

**NATIONAL Assessment Centre Services**

(wef 1 Jan 2005)

**MA418132512**

Date In: <b>12/10/2008 12:51</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/CT118/18553/4</b>	SAS e-filing		
Veh No: <b>CB 69514</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>11/10/2008 07:45</b>	i-Motor Claim Form		
OD: <b>TP</b> 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: <b>6BE 7600 Y</b>	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

**MA1806543**

Invoice Preparation Checklist		Amt (\$)	Amt (\$)
		1st Bill	Add Bill
1) AR: Accident Reporting	(\$30);		
2) DA: Damage Assessment	(\$100); INC (\$80)		
3) TF: 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: Idac DA + SMRT Survey	\$160		
8) NTUC Additional Services:-			
ON*			
*N3: 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: Idac Mobile	30		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

**Claimant's Particulars :-**

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

**Auditors' Comments :-**

Dat 1:

Dat 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 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. 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	12/10/2018 12:51
Date Of Accident	11/10/2018 09:45
Exact Location Of Accident	ANG MO KIO AVE 6 TOWARDS MARYMOUNT ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB6951U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S AIK SHEN BUS SERVICE
Co Reg No	29635400K
Email Address	CONNECT3WINNIE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96327095
Alternative Phone No	OFFICE-93909576

### Vehicle Particulars

Manufacturer	ISUZU
Model	LT134P-7.8 D (M)
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SN152141803
Cover Note Number	

### Driver

Name of Driver	XU ZHENGWEI
NRIC No	G6489783M
Date Of Birth	18/04/1971
Occupation	OUTDOOR
Date Of Driving Pass	04/01/2011
Driving Experience	7 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96327095
Fax Number	
Contact Number	OTHERS-93909576
E-Mail Address	CONNECT3WINNIE@GMAIL.COM

Address	337 WOODLANDS AVENUE 1 #07-531
Postcode	730337
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	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)	45

#### 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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE7600Y
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
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.

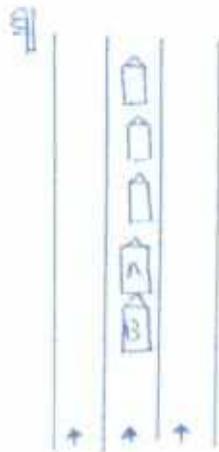
Policyholder's Signature  
Date & Time:



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

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

SKETCH PLAN



A: CB6951U  
B: GBE 7600Y

Ang Mo Kio Ave E  
travels Margaret Rd.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/10/2018 @ 07 HOURS, my bus CB6951U was stationary behind vehicles due to red light when a lorry GBE 7600Y hit my bus rear from behind.

DECLARATION

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

Policyholder's Signature  
Date & Time



LU ZHENYU WEI  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time

12/10/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.

**ACCIDENT DATE & LOCATION**

Date & Time of Accident \* Date: 11/10/2018 Time: 09:45hrs (24 hr format)  
 Exact Location of Accident \* Ang Mo Kio Ave 6 AWDs Marymount Rd

**INSURED / POLICY HOLDER / VEHICLE PARTICULARS / DETAILS OF OWN VEHICLE**

Vehicle Registration Number \* CB6951U Make & Type\*: ISUZU, LT13HP  
 Name of Registered Owner \* Aik Shen Bus Service  
 NRIC / FIN / Passport / Co Regn No.\* 29635400K benedictzw@gmail.com  
 Contact Number \* 9632 7095 Email/Fax No: aikshen1@singnet.com.sg  
 Exact Purpose for which vehicle was being used at Time of Accident  
 Private Usage /  Commercial or Company's Usage  
 Are you claiming under your own insurance policy for repair to your vehicle?  
 Yes /  No If No, Please state action to be taken  
 Third Party Claim (SYH (Other workshop?)) /  Reporting Only

**INSURANCE COMPANY (OWN VEHICLE)**

Name of Insurance Company \* China / EQ / Etiqa / MSIG / Tokio Marine/ Great American  
 Type of Policy \* Comprehensive / Third Party / Third Party Fire & Theft  
 Policy No. (Certificate No.) / Cover Note No. DMB 1 SN 252 11 4 1803

**DRIVER**

Name of Driver \* Xu Zhongwei Gender:  Male /  Female  
 NRIC / FIN / Passport Number \* G 6489783M  
 Date of Birth \* 18 / 04 / 1971 (dd/mm/yyyy)  
 Occupation \*  Indoor /  Outdoor  
 Date of Driving Pass (Pass Date) \* 04/01/2011  
 Contact Number \* 9390-9576  
 Address \* -  
 Email Address / Fax Number \* Email: No email Fax: -  
 Relationship of the Driver with the Insured \* Owner /  Employee / Spouse / Friend / Others:  
 Does Driver Own any Vehicle, if YES pls indicate Vehicle Number & Insurance Company \*  
 Veh No: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_  
 Ins Co: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**GENERAL INFORMATION OF THE ACCIDENT**

Type of Collision Chain Collision / Side-Swipe /  Front to Rear / Others:  
 Weather Conditions \*  Clear /  Raining / Others:  
 Road Surface \* Wet /  Dry / Others:

**OTHER INFORMATION**

Was anybody Injured in the accident? \*  No /  Yes (Police Report required)  
 Was any Injured conveyed to hospital by ambulance?  No /  Yes  
 Was any foreign vehicle involved in this accident? \*  No /  Yes Veh No: \_\_\_\_\_ Veh Category: \_\_\_\_\_  
 Number of vehicles involved in the accident ( )  
 Was there any witness?  No /  Yes  
 Was any other VEHICLE / Property involve / damage? \*  No /  Yes  
 Was there any video captured by Car Camera?  No /  Yes

