

Surveyor:

Nq2

## ASSIGNMENT (Office)

From (Person):

Kitty Teo

of

ASM (AXA)

Date/Time:

26/10/2018

Estimated Cost:

Bill to:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV ? CS

To Inspect Vehicle No:

CBG956G

Insured:

at Workshop m/s

UCB Engineering

Tel:

62681281

of

20 jalan pesawat

Policy No:

Claim No:

S8M00 x 66

Sum Insured:

Excess:

NIL

Make of Veh:

D.O.A.

08/09/2018

(Client's Record)

CA / (REV) / REP. / REV 24 HRS

Investigation

H.O.D. Endorsement:

Date/Time:

12:35pm 25/10/18

Person Contacted:

Mdm. Ah Siang

Vehicle

IN/OUT

Date/Time	Action/Instruction
	(✓) Estimate PLS conduct full fire investigation.
	CBG956G-X
07/11/18 @ 3:08pm	revert to Kitty Teo via Smart Claim. (without mv due to pending P.I.)
26/11/18 @ 1pm	2nd revert to Kitty Teo via Smart Claim.
15/12/18	Submit Unapproved Total Loss Report.

Signature

NA2

REF: ASM(AxA)

ASSIGNMENT

From: \_\_\_\_\_ Date: **25/10/2018**

Estimated Cost: \_\_\_\_\_

☒ TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: **CB 6956G**

at Workshop m/s: **UCB Engineering**

of: **2C Jalan Pesawat**

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: **NIL**

(Client's Record)

Make of Veh: **Investigation**

(Policy Condition)

Remark: **The veh had commenced its repair at the time of inspection.**

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / ☒ REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: **CB 6956G** Yr Regn: **28 JUN / 2012**

Type: M.Car / M.Cycle / ☒ Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or \_\_\_\_\_

Make: **2 HONG TONG LCK6107H** C.C. **6,693**

Colour: **MULTI COLOUR** A/C: ☒ Insured / Std / NI / NA

Sp. Reading: **WARNING AFFECTED** T/Radio: ☒ Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: **LDY6KS9D880004831**

Gen. Cond: Good / Fair / Poor / ☒ Burnt

Steering: Inorder / Jammed / Leaked / ☒ Burnt or

Brake: Inorder / Jammed / Leaked / ☒ Burnt or

Modi: Nil / S/Rim / ☒ STD A/Rim or

Tyre Size: F: **11R22.5**

R: **11**

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or **HIFLY (RR, FR), BS (FL) CWA CWB (RL)**

Front

R/Bal. **7** mm

L/Bal. **7** mm

D.O.A. **8/9/18**

Rear

R/Bal. **7** mm

L/Bal. **BURNT** mm

D.O.I. **25/10/18**

Survey held at **UCB ENGINEERING**

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

**N/S CENTRE, O/S CENTRE, REAR**

The U/C / Chassis frame / Body Structure affected due to collision.

RECEIVED 14 DEC 2018

Date/Time, File Pass to? ☐ : Preli. Report

1) **13/12 1400** ☐ : Final Report

Date/Time, File Return to? \_\_\_\_\_

2) \_\_\_\_\_

Report Format: **Smart Claim - H-TL**

Lump Sum / I.B.I: (\$ \_\_\_\_\_)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee: ☐ Site Insp (\$ \_\_\_\_\_)

☐ Interview (\$ \_\_\_\_\_)

☐ Tech. Invs (\$ \_\_\_\_\_)

☐ Weekend (\$ \_\_\_\_\_)

Survey Fee: **200**

Transportation: \_\_\_\_\_

Photos: \_\_\_\_\_

Others: **Fire Report**

TOTAL: **\$ 170.00**

10/12/2018

500K




## Service Request Details

Claim

S8M00X66

Reference

None 

Loss Date

September 8, 2018

Request Date

October 25, 2018

Due Date

November 1, 2018

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (OD)

Type of Loss

Own Damage

Services

Fire

Own Damage Investigation

### Actions

Next Step

Agree to perform service

Decline Work

Accept Work

### Vehicle Information

Incident Vehicle Registration #

CB6956G

Make

ZHONG TONG LCK610/H

Model

## Service Address

2C JALAN PESAWAT JURONG, , ,

## Primary Contact/Insured

KWEK CHOON HOU

BLK 547B SEGAR RD, #13-07 SEGAR VALE, 672547, Singapore

admin@cbt.com.sg

## Claim Handler

TEO Kitty

6568804602

kitty.teo@axa.com.sg

Additional Instructions

EXCESS NIL

Messages

Invoices

History

Documents

Assessment

Metrics

Notes

[New Message](#)

TYPE



SENT

10/25/18 11:24 AM

FROM

TEO Kitty

SUBJECT

FIRE - Please investigate

BODY

Hi Please conduct full fire investigation.



