

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 20/10/2018 13:48	Job description	Date & Time Completed	Done by
Ref No: NA/LIP18019073/K4	SAS e-filing		
Veh No: PC 6688X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 18/10/2018 17:10	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: (

Tel:

Fax:

TP Particulars:	Veh No: GBG 2213D	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

NA1806727

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	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: 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 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
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	20/10/2018 13:48
Date Of Accident	18/10/2018 17:10
Exact Location Of Accident	ORCHID COUNTRY CLUB (CARPARK)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6688X
Insured/Policyholder	
Name Of Registered Owner	RIDEWELL TRAVEL PTE LTD
Co Reg No	198100958D
Email Address	IVAN@TNCLTD.NET
Mobile Phone No	(LOCAL) +65-93880304
Alternative Phone No	OFFICE-93880304

Vehicle Particulars

Manufacturer	ZONDA
Model	YCK6129HG
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	REPORTING ONLY
Vehicle Category	BUS

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	SD17V13037/VBS/R01
Cover Note Number	

Driver

Name of Driver	TAN SHY WEE (CHEN SHIWEI)
NRIC No	S7822292A
Date Of Birth	02/08/1978
Occupation	OUTDOOR
Date Of Driving Pass	13/02/2001
Driving Experience	17 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93880304
Fax Number	
Contact Number	OTHERS-93880304
EMail Address	IVAN@TNCLTD.NET

Address	BLK 989D JURONG WEST STREET 93 #11-663
Postcode	644989
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	GBG2213D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SIOW LI SAN, CHERYL BERNADETTE (XIAO LISHAN)
NRIC/Passport Number	S7904666C
Contact Number	90074198
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport
/Company Cert No.: 198100958D

Owner ID Type: Company

Owner Name: RIDEWELL TRAVEL PTE. LTD.

Registered Address: 7 OLD TOH TUCK ROAD SINGAPORE 597648

Mailing Address: -

Birth Date: -

Vehicle Particulars

Vehicle No.: PC6688X

Previous Vehicle No.: -

Effective Date of Ownership: 05 Nov 2008

Original Regn Date: 05 Nov 2008

Registration Date: 05 Nov 2008

Year of Manufacture: 2008

Vehicle Type: Private Hire (Chauffeur) Bus/Coach/Minibus

Vehicle Scheme: Public Service Vehicle (Others)

Vehicle Attachment 1: Air-Conditioned

Vehicle Attachment 2: -

Vehicle Attachment 3: -

Vehicle Make: ZONDA

Vehicle Model: YCK6129HG

Primary Colour: Purple

Secondary Colour: -

Passenger Capacity: 45

Chassis No.: LYJD9AFM18W001111

Engine No.: 21866423

Engine Capacity /Power Rating: 8849 cc / -

Maximum Power Output: -

Propellant: Diesel

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.



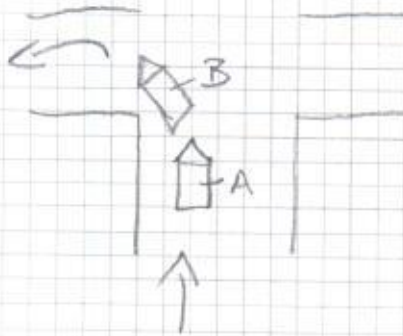
Policyholder's Signature
Date & Time:


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

 20/10/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Orchid Country Club Carpark



A - PC6688X
B - G3G2213D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Veh ~~A~~^B was turning left and suddenly stop Veh ~~B~~^A can't
~~stop~~ stop in time and hit Veh B and
A, no damages on Vehicle A

DECLARATION

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



Policyholder's Signature
Date & Time:

8L
Driver's Signature
(If driver is not the policyholder)
Date & Time:

20/10/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Reported on 20/10/2018
@ 12451728

ACCIDENT STATEMENT

ACCIDENT DATE: 18/10/2018 (DD/MM/YYYY), TIME: 17:10 (HH:MM)

LOCATION: Orchid Country Club Carpark

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC6688X
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 93880304
c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: _____

