

# NATIONAL Assessment Centre Services

(wef: 1 Jan 2005)

Date In: 14/02/18	Job description	Date & Time Completed	Done by
Ref No: NA/CTI 18003054/13	SAS e-filing		
Veh No: CB6337T	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 14/02/18 0345	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: GBA7212 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%; F: 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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	
	Amt (\$) 1st Bill	Amt (\$) Add Bill
NA1800973		
Driver/Owner:	1) AR: Accident Reporting (\$30);	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30	
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)	
Cat. 2/3:	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	OD*	
	*N5: Courtesy Car / Tpt Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (N11): TP (Non INC) against INC \$20	
	9) N12: Idao Mobile 30	
	Invoice dated	Fee Charged
	Invoice dated	Fee 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	14/02/2018 11:48
Date Of Accident	14/02/2018 03:45
Exact Location Of Accident	AYE TWDS TUAS B4 CORPORATION RD EXIT 15A
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB6337T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HH COACH BUS
Co Reg No	52925026L
Email Address	HUPHOECOACH2@HOTMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-96881679

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMB1SN1608331701
Cover Note Number	

### Driver

Name of Driver	LIM YEW KHIANG
NRIC No	S1627039C
Date Of Birth	11/05/1964
Occupation	OUTDOOR
Date Of Driving Pass	08/12/1997
Driving Experience	20 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96881679
Fax Number	
Contact Number	
Email Address	HUPHOECOACH2@HOTMAIL.COM

Address BLK 148 WOODLANDS ST 13  
 #11-839  
 Postcode 730148  
 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 COLLISION - HEAD TO REAR  
 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? YES  
 Was any injured conveyed to hospital by ambulance? NO  
 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**

PLS REFER TO THE ATTACHED STATEMENT.

**Attachment(s)**

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? NO  
 Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number GBA721Z  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category COMMERCIAL VEHICLE  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name LIM YEW KHIANG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY PAIN

CB6337T

YES

NO

## 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 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.

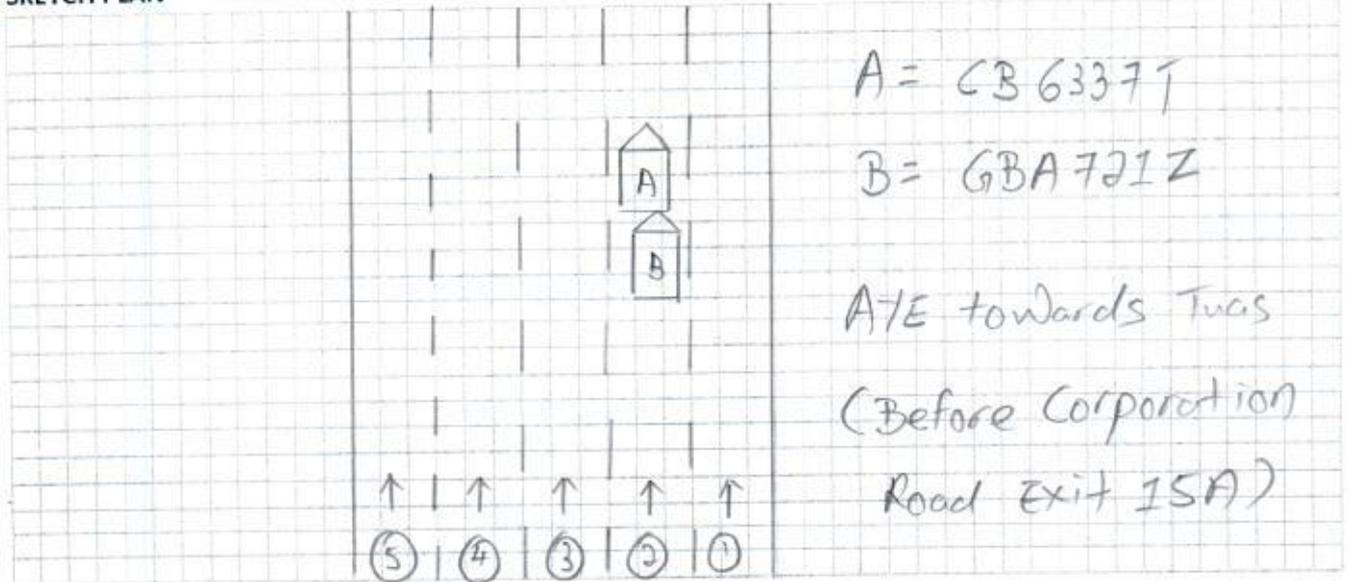


Policyholder's Signature  
Date & Time:

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

*[Signature]* 14/02/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

DECLARATION

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



Policyholder's Signature  
Date & Time:

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

*[Signature]* 14/02/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

On 14.02.18 at about 03:45 hours along AYE towards Tuas (Before Corporation Road Exit 15A). I was travelling straight on the lane 2, suddenly I heard a loud bang from behind. When I alighted I realised it was vehicle (B) had hit onto rear right hand side portion of my vehicle (A).

