

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 03/05/2023 13:13 (SGT)
Reported by Actual Driver
Date of Accident 02/05/2023 12:05 (SGT)
Exact Location of Accident Telok Blangah Rd, Singapore
Additional Location Information TOWARDS SENTOSA GATEWAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC3474R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner AEDGE HOLDINGS PTE. LTD.
Company Reg No 2XXXXX323E
Email Address william@aedge.com.sg
Mobile Phone No (Phone) +65-91460806
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Yutong
Model Zk6107h
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 Bus
Transmission Auto
CC 6690

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMB1SNA00009062203

DRIVER

Name of Driver KOH KIAH HENG
NRIC No SXXXX964I
Date Of Birth 31/10/1961
Occupation Outdoor

Date Of Driving Pass	15/04/1985
Driving experience	38 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96779960
Alt. Phone Number	-
Email Address	william@aedge.com.sg
Address	BLK 872 WOODLANDS STREET 81 #03-278
Address complement	-
Postcode	730872
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)	46
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
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Male

PASSENGER 4

Name	UNKNOWN
Gender	Female

PASSENGER 5

Name	UNKNOWN
Gender	Female

PASSENGER 6

Name	UNKNOWN
Gender	Female

PASSENGER 7

Name	UNKNOWN
Gender	Female

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 SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

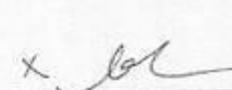
Vehicle Registration Number SCV6222K
Vehicle Manufacturer Lexus
Vehicle Model -
Vehicle Variant -
Vehicle Colour White
Vehicle Category Private car
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

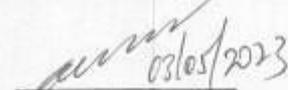
SKETCH PLAN

IMPORTANT NOTICE

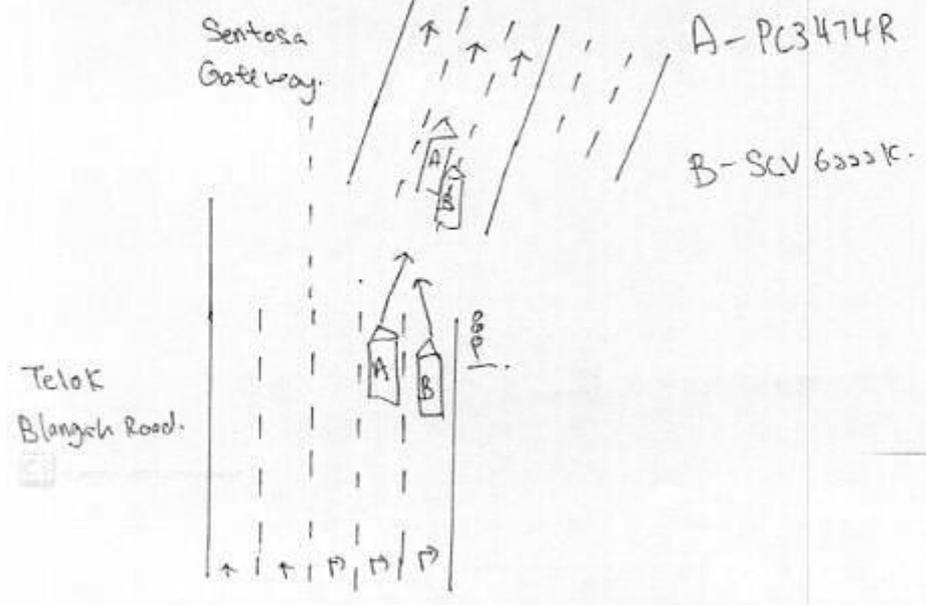
1. Please report **promptly** the details of the accident to speed up the claims process.
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 3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material facts may allow insurance companies to **rescind policy liability**.
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 7. By the lodging 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.
- B. 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") require 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 firm/law firms, the Monetary Authority of Singapore and any relevant government agency/authorities (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 claim;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the making of correspondence, statements, notices, 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/litral 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 firm/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 firm/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



Describe Circumstances of the Accident

On 31/5/2023 around 12:00hrs, I was driving my Bus PC 3A74R along Telok Blangah Rd towards Sentosa Gateway. Ven B SCV62002 on my right lane, both vehicle waiting to make a right turn to Sentosa Gateway. My Bus was within my lane while making the turn suddenly I felt an impact from the right Ven B swerved into my lane while making the turn. as the result ven B brush against my Bus right portion.

Declaration

We declare the foregoing particulars are true in every respect.

