

NATIONAL Assessment Centre Services

(with 12/1/2008)

NA/18008/1

Date In: 06/02/2018 14:04	Job description	Date & Time Completed	Done by
Ref No: NBA/NA/18008/2227/4	SAS e-illing		
Veh No: PA 5309 G	E-mail (with this, AIC this)		
D.O.A: 06/02/2018 08:45	I-Motor Claim Form	mt0981202	06/02/2018 14:31
OD TP Reporting Only	I-Motor W/O (with this, AIC this)		
	I-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'l Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Particulars	Yell No: SLG 8678 m	INC () / Non-INC ()
Owner / Driver:	Tel:	
Policy No:	Period:	Cover Type:
Confirmed by:	Date:	Time:
Insured/Driver Liability:	% (Note: Est Status (WO): N: 0-20%; P: 21-79%; P: 80-100%)	
Year of Registration:	Warranty: YES () / NO ()	
Excess (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-In Customer | Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case | to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () | Invoice: YES () / NO () | Towing Co: ()

Remarks:	INC Hotline: 6788 6616	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo (Repair Cost > \$3000) ()			

Injury: _____

Date/Time	Action	By

NA/18008/1	Invoice/Reboration Check/US	NA/18008/1	NA/18008/1
Human's Particulars	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$20		
	6) TR: Re-inspection \$15		
	7) NTUC: DA + SMRT Survey \$160		
	8) NTUC Additional Services		
	9) NTUC Mobile		
C. Checked by (Wng-In-Charge):	10) NTUC: Courtesy Car / Tpl Allowance \$5		
	11) NTUC: Repair Coordination \$10		
	12) NTUC: Post Repair Inspection \$15		
	13) NTUC: DY / Collect Unpaid Coordination \$5		
	14) NTUC: TP (Non-INC) against INC \$20		
	15) NTUC: Mobile \$10		
	Invoice total	Net Charged	Net Charged
	Invoice total	Net Charged	Net Charged

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 Authorised 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 ability.
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 Report	06/02/2018 14:04
Date Of Accident	06/02/2018 08:45
Exact Location Of Accident	JUNCTION OF TUAS SOUTH AVE 4/TUAS SOUTH AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA5300G
Insured/Policyholder	
Name Of Registered Owner	HIN HUP BUS SERVICE LLP
Co Reg No	T09LL0775D
Email Address	HINHUP@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-92442512
Alternative Phone No	OFFICE-83281162

Vehicle Particulars

Manufacturer	ISUZU
Model	LT134P-7.8 D (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	BUS

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5070477552-02
Cover Note Number	

Driver

Name of Driver	YANG DEPING
NRIC No	G6065784Q
Date Of Birth	09/08/1965
Occupation	OUTDOOR
Date Of Driving Pass	27/02/2013
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92442512
Fax Number	
Contact Number	OTHERS-83281162
Email Address	HINHUP@SINGNET.COM.SG

Address	1 QUEENSWAY #05-63 QUEENSWAY TOWER
Postcode	149053
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
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?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG8678M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHARUL FAIROUK BIN KHAMIS
NRIC/Passport Number	S7427266E
Contact Number	98434645
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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 Authorised 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. The 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 lodgment 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.
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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

