

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	04/04/2023 16:06 (SGT)
Reported by	Actual Driver
Date of Accident	03/04/2023 17:30 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	TOWARDS WOODLANDS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6259B
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CHAN BUS SERVICES
Company Reg No	5XXXX878C
Email Address	enquiry@chanbus.com.sg
Mobile Phone No	(Phone) +65-97361752
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	DMB1SNW00013272205

DRIVER

Name of Driver	NIAN TIEPING
Passport No/FIN	GXXXX309P
Date Of Birth	05/07/1978
Occupation	Outdoor

Date Of Driving Pass	26/02/2013
Driving experience	10 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97361752
Alt. Phone Number	-
Email Address	enquiry@chanbus.com.sg
Address	BLK 157 BUKIT BATOK CRESCENT #4-214
Address complement	-
Postcode	650157
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)	3
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	Female

PASSENGER 2

Name	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?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMB1495J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

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

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

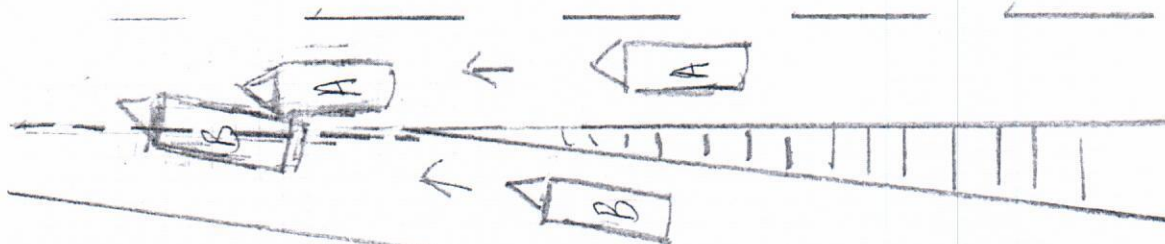
Witnessed by Reporting Centre Personnel

Sketch Plan

BKE TOWARDS WOODLANDS

A) PC 6259 B

B) SM 1495 J



Describe Circumstances of the Accident

On 03/04/2023, at around 5:30pm, I was driving a company bus A) PC 6259 B on the BKE towards Woodlands. The traffic was heavy at the time and I was driving straight.

A bus B) SMB 1495 J from the left lane attempted to cut into my lane. Despite my efforts to stop, I was unable to do so in time and ended up colliding with the bus B) SMB 1495 J.

Declaration

I/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

[Handwritten signature]
04/04/2023

Witnessed by Reporting Centre Personnel

Send/Fax to: _____

Submitted: _____

SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION	
Date of Accident:	03/04/2023
Time of Accident:	17:30Hr.
Exact Location:	BKE towards Woodlands

DETAILS OF OWN VEHICLE	
Vehicle Registration No.	PC 6259 B
NRIC / FIN / Passport no:	52995878C
Name of Registered Owner:	Chan Bus Services
Owner's Email:	enquiry@chanbus.com.sg
Owner's Address:	1 Bukit Batok Cres #05-44 WCEGA Plaza (S) 658064
Vehicle Make:	Isuzu
Vehicle Model:	LT434P 7.8cm7
Engine Capacity (cc):	7790cc
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:	DMB1SNW00013272205

DRIVER	
Name of Driver:	Nian Tie Ping
NRIC / FIN / Passport no:	G5385309P
Date of Birth:	05/07/1978
Occupation:	Indoor / Outdoor
Driving Pass Date:	26/02/2013
Contact Number:	97361752
Gender:	Male / Female
Address:	157 Bukit Batok Street 11 #04-214 S650157
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):	03
	02 - Unknown Female

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	SMB1495J		
Vehicle Make / Model:	-		
Name of Driver:	-		
NRIC / FIN / Passport no:	-		
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

Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle No.
PC6259B

Make / Model
ISUZU / LT434P 7.8 SMT

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

Vehicle Scheme :
Public Service Vehicle (Others)

Propellant :
Diesel

Motor No. :
-

Power Rating :
-

Maximum Laden Weight :
15200 kg

Year Of Manufacture :
2017

Lifespan Expiry Date :
17 Aug 2037

Quota Premium :
\$40,212.00

Road Tax Expiry Date :
17 Aug 2023

Inspection Due Date :
17 Aug 2023

CO2 Emission :
-

CO Emission :
-

NOx Emission :
-

Vehicle Attachment 1 :
Air-Conditioned

Chassis No. :
JALLT434PH7000040

Engine No. :
6HK1695752

Engine Capacity :
7790 cc

Maximum Power Output :
-

Unladen Weight :
10940 kg

Original Registration Date :
18 Aug 2017

COE Category :
C - Goods Vehicle & Bus

COE Expiry Date :
17 Aug 2027

PARF Eligibility Expiry Date :
-

Intended Transfer Date :
05 Apr 2023

CEV/VES Rebate Utilised Amount :
-

HC Emission :
-

PM Emission :
-