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SN09235F000D-01 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 15/05/2023 17:09 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 2 (15/05/2023 17:18 (SGT))



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

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 Country/State of Loss

15/05/2023 17:09 (SGT) **Actual Driver** 15/05/2023 07:10 (SGT) Changi N Cres, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

PC7788J

INSURED/POLICYHOLDER

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

Yes MS HOLIDAYS 2000 PTE. LTD. 2XXXXX152W sy5033ins@gmail.com (Phone) +65-94564433

VEHICLE PARTICULARS

Alternative Phone No

Manufacturer Model Variant

Yutong Zk6107h

Exact purpose for which vehicle was being used at time of

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

Vehicle Category Transmission CC

Employment

Yes Bus Auto 6690

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

India International Insurance Pte Ltd D22MCV0005500

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

SEAH POH SENG SXXXX805E 16/07/1960 Outdoor

Date Of Driving Pass 08/08/1980 Driving experience 42 YEARS AND 9 MONTHS Gender Male Mobile Number (Phone) +65-94564433 Alt. Phone Number Email Address sy5033ins@gmail.com Address BLK 826 TAMPINES STREET 81 #03-110 Address complement Postcode 520826 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 Collided into Property Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 1 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? No Number of Passengers (Including Driver) 16 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 Male PASSENGER 5 Name UNKNOWN Gender Male PASSENGER 6 Name UNKNOWN Gender Male PASSENGER 7 Name UNKNOWN Gender Male

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?

No

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230515/7051

ATTACHMENT(S)

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

Yes No

UNKNOWN PAX

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	UNKNOWN PAX Male SLIGHT INJURY PC7788J Yes No
INJURED 2	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? INJURED 3	UNKNOWN PAX Male SLIGHT INJURY PC7788J Yes No
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? INJURED 4	UNKNOWN PAX Male SLIGHT INJURY PC7788J Yes No

Accident report SN09235F000D

Name of injured person

Gender	Male
Phone No	-1
Address	-
Address Complement	-
Post Code Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	-
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 5	
Name of injured person	UNKNOWN PAX
Gender	Male
Phone No	-
Address Address Complement	-
	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	PC7788J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 6	
Name of injured person	LINIKNIONA/NI DAV
2.5	UNKNOWN PAX
	Male
Phone No	
Address Complement	-
	: =
Post Code	12. -
Approximate Age Years Old Injuries Sustained	-
Injuries Sustained Injured person in which vehicle?	SLIGHT INJURY
Were seat belts worn?	PC7788J
Was this injured conveyed to hospital by ambulance?	Yes No
was this injured conveyed to hospital by ambulance.	NO
INJURED 7	
Name of injured person	UNKNOWN PAX
Gender	Male
Phone No	iviale
Address	
Address Complement	
Post Code	
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	PC7788J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 8	
Name of injured person	UNKNOWN PAX
Phone No	Male
	-
Address Complement	
Post Code	
Approximate Age Years Old	-
	- SLIGHT INJURY
Injuries Sustained Injured person in which vehicle?	PC7788J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
Tras this injured conveyed to nospital by ambulance:	INU

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process
- 2. This Formmust be completed by the Policyholder and/or the Authorised 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. The report will be forw arded 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/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
- (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' law yers/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 yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

M.S. HOLIDAYS 2000 PTE LTD

100, Jalan Sultan, Sultan Plaza #02-16

Singapore 199001

Policyholder's Signature / Date & Time

Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date

rough MORTH GRASCAM

Witnessed by Reporting Centre

A) PC 7788 J

	Perfer	fo	attached	bolice	report	. T	20230515	17051	,	
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Declaration

We declare the foregoing particulars are true in every respect.

