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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 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.

- 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

Employment

Bus

No - Claiming third party

PC6259B Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? Yes CHAN BUS SERVICES Name Of Registered Owner 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

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

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** GXXXX309P Passport No/FIN 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 UNKNOWN Name Gender Female PASSENGER 2 UNKNOWN Name Female Gender 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	2 1
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 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.

(including their law yers/law firms), w	hich may be sited outside of Singapore, for one or more of the	he above Purposes.
× SERVICES	3	Decee ox/E4/202
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 WOODUNEOS	A) PC 6259B B) SWB 1495J
and the same	Active and the second and the second and the second active and the second active and the second active acti	

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

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Cit	home	itten	4.
OU	DIII	itte	J.



	SINGAPORE ACC	IDENT STATEMENT		
THE RESERVE OF THE PROPERTY OF	BASIC IN	FORMATION		
Date of Accident:	03/04/2023	Time of Accident:	17:30Hr.	
Exact Location:	BKE fowards h			
		OWN VEHICLE		
/ehicle Registration No.	PC 6259 B	NRIC / FIN / Passport no:	52995878C	
	Chan Bus Cervi		1 22 11 18 18 0	
Name of Registered Owner: Dwner's Email:				
Owner's Address:	enquiry@ chanbi	Cres # 05-44 WCEGI	9- Dlaza (5)658064	
/ehicle Make:	Isuzu	Vehicle Model:	LT434P7-85M7	
Engine Capacitty (cc):	779066	Transmission:	Auto/ Manual	
Type of Claim:	Own Damage / Third Pa			
/ehicle Category:	Private / Commercial / Motorcycle / Private Hire			
Name of Insurance Co:		nsurance (Singapore,) We ltd.	
Type of Policy:	Comprehensive / Third	Party / Third Party, Fire & The	eft	
Policy Number:	DMB1SNW00013			
- olicy Number.	I DIN DESIGNATION 1) = 1 = 7 0 3		
5-75 K. V.		RIVER	Harvare Library Classification	
Name of Driver:	Nian Tie Ping		same	
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 Bato	k Street 11 #04-:	214 5650157.	
Relationship with Owner:	Owner / Employee / Spo	use / Child / Hirer / Other:		
Translater Name:		Translater NRIC:		
Translater Contact no:		Translater email:		
		TION OF THE ACCIDENT		
Type of Collision:		wipe / Front to Rear / Others:		
Weather Condition:	Cleary 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	ncluding driver): 03	02 - Unknow Fen	rale.	
	DETAILS OF	OTHER VEHICLE	1	
	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:	_			
Toponis seta freeza a Englas de	DETAILS	OF WITNESS		
Name:		Contact Info:		
		SACELEN DO PARTY OF PARTY OF THE PARTY OF TH		
		INJURED PERSON	0	
	Person 1	Person 2	Person 3	
Name / in which vehicle?:				

Signature of Driver

Date and time

Enquire Vehicle Transfer Fee

Vehicle Details

NOx Emission:

Vehicle No. PC6259B Make / Model ISUZU / LT434P 7.8 SMT Vehicle Attachment 1: Vehicle Type: Air-Conditioned Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus Chassis No.: Vehicle Scheme: JALLT434PH7000040 Public Service Vehicle (Others) Engine No.: Propellant: 6HK1695752 Diesel Engine Capacity: Motor No.: 7790 cc Maximum Power Output: Power Rating: Unladen Weight: Maximum Laden Weight: 10940 kg 15200 kg Original Registration Date: Year Of Manufacture: 18 Aug 2017 2017 COE Category: Lifespan Expiry Date: C - Goods Vehicle & Bus 17 Aug 2037 COE Expiry Date: Quota Premium: 17 Aug 2027 \$40,212.00 PARF Eligibility Expiry Date: Road Tax Expiry Date: 17 Aug 2023 Intended Transfer Date: Inspection Due Date: 05 Apr 2023 17 Aug 2023 CEV/VES Rebate Utilised Amount : CO2 Emission: HC Emission: CO Emission: PM Emission: