

# NATIONAL Assessment Centre Services

(Unit 1 201001)

MA18136865

Date In: 22/10/2018 14:40	Job description	Date & Time Completed	Done by
Ref No: NBA/C1118019119/Y	SAS e-filing		
Veh No: PC 1520A	E-mail (while there, AIC there)		
D.O.A: 22/10/2018 09:00	E-Motor Claim Form		
OD / TP? Reporting Only	E-Motor W/O (within 30 days TP claim)		
	E-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW:	Tell	Fax:
TP Particulars:	Yeh No: SLZ 9999L	INC ( ) / Non-INC ( )
Owner / Driver:	Tell:	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date:	Time:
Insured/Driver Liability: ( )	% (Note: B/L 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 reporter.

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

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

Remarks:	INC hotline: 6788 6016	Date & Time Completed:	Done by:
1) Apply for Transport Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Recovery Photo (Repair Cost > \$3000) ( )			

Injury:

On-site Action:

Human Particulars:	Invoice Preparation Checklist:
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)
Damaged Portion:	3) TP: Towing Fee \$10/\$40
	4) PT: Follow-Through Survey \$10
	5) PT: Follow-Through Survey (Recovery) \$10
	6) TR: Re-inspection \$15
	7) NT: New DA + SMRT Survey \$160
	8) NTUC Additional Services:
	9) NTUC: Courtesy Car / Tpl Allowance \$1
	10) NTUC: Repair Coordination \$10
	11) NTUC: Post Repair Inspection \$1
	12) NTUC: DY / Collect Excess Coordination \$1
	13) NTUC: TP (Non-INC) against INC \$20
	14) NTUC: Ident Mobile \$10
	15) NTUC: Invoice dated
	16) NTUC: Fee Charged
	17) NTUC: Fee Charged

MA1806842

C. Checked by (Ungr-In-Charge):

Unit 1 201001

L 1

L 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	22/10/2018 14:40
Date Of Accident	22/10/2018 09:00
Exact Location Of Accident	ALONG COLLYER QUAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC1530A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S LONGLIM PTE LTD
Co Reg No	201109995N
Email Address	BC@LONGLIM.COM
Mobile Phone No	(LOCAL) +65-90230917
Alternative Phone No	OFFICE-90230917

### Vehicle Particulars

Manufacturer	SCANIA
Model	KIB4X2-8.9 ABS (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	REPORTING ONLY
Vehicle Category	BUS

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SN1825911800
Cover Note Number	

### Driver

Name of Driver	QIAO ZIKUI
NRIC No	G2391849N
Date Of Birth	01/04/1986
Occupation	OUTDOOR
Date Of Driving Pass	01/07/2015
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93806180
Fax Number	
Contact Number	OTHERS-90230917
Email Address	BC@LONGLIM.COM



Address -  
 Postcode  
 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 SIDE SWIPE  
 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) 41

### 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 SLZ9999L  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 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.



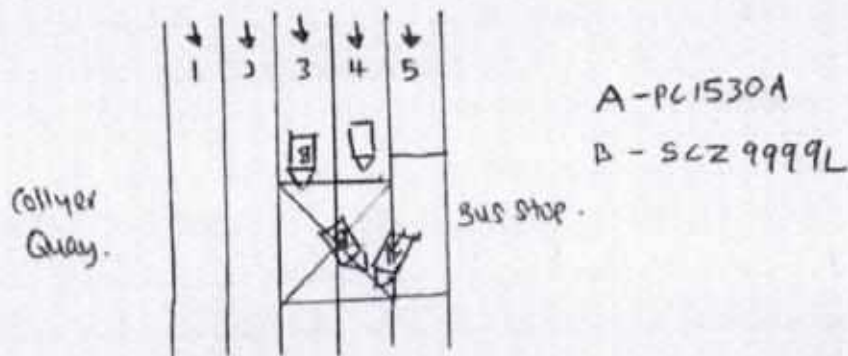
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN




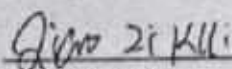
## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/10/2018 @ 09:00hrs, after alighting my passengers @ Collyer Quay bus stop, I on my right signal light & hand signal to other vehicles that I wanted to turn out, all vehicles stopped & gave way to my bus & when I was filtering out into yellow box, a vehicle SCZ 9999L from the 3rd lane attempt to switch to lane 2 & as a result collided against to my bus front on portion as a result.

