

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 | 19/05/2023 12:23 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 18/05/2023 20:25 (SGT) |
| Exact Location of Accident | Gambas Ave, Singapore |
| Additional Location Information | T-JUNCTION WITH SEMBAWANG AVENUE |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------------------|
| Vehicle Registration Number | CB6604Y |
| INSURED/POLICYHOLDER | |
| Is company? | Yes |
| Name Of Registered Owner | WAI LIAN TRADING AND TRANSPORTATION |
| Company Reg No | 2XXXX900C |
| Email Address | connect3lau@gmail.com |
| Mobile Phone No | (Phone) +65-82099569 |
| 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 - Reporting only |
| Vehicle Category | Bus |
| Transmission | Manual |
| CC | 6693 |

INSURANCE COMPANY

| | |
|-----------------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | DMB1SNW00018652208 |

DRIVER

| | |
|-----------------|------------|
| Name of Driver | YAO DELONG |
| Passport No/FIN | GXXXX221L |
| Date Of Birth | 30/10/1981 |
| Occupation | Outdoor |

| | |
|--|-----------------------|
| Date Of Driving Pass | 09/02/2015 |
| Driving experience | 8 YEARS AND 3 MONTHS |
| Gender | Male |
| Mobile Number | (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 | - |
| 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 |

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) | 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 | 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? 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 -
 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 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.

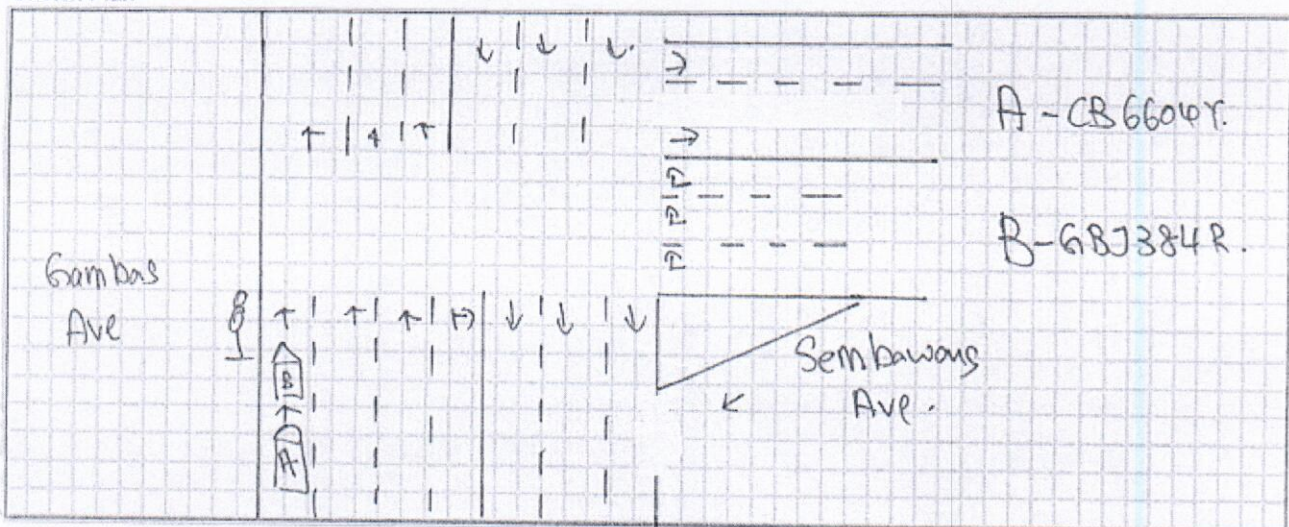


Policyholder's Signature / Date & Time

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

on 18/5/2023 around 2025hrs, I was driving my Bus CB66047 along T Junction of Gombas Ave & Sembawang Ave. Front veh B GBJ 384R stop. I cannot stop in time and collided over veh B rear portion.

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

如德龙

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

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

19/05/2023

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: GBJ 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: _____

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 / reporting only
No of Pax: 16

7 Male
8 Female

Connect3 client vehicle no: CB 6604F
Owner contact no: _____

Email Address: Connect3bau@gmail.com

Date of accident: 18/5/2023
Location of accident: T Junction of Gambas Ave & Sembawang Ave.
Time of accident: 2025hrs.
Any Injury: yes / no (if yes, must have police report)

Motor Bus

MZ601

R SN

AN0580A

Cov. Type:F

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)

CERTIFICATE No.

DMB1SNW00018652208

Engine No.: ISBE425021940727

Cha. No.: LZYTBTD64A1012997

1. Index Mark and Registration
Number of Vehicle

CB6604Y

2. Name of Policy Holder

WAI LIAN TRADING & TRANSPORTATION

3. 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

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.

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 Officer

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 TRDG 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.: LZYTBD64A1012997
Engine No.: ISBE425021940727
Engine Capacity/Power
Rating: 6693 cc / -
Propellant: Diesel
Max Unladen Weight: 11120 kg
Maximum Laden Weight: 16500 kg
Open Market Value: \$107,245.00
PARF Eligibility: No
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): -