## **RATAN BHOSALE Pragati**

---

**From:** unitedcb <Unitedcb@singnet.com.sg>  
**Sent:** Wednesday, October 24, 2018 4:24 PM  
**To:** SG AXA Insurance SM AXA SGP - Motor Survey  
**Subject:** RE: CB 6956 G (Your certificate number GA360926/1)  
**Attachments:** CB6956G.pdf; CB6956G.pdf

**Categories:** Pragati

Dear Motor Claim Dept

I refer to the your certificate number GA360926/1.

Attached the document with police report for your reference.

Kindly arrange the surveyor survey the vehicle ASAP.

Our workshop UCB Engineering Pte Ltd propose this vehicle for TOTAL LOSS.

Thank you  
Ah Siang



Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

## Immediate Advice

To : AXA Insurance Pte Ltd

Date: 26/11/18

### Survey Details:

Date of loss	8-Sep-18
Date of appointment	25-Oct-18
Date of survey	25-Oct-18
Location of survey	UCB ENGINEERING

### Vehicle Details:

Claim Type:	Own Damage
Vehicle number	CB 6956G
Make and Model	ZHONG TONG LCK6107H
Date of registration	28/6/2012
Excess	\$ -
Market Value	\$ 40,000.00
Parf Rebate	\$ -
Nett Loss	\$ 40,000.00

### Repair details:

Initial Estimate	CONSTRUCTIVE TOTAL LOSS
------------------	-------------------------

### Proposed/Revised repair cost:

Parts	\$ -
Check items (estimate)	\$ -
Labour	\$ -
Total	\$ -
Lump Sum(if applicable)	\$ -

Number of days for repair	<u>0</u>
---------------------------	----------



Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

**Remarks:**

REPAIR COST NOT ECONOMICAL. PENDING FOR SCDF FIRE  
REPORT. WE HAVE NOT AUTHORISE REPAIR.

**Mandate:**

Liability(TP)		%
Proposed repair cost		\$
Loss of use		\$ no. of days
Loss of rental		\$ no. of days
Loss of income		\$ no. of days
LTA search fees		\$
Others		\$
Proposed Total		#VALUE!



Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

## Immediate Advice

To : AXA Insurance Pte Ltd

Date: 02/11/18

### Survey Details:

Date of loss	8-Sep-18
Date of appointment	25-Oct-18
Date of survey	25-Oct-18
Location of survey	UCB ENGINEERING

### Vehicle Details:

Claim Type:	Own Damage
Vehicle number	CB 6956G
Make and Model	ZHONG TONG LCK6107H
Date of registration	28/6/2012
Excess	\$ -
Market Value	TBA
Parf Rebate	\$ -
Nett Loss	#VALUE!

### Repair details:

Initial Estimate	TOTAL LOSS
------------------	------------

### Proposed/Revised repair cost:

Parts	\$ -
Check items (estimate)	\$ -
Labour	\$ -
Total	\$ -
Lump Sum(if applicable)	\$ -

Number of days for repair	0
---------------------------	---





Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

**Remarks:**

PENDING FOR PURCHASE INVOICE OF BUS AND  
INVESTIGATION. WE HAVE NOT AUTHORISE REPAIR.

**Mandate:**

Liability(TP)	%	
Proposed repair cost	\$	
Loss of use	\$	no. of days
Loss of rental	\$	no. of days
Loss of income	\$	no. of days
LTA search fees	\$	
Others	\$	
Proposed Total	#VALUE!	

### 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 16:09
Date Of Accident	08/09/2018 14:50
Exact Location Of Accident	ALONG MOUNTBATTEN RD
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB6956G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KWEK CHOON HOU
NRIC No	S8705061J
Email Address	ADMIN@CBT.COM.SG
Mobile Phone No	(LOCAL) +65-98507303
Alternative Phone No	OFFICE-NOPHONE

#### Vehicle Particulars

Manufacturer	ZHONG TONG
Model	LCK6107H-6.7 D (M)

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? YES

If No, Please state action to be taken

Vehicle Category	BUS
------------------	-----

#### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA360926
Cover Note Number	

#### Driver

Name of Driver	KWEK CHOON HOU
NRIC No	S8705061J
Date Of Birth	27/02/1987
Occupation	OUTDOOR
Date Of Driving Pass	05/04/2014
Driving Experience	4 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98507303
Fax Number	
Contact Number	OFFICE-NOPHONE
EMail Address	ADMIN@CBT.COM.SG

Address	BLK 547B SEGAR RD #13-07
Postcode	672547
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	FIRE, EXPLOSION OR LIGHTNING
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?	NO
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	BUKIT PANJANG
Police Station Address	ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