## 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.:

Road surface: Dry / Wet  
Weather condition: Clear / Raining  
Speed: \_\_\_\_\_

Usage of veh during of accident:  
\_\_\_\_\_

Does driver own a vehicle: yes no  
if yes, veh number plate: \_\_\_\_\_  
veh insurance co: \_\_\_\_\_

Relationship with insured: Employer & Employee

Witness (if any): yes no

Witness name: \_\_\_\_\_

Witness hp: \_\_\_\_\_

Witness email (if any): \_\_\_\_\_

Witness add: \_\_\_\_\_

Witness IC no: \_\_\_\_\_

Third party veh number: SLZ999L

Name of third party driver: \_\_\_\_\_

IC of third party driver: \_\_\_\_\_

HP of third party driver: \_\_\_\_\_

Address of third party driver: \_\_\_\_\_

Insured/Co name of third party vehicle: \_\_\_\_\_

Contact number of insured/Co: \_\_\_\_\_

Insurance co of third party vehicle: \_\_\_\_\_

Police report (if any): yes no

Police report reported at which police station: \_\_\_\_\_

Any intended prosecution given: yes no

if yes, against whom: veh A / veh B driver

Action taken : claiming third party / claiming own damage / reporting only

No of Pax: 41

: vehicle no: PC1530A

Owner contact no: 9023 0917

Date of accident: 22/10/2018

Location of accident: Collyer Quay

Time of accident : 09:00 hrs.

Any Injury: yes no ( if yes, must have police report)



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

Employer  
**BKK TRANSIT**

Sector: **SERVICE**

Name  
**QIAO ZIKUI**

Occupation  
**BUS CAPTAIN**

S Pass No.  
**0 75995644**

Date of Application  
**10-11-2016**

Date of Issue  
**01-12-2016**

Date of Expiry  
**01-12-2018**

 **L7440291**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **G2391849N**

Name  
**QIAO ZIKUI**

Birth Date: **01 Apr 1986**

Issue Date: **17 Mar 2014**

Valid Till: **16 Mar 2019**

 **002285713H**

**Land Transport Authority**

**VOCATIONAL LICENCE**

Licence No : **G2391849N**

Name : **QIAO ZIKUI**

Issue Date : **23/12/2016**

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

93806180

**VISIT PASS**  
Immigration Regulations

Name  
**QIAO ZIKUI**



Date of Birth	Sex	Nationality
01-04-1988	M	CHINESE
FIN	Date of Issue	Date of Expiry
Q2391849N	01-12-2016	01-12-2018

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 CLASSES:**

Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	17 Mar 2014
Class 4	HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN EXCEED 2500 KILOGRAMS	01 Jul 2015

S / No. 9000221366

G2391849N



Licence No. G2391849N

NP 428A

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
03	BUS VL

Issue Date  
23/12/2016







中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

W2601H 39  
AN062GA  
Cov. Type: C  
AUTOSAFE

**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.	DMN1SN1825911800	Engine No : 6674745 Chassis No: TS2RAN20001875339
1. Index Mark and Registration Number of Vehicle	AC153AA	
2. Name of Policy Holder	M/S LONGLIM PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	17 AUGUST 2018 (14:30 HOURS)	EXCESS SECT. 1 .....\$92,500.00 EXCESS SECT. 1 (OUTSIDE SINGAPORE) .....\$84,000.00 EXCESS SECT. 11 .....\$21,500.00 EXCESS SECT. 11 (OUTSIDE SINGAPORE) .....\$84,000.00 EX ON WINDSCREEN .....\$9800.00
4. Date of Expiry of Insurance	16 AUGUST 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 WHILEST DRAWING A TRAILER, EXCEPT THE TOWING (OTHER THAN FOR REWARD) OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.	
HIRE PURCHASE CO. : SO CREDIT PTE LTD AS BY OWNER * 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

to OneMotoring

ROC: 201109995 N.

## Transfer Fee

## Details

No.: PC1530A  
 Type: Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus  
 Attachment 1: Air-Conditioned  
 Scheme: Bus Carrying School Children  
 Make: SCANIA  
 Model: KIB4X2 MANUAL ABS  
 No.: Y52K4X20001875339  
 Fuel: Diesel  
 No.: 6674745  
 Capacity: 8867 cc  
 Net Power Output: -  
 Net Laden Weight: 19000 kg  
 Weight: 12380 kg  
 Manufacture: 2011  
 Registration Date: 04 Apr 2013  
 Expiry Date: 03 Apr 2033  
 Category: C - Goods Vehicle & Bus  
 Premium: \$53,489.00  
 piry Date: 03 Apr 2023  
 Expiry Date: 03 Apr 2019  
 on Due Date: 03 Apr 2019  
 Transfer Date: 23 Oct 2018  
 sion: -  
 sion: -  
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Renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.

including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

## Amount Payable

	Amount Before GST (S\$)	GST Amount (S\$)	Amount Payable
Fee:	25.00	-	

## Amount Payable:

The

Vehicle has a road tax Over Payment of \$9.00. This Over Payment may be used to offset Road Tax payable and Transfer Fees respectively, where applicable.

Please print this page for reference.

OK

Print