

NATIONAL Assessment Centre Services

[ref: 1 Jan 05]

MNA118044881

Date In: 414118 13:39	Job description	Date & Time Completed	Done by
Ref No: NA/KTZ18006164/h4	SAS e-filing		
Veh No: CB 6327 T	E-mail (within 3hrs; AIC 2hrs)		
D.O.A: 414118 07:15	i-Motor Claim Form		
OD: <input checked="" type="radio"/> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars: Veh No: FBH S82X 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:- (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	Actions

NA1802098	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	30.00	
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) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	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	04/04/2018 13:39
Date Of Accident	04/04/2018 07:15
Exact Location Of Accident	PIE EXIT 36 TWDS TUAS B4 JLN BAHAR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB6337T
Insured/Policyholder	
Name Of Registered Owner	H H COACH BUS
Co Reg No	52925026L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96881679

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE 3.0DX A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMB1SN1608331802
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 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96881679
Fax Number	
Contact Number	
EMail Address	NOEMAIL

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 - CHANGE/CROSS LANE
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	FBH582X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	PENG KWANG
NRIC/Passport Number	S7033829G
Contact Number	97996369
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC3443A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	KASSIM BIN
NRIC/Passport Number	S1189184E
Contact Number	90888426
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	BODY
Injured person in which vehicle?	CB6337T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

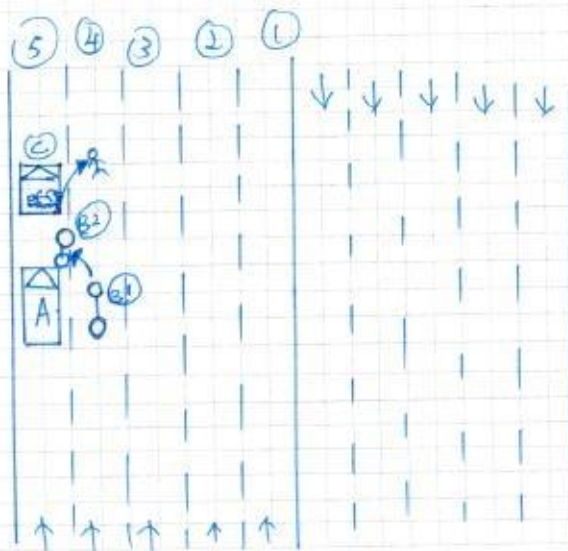


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



- (A) CB 6337T.
- (B) FBH 582X
- (C) SHC 3443A.

Along PIE Exit 36 Towards
Tuas Before Jalan Bahar.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement Please Refer To
Police Report No: T/20180404/2020

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:

Signature

Signature

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

VEHICLE NO : CB 6337T

MAKE & MODEL : Tyt Hicce 3.0

Date of Accident	04 / 04 / 18		
Time of Accident	07 15 AM / PM		
Location of Accident	Along PIE (Exit 36) Towards Tuas B4 Jalan Bahar		
Exact Purpose Usage	Personal / Private Hire (Uber / Grab) / Commercial		
NAME OF OWNER :	H H Coach Bus.		
Contact No.	9688 1679 (Lilian)		
Nric No	52925026L.		
Type Of Claim	Third Party / Own Damage / Reporting only		
Insurance Co.	China Taiping Insurance		
Type of Coverage	Comprehensive / Third Party / Third Party Fire & Theft		
Policy No	DMB 18N (608331802)		
NAME OF DRIVER :	As above / If No : Lim Yew Khiong		
Nric No	S1627039C		Any Passenger: —
Date Of Birth	11 / 05 / 1964		
Occupation	Outdoor / Indoor		
Date Of Driving Pass	08 / 12 / 1997		
Gender	Male / Female		
Contact no	9688 1679		Office : — Home : —
Address	Blk 148 Woodlands St 13 #11-839 S(730/48)		
Driver Have Any Own Vehicle	NO / If Yes (Reg no) :		
Relationship	Employee / If No :		
Weather Condition	Clear / Raining / Other :		
Road Surface	Dry / Wet / Other :		
Any Injuries	NO / If Yes Who?		
Name	Lim Yew Khiong		Contact : 9688 1679
Name			Contact :
Police Report	No / If Yes : Where? Traffic Police Division HQ		
Vehicle B No :	FBH 582X		Any Passenger: —
Name Of Driver	Lim Kwang		
Contact No :	9799 6359		
Vehicle C No : Kassim Bin .	SHC 3443A (90888426)		Any Passenger: —
Vehicle D No :			Any Passenger: —
Vehicle E No :			Any Passenger: —
Vehicle F No :			Any Passenger: —
Any Witness			
Witness Contact No			
Have you been approach by unknow person soliciting (s) / offering accident claims assistance? YES / NO			
PARTICULAR WORKSHOP	PRECISE AUTO SERVICE		
Address	1 Kaki Bukit Ave 6 #02-34		
	Kaki Bukit @ Auto Bay		
	Singapore 417883		
Email :	Tel : 6745 7367		Fax : 6841 3390



