

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	09/06/2023 17:57 (SGT)
Reported by	Actual Driver
Date of Accident	09/06/2023 13:15 (SGT)
Exact Location of Accident	Pioneer Rd North, Singapore
Additional Location Information	TOWARDS PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB6861X
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	HENG BUS TRANSPORT
Company Reg No	2XXXX700K
Email Address	hengbus@singnet.com.sg
Mobile Phone No	(Phone) +65-86919707
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Golden Dragon
Model	XML6957J14
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 - Claiming third party
Vehicle Category	Bus
Transmission	Manual
CC	6693

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW000013622301

DRIVER

Name of Driver	BAO XINWEN
Passport No/FIN	GXXXX751T
Date Of Birth	20/09/1968
Occupation	Outdoor

Date Of Driving Pass	25/06/2013
Driving experience	10 YEARS
Gender	Male
Mobile Number	(Phone) +65-86919707
Alt. Phone Number	-
Email Address	hengbus@singnet.com.sg
Address	BLK 466D SEMBAWANG DRIVE #07-347
Address complement	-
Postcode	754466
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)	42
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 YP4558B
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver AJMAN ALI S/O MOBUSAR ALI
NRIC No SXXXX718H
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 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.
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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.



Handwritten signature of the policyholder.

Handwritten signature and date 09/06/2013 of the reporting centre personnel.

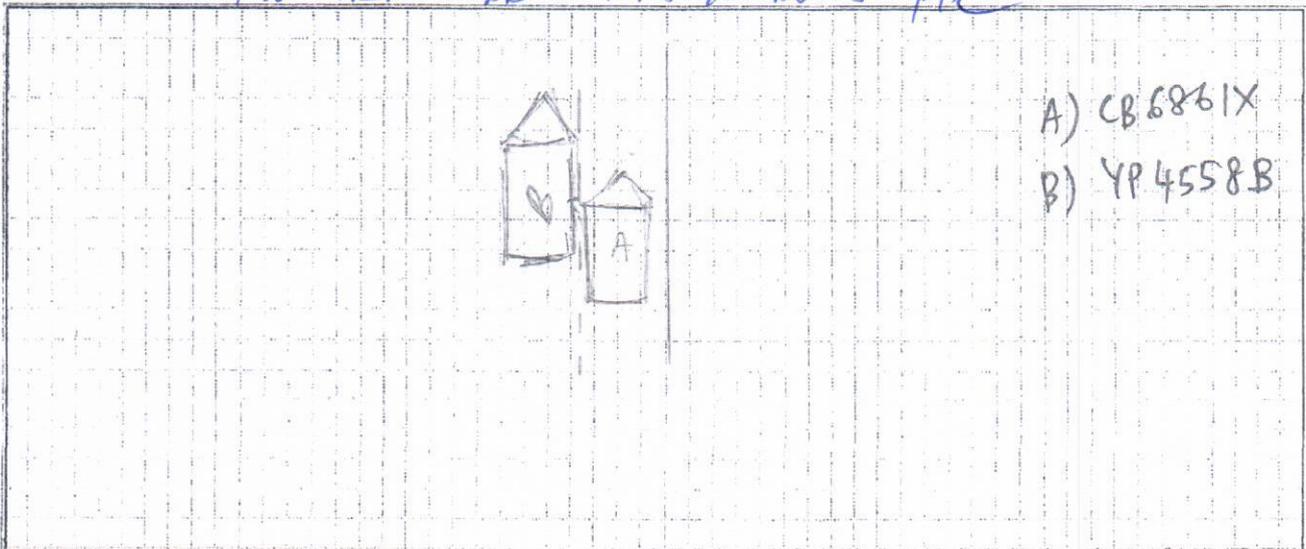
Policyholder's Signature / Date & Time

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

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

Sketch Plan

PROXIMITY ROAD NORTH TOWNSHIP ME



Describe Circumstance of the Accident

On 09/06/2023, at around 1.15pm, I was driving my company vehicle CB 6861 X on the most right lane at Pioneer Road North heading to PIE. Suddenly there was a box lorry YP 4558 B passed by me and his rear right corner box pillar collided on my left front side mirror and caused my left side mirror broken.

