

NATIONAL Assessment Centre Services: (011) 222-2222



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	21/04/2023 12:21 (SGT)
Reported by	Actual Driver
Date of Accident	20/04/2023 16:52 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TUAS SOUTH AVE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC9094P
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ANG SOCK SENG TRANSPORT SERVICE
Company Reg No	5XXXX662K
Email Address	MR.ANGSS@GMAIL.COM
Mobile Phone No	(Phone) +65-96630170
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	LT134P
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	Commercial vehicle
Transmission	Manual
CC	7790

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00007992201

DRIVER

Name of Driver	KEE ONG NGA
NRIC No	SXXXX746I
Date Of Birth	15/10/1948
Occupation	Outdoor



Date Of Driving Pass	22/12/1976
Driving experience	46 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96357057
Alt. Phone Number	-
Email Address	MR.ANGSS@GMAIL.COM
Address	20 TEBAN GARDENS ROAD
Address complement	#19-101
Postcode	600020
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 CIRCUMSTANCES OF ACCIDENT

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	GBD7812H
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

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5. Any false reporting may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

ANG SOCK SENG TRANSPORT SERVICE

Blk 183, Bukit Batok West
Ave 8, #03-119
Singapore 650183

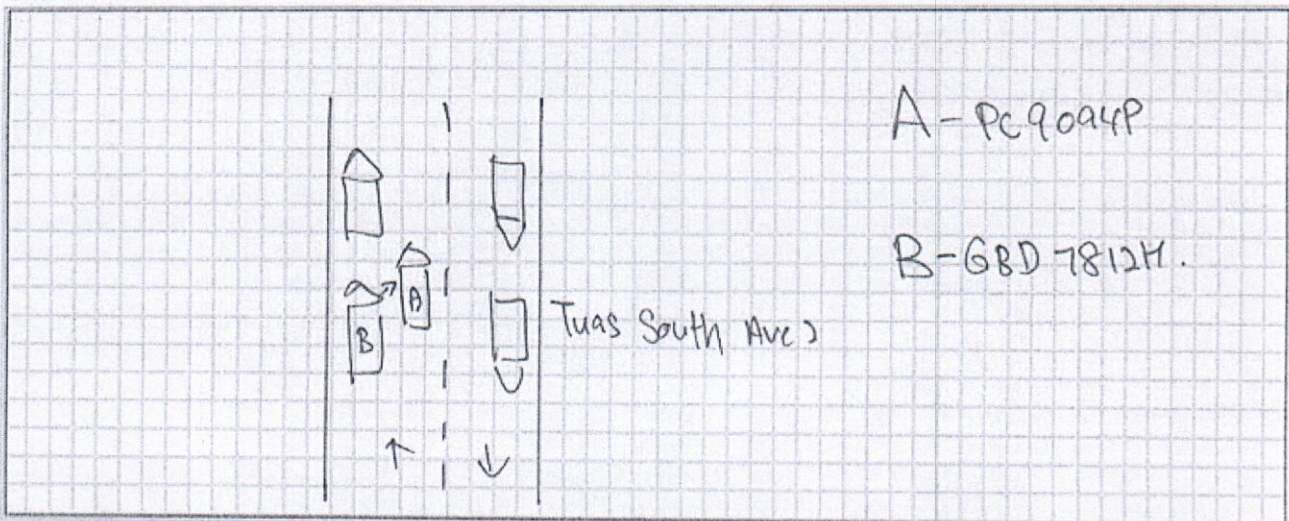
H.P. 9663 0170
PG: 9703 6205
TEL: 699 8185
FAX: 566 8185

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

ON 20/4/2023 around 1653hrs, I was driving my Bus PC9094P along Tuas South Ave 2. I was travelling straight, Suddenly I felt an impact from the left side, veh B GBD 7812H move out from stationary position without checking and collided onto my Bus.

Declaration

We declare the foregoing particulars are true in every respect.

