

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	15/06/2023 15:56 (SGT)
Reported by	Actual Driver
Date of Accident	13/06/2023 18:50 (SGT)
Exact Location of Accident	Jln Jambu Ayer, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB8521P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN MUI MUI (CHEN MEIMEI)
NRIC No	SXXXX494H
Email Address	ops@btntan.com
Mobile Phone No	(Phone) +65-64837260
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Auto
CC	2980

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00018042201

DRIVER

Name of Driver	TAN KIM SEONG
NRIC No	SXXXX211B
Date Of Birth	02/03/1954
Occupation	Outdoor

Date Of Driving Pass	02/04/1979
Driving experience	44 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92357608
Alt. Phone Number	-
Email Address	ops@btntan.com
Address	BLK 237 SERANGOON AVENUE 3 #10-114
Address complement	-
Postcode	550237
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 - Major/Minor Rd
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)	3
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	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230614/2021

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF6094R
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 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.

6. 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.

X / [Signature] 15/6/23

Policyholder's Signature / Date & Time

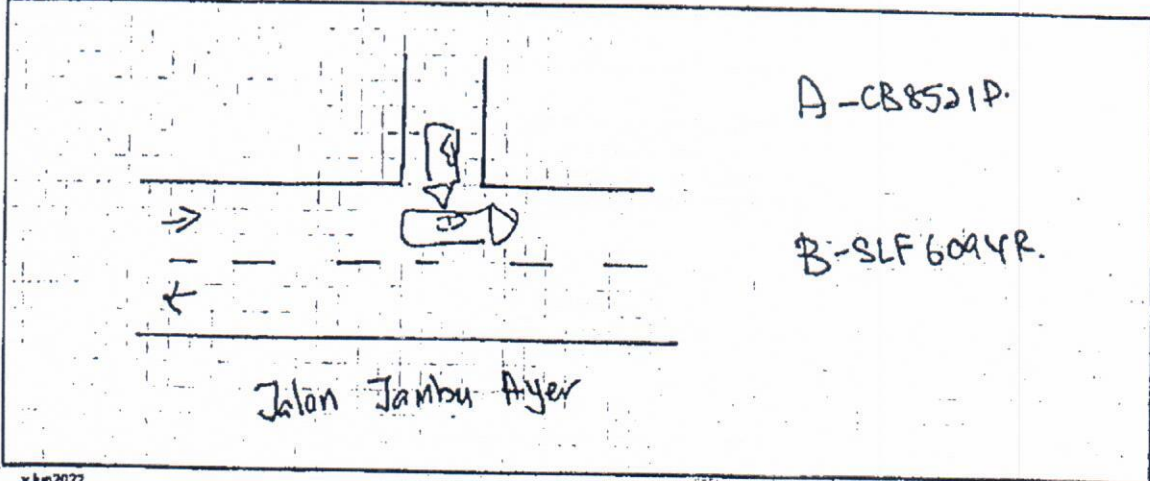
8 / [Signature] 15/6/23

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

[Signature] 15/06/2023

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

Sketch Plan




vJun2022

Describe Circumstance of the Accident

Please refer to Police Report - T/20230614/2021

Declaration

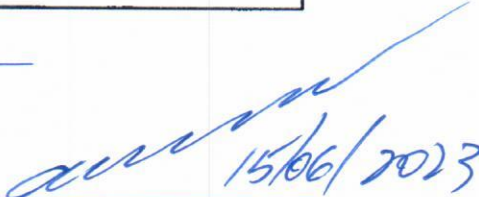
We declare the foregoing particulars are true in every respect.