M.S. HOLIDAYS 2000 PTE LTD

100, Jalan Sultan, Sultan Plaza #02-16

× Singapore 199001

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel





1 of 3

Report No. T/20230515/7051

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

DEPORT	OF A	TRAFFIC	ACCIDENT
REPURI	UFF	INALIO	ACCIDENT

Date/Time 15/05/202	Report M		Vide Report No.:	Station Diary No.:
Informant	's Particu	lars	THE CONTRACTOR OF STREET	
Name of I	nformant:		Address: 826 TAMPINES STREET 81 #	03-110 SINGAPORE 520826
ID Type /)5E	Contact No.: Home/Office:	Mobile: 94564433
Nationality: SINGAPORE CITIZEN			Email: sy5033ins@gmail.com	
Sex: Age: Date of Birth: Male 62 16/07/1960			Type of Informant: Driver	
Race: Chinese			Language: English	
Occupation Bus drive			Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Injury Government Property	Drink Drive: No	Date/Time of Accident: 15/05/2023 07:1	Type of Location Bend
Location: CHANGI NOI	RTH CRESCENT			,
Weather:		load Surface:		
Traffic Flow: One Way		raffic Control: lot Controlled		Traffic Volume: Light
Type of Colli	sion: cle Against - Road Divider/Ke	erh/Railings		Anyone conveyed by ambulance:

Details of V	THE RESERVE OF THE PARTY OF THE	Make	Model	Color	Condition	No of Passenger
Vehicle No.	Type	Iviano	- Model	PINT STREET, S		15
PC7788J	Lorry					15

Details of Person Involved	
Any Pedestrian Involved: No	- NA
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



2 of 3

Report No. T/20230515/7051

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

CONTINUATION OF REPORT

Driver	The second second second second		Land Paragraphic		
Name	SEAH POH SENG		ID No.		S1444805E
Related Vehicle	PC7788J (Lorry)		Contac	No.	94564433
Hospital/Clinic	NIL		Class of Driving Licence Expiry		Class: NIL Date of Expiry: NIL
Date	NIL	Date		NIL	
No. of Days gran	Degree of	f	NIL		
Passenger			ESPECIAL PROPERTY.		
Name	Unknown Passenger		ID No.		NIL
Related Vehicle	NIL		Contact No.		NIL
Hospital/Clinic	NIL		Class of Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date	NIL	Date		NIL	
	nted Medical Leave NIL	Degree o	of	Sligh	t

Brief Details.

On 15/05/2023, at around 7.10am, I was driving my vehicle PC 7788 J along Changi North Crescent. I intended to drop off my passengers at 39 Changi North Crescent. Somewhere near my destination, I think I drove too close to the road concrete barrier and my vehicle bang onto the concrete barrier causing few of my passengers to fall.





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

NP168

3 of 3 Report No. T/20230515/7051

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: 15/05/2023 16:01
Officer In Charge Of Case: TP / TPIB / TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:

	SINGAPORE ACCI	DENT STATEMENT				
		ORMATION				
Date of Accident:	5 05 2023	Time of Accident:	07:10 Hr			
Exact Location:	Changi North		101.1011			
		OWN VEHICLE				
Vehicle Registration No.	PC7788J	NRIC / FIN / Passport no	300000000000000000000000000000000000000			
Name of Registered Owner:	Ms Holidays 200	O Ob 14d	o: 202205152W			
Owner's Email:	sy 5033 ins@gma	il con				
Owner's Address:	100 Jalan Cultan	Sultan Plaza #02	11 Cinacione igano			
Vehicle Make:	Zhong Tong	Vehicle Model:	16 Singapore 199001 LCK6107H			
Engine Capacitty (cc):	6690	Transmission:	CAUTO / Manual			
Type of Claim:		Own Damage / Third Party / Reporting Only				
Vehicle Category:	Private / Commercial / Mo					
Name of Insurance Co:	India Infernatio					
Type of Policy:	Comprehensive / Third P	Party / Third Party, Fire & T	heft			
Policy Number:	D22MCV000550C)				
	DDI	VER				
Name of Driver:	Seah Poh Seng	VER				
NRIC / FIN / Passport no:	S1444805E	Date of Birth:	same as			
Occupation:	Indoor (Outdoor)	Driving Pass Date:	16/07/1960			
Contact Number:	Diving ra		08 08 1980 (Male) Female			
Address:	BIK 826 Tampines Street 81 # 03.					
Relationship with Owner:	Owner (Employee) Spous	e / Child / Hirer / Other	-110 Singapore 52082			
Translater Name:	an project opens	Translater NRIC:				
Translater Contact no:		Translater email:				
	GENERAL INFORMATI	ON OF THE ACCIDENT				
Type of Collision:	Chain collision / Side Swip					
Weather Condition:	Clear / Raining / Others:	Road Surface:	Dry) Wet			
Video available:	Yes (No)					
Was anybody injured?	(Yes)/ No	Police Report Made?	(Yes) No			
No. of passenger onboard (in	icluding driver): 1/6					
	DETAILS OF O	THER VEHICLE				
	Vehicle 1	Vehicle 2	Vehicle 3			
Vehicle Registration No:	N/A					
Vehicle Make / Model:						
Name of Driver:						
NRIC / FIN / Passport no:						
Contact Number:						
Name of Insurance Co:						
	DETAILS O	F WITNESS	A STATE OF THE STA			
Name:		Contact Info:				
	Physical Communication					
	DETAILS OF INJ					
Name / in which vehicle?:	Person 1	Person 2	Person 3			
THOU THINK I						
Oriver's Declaration: I declare that the infeconsequences arising from incomplete or Signature of Dribb. S. HOLLING	milacourate information that are submi	d accurate to the best of my collectic ilted.	on and I bear full responsibility for any			