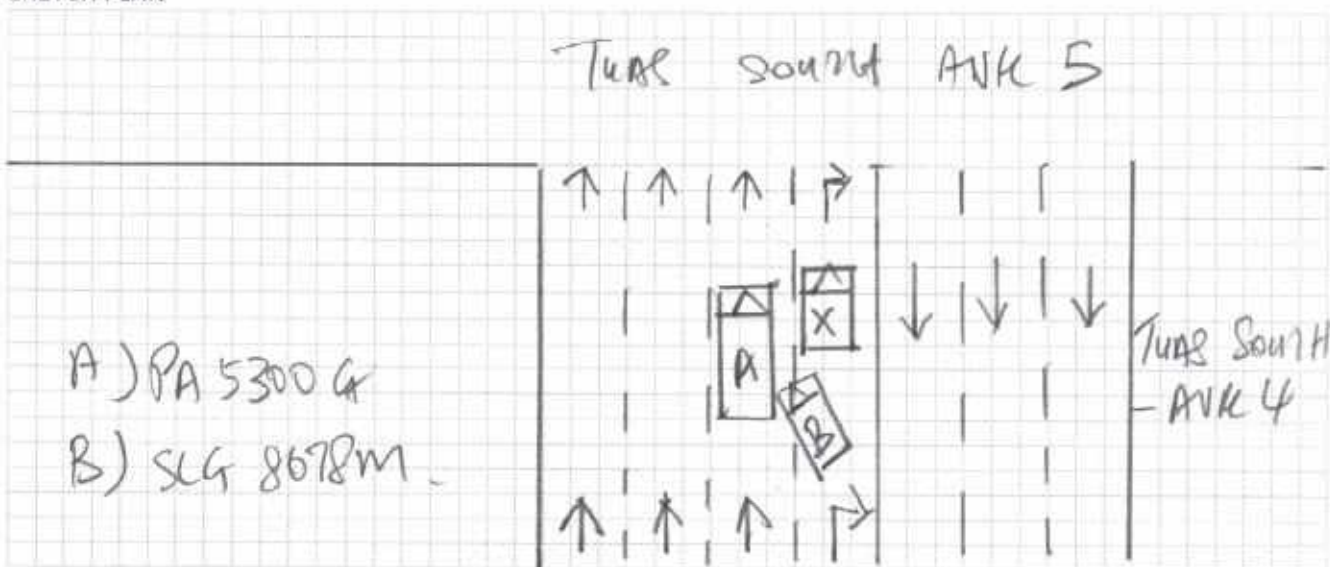
Signature of Driver

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 06/02/2018 AT ABOUT 08:45HRS I WAS TRAVELLING ALONG TUNE SOUTH AVK 4 & WANTED TO GO STRAIGHT. AT THE JUNCTION I SLOW DOWN & WAS AT THE 2ND LANE OF 4 LANE ROAD. THERE WAS A FEW VEHICLE AT THE 1ST LANE WHICH WANTED TO TURN RIGHT, AFTER I HAVE PASS THEM SUDDENLY ONE OF THE VEHICLE SLG 8678M SWITCH LANE & HIT THE LEFT REAR SIDE OF MY BUS PA 5300 G. I STOP MY BUS, CALL DOC & EXCHANGE PARTICULARS THAT ALL.

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Claim Handling

Accident MT/D981202

Policy No.	5070477552-02	Vehicle No.	PA5300G	GST Registration No.	
Policyholder Name	HIN HUP BUS SERVICE LLP	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	
Product Code	BUS INSURANCE	Contact No.(Office)		Loading	
Contact No.(Mobile)	83281152	Special Remark		Contact No.(Home)	
Email Address		TC4	<input type="radio"/> No <input type="radio"/> Yes	eCode	
KFR	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No	Private Hire	No		

Accident Details

Report Date	06/02/2018 14:27	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	06/02/2018	Time of Accident (hh:mm)	09:45	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	JUNCTION OF TUAS SOUTH AVE 4/TUAS SOUTH AVE 5				

Benefits

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	1 QUEENSWAY	Address 2	#05-63 QUEENSWAY SHOPPING	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	05-63	Related Policy Number	5071766272-03		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver
Unnamed driver Name	YANG DEPING	Driver NRIC	G6065784Q
Register Date of Driver License	27/02/2013	Driver Age	52
Contact No.(Mobile)	92442512	Contact No.(Office)	
Address 1	1 QUEENSWAY	Address 2	#05-63 QUEENSWAY SHOPPING
Address 4		Address Type	Foreign address
Unit No.	05-63		
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	PA5300G
		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	HIN HUP BUS SERVICE LLP	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		01 Vehicle Number	PA5300G	TP Vehicle Number	
Claim Description	PA5300G / SLG867BM ON 6 Feb 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	06/02/2018 14:30	Claim Close Date		Date Received	
Report Taken By	RDSLI WAHAB				

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/D981202	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date:	06/02/2018 14:31
Path *		Category *	Confidential Urgency

Please Select

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	•	993	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	•	993	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	•	993	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	•	993	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	•	993	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 06 Feb 2018 14:31	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 06 Feb 2018 14:31	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 06 Feb 2018 14:31	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 06 Feb 2018 14:31	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 06 Feb 2018 14:31	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 06 Feb 2018 14:31	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 06 Feb 2018 14:31	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 06 Feb 2018 14:31	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 06 Feb 2018 14:31	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 06 Feb 2018 14:30	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 06 Feb 2018 14:30	NRIC/ Driving License	Normal	NRIC/ Drivin

Video List

Uploaded By/Date	Folder/Date	File Name	Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>

ACCIDENT STATEMENT

ACCIDENT DATE: 06/02/2018 (DD/MM/YYYY), TIME: 08:45 (HH:MM)

LOCATION: JUNCTION OF TANG SOUTH AVE 4 / TANG SOUTH AVE 5

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PA 5300 G
 b) INSURANCE COMPANY: NZUC
 c) POLICY NUMBER: 5070471552-02
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: ISUZU / LT134P
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHER)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING PURPOSES
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: HIN HUP PUB SERVICE LLP (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: YONG DEJING (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G 6065784 @ CONTACT: 92442512 - 83281162
 c) ADDRESS: _____

* d) DATE OF BIRTH: 09/08/1965 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 22/01/2013

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLG 8678 M MODEL: _____
 b) DRIVER'S NAME: SHARUL FORKUN BIN KHAMIS
 c) NRIC/FIN/PASSPORT: 57427266 E CONTACT: 98434645

