

NATIONAL Assessment Centre Services. [wef 1 Jan 2005]

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 26/09/2018 15:50 | Job description | Date & Time Completed | Done by |
| Ref No: NA/CTI18017531/K4 | SAS e-filing | | |
| Veh No: PC 1178J | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 25/09/2018 20:00 | I-Motor Claim Form | | |
| OD TP: 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: () Tol: () Fax: ()

| | |
|---------------------------------|---|
| TP Particulars: | Veh No: SHC 71244. 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 repalrer.

() 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

NA1806127

| Claimant's Particulars :- | Invoice Preparation Checklist | Am't (\$) | Am't (\$) |
|---------------------------|---|-------------|-----------|
| Driver/Owner: | 1) AR: Accident Reporting (\$30); | | |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$30) | | |
| Damaged Portion: | 3) TP: Towing Fee \$40/\$45 | | |
| | 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: Idao DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | ON* | | |
| | *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 \$0 | | |
| Auditors' Comments :- | Invoice dated | Fee Charged | |
| Cat. 1: | Invoice dated | Fee Charged | |
| Cat. 2 / 3: | | | |

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 | 26/09/2018 15:50 |
| Date Of Accident | 25/09/2018 20:00 |
| Exact Location Of Accident | AIRPORT ROAD TWDS KPE (TPE) |
| Country/State of Loss | SINGAPORE |

| DETAILS OF OWN VEHICLE | |
|--|---|
| Vehicle Registration Number | PC1178J |
| Insured/Policyholder | |
| Name Of Registered Owner | HONG KIA HENG TRANSPORT SERVICE |
| Co Reg No | - |
| Email Address | NOEMAIL |
| Mobile Phone No. | (LOCAL) +65-96984778 |
| Alternative Phone No | OFFICE-96984778 |
| Vehicle Particulars | |
| Manufacturer | GOLDEN DRAGON |
| Model | - |
| Exact Purpose for which vehicle was being used at time of accident | WORK |
| 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 | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | DMB1SN1718961801 |
| Cover Note Number | |
| Driver | |
| Name of Driver | WANG SIN CHU |
| NRIC No | S2566772G |
| Date Of Birth | 27/02/1961 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 20/11/2008 |
| Driving Experience | 9 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96984778 |
| Fax Number | |
| Contact Number | OFFICE-96984778 |
| Email Address | NOEMAIL |

| | |
|---|---------------------------------------|
| Address | BLK 297A COMPASSVALE STREET #11-28 |
| Postcode | 541297 |
| 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? | 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) | 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 | SHC7124U |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | 90183776 |
| 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.

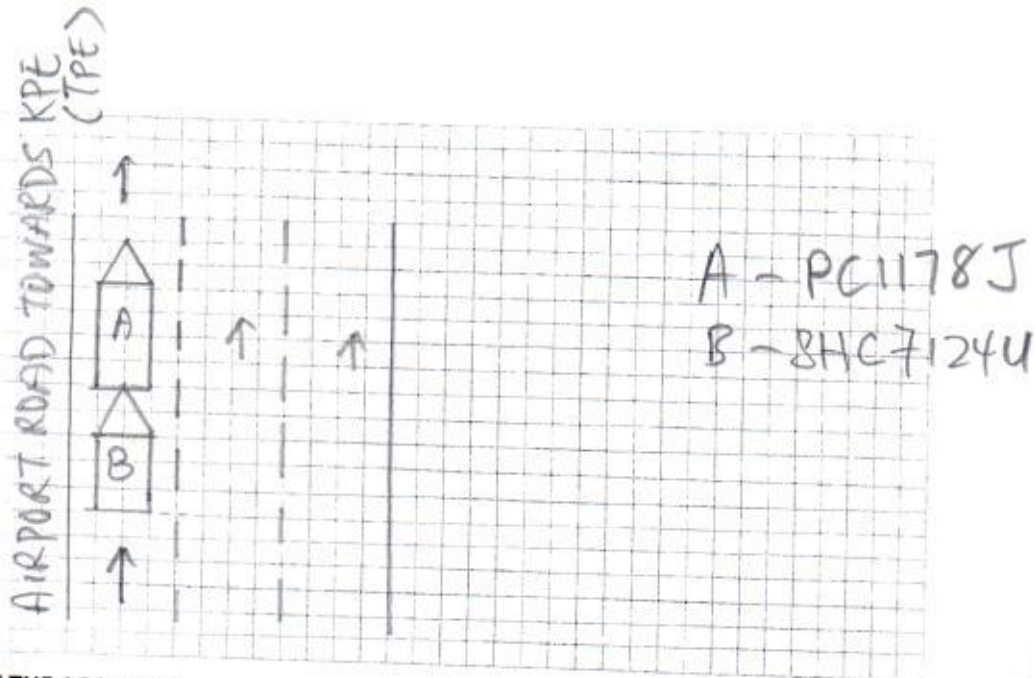


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25th September 2018 at about 20:00hrs, I was traveling along Airport road towards KPE (TPE). The vehicle in front of me slowed down and stopped. Noticing that, I followed suit and stopped my vehicle. Suddenly I felt an impact from the rear. I alighted and realised vehicle B had collided onto my vehicle rear portion.

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.:

26/9/2018

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2566772G

Name: WANG SIN CHU
黄新珠
Race: CHINESE
Date of Birth: 27-02-1961 Sex: M
Country of Birth: JOHORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S2566772G
Name: WANG SIN CHU
Birth Date: 27 Feb 1961
Issue Date: 04 Jul 2003




2259487



MIC No: S2566772G



Driver's Licence: O+ Date of issue: 11-08-1994

Address: APT BLK 297A COMPASSVALE STREET #11-28
SINGAPORE 541297


NRIC No: S2566772G Date: 08-04-2000 No: 8273955

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


| | PASS DATE |
|---|-------------|
| Class 2B Motorcycles <= 200 CC | 13 Nov 1984 |
| Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg | 28 Aug 1988 |
| Class 4 Heavy motor cars and motor tractors > 2500 kg | 20 Nov 2008 |

S2566772G * S / No. 9000104037

Licence No: S2566772G



Land Transport Authority




VOCATIONAL LICENCE
Licence No : S2566772G
Name : WANG SIN CHU
Issue Date : 16/6/2010
Please visit www.lta.gov.sg to check the status of this vocational licence

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 |
|------|---------------|------------|
| 03 | BUS VL | 16/06/2010 |
| 04 | BUS ATTENDANT | 16/06/2010 |

15-6-19



Email: chris@skauto.com.sg ✓



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 200208384E

M2601
R SN
AN0580A
Cov. Type: C

MOTOR PRIVATE BUS

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)

ORIGINAL

CERTIFICATE No

DMB1SN1718961801

Engine No : ISF38S414189037377
Chano: LL3ADADE5BA004345

1. Index Mark and Registration
Number of Vehicle

PC1178J

AUTOSAFE

2. Name of Policy Holder

HONG KIA HENG TRANSPORT SERVICE

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

30 March 2018

Excess Sect I S\$2,000.00
Excess Sect. II S\$1,000.00
EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

29 March 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



Issued By:

ODDS & EVENS

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory