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## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report <u>correctly</u> 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information

26/04/2023 10:26 (SGT) Actual Driver 24/04/2023 06:23 (SGT)

Woodlands Ave 1, Singapore

CROSS JUNCTION WITH WOODLANDS STREET 41 (LAMPOST 5)

Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

PA9279J

INSURED/POLICYHOLDER

Country/State of Loss

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No

MSM LOGISTICS PTE. LTD.

2XXXXX646H

loitransitbusservice@gmail.com (Phone) +65-90265556

VEHICLE PARTICULARS

Alternative Phone No

Manufacturer Model

Variant

Isuzu LT134P

Private use

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category

Transmission CC

No - Reporting only Bus

Manual 7790

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd. DMB1SNW00002652300

DRIVER

Name of Driver

NRIC No Date Of Birth LOI WEI QUAN SXXXX421B 28/02/1990



Accident report SN08234P0008

Occupation Outdoor Date Of Driving Pass 19/03/2015 Driving experience 8 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-90265556 Alt. Phone Number **Email Address** loitransitbusservice@gmail.com Address BLK 672C YISHUN AVENUE 4 #07-578 Address complement Postcode 760672 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 - Cross Junction 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) 14 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 PASSENGER 1 Name **UNKNOWN PAX** Gender Male PASSENGER 2 Name **UNKNOWN PAX** Gender Male PASSENGER 3 Name **UNKNOWN PAX** Gender Male PASSENGER 4 Name **UNKNOWN PAX** Gender Female PASSENGER 5 Name **UNKNOWN PAX** Gender Female PASSENGER 6 Name **UNKNOWN PAX** Gender Female PASSENGER 7 Name **UNKNOWN PAX** 

Gender	Familia
acriaci	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name

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?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

## PLEASE REFER TO POLICE REPORT T/20230424/7011

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	PMA
Vehicle Manufacturer	_
Vehicle Model	_
Vehicle Variant	
Vehicle Colour	-
Vehicle Category	-
Name of Driver	NA / Unknown
	-
Contact Number	-
Address	
Address complement	_
Postcode	
Insurance Company Name	-
Nature Of Damage	-
	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### SKETCHPLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process
- 2. This Form must be corroleted by the Policyholder and/or the Actual Direct-
- 3. Information provided must be as think! and accurate as cossible. Any will micropresentation or withholding of material facts may allow insurance companies to <u>recordate 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 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:

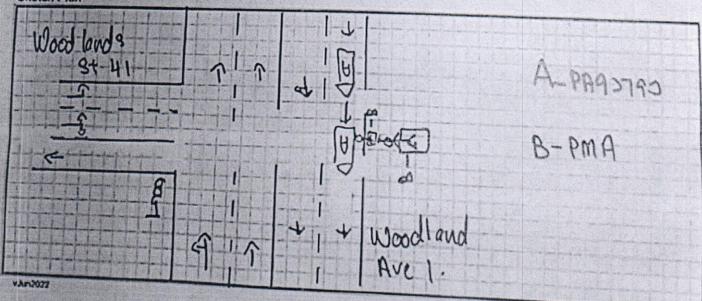
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by ##6 or possessed by my insurer (collectively 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' brayers law firms, the Monetary Authority of Singapore and any referrant 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 clams.
- (\*) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by ma.
- (iv) administering my claims (including the making 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'taw 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.

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

Witnessed by Reporting Centre Personnel (Name as in NRICAD card)

Sketch Plan



_E	please refer to	Police Report	7/20220	00/70	,,	
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1 of 3

Report No. T/20230424/7011

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

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/04/2023 09:21		ade:	Vide Report No.: L/20230424/0038	Station Diary No.:
Informant	s Particu	lars		
Name of Informant: LOI WEI QUAN			Address: 672C YISHUN AVENUE 4 #07	7-578 SINGAPORE 763672
ID Type / ID No.: NRIC NO / S9077421B			Contact No.: Home/Office:	Mobile: 90265556
Nationality: MALAYSIAN			Email: LOITRANSITBUSSERVICE@	GMAIL.COM
Sex: Male	Age:	Date of Birth: 28/02/1990	Type of Informant: Driver	
Race: Chinese			Language: English	
Occupation Bus driver	n:		Driving Licence Information: Class:	Date of Expiry:

	nation of the Accident Injury	Drink	Date/Time of	Type of Location:
Type of Accident:	Attended by Police	Drive:	Accident: 24/04/2023 06:	T-Junction
Location:				
WOODLAND	S STREET 31			
		Road Surface:		
		Dood Silitaco.		
Weather:				
Weather: Clear		Dry		
Clear				Traffic Volume:
		Dry	king	Traffic Volume: Light

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
PA9279J	Van					0
	Power- assisted Bicycle					0



