

## 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 16:27 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	01/04/2023 16:15 (SGT)
Exact Location of Accident .....	31 Rochester Dr, Singapore 138637
Additional Location Information .....	BUS PARKING BAY
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	PC2674L
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	PARK AVENUE CHANGI
Company Reg No .....	5XXXX874C
Email Address .....	serene.tan@uel.sg
Mobile Phone No .....	(Phone) +65-87003285
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Golden Dragon
Model .....	XML6770J18 DIESEL TURBO MANUAL
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? .....	No - Claiming third party
Vehicle Category .....	Bus
Transmission .....	Manual
CC .....	3759

#### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMB1SNW00006112200

#### DRIVER

Name of Driver .....	ZAFRI BIN MOHAMED JOHARI
NRIC No .....	SXXXX310E
Date Of Birth .....	13/07/1965
Occupation .....	Outdoor

Date Of Driving Pass .....	07/11/1985
Driving experience .....	37 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90270559
Alt. Phone Number .....	-
Email Address .....	serene.tan@uel.sg
Address .....	BLK 110 PASIR RIS ST 11 #07-605
Address complement .....	-
Postcode .....	510110
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 .....	Hit and run / Vandalism / Damaged whilst parked
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) .....	0
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? .....	Yes
Police Station Name .....	Bedok Division Headquarters
Police Station Phone No .....	(Phone) +65-18002440000
Alt. Police Station Phone No .....	(Fax) +65-64443009
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

ON 2/4/2023 AT ABOUT 1400HRS.I WAS PARKED MY COMPANY BUS ON THE PARK AVE BUS PARKING BAY.  
REFER TO POLICE REPORT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	YN1919Z
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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.
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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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

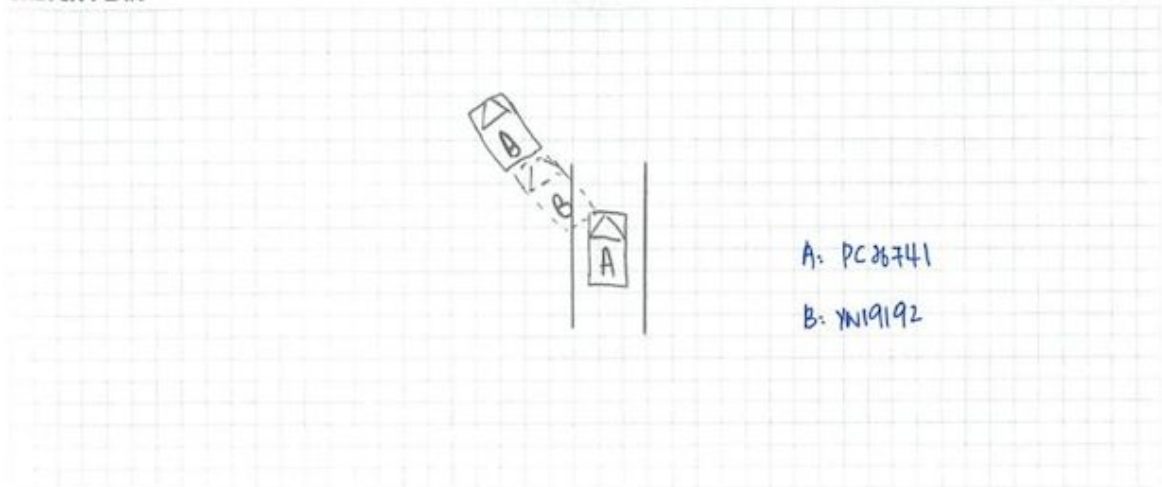


Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/1/2023 at about Noon, I was parked my company bus on the Park Ave  
 Bus parking Bay. Refer to the Police Report which lodge by my manager.  
 Refer to Police Report  
 9/10030402/7027

DECLARATION

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



Policyholder's Signature  
 Date & Time:

*[Signature]*

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

*[Signature]*

Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

GRAVITY SKETCHPLAN.COM V3



中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Bus

MZ601

## 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)

E. SN

AN0720A

Cov. Type: C

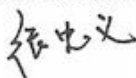
CERTIFICATE No.	DMB1SNW00006112200	Engine No.: ISF38S514189126456	Cha. No.: LL3ADADE3DA002287
1. Index Mark and Registration Number of Vehicle	PC2674L	AUTOSAFE	*****
2. Name of Policy Holder	PARK AVENUE CHANGI		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	09/04/2022	Excess Sect. I .	\$32,000.00
	(00:00:00)	Excess Sect. II	\$33,000.00
4. Date of Expiry of Insurance	08/04/2024	EX ON WINDSCREEN .	\$3100.00
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 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.</p>		
6. Limitations as to use:*	<p>Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.</p> <p>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.</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>			

**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: REVO FINANCIAL 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

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**SINGAPORE  
POLICE FORCE**



G/20230402/7027

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**POLICE REPORT (NP299)**

Report No. G/20230402/7027

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 02/04/2023 13:13	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD SAUFY BIN ABDUL RAHIM	Address 278 TAMPINES STREET 22 #02-196 SINGAPORE 520278	
ID Type / ID No. NRIC NO / S8505327B	Contact No. Home/Office:	Mobile: 87003285
Nationality SINGAPORE CITIZEN	Email Address Saufy.abdulrahim@uel.sg	
Occupation Hotel operations/Lodging services manager	Sex Male	Age 38
Institution/School Name	Date of Birth 16/02/1985	Race Malay
Date/Time Of Incident 01/04/2023 16:20 - 01/04/2023 16:30	Location Of Incident 278 TAMPINES STREET 22 #02-196 SINGAPORE 520278	

**Brief details.**

On 1/4/23 at 419pm I received what apps notification from AFOM Sabrina who was on duty that the lorry of our term contractor orchid laundry collided with our company bus that were stationary.  
AFOM Sabrina along with our security officer approached the scene & spoke to the driver of the lorry. The driver, Anjappan that he had engaged his gear in the parking mode and had pulled the handbrake. The moment he stepped out of the lorry, it rolled back and collided with the bus. It was seen that the bus had damages and shattered on the left bottom windscreen, part of the front and side of the bus.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/04/2023 13:13
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**

G/20230402/7027

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20230402/7027

We are submitting this police report as we unable to fulfilled the 24hour accident assessment reporting due to weekend closure.

The above incident occured at 31 Rochester Drive Singapore 138637, Park Avenue Rochester.

The vehicle involved are Park Avenue Hotel Shuttle bus vehicle number PC2674L and the lorry belonged to Orchid Laundry YN1919Z.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/04/2023 13:13
Officer In-Charge Of Case:	Classification Of Case: