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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 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.

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 Reported by Date of Accident

Exact Location of Accident Additional Location Information

Country/State of Loss

15/06/2023 15:56 (SGT)

Actual Driver

13/06/2023 18:50 (SGT)

Jln Jambu Ayer, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

CB8521P

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

TAN MUI MUI (CHEN MEIMEI)

SXXXX494H

ops@btntan.com

(Phone) +65-64837260

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission

CC

Toyota

Hiace

Employment

No - Claiming third party

Bus

Auto

2980

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd. DMB1SNW00018042201

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

Accident report SN08236F0003

TAN KIM SEONG SXXXX211B 02/03/1954 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? 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)

Yes

Are accident photos available for attachment?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer	SLF6094R
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	= 1
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-
and a second or (morading Dirver)	-

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual Direct.
- 3. Information provided must be as installed and accurate as rossible. Any wiful misropresentation or withholding of material facts may allow insurance companies to <u>repudiate rokey liability</u>.
- 4. The Issue and acceptance of this Form by insurance companies is not an admission of policy hability 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 mode available upon application by interested parties.
- 7 By the ladgement 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.

5. 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' trayers/tray irms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of

(i) processing, hancing and/or dealing with my claims including the swillement of the claims and any necessary investigations relating to the clams.

(ii) investigating the accident and/or my claims;

(ii) carrying out and/or dealing with my instructions or responding to any enquines by me,

(iv) administering my daims (including the making 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' buyers law firms, may/are permitted to collect. use, disclose and/or process my Personal Information for one or more of the above Purposes, and

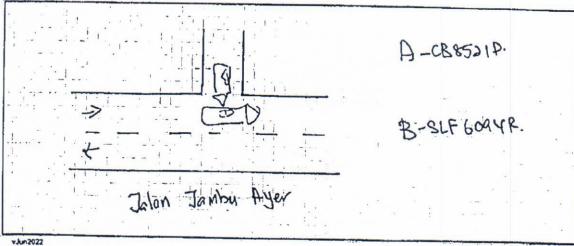
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Actual Orther's Sig ature (d driver is not trin policyholder) / Dala & Time

Witnessed by Reporting Centre Personnel (Name as in NRICAD card)

Sketch Plan



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1 of 3 Report No. 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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/06/2023 10:28		ade:	Vide Report No.:	Station Diary No.: 34
Informan	t's Particu	lars		
Name of I TAN KIM	The state of the s		Address: APT BLK 237 SERANGOON A SINGAPORE 550237	AVENUE 3 #10-114
ID Type / ID No.: NRIC NO / S0133211B			Contact No.: Home/Office:	Mobile: 92357608
Nationality: SINGAPORE CITIZEN		ΞN	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 Infor	mation of the Acci	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/06/2023 18:50	Type of Location: Straight Road
Location: JALAN JAMB Weather: Clear	BU AYER	Road Surface: Dry		
		Traffic Control:		Traffic Volume:
Type of Collis Between Mov	sion: ring Vehicles - Head	To Side		Anyone conveyed by ambulance:

Details of V	ehicle Involved					
Vehicle No.	Туре	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



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

2 of 3 Report No. T/20230614/2021

CONTINUATION OF REPORT

Name	TANIKINI OFONIO	AND DESCRIPTION OF THE PARTY OF	新的区域的企业	
	TAN KIM SEONG		ID No.	S0133211B
Related Vehicle	CB8521P (Bus/Coach/Minibu	ıs)	Contact No	92357608
Hospital/Clinic	NIL	Class of Class: NIL Date of Expiry Licence & Expiry Date		
Date Treatment	NIL	Date Dis		
No. of Days gran	ted Medical Leave NIL	Degree o		
Driver		1 = 03100	THICK THICK	
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 Disc		
No. of Days grant	ed Medical Leave NIL	Degree o		

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.





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

Signature of Officer Recording The Report: E / SGT 2 MUHAMMAD AQIL FAWWAZ BIN RAHMAT	Signature Of Informant:	44
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	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 3 Emplo	12
Witness (if any): yes/no	
Witness name:	
Witness hp:	
Witness email (if any):	
Witness IC no:	
Witness IC no:	
OUE COUR	
Third party veh number: SUF 6094R	
Name of third party driver:	
IC of third party driver:	
HP of third party driver:	
HP 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):(ves)/no	3/70 1 200
Police report reported at which police station: To a	& regon Note.
Any intended prosecution given: yes /no	
if yes, against whom: veh A /veh B driver	
Action taken : daiming third party / claiming own dan	nage / reporting only)
No of Pax:	2 Male.
20 0.5010	Nale . Temale
Connect3 client vehicle no: CB 8531 P	
Owner contact no: 64837360	Email Address: Ops@btn tan. Com
Date of accident: 13(61)3.	
Location of accident: 1 Jalan Jamby Afer.	
Time of accident : 1850hrs	
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

SN

AN0580A

Cov. Type:F

CERTIFICATE No.

DMB1SNW00018042201

Engine No.: 1KD2133902

Index Mark and Registration Number of Vehicle

Cha. No.:JTFST22P600012294

CB8521P

2. Name of Policy Holder

TAN MUI MUI

Effective date of the Commencement of 21/11/2022 Insurance for the purposes of the Regulations, (00:00:00) Ordinance or Enactment

Excess Sect. II

S\$1,000.00

4. Date of Expiry of Insurance

20/11/2023

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

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 & Authorised Office

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) 希 3 Anson Road #16-00 Springleaf Tower Singapore 079909

© 6389 6111

6222 1033

www.sg.cntaiping.com



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)

NRIC/Passport/Company Cert No.:

S7220494H

Mailing Address:

-

Owner ID Type:

Singapore NRIC

Registered Address

100 EDGEDALE PLAINS #13-43 SINGAPORE

828690

Birth Date

16 Jun 1972

Registration Details

Previous Vehicle No.:

Previous venicle No.:

Original Registration Date:

21 Nov 2011

No. of Transfers:

4

Effective Date of Ownership:

27 Oct 2021

Registration Date:

21 Nov 2011

IU Label No.:

1550250632

Vehicle Specifications

Engine No.:

1KD2133902

Year of Manufacture:

2011

Chassis No.:

JTFST22P600012294

Primary Colour:

White

Secondary Colour:	Passenger Capacity:
	13
Engine Capacity / Power Rating:	Maximum Power Output:
2982 cc / -	
Max Unladen Weight:	Maximum Laden Weight:
2200 kg	3200 kg
Vehicle Attachment 1:	Vehicle Attachment 2:
Air-Conditioned	·
Vehicle Attachment 3:	
-	
Additional Registration Fee (ARF) and COE I	nformation
Open Market Value:	Additional Registration Fee Rate:
\$37,122.00	5.00 %
Actual ARF Paid:	Vehicle Lifespan Expiry Date:
\$1,857.00	20 Nov 2031
OPC Cash Rebate Eligibility:	QP during COE Bidding Exercise:
No	-
COE No.:	
-	
PARF Rebate Details	
PARF Eligibility:	PARF Eligibility Expiry Date:
No	
Minimum PARF Benefit:	
Vehicle Emissions Details	
CO2 Emission:	
-	
CO Emission	
CO Emission:	HC Emission:
W0 5 1 1 1	
NOx Emission:	PM Emission:

Message:

This is a public service vehicle.

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