SINGAPORE POLICE FORCE



T/20180404/2020

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20180404/2020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/04/2018 10:49	Vide Report No.: J/20180404/0063	Station Diary No.:
--	-------------------------------------	--------------------

Informant's Particulars				
Name of Informant: LIM YEW KHIANG			Address: 148 WOODLANDS ST 13 #11-839 HDB-WOODLANDS SINGAPORE 730148	
ID Type / ID No.: NRIC NO / S1627039C			Contact No.: Home/Office: Mobile: 96881679	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 53	Date of Birth: 11/05/1964	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: ADMIN			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/04/2018 07:15	Type of Location:
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE EXIT 36 TWDS TUAS BEFORE JLN BAHAR				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CB6337T	Bus/Coach/Mi nibus	TOYOTA	HIACE 3.0DX A		Slightly Damaged	0
FBH582X	Motorcycle	KYMC	DOWNTOW N 200I		Slightly Damaged	0
SHC3443A	Car	TOYOTA	PRIUS HYBRID 1.8 CVT		Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20180404/2020

2 of 4

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180404/2020

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM YEW KHIANG	ID No.	S1627039C
Related Vehicle	CB6337T (Bus/Coach/Minibus)	Contact No.	96881679
Hospital/Clinic	BOK FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/04/2018	Date Discharge	04/04/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Rider			
Name	PENG KWANG	ID No.	S7033829G
Related Vehicle	FBH582X (Motorcycle)	Contact No.	97996369
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious
Driver			
Name	KASSIM BIN	ID No.	S1189184E
Related Vehicle	SHC3443A (Car)	Contact No.	908884261
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 4/4/18 at about 0715hrs

I was travelling on lane 5 at Jalan Bahar. The motorbike from my right suddenly changed lane, from lane 4 switched to lane 5. I did not notice the motorbike earlier and collided onto the bike causing the rider to fly forward and hit the back windscreen of the taxi in front.



**SINGAPORE
POLICE FORCE**



T/20180404/2020

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 4

Report No. T/20180404/2020

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20180404/2020

4 of 4

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180404/2020

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
TP /
WONG ZI WEI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt NORASHIKIN BINTE DAUD
Contact No.: 65476439

Authentication Stamp
NP168

Signature Of Informant:

[Handwritten signature]

Date/Time:
04/04/2018 10:49

Classification Of Case:

[Faint stamp: SINGAPORE POLICE FORCE]

Signature:

[Handwritten signature]

Land Transport Authority



VOCATIONAL LICENCE

Licence No : S1627039C
Name : LIM YEW KHIANG

Card Issue Date : 19/02/2018

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

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence No: S1627039C

LIM YEW KHIANG

Birth Date: 11 May 1964

Issue Date: 29 Jan 2003



REPUBLIC OF SINGAPORE IDENTITY CARD NO. S1627039C



Name

LIM YEW KHIANG

林友娟

Race

CHINESE

Date of Birth

11-05-1964

Country of Birth

SINGAPORE

Sex

F

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

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	19/02/2018
03	BUS VL	08/12/1997
04	BUS ATTENDANT	08/12/1997



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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

07 Feb 1985



NP 428A



NRIC No. S1627039C



Blood Group Date of issue
A+ 04-05-1998

Address
APT BLK 148 WOODLANDS STREET 13 #11-839
SINGAPORE 730148

NRIC No. S1627039C

Date: 31-03-2004

No: 4878634

MOTOR PRIVATE BUS

CERTIFICATE OF INSURANCEMotor 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)

ORIGINAL

CERTIFICATE No.

DMB1SN1608331802

Engine No :1KD1736491

ChaNo:KDH2010010402

1. Index 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 2018 Excess Sect. II S\$750.00

4. Date of Expiry of Insurance

19 February 2019

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.

* 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
Authorised Signatory