Vehicle (A): CB 6337T

Vehicle (B): GBA 721Z



*THIRING*

# SINGAPORE ACCIDENT STATEMENT

Accident Date:	14/02/2018	Time:	03:45	(hh:mm) 24 hr format
Location	AYE towards Tuas (Before Corporation Road Exit 15A)			
Vehicle Number	CB6337J			
Insured Name	H H Coach Bus			
NRIC /FIN	5292 5026 L	Contact Number	-	
Make	Toyota	Model	Hiace	
Are you claiming under your own insurance policy for repair to your vehicle?				
( ) Yes If No, Pls select: ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting				
Insurance Company	China Taiping			
Type of Policy ( ) Comprehensive ( <input checked="" type="checkbox"/> ) Third Party Fire & Theft ( ) TP Only				
Policy Number	DMB1SN1608331701			
Name of Driver	Lim Yew Kiang	( ) Same as Insured		
NRIC /FIN	S1627039C	Contact Number	96881679	
Date of Birth	11/05/1964			
Driving Pass Date	07/02/1985			
Occupation ( ) Indoor ( <input checked="" type="checkbox"/> ) Outdoor				
Gender ( ) Male ( <input checked="" type="checkbox"/> ) Female				
Email Address	huphoecooch2@hotmail.com	( ) NO EMAIL		
Address of Driver	Blk 148 Woodlands Street 13 #11-839 5C (730/48)			
Was driver an employee of the Insured's Company? ( ) Yes ( <input checked="" type="checkbox"/> ) No				
If No, Relationship of the Driver with the Insured				
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling				
Does the Driver Own Any Other Vehicle? ( ) Yes ( ) No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle				
Weather Conditions ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Others				
Road Surface ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Others				
Was any foreign vehicle involved in this accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No				
Was anybody injured in the accident? ( <input checked="" type="checkbox"/> ) Yes ( ) No				
If yes, injured detail Lim Yew Kiang Body Pain				
Was there any video captured by Car Camera? ( ) Yes ( <input checked="" type="checkbox"/> ) No				
Was the Accident reported to the Police? ( ) Yes ( <input checked="" type="checkbox"/> ) No If yes attach police report				
DETAILS OF 3 <sup>rd</sup> party Name / Nric Contact				
Veh B	G8A721Z			
Veh C				
Veh D				
Veh E				
Veh F				

Driver Only.

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1627039C



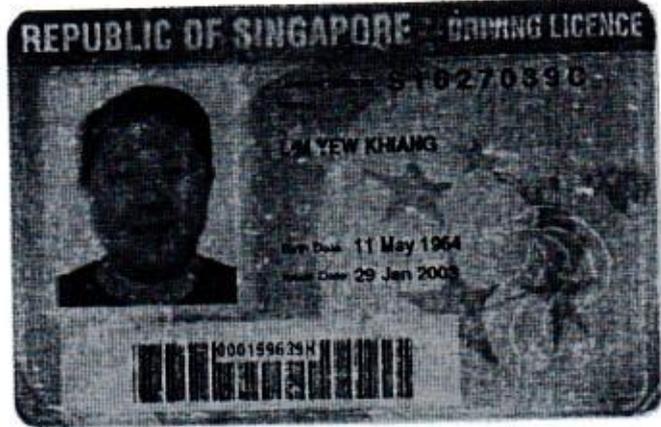
LIM YEW KHIANG

林友娟

Race  
CHINESE

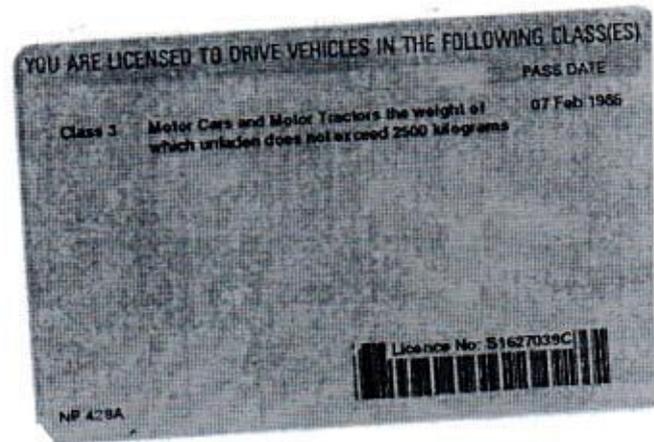
Date of Birth  
11-05-1964 F

Country of Birth  
SINGAPORE



CB6337J  
driver

CB6337J  
driver



Land Transport Authority

**VOCATIONAL LICENCE**



Licence No: S16270390  
 Name: LIM YEW KHIANG  
 Issue Date: 16/11/2005

EXI Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this Vocational licence

CB6337J  
 driver

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 675701.

Type	Description	Issue Date
03	BUS VL	08/12/1997
04	BUS ATTENDANT	08/12/1997



MOTOR PRIVATE BUS

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1996  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1950 (Malaysia)

ORIGINAL

Engine No : 1KD1736491  
Charno: KDH2010010402

CERTIFICATE No: OMB1SN1608331701

1. Initial Mark and Registration Number of Vehicle: CB6337T

2. Name of Policy Holder: H H COACH BUS

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment: 20 February 2017 Excess Sect. 11 ..... S\$750.00

4. Date of Expiry of Insurance: 19 February 2018

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.

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



*[Signature]*  
Authorized Signatory