 15/6/23

Policyholder's Signature / Date & Time



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

 15/6/2023

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



SINGAPORE POLICE FORCE



T/20230614/2021

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 3

Report No. T/20230614/2021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/06/2023 10:28		Vide Report No.:		Station Diary No.: 34	
Informant's Particulars					
Name of Informant: TAN KIM SEONG			Address: APT BLK 237 SERANGOON AVENUE 3 #10-114 SINGAPORE 550237		
ID Type / ID No.: NRIC NO / S0133211B			Contact No.: Home/Office: Mobile: 92357608		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 69	Date of Birth: 02/03/1954	Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: Bus driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/06/2023 18:50	Type of Location: Straight Road
Location: JALAN JAMBU AYER				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CB8521P	Bus/Coach/Mi nibus				Slightly Damaged	2
SLF6094R	Car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20230614/2021

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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Report No. T/20230614/2021

CONTINUATION OF REPORT

Driver			
Name	TAN KIM SEONG	ID No.	S0133211B
Related Vehicle	CB8521P (Bus/Coach/Minibus)	Contact No.	92357608
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SLF6094R (Car)	Contact No.	93885456
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 13/06/2023 at 1850hrs, I was driving along Jalan Jambu Ayer when driver of SLR6094R came out from Jalan Jambu Batu without stopping and collided into my left side of vehicle. There were 2 Cisco officers onboard at the point of time. One of the Cisco officer was injured on his left hand. We managed to exchange phone numbers. No one was conveyed to the Hospital.



**SINGAPORE
POLICE FORCE**



T/20230614/2021

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

3 of 3

Report No. T/20230614/2021

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

E /

SGT 2 MUHAMMAD AQIL

FAWWAZ BIN RAHMAT

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

14/06/2023 10:28

Officer In Charge Of Case:

TP / AEIT /

SR STAFF SGT MUHAMMAD NOOR BIN

ABDUL RAHMAN

Contact No.: 65476219

Classification Of Case:

NP168

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: SUF 6094R
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: AIG

Police report (if any): yes / no
Police report reported at which police station: Toa Payoh NRC
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: 3

2 Male .
1 Female

Connect3 client vehicle no: CB 8521P

Owner contact no: 64837260

Email Address:

Ops@btntan.com

Date of accident: 13/6/23

Location of accident: 1 Jalan Jambu Ayer

Time of accident : 185hrs

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



Motor Bus

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)

MZ601/P

R SN

AN0580A

Cov. Type:F

CERTIFICATE No.

DMB1SNW00018042201

Engine No.: 1KD2133902

Cha. No.:JTFST22P600012294

1. Index Mark and Registration
Number of Vehicle

CB8521P

2. Name of Policy Holder

TAN MUI MUI

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

21/11/2022

(00:00:00)

Excess Sect. II S\$1,000.00

4. Date of Expiry of Insurance

20/11/2023

5. Persons or Classes of Persons entitled to drive*

(a) The Policyholder.

(b) 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.

* 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

Vehicle Registration Details

Vehicle No. CB8521P	Make/ Model TOYOTA/TOYOTA HIACE HIROOF AUTO 14 SEATER	Vehicle Scheme School Bus with AWC
Current Propellant Diesel	Chassis No. JTFST22P600012294	Vehicle Type School Transport Bus /Coach/Minibus

Owner's Details

Owner Name:

TAN MUI MUI (CHEN MEIMEI)

Owner ID Type:

Singapore NRIC

NRIC/Passport/Company Cert No.:

S7220494H

Registered Address

**100 EDGEDALE PLAINS #13-43 SINGAPORE
828690**

Mailing Address:

-

Birth Date

16 Jun 1972

Registration Details

Previous Vehicle No.:

-

Effective Date of Ownership:

27 Oct 2021

Original Registration Date:

21 Nov 2011

Registration Date:

21 Nov 2011

No. of Transfers:

4

IU Label No.:

1550250632

Vehicle Specifications

Engine No.:

1KD2133902

Chassis No.:

JTFST22P600012294

Year of Manufacture:

2011

Primary Colour:

White

Secondary Colour:

-

Passenger Capacity:

13

Engine Capacity / Power Rating :

2982 cc / -

Maximum Power Output:

-

Max Unladen Weight:

2200 kg

Maximum Laden Weight:

3200 kg

Vehicle Attachment 1:

Air-Conditioned

Vehicle Attachment 2:

-

Vehicle Attachment 3:

-

Additional Registration Fee (ARF) and COE Information

Open Market Value:

\$37,122.00

Additional Registration Fee Rate:

5.00 %

Actual ARF Paid:

\$1,857.00

Vehicle Lifespan Expiry Date:

20 Nov 2031

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.

Printed on 27 Oct 2021 12:13:54

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