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

**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: 26/9/18 4.00pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

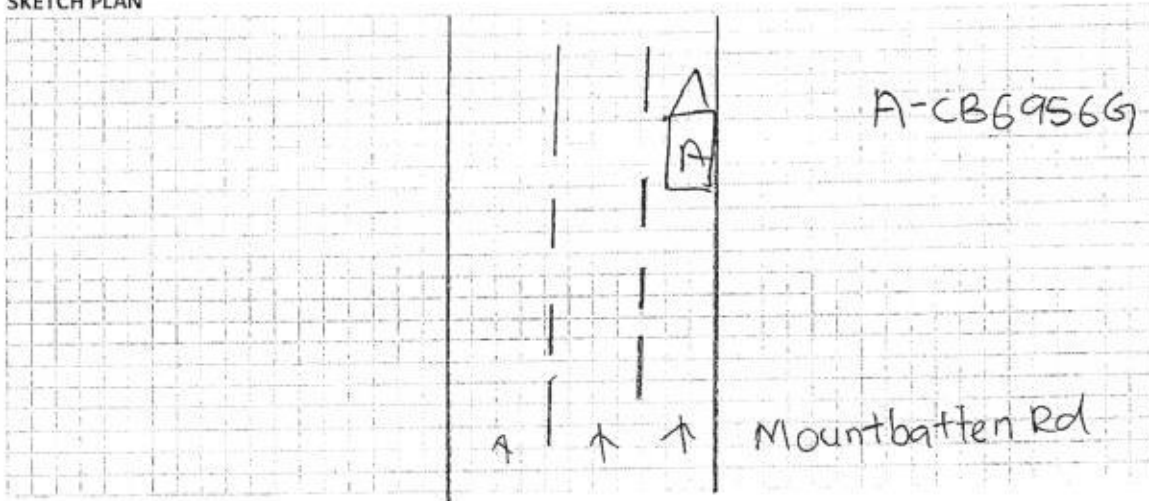
Name:

NRIC/FIN No.:

I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

**Sketch Plan Pg. 2**

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

CD 6956 h caught fire 2.50pm 8/9/18 @  
Mountbatten Rd.

## DECLARATION

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

Policyholder's Signature

Date & Time: 26/5/18 4.00 pm

GIARRIC ShellPlanForm\_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

- ☐ Claim own policy
- ☐ Claim third party
- ☒ Claim OD, TP at other works hop UCB Engineering
- ☐ For record purpose PL

Policy No. GA360926

Insurer AXA Veh.No. CB69566

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



J/20180927/2052

1 of 1

## POLICE REPORT (NP299)

Report No. J/20180927/2052

Police Station Of Origin  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

Date/Time Report Made 27/09/2018 10:56	Vide Report No.	Station Diary No. 37
Name Of Informant KWEK CHOON HOU	Address APT BLK 547B SEGAR ROAD #13-07 SINGAPORE 672547	
ID Type / ID No. NRIC NO / S8705061J	Contact No. Home/Office	Mobile 98507303
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Driver	Sex Male	Age 31
	Date of Birth 27/02/1987	Race Chinese
Institution/School Name	Language	
Date/Time Of Incident 08/09/2018 14:50	Location Of Incident MOUNTBATTEN ROAD SINGAPORE Mountbatten road towards Kallang Road	

**Brief details.**

On 8th September 2018 at 1450hrs, I was driving my vehicle (CB6956G) along Mountbatten Road towards Kallang road on lane one. While driving, I discovered smoke coming from the rear of my vehicle. I immediately stop my vehicle and call for SCDF assistance. No one was injured. No government property damaged. The SCDF did not tell me what is the cause of the fire. I am lodging this report for insurance claimed purposes.

Signature Of Officer Recording The Report: J / Sgt 3 SALLY CHUA WEI TING	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 27/09/2018 10:56
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / Sgt 3 LEOW SU LING Contact No.:	Classification Of Case:
Authentication Stamp  SN 117	

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Singapore NRIC  
Owner ID: 5061J

### Vehicle Details

Vehicle No.: CB6956G  
Vehicle to be Exported: No  
Intended Deregistration Date: 26 Oct 2018  
Vehicle Make: ZHONG TONG  
Vehicle Model: LCK6107H  
Primary Colour: White  
Secondary Colour: Pink  
Manufacturing Year: 2011  
Engine No.: ISBE4250B21918719  
Chassis No.: LDY6KS9D8B0004831  
Maximum Power Output: -  
Open Market Value: \$103,540.00  
Original Registration Date: 28 Jun 2012  
First Registration Date: 28 Jun 2012  
Transfer Count: 1  
Actual ARF Paid: \$5,177.00

### Intended PARF Rebate Details

PARF Eligibility: No  
PARF Eligibility Expiry Date: -  
PARF Rebate Amount: \$0.00

### Intended COE Rebate Details

COE Rebate Amount: \$0.00  
Total Rebate Amount: \$0.00

The information contained herein is correct as at 26 Oct 2018.

