SS2P234A0002 / SC Auto Industries Pte Ltd ENTRY DATE & TIME: 11/04/2023 09:29 (SGT) SUBMITTED BY: Raymond Ting VERSION: 1 (11/04/2023 09:29 (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.

- 4. The issue and acceptance 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 11/04/2023 09:29 (SGT) Reported by **Actual Driver** Date of Accident 09/04/2023 09:50 (SGT) Exact Location of Accident CQFV+7W Singapore Additional Location Information **BKE EXIT 9 TOWARDS WOODLANDS AVE 12** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC3151Y

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner TONG TAR TRANSPORT SERVICE PTE LTD Company Reg No 197800458K Email Address jo@tongtar.com Mobile Phone No (Phone) +65-87251012 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Zhongtong Model LCK6107H 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 - Reporting only Vehicle Category Bus Transmission Manual CC 6690

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number

DRIVER

Name of Driver TAN BENG HENG EDDIE NRIC No S1327386C Date Of Birth 25/09/1958 Occupation Outdoor

Date Of Driving Pass 21/06/1985 Driving experience 37 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-87251012 Alt. Phone Number Email Address jo@tongtar.com Address **BLK 508A WELLINGTON CIRCLE** Address complement #11-45 Postcode 751508 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 - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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? 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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT I WAS DRIVING ALONG BKE EXIT 9 TOWARDS WOODLANDS AVE 12. VEHICLE NO:GBJ1201D STOP SUDDENLY AND MY BUS UNABLE STOP ON TIME THEN HIT INTO THE VEHICLE NO:GBJ1201D. 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	GBJ1201D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Goods 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

