T/20230424/7011

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

3 of 3 Report No. T/20230424/7011

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: 24/04/2023 09:21
Officer In Charge Of Case: TP / TPIB / MUHD SYARIFUDDIN MUHD AJMAIN Contact No.: 65476083	Classification Of Case:

Road surface: Dry) Wet	Usage of veh during of accident:
Weather condition: Clear / Raining	
Speed:	
	Driver IC:
Does driver own a vehicle: yes /no	Driver Name :
if yes, veh number plate:	Driver Pass date :
veh insurance co:	Drver Birth date :
, h	
Relationship with insured: Employer 36m player	
Witness (if any): yes/no	
Witness name:	
Witness hp:	
Witness email (if any):	
Witness add:	
Witness IC no:	
2	
Third party veh number: PM A	
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: 10 001 Avc 3	
Any intended prosecution given: yes /no	
if yes, against whom: veh A /veh B driver	
Action taken : claiming third party / claiming own damage / pepor	ting only
No of Pay:	Male
3	Female
Connect3 client vehicle no: PA9279 2.	
Owner contact no: Email Addre	ess: Loi transitbugservice Ogmail.com
Date of accident: 34/4/ 3033	- Gyman (an
Location of accident: Woodlands Ave 1 x Woodlands St 41	(47)
Title of accident : 00.3 3N.7	7.
Any Injury: yes /no ( if yes, must have police report)	

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 (Malaysla)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

MZ601

N

SN

AN0580A

Cov. Type:F

CERTIFICATE No.

DMB1SNW00002652300

Engine No.: 6HK1484698

Index Mark and Registration Number of Vehicle

PA9279.J

Cha. No.:JALLT134P97000028

2. Name of Policy Holder

MSM LOGISTICS PTE LTD

Effective date of the Commencement of Insurance for the purposes of the Regulations, (09:33:32) Ordinance or Enactment

17/02/2023

Excess Sect. II

S\$1,000.00

4. Date of Expiry of Insurance

16/02/2024

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

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

**Authorised Signatory** 

Issued By:\_\_\_\_

Authorised Officer

ODDS &

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) 看 3 Anson Road #16-00 Springleaf Tower Singapore 079909

Q63896111

6222 1033

www.sg.cntaiping.com



# Vehicle Registration Details

Vehicle No. PA9279J	Make/ Model ISUZU/LT134P	Vehicle Scheme Public Service Vehicle (Others)
Current Propellant <b>Diesel</b>	Chassis No.  JALLT134P97000028	Vehicle Type  Private Hire (Chauffeur) Bus/Coach/Minibus

Owner's Details

Owner Name:

MSM LOGISTICS PTE. LTD.

NRIC/Passport/Company Cert No.:

200911646H

Mailing Address:

Mailing Address:

**Registration Details** 

Previous Vehicle No.:

Original Registration Date:

11 Nov 2009

No. of Transfers:

2

Vehicle Specifications

Engine No.:

6HK1484698

Year of Manufacture:

Owner ID Type:

Company

Registered Address

7 JALAN BUKIT MERAH #01-4428

SINGAPORE 150007

Birth Date

Effective Date of Ownership:

17 Feb 2023

Registration Date:

11 Nov 2009

IU Label No.:

2050085272

Chassis No.:

JALLT134P97000028

Primary Colour:

2009 Multicolor Secondary Colour: Passenger Capacity: 49 Engine Capacity / Power Rating: Maximum Power Output: 7790 cc/-Max Unladen Weight: Maximum Laden Weight: 10220 kg 15200 kg Vehicle Attachment 1: Vehicle Attachment 2: Air-Conditioned Vehicle Attachment 3: Additional Registration Fee (ARF) and COE Information Open Market Value: Additional Registration Fee Rate: \$101,942.00 5.00 % Actual ARF Paid: Vehicle Lifespan Expiry Date: \$5,098.00 10 Nov 2029 OPC Cash Rebate Eligibility: QP during COE Bidding Exercise: No \$16,001.00 COE No.: **COE Expiry Date:** 2009100105000197E 31 Oct 2024 COE Category: COE Registration Category: C - Goods Vehicle & Bus C - Goods Vehicle & Bus Quota Premium (QP) / Prevailing Quota PQP Paid Premium: \$12,921.00 \$16,001.00/-

**PARF** Rebate Details

QP (Regn Cat):

\$16,001.00

PARF Eligibility: PARF Eligibility Expiry Date:

No	
Minimum PARF Benefit:	
Vehicle Emissions Details	
CO2 Emission:	
CO Emission:	HC Emission:
NOx Emission:	PM Emission:
Message:	
This is a public service vehicle.	

Printed on 17 Feb 2023 11:46:58

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