

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	26/04/2023 10:26 (SGT)
Reported by	Actual Driver
Date of Accident	24/04/2023 06:23 (SGT)
Exact Location of Accident	Woodlands Ave 1, Singapore
Additional Location Information	CROSS JUNCTION WITH WOODLANDS STREET 41 (LAMPOST 5)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA9279J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	MSM LOGISTICS PTE. LTD.
Company Reg No	2XXXXX646H
Email Address	loitransitbusservice@gmail.com
Mobile Phone No	(Phone) +65-90265556
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	LT134P
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Bus
Transmission	Manual
CC	7790

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00002652300

DRIVER

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

Occupation	Outdoor
Date Of Driving Pass	19/03/2015
Driving experience	8 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90265556
Alt. Phone Number	-
Email Address	loitransitbuservice@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
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Gender Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
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/20230424/7011

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 PMA
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category NA / Unknown
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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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 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.

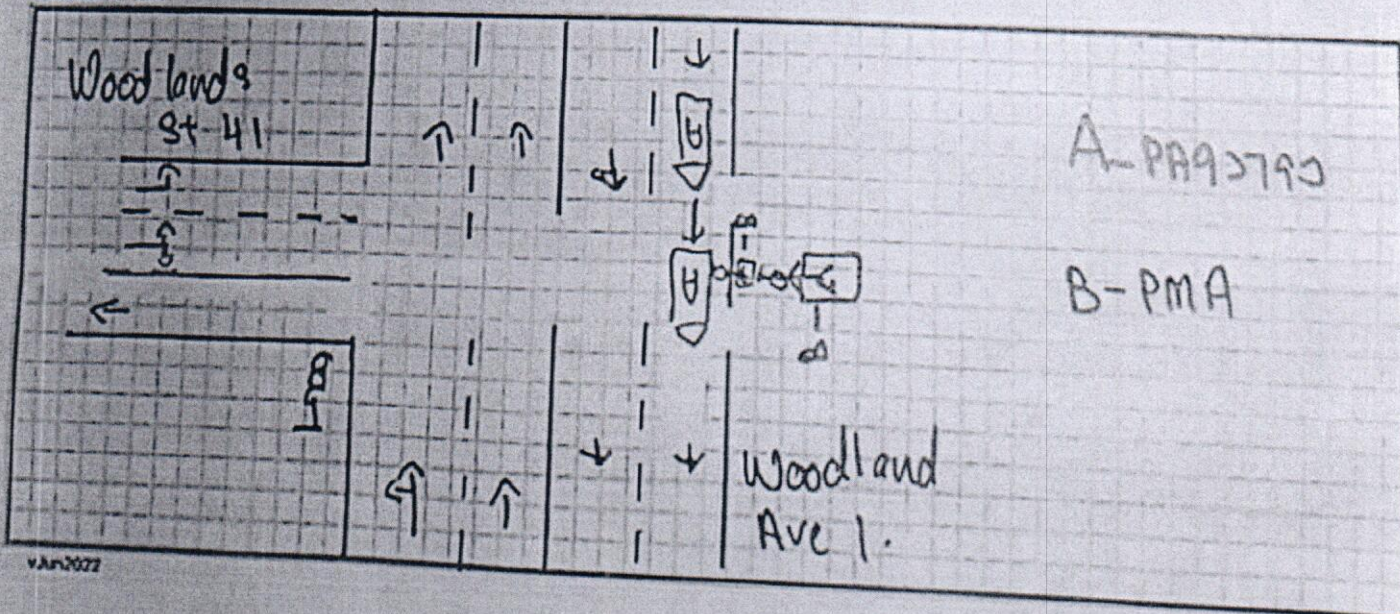


Policyholder's Signature / Date & Time

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

Please refer to Police Report T/20230424/7011

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

25/4/23
[Signature]

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

X

[Signature]