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
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: GBG2213D MODEL: _____
b) DRIVER'S NAME: STEW LEE SAN, CHERYL BERNADETTE (XIAO LISHAN)
c) NRIC/FIN/PASSPORT: S7904666C CONTACT: 90014198

9. THIRD PARTY VEHICLE

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

EMAIL = Ivan @ tnc Ltd . net ✓

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7822292A



Name

TAN SHY WEE
(CHEN SHIWEI)

陈诗伟

Race

CHINESE

Date of birth

02-08-1978

Sex

M

Country of birth

SINGAPORE



S7822292A

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7822292A

Name

TAN SHY WEE
(CHEN SHIWEI)

Birth Date: 02 Aug 1978

Issue Date: 26 Apr 2003



4389473

NRIC No. S7822292A



Date of issue

20-04-2009

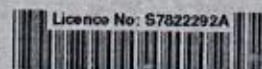
Address

APT BLK 989D JURONG WEST STREET 93
#11-663
SINGAPORE 644989

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	30 Apr 1997
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	14 Dec 2000
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	13 Feb 2001



NP 428A

Land Transport & Authority



VOCATIONAL LICENCE

Licence No. S7822292A

Name TAN SHY WEF

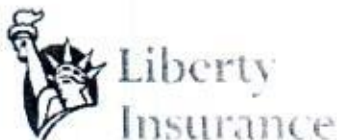
Issue Date 25/9/2012

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 the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	19/09/2006
04	BUS ATTENDANT	19/09/2006






Liberty Insurance Pte Ltd
Registration no.199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611 Fax: (65) 6225 6890
Website: <http://www.libertyinsurance.com.sg>

CERTIFICATE OF INSURANCE

MOTOR 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)

Certificate No	SD17V13037 /VBS /R01										
Form	MZ601										
Date Of Issue	27-NOV-2017										
1.Index Mark and Registration No. of Vehicle:	PC6688X										
2.Chassis number of Vehicle:	LYJD9AFM18W001111										
3.Name of Policyholder:	RIDEWELL TRAVEL PTE LTD										
4.Effective date of Commencement of Insurance for the purpose of the Act:	01-DEC-2017 00:00 AM										
5.Date of Expiry of Insurance:	30-NOV-2018 23:59 PM										
6.Persons or Classes of Persons entitled to drive*:	<p>Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.</p> <p>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.</p> <p>And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.</p>										
7.Limitations as to use*:	<p>Use only for the carriage passengers or goods in connection with the Policyholder's business.</p>										
8.Policy does not cover:	<p>A) Use for racing, pace-making, reliability trials or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p> <p>*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.</p>										
<p>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).</p>											
eTAY No.1 Pemimpin Drive #10-01 One Pemimpin Singapore 576151 Tel: 6294 6996 Fax: 6694 4933	<p>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p> <p> Authorized Signature</p>										
<p>For Information only:</p> <table><tr><td>COVERAGE :</td><td>Third Party Fire & Theft, Geographical Area: Singapore & West Malaysia</td></tr><tr><td>SUM INSURED:</td><td>MARKET VALUE AT THE TIME OF LOSS</td></tr><tr><td>EXCESS:</td><td>Section I - Malaysia S\$5000, Section II - Malaysia S\$5000, All Claims - Singapore S\$1500, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000</td></tr><tr><td>FINANCE COMPANY:</td><td></td></tr><tr><td>PRODUCER NAME:</td><td>E TAY TRADING COMPANY</td></tr></table>		COVERAGE :	Third Party Fire & Theft, Geographical Area: Singapore & West Malaysia	SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS	EXCESS:	Section I - Malaysia S\$5000, Section II - Malaysia S\$5000, All Claims - Singapore S\$1500, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000	FINANCE COMPANY:		PRODUCER NAME:	E TAY TRADING COMPANY
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PRODUCER NAME:	E TAY TRADING COMPANY										

PLSL/PLSL/27-NOV-17

27-NOV-17

**This Policy Covers Both
SINGAPORE &
WEST MALAYSIA**

Nov 27, 2017, 5:03 PM

S2_CI_T3_T1_TEMPLATE2-Ver1