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SN08235J0002 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 19/05/2023 12:23 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (19/05/2023 12:23 (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.

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

19/05/2023 12:23 (SGT) **Actual Driver** 18/05/2023 20:25 (SGT) Gambas Ave, Singapore T-JUNCTION WITH SEMBAWANG AVENUE Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

CB6604Y

INSURED/POLICYHOLDER

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

WAI LIAN TRADING AND TRANSPORTATION 2XXXX900C connect3lau@gmail.com (Phone) +65-82099569

VEHICLE PARTICULARS

Manufacturer Model Variant

Yutong Zk6107h

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

Employment

No - Reporting only Bus

Manual 6693

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd. DMB1SNW00018652208

DRIVER

Name of Driver Passport No/FIN Date Of Birth Occupation

YAO DELONG GXXXXX221L 30/10/1981 Outdoor

Date Of Driving Pass	09/02/2015
Driving experience	8 YEARS AND 3 MONTHS
Gender	
Mobile Number	Male
	(Phone) +65-82099569
Alt. Phone Number	-
Email Address	connect3lau@gmail.com
Address	-
Address complement	
Postcode	
	-
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	110
	-
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
11000 0411000	Diy
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	100
	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)	16
Has the driver been approached by unknown person(s)	10
soliciting/offering accident claims assistance?	No
Translator's name	NO
	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-
PASSENGER 1	
Name	UNKNOWN
Gender	Male
Control	Wale
PASSENGER 2	
Name	UNKNOWN
Gender	
delidel	Male
PASSENGER 3	
Name	UNKNOWN
A STATE OF THE STA	
Gender	Male
PASSENGER 4	
Name	UNKNOWN
Gender	Female
	Tomalo
PASSENGER 5	
Name	UNKNOWN
Gender	Female
Condo	remale
PASSENGER 6	
Name	UNKNOWN
Gender	Female
	Temale
PASSENGER 7	
Nama	
Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?

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?

Was there any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ384R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	2
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	9 4
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- 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 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 Blotal of Date & Time

RANSPO

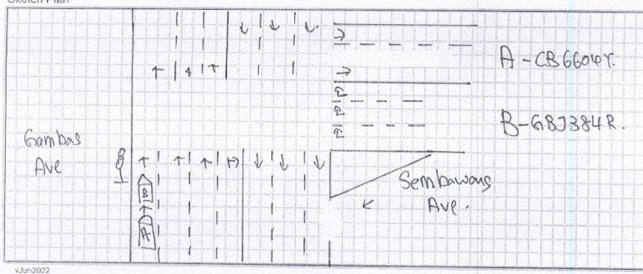
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

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

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Sketch Plan



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foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Road surface: (Dry)/ Wet Weather condition: (Tea) / Raining	Usage of veh during of accident:
Speed:	
5)-ccu	Driver IC:
5	Driver IC:
Does driver own a vehicle: wes /no	Driver Name :
if yes, veh number plate:	Driver Pass date :
veh insurance co:	Drver Birth date :
Relationship with insured: Employee 3 Employer	
Witness (if any): veetno	
Witness name:	
Witness hp:	
Witness email (if any):	
Witness add:	
Witness IC no:	
Third party veh number: 6BJ 384R	
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:	
modrance to of third party vehicle.	
Police report (if any): yes/no	
Police report reported at which police station:	
Any intended prosecution given: yes /no	
if yes, against whom: veh A /veh B driver	
Action taken : claiming third party / claiming own damage /	9
No of Pax: 16	peporting only
C	Male
Connect3 client vehicle no: CB 66047	Female
	Address: Connects Law Ogmail. Com
Pate 01 accident: (0 (51 903 3	
ime of accident: T Juvetion of Gowllos Ave & Co	0.1
ime of accident: 3025/vrs.	sem bowong tive.
any Injury: yes /no (if yes, must have police report)	



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

AN0580A

Cov. Type:F

CERTIFICATE No.

DMB1SNW00018652208

Engine No.: ISBE425021940727 Cha. No.:LZYTBTD64A1012997

Index Mark and Registration

Number of Vehicle

CB6604Y

2. Name of Policy Holder

WAI LIAN TRADING & TRANSPORTATION

Effective date of the Commencement of Insurance for the purposes of the Regulations, (00:00:00)
Ordinance or Enactment

25/11/2022

Excess Sect. II

S\$1,000.00

4. Date of Expiry of Insurance

24/11/2023

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.

HIRE PURCHASE CO.: BOARDINGHOUSE PTE. LTD. AS HP OWNER

* 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

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport/Company

Cert No .:

22779900C

Owner ID Type:

Business

Owner Name:

WAI LIAN TROG AND TRANSPORTATION

Registered Address:

APT BLK 212 MARSILING CRESCENT #09-31 SINGAPORE 730212

Mailing Address:

Vehicle Particulars

Vehicle No .:

CB6604Y

Previous Vehicle No.:

Effective Date of Ownership: 25 Nov 2010

Original Regn Date:

25 Nov 2010

Registration Date:

25 Nov 2010

Year of Manufacture:

2010

Vehicle Type:

School Transport Bus/Coach/Minibus

Vehicle Scheme:

School Bus with AWC

Vehicle Attachment 1:

Air-Conditioned

Vehicle Attachment 2:

Vehicle Attachment 3:

Vehicle Make:

YUTONG

Vehicle Model:

ZK6107H

Primary Colour:

Pink

Secondary Colour:

Yellow

Passenger Capacity:

47

Chassis No.:

LZYTBTD64A1012997

Engine No.:

ISBE425021940727

Engine Capacity/Power Rating:

6693 cc/-Diesel

Propellant:

11120 kg

Max Unladen Weight:

16500 kg

Maximum Laden Weight:

\$107,245.00

Open Market Value: PARF Eligibility:

PARF Eligibility Expiry Date: -

Minimum PARF Benefit:

No. of Transfers:

0

IU Label No .:

2050085503

COE No .:

COE Expiry Date:

COE Category:

COE Registration Category:

Quota Premium (QP) / Prevailing Quota Premium:

Actual QP Paid:

QP (Regn Cat):

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