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

[Signature]
26/04/2023



SINGAPORE POLICE FORCE



T/20230424/7011

1 of 3

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

Report No. T/20230424/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/04/2023 09:21		Vide Report No.: L/20230424/0038		Station Diary No.:	
Informant's Particulars					
Name of Informant: LOI WEI QUAN			Address: 672C YISHUN AVENUE 4 #07-578 SINGAPORE 763672		
ID Type / ID No.: NRIC NO / S9077421B			Contact No.: Home/Office:		Mobile: 90265556
Nationality: MALAYSIAN			Email: LOITRANSITBUSSERVICE@GMAIL.COM		
Sex: Male	Age: 33	Date of Birth: 28/02/1990	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Bus driver			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/04/2023 06:25	Type of Location: T-Junction
Location: WOODLANDS STREET 31				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

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



**SINGAPORE
POLICE FORCE**

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



T/20230424/7011

3 of 3

Report No. T/20230424/7011

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHD SYARIFUDDIN MUHD AJMAIN
Contact No.: 65476083

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
24/04/2023 09:21

Classification Of Case:

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 & employer
Witness (if any): yes / no
Witness name: -
Witness hp: -
Witness email (if any): -
Witness add: -
Witness IC no: -

Third party veh number: PMA
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 ubi Ave 3
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: 14

10 Male
3 Female

Connect3 client vehicle no: PA92793

Owner contact no: _____

Email Address: Loi transitbus service@gmail.com

Date of accident: 24/11/2023

Location of accident: Woodlands Ave 1 x Woodlands St 41 (LP 5).

Time of accident : 0623hrs

Any Injury: yes / no (if yes, must have police report)



中国太平
CHINA TAIPING

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

N SN

AN0580A

Cov. Type:F

CERTIFICATE No.

DMB1SNW00002652300

Engine No.: 6HK1484698

Cha. No.:JALLT134P97000028

1. Index Mark and Registration
Number of Vehicle

PA9279J

2. Name of Policy Holder

MSM LOGISTICS PTE LTD

3. 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 Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

ODDS & EVEN

Authorised Office

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

🌐 www.sg.cntaiping.com

Vehicle Registration Details

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

Owner's Details

Owner Name:

MSM LOGISTICS PTE. LTD.

Owner ID Type:

Company

NRIC/Passport/Company Cert No.:

200911646H

Registered Address

**7 JALAN BUKIT MERAH #01-4428
SINGAPORE 150007**

Mailing Address:

-

Birth Date

-

Registration Details

Previous Vehicle No.:

-

Effective Date of Ownership:

17 Feb 2023

Original Registration Date:

11 Nov 2009

Registration Date:

11 Nov 2009

No. of Transfers:

2

IU Label No.:

2050085272

Vehicle Specifications

Engine No.:

6HK1484698

Chassis No.:

JALLT134P97000028

Year of Manufacture:

Primary Colour:

2009

Multicolor

Secondary Colour:

-

Passenger Capacity:

49

Engine Capacity / Power Rating :

7790 cc / -

Maximum Power Output:

-

Max Unladen Weight:

10220 kg

Maximum Laden Weight:

15200 kg

Vehicle Attachment 1:

Air-Conditioned

Vehicle Attachment 2:

-

Vehicle Attachment 3:

-

Additional Registration Fee (ARF) and COE Information

Open Market Value:

\$101,942.00

Additional Registration Fee Rate:

5.00 %

Actual ARF Paid:

\$5,098.00

Vehicle Lifespan Expiry Date:

10 Nov 2029

OPC Cash Rebate Eligibility:

No

QP during COE Bidding Exercise:

\$16,001.00

COE No.:

2009100105000197E

COE Expiry Date:

31 Oct 2024

COE Category:

C - Goods Vehicle & Bus

COE Registration Category:

C - Goods Vehicle & Bus

Quota Premium (QP) / Prevailing Quota Premium :

\$16,001.00 / -

PQP Paid

\$12,921.00

QP (Regn Cat):

\$16,001.00

PARF Rebate Details

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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