Declaration

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



Policyholder's Signature / Date & Time

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

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

Send/Fax to: _____

Submitted: _____

SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION			
Date of Accident:	09/06/2023	Time of Accident:	13:15 Hr
Exact Location:	Pioneer Road North towards PIE		
DETAILS OF OWN VEHICLE			
Vehicle Registration No.	CB 6861 X	NRIC / FIN / Passport no:	26611700 K
Name of Registered Owner:	Heng Bus Transport		
Owner's Email:	hengbus@singnet.com.sg		
Owner's Address:	335 Sembawang Close #04-459 Singapore 750335		
Vehicle Make:	Golden Dragon	Vehicle Model:	XML6957J14
Engine Capacity (cc):	6693 cc	Transmission:	Auto / <u>Manual</u>
Type of Claim:	Own Damage / <u>Third Party</u> / Reporting Only		
Vehicle Category:	Private / <u>Commercial</u> / Motorcycle / Private Hire		
Name of Insurance Co:	China Taiping Insurance (Singapore) Pte Ltd		
Type of Policy:	Comprehensive / <u>Third Party</u> / Third Party, Fire & Theft		
Policy Number:	DMB1SNW00001362301		

DRIVER			
Name of Driver:	Bao Xinwen	<input type="checkbox"/> same as	
NRIC / FIN / Passport no:	G54037517	Date of Birth:	20/09/1968
Occupation:	Indoor / <u>Outdoor</u>	Driving Pass Date:	14/03/2013
Contact Number:	86919707	Gender:	<u>Male</u> / Female
Address:	Blk 466D Sembawang Dr #07-347 Singapore 754466		
Relationship with Owner:	Owner / <u>Employee</u> / Spouse / Child / Hirer / Other:		
Translator Name:		Translator NRIC:	
Translator Contact no:		Translator email:	
GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision:	Chain collision / <u>Side Swipe</u> / Front to Rear / Others:		
Weather Condition:	<u>Clear</u> / Raining / Others:	Road Surface:	<u>Dry</u> / Wet
Video available:	Yes / <u>No</u>		
Was anybody injured?	Yes / <u>No</u>	Police Report Made?	Yes / <u>No</u>
No. of passenger onboard (including driver):	42	20 - male	21 - female

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	YP 4558 B		
Vehicle Make / Model:	-		
Name of Driver:	Ajman Ali s/o Mubakar Ali		
NRIC / FIN / Passport no:	S7120718 H		
Contact Number:	-		
Name of Insurance Co:	-		

DETAILS OF WITNESS	
Name:	Contact Info:

DETAILS OF INJURED PERSON			
	Person 1	Person 2	Person 3
Name / in which vehicle?:			

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.

Signature of Driver _____

Date and time _____



Motor Bus

MZ601

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)

R SN

AN0707B

Cov. Type: F -

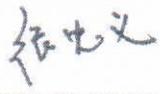
CERTIFICATE No.	DMB1SNW00001362301	Engine No.:	ISBE422521838610
		Cha. No.:	LL3BECDH1BA011963
1. Index Mark and Registration Number of Vehicle	CB6861X		
2. Name of Policy Holder	HENG BUS TRANSPORT		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	30/01/2023 (00:00:00)	Excess Sect. II	S\$1,500.00
4. Date of Expiry of Insurance	29/01/2024		
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. : ABWIN PTE LTD <i>* 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>			

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: KHC HOLDINGS PTE LTD
Authorised Officer


Authorised Signatory

Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle No.
CB6861X

Make / Model
GOLDEN DRAGON / XML6957J14

Vehicle Type :
S20 - School Transport Bus/Coach/Minibus

Vehicle Scheme :
School Bus with AWC

Propellant :
Diesel

Motor No. :
-

Power Rating :
-

Maximum Laden Weight :
13200 kg

Year Of Manufacture :
2011

Lifespan Expiry Date :
29 Jan 2032

Road Tax Expiry Date :
29 Jul 2023

Inspection Due Date :
29 Jul 2023

CO2 Emission :
-

CO Emission :
-

NOx Emission :
-

Vehicle Attachment 1 :
Air-Conditioned

Chassis No. :
LL3BECDH1BA011963

Engine No. :
ISBE422521838610

Engine Capacity :
6693 cc

Maximum Power Output :
-

Unladen Weight :
9640 kg

Original Registration Date :
30 Jan 2012

COE Category :
-

PARF Eligibility Expiry Date :
-

Intended Transfer Date :
10 Jun 2023

CEV/VES Rebate Utilised Amount :
-

HC Emission :
-

PM Emission :
-

Fees To Be Paid For Transfer