





# 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
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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  5. Any false reporting may be referred to the Police for investigation.
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  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 if needed.
  8. Consent under the Personal Data Protection Act (PDPA)
- I understand, acknowledge, agree and consent that:
- (a) My insurer, my workshed and the General Insurance Association of Singapore ("GIA") may be 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 firms/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 and/or packages); and/or
    - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
  - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law firms/law firms may be 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 firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



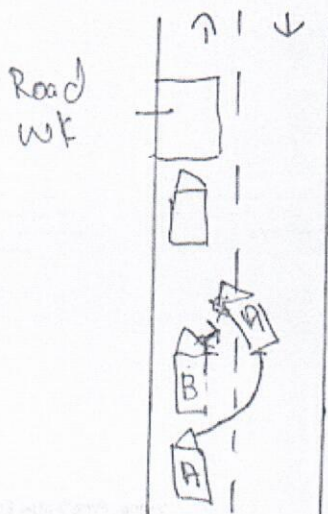
Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

25/05/2023



Nomly Ave.

A - CB655AU

B - SLS5209R.



Describe Circumstances of the Accident

On 24/5/23 around 17:15 hrs I was driving my Bus CB6559U along Namly Ave. I saw veh B SLS 52092 stop at the Road Side. I waited awhile, I saw veh B did not move, as such 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

Witnessed by Reporting Centre Personnel

*[Signature]*  
25/05/2023



Road surface: Wet

Weather condition: Clear / Raining

Speed: \_\_\_\_\_

Does driver own a vehicle: yes/no

if yes, veh number plate: \_\_\_\_\_

veh insurance co: \_\_\_\_\_

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-5209R.

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: 12

5 Male

6 Female

Connect3 client vehicle no: CB6559U

Owner contact no: 67767371

Date of accident: 24/5/23.

Location of accident: Namly Ave.

Time of accident : 1715hrs

Any Injury: yes/no ( if yes, must have police report)

Usage of veh during of accident:

Driver IC:

Driver Name :

Driver Pass date :

Driver Birth date :

Email Address: KAL Transport @ +65 .edu .sg.

Motor Bus

MZ601

R SN

AN0580A

Gov. 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

Cha. No.: BE63DJF00238

1. Index Mark and Registration

CB6559U

Number of Vehicle

2. Name of Policy Holder

KAL TRANSPORT PTE LTD

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment02/08/2022  
(00:00:00)

Excess Sect. II S\$1,000.00

4. Date of Expiry of Insurance

01/08/2023

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 &amp; EVEN

Authorised Officer

Authorised Signatory



## Vehicle Registration Details

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

### Owner's Details

Owner Name:

**KAL TRANSPORT PTE. LTD.**

Owner ID Type:

**Company**

NRIC/Passport/Company Cert No.:

**200505086E**

Registered Address

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

Mailing Address:

-

Birth Date

-

### Registration Details

Previous Vehicle No.:

-

Effective Date of Ownership:

**20 Jul 2015**

Original Registration Date:

**02 Aug 2010**

Registration Date:

**02 Aug 2010**

No. of Transfers:

**1**

IU Label No.:

**1550239412**

### Vehicle Specifications

Engine No.:

**4M50D34735**

Chassis No.:

**BE63DJF00238**

Year of Manufacture:

**2009**

Primary Colour:

**White**

Secondary Colour:

-

Passenger Capacity:

24

Engine Capacity / Power Rating :

4899 cc / -

Maximum Power Output:

-

Max Unladen Weight:

4140 kg

Maximum Laden Weight:

6020 kg

Vehicle Attachment 1:

Air-Conditioned

Vehicle Attachment 2:

-

Vehicle Attachment 3:

-

#### Additional Registration Fee (ARF) and COE Information

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:

No

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.

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