

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	19/06/2023 12:27 (SGT)
Reported by	Actual Driver
Date of Accident	16/06/2023 12:07 (SGT)
Exact Location of Accident	Ayer Rajah Ave, Singapore
Additional Location Information	SLIP ROAD TOWARDS NORTH BUONA VISTA ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB8400E
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	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 - Reporting only
Vehicle Category	Bus
Transmission	Auto
CC	2754

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00003612300

DRIVER

Name of Driver	VINOTHAN S/O S NAGARAJAN
NRIC No	SXXXX664J
Date Of Birth	20/12/1991
Occupation	Outdoor

Date Of Driving Pass	06/04/2010
Driving experience	13 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84440560
Alt. Phone Number	-
Email Address	kaltransport@tts.edu.sg
Address	BLK 127D KIM TIAN ROAD #21-561
Address complement	-
Postcode	164127
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 - Head to Rear
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)	1
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	-

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	SJB9201Z
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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B. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, my workmate 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' law yers/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 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

Sketch Plan

X *[Signature]*

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

[Signature] 19/06/2023
Witnessed by Reporting Centre Personnel

A - CB8400E

B - SJB 9201Z



Slip Road of Ayer Rajah Ave

Twelve North Buona Vista Rd

Describe Circumstances of the Accident

On 16/6/23 around 1207 hrs, I was driving my BUS CB8400E along Slip Rd of Ayer Rajah Ave towards North Buona Vista Rd. Front veh B CB8400E suddenly jam brakes, I cannot stop in time and collided onto ven B rear portion.

Declaration

I/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

[Signature]
19/06/2023
Witnessed by Reporting Centre Personnel



Motor Bus

MZ601
N SN
AN0580A
Cov. Type:C

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.	DMB1SNW00003612300	Engine No.: 1GD8699973	
		Cha. No.:GDH2012018039	
1. Index Mark and Registration Number of Vehicle	CB8400E	AUTOSAFE =====	
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 Enactment	08/03/2023 (09:52:32)	Excess Sect. I	\$\$2,000.00
		Excess Sect. II	\$\$750.00
4. Date of Expiry of Insurance	07/03/2024	EX ON WINDSCREEN.	\$\$100.00
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. * 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



张忠义

Authorised Signatory

Vehicle Registration Details

<i>Vehicle No.</i> CB8400E	<i>Make/ Model</i> TOYOTA/HIACE DX 2.8 AUTO	<i>Vehicle Scheme</i> School Bus without AWC
<i>Current Propellant</i> Diesel	<i>Chassis No.</i> GDH2012018039	<i>Vehicle Type</i> School Transport Bus/Coach/Minibus

Owner's Details

Owner Name:
KAL TRANSPORT PTE. LTD.

Owner ID Type:
Company

NRIC/Passport/Company Cert No.:
200505086E

Registered Address
**12 FABER CRESCENT FABER HILLS
SINGAPORE 129460**

Mailing Address:
-

Birth Date
-

Registration Details

Previous Vehicle No.:
-

Effective Date of Ownership:
08 Mar 2023

Original Registration Date:
31 Mar 2021

Registration Date:
31 Mar 2021

No. of Transfers:
1

IU Label No.:
1550327457

Vehicle Specifications

Engine No.:
1GD8699973

Chassis No.:
GDH2012018039

Year of Manufacture:

Primary Colour:

2021

Silver

Secondary Colour:

Passenger Capacity:

-

11

Engine Capacity / Power Rating :

Maximum Power Output:

2754 cc / -

-

Max Unladen Weight:

Maximum Laden Weight:

1800 kg

3175 kg

Vehicle Attachment 1:

Vehicle Attachment 2:

Air-Conditioned

-

Vehicle Attachment 3:

-

Additional Registration Fee (ARF) and COE Information

Open Market Value:

Additional Registration Fee Rate:

\$38,276.00

5.00 %

Actual ARF Paid:

Vehicle Lifespan Expiry Date:

\$1,914.00

30 Mar 2041

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:

CEV/VES Rebate Utilised Amount:

185.00 (g/km)

-

CO Emission:

HC Emission:

0.057000 (g/km)

0.006000 (g/km)

NOx Emission:

PM Emission:

0.040000 (g/km)

0.500000 (mg/km)

Message:

This is a public service vehicle.

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