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email: hinhup@sinknet.com.sg

fax: _____

VIDEO

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
HIN HUP BUS SERVICE LLP

Sector: **SERVICE**

Name
YANG DEPING
Occupation
BUS DRIVER

S Pass No.
0 7228058-

Date of Application
12-12-2017
Date of Issue
09-01-2018
Date of Expiry
09-01-2020

L8552828

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number **G6065784Q**

Name
YANG DEPING

Birth Date: **09 Aug 1965**
Issue Date: **10 Apr 2017**
Valid Till: **09/04/2022**

002673745A

Land Transport Authority

VOCATIONAL LICENCE

Licence No: **G6065784Q**
Name: **YANG DEPING**
Issue Date: **20/5/2014**

Please visit www.lta.gov.sg to check the status of this vocational licence

VISIT PASS
Immigration Regulations

Name
YANG DEPING

Date of Birth: **09-08-1965** Sex: **M** Nationality: **CHINESE**
Pass No: **G6065784Q** Date of Issue: **09-01-2018** Date of Expiry: **09-01-2020**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

NP 428A

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	Effective Date
Class 3	Motor cars with unladen weight ≤ 3000kg with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight ≤ 2500kg	28 Nov 2011
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	27 Feb 2013
Class 5	Motor vehicles which are not constructed to carry load or passengers and the unladen weight ≤ 7250kg	13 Jan 2014
	Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	

Licence No: **G6065784Q**

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	20/05/2014



THE SCHEDULE

Private Bus Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5070477552-02
The Policyholder	: HIN HUP BUS SERVICE LLP 1 QUEENSWAY #05-63 QUEENSWAY SHOPPING CENTRE/QUEENSWAY TOWER SINGAPORE 149053
Period of Insurance	: 25 Mar 2017 To 24 Mar 2018
Sum Insured	: Market Value of Insured Vehicle less Residual COE/PARF Value at Time of Loss
Premium (inclusive GST)	: S\$2,197.23

Interest Insured

Cover Type	: Third Party, Fire & Theft	
Make/Model	: ISUZU/LT134P	
Capacity	: 4.88 ton(s)	Number of Seater : 45
Registration Number	: PA5300G	Registration Date : 12 Apr 2005
Chassis Number	: JALLT134P57000003	Insure with COE : No
Excess (Section I)	: N/A	NCD Entitlement : 0%
Excess (Section II)	: S\$1,500	Loyalty Discount : 5%
Geographical Limit	: WITHIN THE REPUBLIC OF SINGAPORE ONLY	
Hire Purchase Company	: LIAN HONG PRIVATE LIMITED	

Memo A : NCD is not applicable.

Endorsement Operative : M2, M3

Agency	: NLE INSURANCE AGENCIES PTE LTD (00000614580)
Date of Issue	: 17 Feb 2017 11:43 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

Enquire Vehicle Information

Vehicle No.

Vehicle No.: PA5300G

Vehicle Details

Vehicle Type: Private Hire (Chauffeur) Bus/Coach/Minibus

Vehicle Scheme: Public Service Vehicle (Others)

Vehicle Attachment 1: Air-Conditioned

Make / Model: ISUZU / LT134P

Primary Colour: Multi-Colour

Year of Manufacture: 2004

Maximum Laden Weight: 15200 kg

Unladen Weight: 10320 kg

No. Of Axles: 2

Engine No.: 6HK1845669

Chassis No.: JALLT134P57000003

Engine Capacity: 7790 cc

Maximum Power Output: -

IU Label No.: 2050052362

Propellant: Diesel

Passenger Capacity: 45

Original Registration Date: 12 Apr 2005

First Registration Date: 12 Apr 2005

Open Market Value: \$92,924.00

Additional Registration Fee Rate: 5.00 %

Actual ARF Paid: \$4,647.00

PARF Eligibility:	No
Minimum PARF Benefit:	-
COE No.:	2005040105000595C
COE Category:	C - Goods Vehicle & Bus
COE Expiry Date:	31 Mar 2025
Lifespan Expiry Date:	11 Apr 2025
Quota Premium (QP):	\$6,590.00
PQP Paid:	\$54,572.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$6,590.00
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-

Previous OK

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No. : YINAY48018404 Vehicle Registration No. : PA5300 G
Name (as shown in NRIC) : YANG DEPINH NRIC/FIN/Passport No. : G6065284Q
(* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 92442512
Email Address : _____
Date of Accident : 06/02/2018 Time of Accident : 08:45
Place of Accident : Interchange of JALIL SUTAMA AVE 4 / AVE 5
Insurance Company : PHUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

THERE IS VIDEO RECORDED

Policyholder / Driver's Signature
Date:

06/02/2018
Reporting Centre Personnel's Signature
Name: ROSE WOTTER
NRIC/FIN No.:
Date: