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SN08234H0005 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 17/04/2023 18:01 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (17/04/2023 18:01 (SGT))



# 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 17/04/2023 18:01 (SGT) Reported by **Actual Driver** Date of Accident 14/04/2023 13:55 (SGT) **Exact Location of Accident** PIE, Singapore TOWARDS TAMPINES BEFORE PAYA LEBAR EXIT Additional Location Information Country/State of Loss Singapore

### DETAILS OF OWN VEHICLE

**Employment** 

Auto 2982

No - Claiming third party

Commercial vehicle

PA1082L Vehicle Registration Number

INSURED/POLICYHOLDER

Yes Is company? RACO COACH Name Of Registered Owner 5XXXX228E Company Reg No racocoach@gmail.com **Email Address** (Phone) +65-81952136 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Toyota Manufacturer Hiace 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? Vehicle Category

Transmission CC

INSURANCE COMPANY

China Taiping Insurance (Singapore) Pte. Ltd. Name of Insurance Company DMB1SNW00014212201 Policy Number / Cover Note Number

DRIVER

DEVA DASS S/O GHANA SUNDRUM Name of Driver NRIC No SXXXX821C Date Of Birth 18/12/1957 Occupation Outdoor

Date Of Driving Pass 20/01/1978 Driving experience 45 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-96677737 Alt. Phone Number Email Address racocoach@gmail.com Address BLK 853 TAMPINES STREET 83 #02-222 Address complement Postcode 520853 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 Collision - Change/cross lane Weather Conditions 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) 4 Has the driver been approached by unknown person(s) No 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 STUDENT Name Gender Male PASSENGER 2 **UNKNOWN STUDENT** Name Gender Male PASSENGER 3 **UNKNOWN STUDENT** Name Female Gender DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230416/7024

#### ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Reasons for not uploading a video of the accident

Yes Yes

WITH TRAFFIC POLICE

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH5887R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	LIM SONG HUA
NRIC No	SXXXX615Z
Contact Number	=
Address	-
Address complement	-
Postcode	
Insurance Company Name	Income Insurance Limited
Nature Of Damage	income insurance climited
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 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)

Lunderstand, 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 & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

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

Policyholder's Signature / Date & Time

11.10 AM

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

Witnessed by Reporting Centre Personnel





1 of 3

Report No. T/20230416/7024

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/04/2023 17:13			Vide Report No.:		Station Diary No.:
Informant	's Particu	ılars			(ACTAL MANAGEMENT AND ACTAL ACTA
Name of Index DEVA DAS	SS S/O G	NANA	Address: 853 TAMPINES STREET 83 #	#02 <b>-</b> 22	22 SINGAPORE 520853
ID Type / I NRIC NO		21C	Contact No.: Home/Office:	Mol	bile: 96677737
Nationality SINGAPO		EN	Email: icemonkey1981@gmail.com		
Sex: Male	Age: 65	Date of Birth: 18/12/1957	Type of Informant: Driver		
Race: Indian			Language: English		
Occupatio Bus driver			Driving Licence Information: Class:	Dat	e of Expiry:

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/04/2023 13:55	Type of Location Main road of PIE Tampines before Paya Lebar Exit	
Location:	TREET 92				
Weather:	Ro	oad Surface:			
Traffic Flow:		affic Control: ot Controlled		Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To R				Anyone conveyed by ambulance:	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SLH5887R	Van Car	ТОУОТА	Corolla Altis	Silver	Slightly Damaged	0





2 of 3 Report No. T/20230416/7024

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

#### CONTINUATION OF REPORT

Any Pedestrian I	nvolved: No				1,100	
No. of Pedestrian	ns Injured: NIL		Use of Pe	destrian	Cross	ing: NA
Driver	757 (757 (757 (757 (757 (757 (757 (757					
Name	DEVA DASS S/O G	NANA SUI	NDRUM	ID No.		S1252821C
Related Vehicle	SLH5887R (Van)	terretyche Moute verkösstörkörtessende, Hitschool	MARINE AND RESIDENCE OF THE STREET BOOK STREET, STREET	Contac	ct No.	96677737
Hospital/Clinic	NIL			Class of Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date	NIL		Date	1	NIL	
No. of Days granted Medical Leave NIL			Degree o	f	NIL	

#### Brief Details.

I am a school bus driver. On 14/04/2023 at about 1.50p,. I had picked up a group of school children from Aljunied and was proceeding towards Tampines via PIE. I was driving at Lane 2 at a maintained speed of 50KM/P. Just before Paya Lebar exit, a silver-colored Toyota Corolla Altis of vehicle number SLH 5887R was observed from Lane 3 and filtering into Lane 2. He filtered in at close range ahead of me and i slowed down, honked once at him to express my intent that he was filtering in dangerously and continued with my route. However, the driver was observed to be road hogging where he slowed down his vehicle and started to hold up moving traffic behind me. My other bus drivers behind me filtered into Lane 1, passed the abrupt driver and honked at him before proceeding away. The driver for no apparent reason began to drive with his hazard lights switched on and slowed down his vehicle even more. I attempted to overtake him on 2 occasions to avoid him, but I noticed that the driver began to intrude into my lane on both occasions and posed a hazard and threat to my school children and me. At one point, he was swerving his vehicle in a very dangerous manner on several occasions to slow me down. I honked at him several times to stay away. The driver than signaled me to move along the roadside just before Tampines exit 4B but I feared the safety of my school children and myself and refused to stop. His vehicle was stationary and I tried to avoid him by filtering to my right at Lane 4 and move away from him but again he intruded into my path and caused a collision where my van PA 1082L front lower bumper (passenger side) hit his driver's side rear lower bumper.

I stopped and parked my vehicle along the road shoulder and confronted the driver and to query of his intentions. The driver than called the traffic police. Traffic Police's highway patrol car arrived at scene, and I explained to the officers at scene on what happened and that I have video footages to show proof of the abrupt driver's errant road ethics. I was advised by the Police to lodge a report and make an insurance claim if need be.

I am hereby lodging a report to claim my damages in lieu of the driver's rash behavior and also would like the Police to view the footages produced to show proof of the driver's ill road mannerism,





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

NP168

3 of 3 Report No. T/20230416/7024

CONTINUATION OF REPORT

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: 16/04/2023 17:13
Officer In Charge Of Case: TP / TPHQ / YAN HUCHENG Contact No.: 65476006	Classification Of Case:



Date of Accident	: 14.04.23 Accident Time : 1= 55pm (24-HR-Format)
Who reported the accident?	: Owner / Driver / Both
Accident Place	: PIE (Tampines before paya lebar Exit)
Vehicle No (Car Plate No)	: PA 1082L Make/Model: Toyota Hiace Commuter
Insurance Company	: China Taiping Policy No: DMB   SNW0001421 2201
Fleet Policy	: YES (NO
Type of Coverage	: Comprehensive / Third Party / Third Party Fire & Theft
Name of Owner / IC No	: Raco (oach (53385228E)
Owner Contact No	:Owner's Hp <u>8195</u> 2136 Company Tel
Driver Name / IC No	: Deva Dass slo Grana Sundrum (SIZ52821C)
Driver's Date of Birth	: 18-12-1957 Driver's License Pass Date: 20-01-1978
Relationship of Driver	: Spouse / Parents / Children / Sibling / Employee / Other:
Driver's Address	: APT BLK 853 Tampines Street 83#02-222 5 (520853)
Driver's Contact No	:1) 9667 7737 2)
Driver's Occupation	: INDOOR / QUTDOOR (e.g. working inside or outside office)
Email Address	: Raco coach @ gmail . com
Weather & Road Surface	: CLEAR & DRY / RAINING & WET / AFTER RAIN & WET
Reporting Type	: Reporting Only / Claim Third Party / Claim Own Insurance
Number of Passenger(include Driver)	: 4 person (3 passenger, Idniver)
Was ther any video footage? Exact purpose used at time of accident Any injury (If Yes, Pls State)	: YES / NO : Private Use / Private Hire / Work Purpose : No injury
VEH B : <u>SLH                                   </u>	Name & Contact No:
*NEW-Passenger's Name & Gender  (Male) unkno 1 (Female) unkno	wn - student



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

MZ601

SN

AN0478A

Cov. Type:C

CERTIFICATE No.

DMB1SNW00014212201

Engine No.: 1KD2565192 Cha. No.:KDH2230026020

1 Index Mark and Registration

PA1082L

Number of Vehicle

AUTOSAFE

2. Name of Policy Holder

RACO COACH

Effective date of the Commencement of Insurance for the purposes of the Regulations. Ordinance or Enactment (00:00:00)

Excess Sect 1.

\$\$2,000.00

Excess Sect. II

\$\$1,500.00

4. Date of Expiry of Insurance

31/08/2023

EX ON WINDSCREEN .

\$\$100.00

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.

Issued By: INSURE HUB PTE 170 **Authorised Officer** 

**Authorised Signatory** 

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