DriMrs. HOLIDAYS 2000 PTE LTD 100, Jalan Sultan, Sultan Plaza #02-16

Singapore 199001

Date and time



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST Reg. No. M2-0078Ruo-X 64 | Cecil Street | #04 | #05 | #06-02 | IoB Boilding | Sins

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)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D22MCV0005500

COVER: Comprehensive

1. Index Mark and Registration Number of Vehicle

: PC7788J

Chassis No

: LDY6KS9D9H0000280

2. Name of Policyholder

: MS HOLIDAYS 2000 PTE. LTD.

3 Effective date of Insurance

: 30 June 2022

4. Expiry date of Insurance

: 25 June 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.

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.

The Policy does not cover

a) Use for racing, pace-making, reliability trial or speed-testing.

b) 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.

Excess Sect I & II Separately: SGD2,000.00 (Within Singapore)

Excess Sect I & II Separately: SGD5,000.00 (Within West Malaysia)

Windscreen Excess: SGD500.00

TERRITORIAL LIMIT: WITHIN THE REPUBLIC OF SINGAPORE & WEST MALAYSIA ONLY

Hire Purchase Company : APL CREDIT PTE LTD

FOR DRIVERS BELOW 21 YEARS OR ABOVE 70 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN ADDITIONAL EXCESS OF \$\$2500/- ON SECTION I & II SEPARATELY WILL BE APPLICABLE.

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).

Agent/Broker : A000047/SINCL PTE LTD

Date of Issue

: 20/12/2022 14:29:19

M.Z. 600C - OMNIBUS (ORGANIZATION)

For India International Insurance Pte Ltd

Nalini Venugopal MD & CEO

Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle No. PC7788J

Make / Model
ZHONG TONG / LCK6107H AUTO

Vehicle Type :	Vehicle Attachment 1:
Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus	Air-Conditioned
Vehicle Scheme :	Chassis No. :
Public Service Vehicle (Others)	LDY6KS9D9H0000280
Propellant:	Engine No. :
Diesel	22225657
Motor No.:	Engine Capacity:
•	6690 cc
Power Rating:	Maximum Power Output :
-	•
Maximum Laden Weight:	Unladen Weight:
15000 kg	10860 kg
Year Of Manufacture :	Original Registration Date :
2017	26 Dec 2017
Lifespan Expiry Date :	COE Category :
25 Dec 2037	C - Goods Vehicle & Bus
Quota Premium:	COE Expiry Date:
\$42,000.00	25 Dec 2027
Road Tax Expiry Date :	PARF Eligibility Expiry Date:
25 Jun 2023	
Inspection Due Date :	Intended Transfer Date :
25 Dec 2023	22 Feb 2023
CO2 Emission :	CEV/VES Rebate Utilised Amount :
CO Emission :	HC Emission:
•	•
NOx Emission :	PM Emission :



IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

whom you submitted the original kepo	710
ADDEND	UM
Original Report No: Name (as shown in NRIC): Name (as shown in NRIC):	Vehicle Registration No: NRIC/FIN/Passport No:
(*Vehicle Driver/Policyholder) (*) Please delete as app Address: Contact (Tel):	Singapore ()
Email Address:	Time of Accident:
THEODMATION /AMENDMENTS:	ent and would like to include additional information or
	Reporting Centre Personnel's Signature
Policyholder / Actual Driver's Signature Date:	Name (as in NRIC/ID card): Date: