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SN08235P0002 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 25/05/2023 11:49 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (25/05/2023 11:49 (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.

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 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

25/05/2023 11:49 (SGT) Actual Driver 24/05/2023 17:15 (SGT) Namly Ave, Singapore

Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

CB6559U

INSURED/POLICYHOLDER

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

Yes KAL TRANSPORT PTE. LTD. 2XXXXXX086E kaltransport@tts.edu.sg (Phone) +65-67767371

VEHICLE PARTICULARS

Manufacturer Model Variant

Mitsubishi Rosa

Employment

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

No - Reporting only

Bus Manual 4899

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd. DMB1SNW00012432207

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

SOH YEW THOR SXXXX506I 01/05/1966 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?

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?

Yes 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

#### IMPORTANT NOTICE

- t. Please report gorre ofly the details of the accident to speed up the claims process.
- 2. The Formment be completed by the Policyholder and/or the Authorised Driver.
- 1. His mailtan provided must be as truthful and accounts as possible. Any will imprepresentation or with residing of material facts may alow insurance companies to consider 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
- 5. Ame false reporting may be referred to the Police for investigation
- E. The report will be flow arried by the insurers of the GM Percords Management Centre established by the General Insurance Association of Singipore (GSA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the programmed of this report to the insufers, 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 (POPA)

Tunovistand, aconds keeps, agrees and consent than

(a) My resulted my workshop and the General his prantic Association of Singapore ("GIA") may lare permitted to collect, use, disclose and or process thy personal data personal information set out in the [form] and any other personal information provided by the or possessed by my insurer (colorately the "Personal Information") and doctors and transfer such Personal Information to all insurer(s) who have nounce vendors) involved in the escopert (all murer(s) who have represented vendors) involved in the escopers shall be colectively referred to as the "Insurers"), the houters tha yer size forth, the Monetary Authority of Singapore and any relevant government agency authority (such as the police) for the purpose(s) of

(i) processing, handing another dealing with my claims including the selections of the claims and any necessary investigations relicing to

(ii) investigating the accident and or my claims;

(ii) carrying out and or dealing is thirry instructions or responding to any enquiries by the;

(v) administering my claims (including the making of correspondence, statements, invoices, reports or notices to me, which could mistive discosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envisores mel

(v) combying with applicable law in partnerstoring, processing, handing and or dealing with my claims

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the histories' trayers from may are permitted to collect. use, disclose and or process by Personal Information for one or more of the above Purposes, and

(c) the Personal Information may ban be decided by any of the hauters and/or GW to their bird party service providers or agents (notating their time yers law firms), which may be sted outside of Singapore, for one or note of the above Purposes.

Policytologis Signature / Date &

Sketch Plan

Diver's Signature () orner is not the policytoice ( ) Date

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H-CB6559U

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holder's Signature / Date &	Driver's Signature (# driver is not the policyholder) / Date	Witnessed by Reporting	25/01/WZ

Road surface: Dry/) Wet	Usage of veh during	of accident:
Weather condition: Clear / Raining		
Speed:		
	Driver IC:	
Does driver own a vehicle: yes /no	Driver Name :	
if yes, veh number plate:	Driver Pass date :	
veh insurance co:	Drver 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: SLS - 5309R .		
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:		
modified to or time party		
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 damag	ge / reporting only	
No of Pax: 12	5 Male	
	6 Female	
Connect3 client vehicle no: CB 6559U		
Owner contact no: 67767371 Em	nail Address: EAL Trays	sport@tts.edu.sg.
Date of accident: 3415/33-		,D.
Location of accident: Namly Ave .		
Time of accident : 1715/NS		
Any Injury: yes /no ( if yes, must have police report)		



CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Motor Bus

MZ601

AN0580A

SN

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.

DMB1SNW00012432207

Engine No.: 4M50D34735

1. Index Mark and Registration

CB6559U

Cha. No.:BE63DJF00238

Number of Vehicle

Name of Policy Holder

KAL TRANSPORT PTE LTD

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment

02/08/2022 (00:00:00)

Excess Sect. II

\$\$1,000.00

4. Date of Expiry of Insurance

01/08/2023

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 Authorised Off

**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



# Vehicle Registration Details

Vehicle No. CB6559U	Make/ Model  MITSUBISHI/ROSA 4.9 L MT 2WD 6T TURBO 4DR 24 SEATER	Vehicle Scheme  School Bus without  AWC
Current Propellant  Diesel	Chassis No. BE63DJF00238	Vehicle Type School Transport Bus /Coach/Minibus

Owner's Details

Owner Name:

KAL TRANSPORT PTE. LTD.

NRIC/Passport/Company Cert No.:

200505086E

Mailing Address:

**Registration Details** 

Previous Vehicle No.:

Original Registration Date:

02 Aug 2010

No. of Transfers:

1

Owner ID Type:

Company

Registered Address

11 DAIRY FARM HEIGHTS #02-26 THE SKYWOODS SINGAPORE 677661

Birth Date

Effective Date of Ownership:

20 Jul 2015

Registration Date:

02 Aug 2010

IU Label No.:

1550239412

Vehicle Specifications

Engine No.:

4M50D34735

Year of Manufacture:

2009

Chassis No.:

BE63DJF00238

Primary Colour:

White

Secondary Colour:	Passenger Capacity:	
	24	
Engine Capacity / Power Rating : 4899 cc / -	Maximum Power Output:	
Max Unladen Weight:	Maximum Laden Weight:	
4140 kg	6020 kg	
Vehicle Attachment 1:	Vehicle Attachment 2:	
Air-Conditioned	•	
Vehicle Attachment 3:		
Additional Registration Fee (ARF) and COE Informati	on	
Open Market Value: \$83,848.00	Additional Registration Fee Rate: 5.00 %	
Actual ARF Paid: \$4,193.00	Vehicle Lifespan Expiry Date: 01 Aug 2030	
OPC Cash Rebate Eligibility: No	QP during COE Bidding Exercise:	
COE No.:		
PARF Rebate Details		
PARF Eligibility:	PARF Eligibility Expiry Date:	
Minimum PARF Benefit:		
Vehicle Emissions Details		
CO2 Emission:		
CO Emission:	HC Emission:	
NOx Emission:	PM Emission:	
•	=	

Message:

This is a public service vehicle.

Printed on 11 Jan 2021 12:11:29

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