

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	25/05/2023 11:49 (SGT)
Reported by	Actual Driver
Date of Accident	24/05/2023 17:15 (SGT)
Exact Location of Accident	Namly Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB6559U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KAL TRANSPORT PTE. LTD.
Company Reg No	2XXXXX086E
Email Address	kaltransport@tts.edu.sg
Mobile Phone No	(Phone) +65-67767371
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Rosa
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	4899

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00012432207

DRIVER

Name of Driver	SOH YEW THOR
NRIC No	SXXXX506I
Date Of Birth	01/05/1966
Occupation	Outdoor

Date Of Driving Pass	14/06/1994
Driving experience	28 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91285159
Alt. Phone Number	-
Email Address	kaltransport@tts.edu.sg
Address	BLK 13 HOLLAND DRIVE #20-70
Address complement	-
Postcode	271013
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)	12
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
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 SLS5209R
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 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

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4. The signing 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 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 submission 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 as aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)
- I understand, provide my/our agree and consent that:
 - (a) all insurers, my, ourselves and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my, our/our data/personal information set out in this Form and any other personal information provided by me or possessed by my, our/our collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"; the insurers, the law firm, the Monetary Authority of Singapore and any relevant government agency, authority (such as the police) for the purposes 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, our instructions or responding to any enquiries by RMC;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which should 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 insurers, who have insured vehicle(s) involved in this accident and the insurers, the law firm, may be permitted to collect, use, disclose and/or process my, our/our Personal Information for one or more of the above Purposes; and
 - (c) my, our/our Personal Information may also be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their law firm), which may be based outside of Singapore, for one or more of the above Purposes.

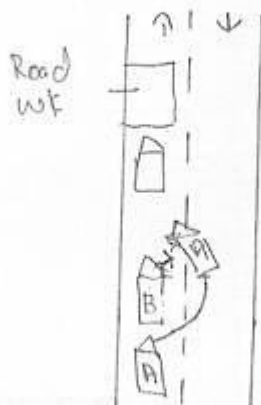


Policyholder's Signature / Date & Time

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

Submitted by Reporting Centre Personnel 25/05/2022

Sketch Plan



A - CB6559U

B - SLS529R.

Nanyang Ave.

Describe Circumstances of the Accident

On 24/5/23 around 17:15 hrs I was driving my bus CB6559U along
 Nantilly Ave. I saw veh B get stuck as the Road side. I
 waited while, I saw veh B did not move, as soon I overtook
 veh B as there was a space in front of veh B. when overtook
 veh B, veh B move forward. as the result my bus collided
 onto the veh B.

Declaration

We declare the foregoing particulars are true in every respect



Policyholder's Signature / Date &
 Time

X *[Signature]*

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

[Signature] 25/05/2023
 Witnessed by Reporting Centre
 Personnel























