

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	03/04/2023 15:59 (SGT)
Reported by	Actual Driver
Date of Accident	31/03/2023 19:30 (SGT)
Exact Location of Accident	New Upper Changi Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6672R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CITY TRANSIT PTE LTD
Company Reg No	2XXXXXX331D
Email Address	citybus@singnet.com.sg
Mobile Phone No	(Phone) +65-82372100
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Golden Dragon
Model	XML6103J98
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 - Reporting only
Vehicle Category	Bus
Transmission	Manual
CC	6693

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MCV0010187

DRIVER

Name of Driver	ZHONG YONGGANG
Passport No/FIN	GXXXX119L
Date Of Birth	24/11/1974
Occupation	Outdoor

Date Of Driving Pass	23/08/2016
Driving experience	6 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82372100
Alt. Phone Number	-
Email Address	citybus@singnet.com.sg
Address	10 JELEBU ROAD #14-18
Address complement	-
Postcode	677672
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 AND STATEMENT

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	EL72U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HE XUEJUN
Contact Number	(Phone) +65-98800958

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 correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised 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. The 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.

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.



Policyholder's Signature / Date & Time

Sketch Plan

AP

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

NEW UPPAR CHANAK ROAD

Witnessed by Reporting Centre Personnel

03/04/2023



A) PC 6672R

B) EL 72U

Describe Circumstances of the Accident

Refer to attached statement.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Handwritten signature

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

Witnessed by Reporting Centre Personnel

Handwritten signature
03/04/2023

Accident Date: 31/03/2023

Accident Time: 19:30 Hr


Location: New Upper Changi Road

Vehicle No. A) PC 6672 R

 B) EL 72 U

On 31/03/2023 at around 7:30pm, I was driving my company bus PC 6672 R on New Upper Changi Road. As I was traveling straight ahead, there was vehicle exiting slip road of Bedok Central Road in front of me and they stopped for pedestrian to cross cover. After pedestrian is clear, I also get ready to move forward and pay my attention on my right side and moving. Suddenly the vehicle in front of me is remaining stop as another pedestrian crossing the road. I didn't notice it and collided this vehicle, EL 72 U on his rear right side portion.

There is no passenger on board on my bus and I file this to inform my insurance company.



Zhong Yonggang


02/04/2023

Send/Fax to: _____

Submitted: _____

SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION			
Date of Accident:	31/03/2023	Time of Accident:	19:30 Hr.
Exact Location:	New Upper Changi Road		

DETAILS OF OWN VEHICLE			
Vehicle Registration No.	PC6672R	NRIC / FIN / Passport no:	201604331D
Name of Registered Owner:	City Transit Pte Ltd		
Owner's Email:	citybus@singnet.com.sg		
Owner's Address:	7030 Ang Mo Kio Ave 5 #06-25 Northstar@ Amk S(569880)		
Vehicle Make:	Golden Dragon	Vehicle Model:	XML6103J98
Engine Capacity (cc):	6693cc	Transmission:	Auto / Manual
Type of Claim:	Own Damage / Third Party / <u>Reporting Only</u>		
Vehicle Category:	Private / <u>Commercial</u> / Motorcycle / Private Hire		
Name of Insurance Co:	India International Insurance Pte Ltd		
Type of Policy:	Comprehensive / Third Party / <u>Third Party, Fire & Theft</u>		
Policy Number:	D22MCV0010187		

DRIVER			
Name of Driver:	Zhong Yonggang	<input type="checkbox"/> same as owner	
NRIC / FIN / Passport no:	G2633119L	Date of Birth:	24/11/1974
Occupation:	Indoor / <u>Outdoor</u>	Driving Pass Date:	09/11/2015
Contact Number:	82372100	Gender:	<u>Male</u> / Female
Address:	10 Telebu Road #14-18 Singapore 677672		
Relationship with Owner:	Owner / <u>Employee</u> / 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 / <u>Others</u> : Front to Rear Corner.		
Weather Condition:	<u>Clear</u> / Raining / Others:	Road Surface:	<u>Dry</u> / Wet
Video available:	Yes / <u>No</u>		
Was anybody injured?	Yes / <u>No</u>	Police Report Made?	Yes / <u>No</u>
No. of passenger onboard (including driver):	01		

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	EL724		
Vehicle Make / Model:	-		
Name of Driver:	He XueJun		
NRIC / FIN / Passport no:	-		
Contact Number:	98800958		
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


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)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D22MCV0010187

COVER: Third Party Fire & Theft

1. Index Mark and Registration Number of Vehicle	: PC6672R
Chassis No	: LL3BGCDH8BA000355
2. Name of Policyholder	: CITY TRANSIT PTE. LTD.
3. Effective date of Insurance	: 29 Nov 2022
4. Expiry date of Insurance	: 28 Nov 2023
5. Persons or Classes of Persons entitled to drive*	
<p>Any person provided he is in the Policyholder's employ and is driving on their order or with their 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.</p>	
6. Limitations as to use*	
<p>Use only for the carriage of passengers or goods in connection with the Policyholder's business. The Policy does not cover a) Use for racing, pace-making, reliability trial or speed-testing. b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p>	
<p>*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.</p>	
<p>Excess Section II: SGD2,000.00 TERRITORIAL LIMIT: WITHIN THE REPUBLIC OF SINGAPORE ONLY Hire Purchase Company : N.A</p>	
<p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 75 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN ADDITIONAL EXCESS OF S\$1500/- ON SECTION II WILL BE APPLICABLE.</p>	
<p>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).</p>	
<p>Agent/Broker : A000047/SINCL PTE LTD Date of Issue : 29/11/2022 15:13:01 M.Z. 600C - OMNIBUS (ORGANIZATION)</p>	<p>For India International Insurance Pte Ltd</p>  <p>Authorised Signatory</p>

Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle No.
PC6672R

Make / Model
GOLDEN DRAGON / XML6103J98

Vehicle Type :
Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus

Vehicle Scheme :
Public Service Vehicle (Others)

Propellant :
Diesel

Motor No. :
-

Power Rating :
-

Maximum Laden Weight :
16000 kg

Year Of Manufacture :
2011

Lifespan Expiry Date :
21 Jun 2031

PQP Paid :
\$20,162.00

Road Tax Expiry Date :
29 May 2023

Inspection Due Date :
29 May 2023

CO2 Emission :
-

CO Emission :
-

NOx Emission :
-

Vehicle Attachment 1 :
Air-Conditioned

Chassis No. :
LL3BGCDH8BA000355

Engine No. :
ISBE430021974787

Engine Capacity :
6693 cc

Maximum Power Output :
-

Unladen Weight :
10840 kg

Original Registration Date :
22 Jun 2011

COE Category :
C - Goods Vehicle & Bus

COE Expiry Date :
21 Jun 2026

PARF Eligibility Expiry Date :
-

Intended Transfer Date :
11 Mar 2023

CEV/VES Rebate Utilised Amount :
-

HC Emission :
-

PM Emission :
-