**DETAILS OF POLICE ACTION**

Was the Accident Reported to the Police? \*  No /  Yes If Yes, Please state which Police Station \_\_\_\_\_  
 Was Notice of Intended Prosecution given? \*  No /  Yes If Yes, against whom? \_\_\_\_\_  
 Number of Passengers (Including DRIVER)? \* ( 45 )  
 Passengers  
 Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Gender: Male / Female Gender: Male / Female

Have you been approached by unknown person(s) soliciting/offering accident claims assistance? Yes /  No

DETAILS OF OTHER VEHICLE(S) / PROPERTIES		
Vehicle Registration Number *	1) GBE7600Y	2)
Vehicle Make / Model / Colour	-	
Damage to Vehicle/Property?	-	
Vehicle Category *	Lorry	
Name of Driver	-	
NRIC/Passport Number	-	
Contact Number	-	
Address	-	
Insurance Company Name	AXA Insurance	
DETAILS OF WITNESS		
Name	-	
Contact No. / Email Address	-	

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

Employer  
**AIK SHEN BUS SERVICE**

Sector: **SERVICE**



Name  
**XU ZHENGWEI**

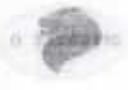
Occupation  
**BUS DRIVER**

S Pass No.  
**0 73985915**

Date of Application  
**16-05-2017**

Date of Issue  
**05-06-2017**

Date of Expiry  
**18-08-2019**

**L8011347**



**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number: **G 6489783 M**

Name:  
**XU ZHENGWEI**

Birth Date: **10 Apr 1971**

Issue Date: **03 Nov 2015**

Valid Till **07/11/2020**

**0024897348**




Land Transport Authority



**VOCATIONAL LICENCE**

Licence No : **G6489783M**

Name : **XU ZHENGWEI**

Issue Date : **29/8/2011**

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

+IP. 9390 - 9576 .

**VISIT PASS**  
Immigration Regulations

Name  
**XU ZHENGWEI**



Date of Birth: 18-04-1971 Sex: M Nationality: CHINESE  
PIN: G6489783M Date of Issue: 05-06-2017 Date of Entry: 18-08-2010

**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.



**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)**

		EFFECTIVE DATE
Class 3	Motor Cars <= 3000kg with <=7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	08 Nov 2010
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	04 Jan 2011



Licence No: G6489783M

NP 425A

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	29/08/2011





**中国太平保險(新加坡)有限公司**  
**CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.**  
 Co. Reg. No. 20020834E

M7601  
 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, 1990  
 Road Transport Act, 1987 (Malaysia)  
 Motor Vehicles (Third-Party Risks, Rules - 1959 (Malaysia)

ORIGINAL

CERTIFICATE No	0MB15N1521141803	Engine No : 6HK1602552
		Chamo: JALL1134PB7000028
1. Issue Date and Registration Number of Vehicle	CB6951U	AUTOSAFE
2. Name of Policy Holder	M/S AIK SHEN BUS SERVICE	
3. Effective Date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	11 June 2018	Excess Sect I ..... S\$2,500.00 Excess Sect. II ..... S\$1,500.00 EX ON WINDSCREEN ..... S\$800.00
4. Date of Expiry of Insurance	10 June 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.

HIRE PURCHASE CO. : MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD

\* 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 OOOS. & EVEN  
 Authorised Officer

G. ANNIE  
 870356300-12

Authorised Signatory

**Enquire Vehicle Registration Details****Owner Particulars**

NRIC/Passport/Company  
 Car No. 29636400K  
 Owner ID Type Business  
 Owner Name AIK SHEN BUS SERVICE  
 Registered Address 307 WOODLANDS AVENUE 1 #01-531 SINGAPORE 730531  
 Mailing Address:

**Vehicle Particulars**

Vehicle No. CB0951U  
 Previous Vehicle No. -  
 Effective Date of Ownership 11 Jun 2012  
 Original Regn Date 11 Jun 2012  
 Registration Date 11 Jun 2012  
 Year of Manufacture 2010  
 Vehicle Type School Transport Bus/Coach/Minibus  
 Vehicle Scheme School Bus with AWC  
 Vehicle Attachment 1 Air-Conditioned  
 Vehicle Attachment 2 -  
 Vehicle Attachment 3 -  
 Vehicle Make ISUZU  
 Vehicle Model LT13AP  
 Primary Colour Multi-Colored  
 Secondary Colour -  
 Passenger Capacity 49  
 Chassis No. JALLT134PB7000028  
 Engine No. 6HK1602552  
 Engine Capacity/Power Rating 7290 cc / -  
 Propellant Diesel  
 Max Unladen Weight 10320 kg  
 Maximum Laden Weight 15000 kg  
 Open Market Value \$102,597.00  
 PARF Eligibility No  
 PARF Eligibility Expiry Date -  
 Minimum PARF Benefit -  
 No. of Transfers 0  
 IU Label No. 2050052409  
 COE No. -  
 COE Expiry Date -  
 COE Category -  
 COE Registration Category -  
 Quota Premium (QP) / Prevailing Quota Premium - / -  
 Actual QP Paid -  
 QP (Regn Cat) -

## Vehicle Registration Detail Information

OPC Cash Rebate Eligibility: No

Additional Regn Fee: 5.00 %

Actual ARF Paid: \$5,100.00

Vehicle Lifespan Expiry Date: 10 Jun 2032

Message: The vehicle will be de-registered upon reaching its statutory lifespan on 10 Jun 2032. This is a public service vehicle.

OK



Please read through the Privacy Statement, Conditions of Use and Disclaimer.  
Please do not use the **Back** or **Forward** buttons on your browser as this may alter the results of the transactions.  
Send us your feedback at [60303@lta.gov.sg](mailto:60303@lta.gov.sg) and advise 900 if you require assistance.  
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