洪 溯 升 车 业 服 务
ANG SOCK SENG TRANSPORT SERVICE

Blk 183, Bukit Batok West

Ave 8, #03-118

Singapore 650183

H.P. 9603 4170

PG: 9703 6205

FAX: 565 8138

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Road surface: Dry / Wet
Weather condition: Clear / Raining
Speed: _____

Usage of veh during of accident:

Does driver own a vehicle: yes / no
if yes, veh number plate: _____
veh insurance co: _____

Driver IC:
Driver Name :
Driver Pass date :
Driver Birth date :

Relationship with insured: Employee 3 employer
Witness (if any): yes / no
Witness name: _____
Witness hp: _____
Witness email (if any): _____
Witness add: _____
Witness IC no: _____

Third party veh number: GDD 78124
Name of third party driver: _____
IC of third party driver: _____
HP of third party driver: _____
Address of third party driver: _____
Insured/Co name of third party vehicle: _____
Contact number of insured/Co: _____
Insurance co of third party vehicle: _____

Police report (if any): yes / no
Police report reported at which police station: _____
Any intended prosecution given: yes / no
if yes, against whom: veh A / veh B driver

Action taken : claiming third party / claiming own damage / reporting only
No of Pax: 1

Male
Female

Connect3 client vehicle no: PC9094P
Owner contact no: 966 30170
Date of accident: 2014/23
Location of accident: Tuas South Ave
Time of accident : 1655 hrs.
Any Injury: yes / no (if yes, must have police report)

Email Address: Mr. Ang SS@gmail.com

Motor Bus

MZ601

R SN

AN0626A

Cov. Type: F

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)

CERTIFICATE No.

DMB1SNW00007992201

Engine No.: 6HK1602484

Cha. No.: JALLT134PB7000026

1. Index Mark and Registration
Number of Vehicle

PC9094P

2. Name of Policy Holder

ANG SOCK SENG TRANSPORT SERVICE

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

22/06/2022
(00:00:00)

Excess Sect. II S\$3,000.00

4. Date of Expiry of Insurance

21/06/2023

5. 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.

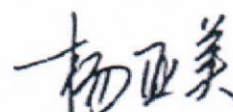
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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: UNIVERSAL INSURANCE AGENCY PTE LTD
Authorised Officer



Authorised Signatory

10 Sin Ming Drive Singapore 575701
Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

22 Jun 2011

Our ref 2206110101N005040634

ANG SOCK SENG TRANSPORT SERVICE^{005714/1}
183 BUKIT BATOK WEST AVENUE 8
#03-119
SINGAPORE 650183



TH1231269101

Dear Sir/Madam

**NOTIFICATION ON SUCCESSFUL REGISTRATION OF VEHICLE WITH ROAD TAX
AND TRANSFER OF TCOE
(PLEASE DISPLAY THE ENCLOSED ROAD TAX DISC ON YOUR VEHICLE
WINDSCREEN)**

We wish to inform you that the Temporary COE 2011050105000337N has been successfully transferred to you and used to register vehicle PC9094P on 22 Jun 2011. Enclosed is a validated road tax disc for the vehicle. Please display the said disc on your vehicle windscreen.

2. The details of the registration are as follows:

A) Owner Particulars

1. Name	: ANG SOCK SENG TRANSPORT SERVICE
2. Identification No. Type	: Business
3. Identification No.	: 52913662K
4. Place Of Passport Issue	: -
5. Registered Address	: 183 BUKIT BATOK WEST AVENUE 8 #03-119 SINGAPORE 650183
6. Mailing Address	: -

B) Vehicle Particulars

1. Vehicle No.	: PC9094P
2. Previous Vehicle No.	: -
3. Effective Date of Ownership	: 22 Jun 2011
4. Original Registration Date	: 22 Jun 2011
5. First Registration Date	: 22 Jun 2011
6. Vehicle Type	: Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus
7. Vehicle Scheme	: Public Service Vehicle (Others)
8. Attachment 1	: Air-Conditioned
9. Attachment 2	: -
10. Attachment 3	: -
11. Vehicle Make	: ISUZU
12. Vehicle Model	: LT134P
13. Year of Manufacture	: 2010