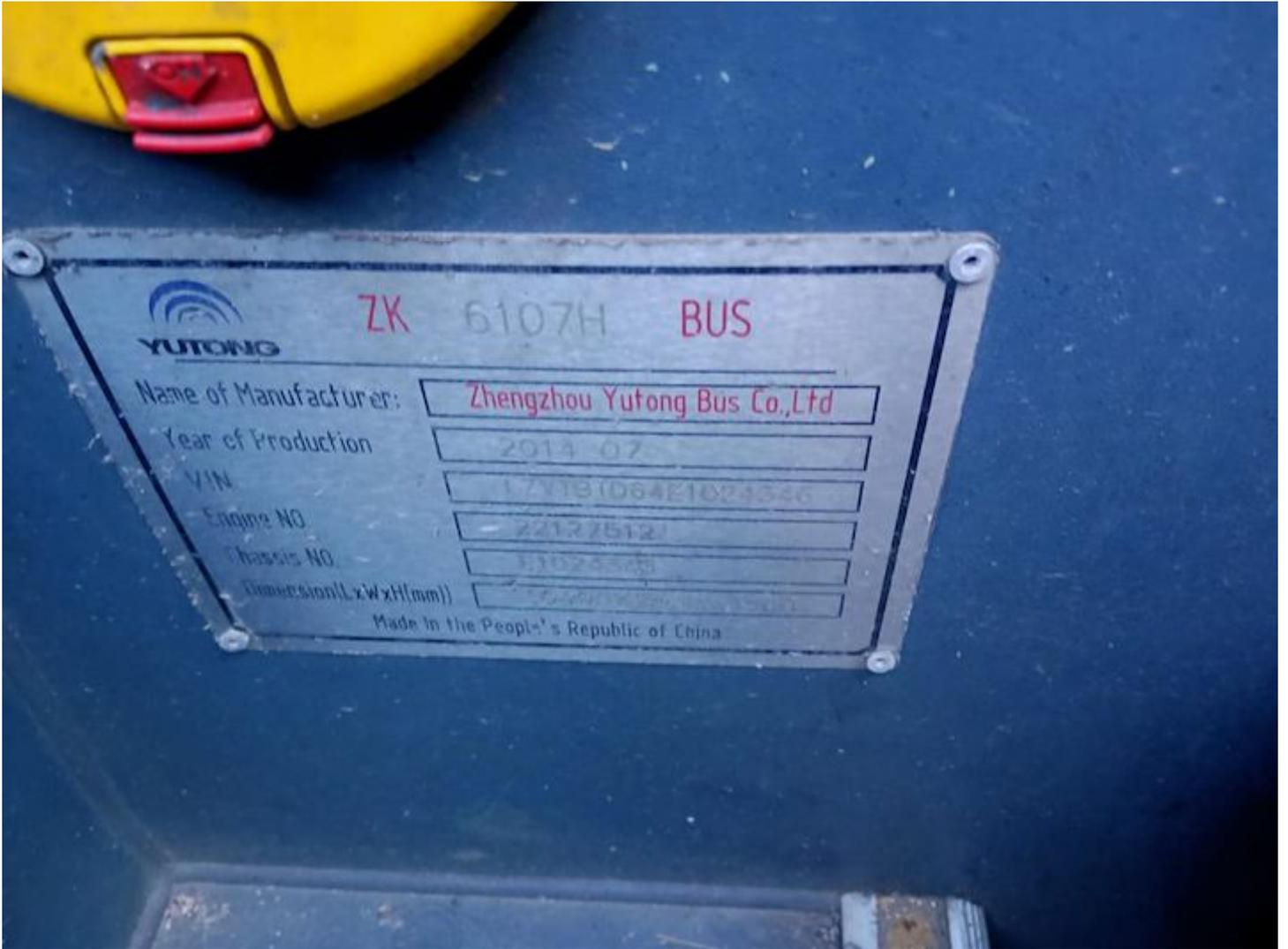

Policyholder's Signature / Date & Time



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


03/05/2023
Witnessed by Reporting Centre Personnel















































GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-01 Singapore 048580
 Tel: (65) 6724 0010 Fax: (65) 6724 0030
 Operating Hours: Monday to Friday, 09:00 - 17:00
 UEN: S61550200 / GST Reg No: S400017715

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN0823530007. Vehicle Registration No: PC3474R
 Name (as shown in NRIC) : Koh Kah Heng NRIC/FIN/Passport No : -
 (*Vehicle Driver / Vehicle Owner) (*Please delete as appropriate)
 Address : - Singapore ()
 Contact (Tel) : - Mobile No. : -
 Email Address : -
 Date of Accident : 21/5/2023 Time of Accident : -
 Place of Accident : Telok Blangah Rd Tuoh's Sentosa Gateway
 Insurance Company : China Taiping Insurance (Singapore) Pte Ltd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- ① Accident time should be 1205hrs.
- ② Attached CCTV.



Policyholder / Driver's Signature
 Date:

[Signature]
 10/05/2023
 Reporting Centre Personnel's Signature
 Name
 NRIC/FIN No.
 Date: