
	BIK 936 Campines	Avenue 5 #07-11	3 Singapore 520936 LT 1349	
Vehicle Make:	Suzu	Vehicle Model:		
Engine Capacitty (cc):	7790 CC	Transmission:	Auto (Manual)	
Type of Claim:	Own Damage / Third Pa			
Vehicle Category:	Private / Commercial / Mo			
Name of Insurance Co:	China Taiping Ins	(urance (Cingapore)	Pte Ltd	
Type of Policy:	Comprehensive / Third F	Party / Third Party, Fire & T	hefo	
Policy Number:	DMB15 NW00000	20230		
	DRI	VER		
Name of Driver:	Teo Kim San		same a	
NRIC / FIN / Passport no:	S1320/80C	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 / Spous	se / Child / Hirer / Other:		
Translater Name:		Translater NRIC:		
Translater Contact no:		Translater email:		
	GENERAL INFORMATI	ON OF THE ACCIDENT		
Type of Collision:	Chain collision Side Swit	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 (in	cluding driver): 0			
10 C				
		THER VEHICLE		
Valabala Daulatural No.	Vehicle 1	Vehicle 2	Vehicle 3	
Vehicle Registration No:	SHC 6948R			
Vehicle Make / Model:	T 00- 0. 11			
Name of Driver:	Jaffar Bin Haron			
NRIC / FIN / Passport no: Contact Number:	S1552961Z			
Name of Insurance Co:				
Tanto of madrance ou.	1			
Novasi	DETAILS O	F WITNESS		
Name:		Contact Info:		
	DETAILS OF IN	JURED PERSON		
	Person 1	Person 2	Pornon 2	
Name / in which vehicle?:	1 0100111	1 613011 2	Person 3	

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 innaccurate information that are submitted.

Signature of Driver



Date and time



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 199) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules. 1959 (Malaysia)

MZ601

R SN AN0735A

Cov. Type:F

CERTIFICATE No.

DMB1SNW00000202301

Engine No.: 6HK1494715 Cha. No.: JALLT134PA7000113

Index Mark and Registration

Number of Vehicle

PC147F

2. Name of Policy Holder

T & K BUS TRANSPORTATION

Effective date of the Commencement of 04/01/2023 Insurance for the purposes of the Regulations, (00:00:00)

04/01/2023

Excess Sect. II

S\$1.500.00

Ordinance or Enactment 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.

Authorised Signatory

Issued By: SSTA INSURANCE AGENCY PTE LTD **Authorised Officer**

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

Q6389 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:

rialling riadics

Registration Details

Previous Vehicle No.:

Original Registration Date:

04 Jan 2011

No. of Transfers:

0

Vehicle Specifications

Engine No.:

6HK1494715

Year of Manufacture:

2010

Secondary Colour:

Owner ID Type:

Business

Registered Address:

936 TAMPINES AVENUE 5 TAMPINES PALMSPRING

SINGAPORE 520936

Birth Date:

Effective Date of Ownership:

04 Jan 2011

Registration Date:

04 Jan 2011

IU Label No.:

2050087187

Chassis No.:

JALLT134PA7000113

Primary Colour:

Multicolor

Passenger Capacity:

	49
Engine Capacity / Power Rating : 7790 cc / -	Maximum Power Output:
Max Unladen Weight: 10260 kg	Maximum Laden Weight:
Vehicle Attachment 1: Air-Conditioned	Vehicle Attachment 2:
Vehicle Attachment 3:	
Additional Registration Fee (ARF) and COE Information	
Open Market Value: \$104,418.00	Additional Registration Fee Rate: 5.00 %
Actual ARF Paid: \$5,221.00	Vehicle Lifespan Expiry Date: 03 Jan 2031
OPC Cash Rebate Eligibility:	QP during COE Bidding Exercise: \$30,511.00
COE No.: 2010110105000284E	COE Expiry Date: 30 Nov 2030
COE Category: C - Goods Vehicle & Bus	COE Registration Category: C - Goods Vehicle & Bus
Quota Premium (QP) / Prevailing Quota Premium \$30,511.00 / -	PQP Paid \$28,535.00
QP (Regn Cat): \$30,511.00	
PARF Rebate Details	
PARF Eligibility: No	PARF Eligibility Expiry Date:
Minimum PARF Benefit:	
Vehicle Emissions Details	
CO2 Emission:	
CO Emission:	HC Emission:
NOx Emission:	PM Emission:
- Message:	-
This is a public service vehicle.	