

NATIONAL Assessment Centre Services

MAIA418042455

Date In: 29/03/2018 14:23	Job description	Date & Time Completed	Done by
Ref No: N80/CTI/18005866/V	SAS e-illing		
Veh No: PC 5420H	E-mail (with photo, AIO, etc)		
D.O.A: 28/03/2018 14:05	Motor Claim Form		
OD / TP / Responding Only	Motor W/O (with photo, AIO, etc)		
	Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / OWI:	Tel:	Fax:
TP Particulars: Yell No: CB 411R	INC () / Non-INC ()	
Owner / Driver: ()	Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date:	Time:
Insured/Driver Liability: () % (Note: BSL Status (WO): N: 0-20%, P: 21-79%, P: 80-100%)		
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Rem: () Work-In Customiser: Customers Information strictly Confidential & Strictly NO refer of repeller.

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

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

Remarks: ()	Date & Time Completed	Done by
1) Apply for Transition Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Recovery Photo (Repair Cost > \$3000) ()		

Injury: ()

Date Time: ()

NAI80/989	Invoice Breakdown On CHOW's	Blind	Head Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$40)	
Assigned Portion:	3) TP: Towing Fee	\$40/\$40	
C. Checked by (Ungr-In-Charge):	4) FT: Follow-Through Survey	\$120	
	5) PT: Follow-Through Survey (Recovery)	\$20	
	6) TR: Re-inspection	\$15	
	7) NI: (Low DA + SMART Survey)	\$140	
	8) NTUC Add (Hans) Extra Costs		
	9) NI: (Low DA + SMART Survey)		
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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 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	29/03/2018 14:23
Date Of Accident	28/03/2018 14:05
Exact Location Of Accident	JUNCTION OF WOODLEIGH LANE/UPPER SERANGOON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC5420H
Insured/Policyholder	
Name Of Registered Owner	M/S SKT TRANSPORT PTE LTD
Co Reg No	201629520G
Email Address	SISICHOONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93381121
Alternative Phone No	OFFICE-97518534

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	FETCHING STUDENT
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SN3016921800
Cover Note Number	

Driver

Name of Driver	TAN ENG HWEE (CHEN RONGHUI)
NRIC No	S7335017D
Date Of Birth	17/09/1973
Occupation	OUTDOOR
Date Of Driving Pass	30/01/1997
Driving Experience	21 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93381121
Fax Number	
Contact Number	OTHERS-97518534
EMail Address	SISICHOONG@GMAIL.COM

Address	BLK 124B BUKIT MERAH VIEW #02-404
Postcode	152124
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	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
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)	4
Passenger 1	NAME: : BUS ATTENDANT GENDER: : FEMALE
Passenger 2	NAME: : STUDENT GENDER: : FEMALE
Passenger 3	NAME: : STUDENT GENDER: : FEMALE

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	CB4111R
Vehicle Make/Model/Colour	TOYOTA BUS
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	YEO PENG HUI
NRIC/Passport Number	S2014373H

Contact Number	81398831
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.

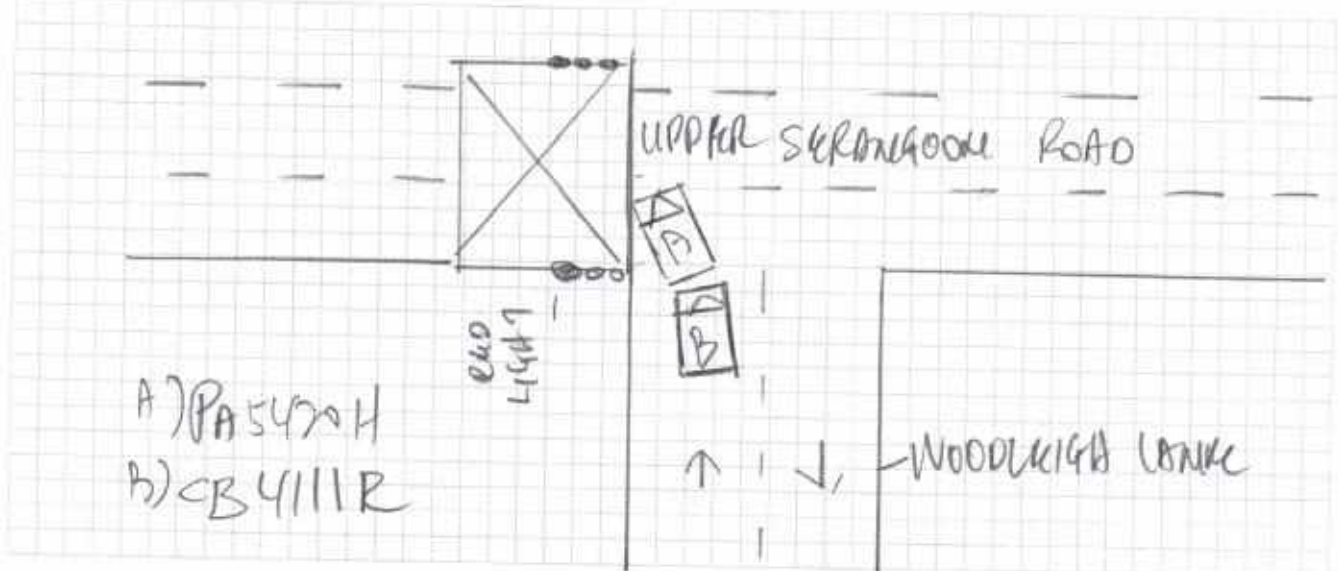


Policyholder's Signature
Date & Time:

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

29/03/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 28/03/2018 AT ABOUT 14:06 I WAS AT WOODKIFF LANE & WANTED TO TURN LEFT INTO UPPER SERANGOON RD. SO I STOP MY VAN PC5420H AT THE TRAFFIC JUNCTION A FEW SECONDS I FELT A HUGE BUMP FROM MY REAR, I CAME DOWN & SAW A BUS CB4111R BUMP ONTO THE REAR OF MY VAN! 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 Person's Signature
Name:
NRIC/FIN No.:

28/03/2018
Rishi Wadhwa

ACCIDENT STATEMENT

ACCIDENT DATE: 28/03/2018 (DD/MM/YYYY), TIME: 14.06 (HH:MM)

LOCATION: 475 Woodleigh Ln / UPP Serangoon Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC5420 H
 b) INSURANCE COMPANY: CPI
 c) POLICY NUMBER: DMBISN3016921800
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA HIACE
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE STATION

i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: SKT TRANSPORT PTE LTD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 93381121
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TANI EUNG HUANG (CHAN HING) (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 97518534
 c) ADDRESS: _____

* d) DATE OF BIRTH: 17/01/1973 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)
30/01/1997

f) DATE OF DRIVING PASS: 30/01/1997 (YES / NO)

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) DRIZZLING
 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: CB4111 R MODEL: Toyota BUS
 b) DRIVER'S NAME: YEO KENG HUI
 c) NRIC/FIN/PASSPORT: S2014373 H CONTACT: 8139 8831

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____ CONTACT: _____
 f) NRIC/FIN/PASSPORT: _____

1. KEMARU BUS ATTENDING

2. KEMARU STATION

No of passengers
 (including driver)
(1)

No of passengers
 (including driver)
()

No of passengers
 (including driver)
()

sisichoong@gmail.com

Email = sisichoo

Fax =

V. 020

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7335017D



TAN ENG HWEE
(CHEN RONGHUI)

陳榮輝

Race

CHINESE

Date of birth

17-09-1973

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7335017D

Photo



TAN ENG HWEE
(CHEN RONGHUI)

Birth Date 17 Sep 1973

Issue Date 07 May 2010



Land Transport Authority

VOCATIONAL LICENCE

Licence No : S7335017D

Name : TAN ENG HWEE (CHEN
RONGHUI)

Card Issue Date : 08/02/2018

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



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APR 19 2005

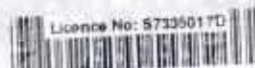
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APT BLK 124B BUKIT MERAH VIEW
#02-404
SINGAPORE 152124

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

PASS DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver, and other motor vehicles < 2500kg 30 Jan 1997



NP 423A

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	08/02/2018
04	BUS ATTENDANT	08/02/2018



CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1950
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMS18N3016921800	Engine No :1KD2595111 Chassis No:EDH2230027204
1. Index Mark and Registration Number of Vehicle	PC5420H	
2. Name of Policy Holder	M/S SKT TRANSPORT PTE. LTD.	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	01 MARCH 2018 (12:52 HOURS)	EX SECT. I\$1,500.00 EX SECT. II\$1,500.00 08 FEBRUARY 2019 EX ON WINDSCREEN\$100.00
4. Date of Expiry of Insurance		
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.

THIS POLICY DOES NOT COVER

- (1) USE FOR RACING, JACK-MAKING, RECREATION, TRUCK OR SPEED-TESTING.
- (2) USE WHILE TOWING A TRAILER, EXCEPT TO TOW A TRAILER FOR THE PURPOSE OF A ONE-WAY MECHANICALLY TOWNEELED VEHICLE.

WEIL KONGHUI PTE. & UNITED OVERSEAS BANK LIMITED ARE THE OWNERS

* 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.

Countersigned By:

Authorised Officer

Authorised Signatory