OK

> Back to OneMotoring

## Enquire Transfer Fee

### Vehicle Details

Vehicle No. :	CB6956G
Vehicle Type :	S20 - School Transport Bus/Coach/Minibus
Vehicle Attachment 1 :	Air-Conditioned
Vehicle Scheme :	School Bus without AWC
Vehicle Make :	ZHONG TONG
Vehicle Model :	LCK6107H
Chassis No. :	LDY6KS9D8B0004831
Propellant :	Diesel
Engine No. :	ISBE4250B21918719
Engine Capacity :	6693 cc
Maximum Power Output :	-
Maximum Laden Weight :	14660 kg
Unladen Weight :	10740 kg
Year Of Manufacture :	2011
Original Registration Date :	28 Jun 2012
Lifespan Expiry Date :	27 Jun 2032
Road Tax Expiry Date :	27 Dec 2018
Inspection Due Date :	27 Jun 2019
Intended Transfer Date :	26 Oct 2018
CO2 Emission :	-
CO Emission :	-
HC Emission :	-
NOx Emission :	-
PM Emission :	-

The current road tax expiry is 27 Dec 2018. You may renew the road tax from 28 Sep 2018 with all pre-requisite(s) fulfilled. If the road tax is renewed after 27 Dec 2018, late renewal fee(s) will be imposed. Please use Enquire Road Tax Payable to check on the late fee(s) payable. Road tax, 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 (From 28 Dec 2018 to 27 Jun 2019)

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
<b>Sub Total :</b>			<b>25.00</b>
Nett Road Tax Amount (After Offsetting Over Payment) :	149.00	-	149.00
<b>Total Amount Payable :</b>			<b>174.00</b>

### Amount Payable (From 28 Dec 2018 to 27 Dec 2019)

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
<b>Sub Total :</b>			<b>25.00</b>
Nett Road Tax Amount (After Offsetting Over Payment) :	540.00	-	540.00
<b>Total Amount Payable :</b>			<b>565.00</b>

You may print this page for reference.

OK

Print



[> Back to OneMotoring](#)

## Enquiry on Vehicle Recall - Vehicle Specific

\* ONLY INFORMATION ON VEHICLE RECALLS SUBMITTED FROM 9 APRIL 2007 IS AVAILABLE

### Vehicle Owner Particulars

Owner ID Type: Singapore NRIC

Owner ID: 5061J

### Vehicle Details

Vehicle Registration number: CB6956G

Make: ZHONG TONG

Vehicle Model: LCK6107H

Engine No.: ISBE4250B21918719

Chassis No.: LDY6KS9D8B0004831

### Recall Details

No Recall Detail records

OK

# 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 16:09  
Date Of Accident 08/09/2018 14:50  
Exact Location Of Accident ALONG MOUNTBATTEN RD  
Country/State of Loss SINGAPORE

## DETAILS OF OWN VEHICLE

Vehicle Registration Number CB6956G

## Insured/Policyholder

Name Of Registered Owner KWEK CHOON HOU  
NRIC No S8705061J  
Email Address ADMIN@CBT.COM.SG  
Mobile Phone No (LOCAL) +65-98507303 - son hp.  
Alternative Phone No OFFICE-NOPHONE Boss-

- Bus parked @ old quarry  
at heavy use carpark.  
- Drive club man.  
Boss-

## Vehicle Particulars

Manufacturer ZHONG TONG - 91888191 - Sunday.  
Model LCK6107H-6.7 D (M)  
Exact Purpose for which vehicle was being used at time of accident - Ms Kwek, - Pick up @ Jurong West

Are you claiming under your own insurance policy for repair to your vehicle? YES

If No, Please state action to be taken

Vehicle Category BUS

- 452 go National Stadium  
- While waiting vehicle caught fire.

## Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number GA360926  
Cover Note Number

- Every 2 mths service  
@ jeyam - wsp.  
- servicing pay cash.

## Driver

Name of Driver KWEK CHOON HOU  
NRIC No S8705061J  
Date Of Birth 27/02/1987  
Occupation OUTDOOR  
Date Of Driving Pass 05/04/2014  
Driving Experience 4 YEARS AND 5 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-98507303  
Fax Number  
Contact Number OFFICE-NOPHONE  
Email Address ADMIN@CBT.COM.SG

- Bought new.  
- 6 years ago - CB plate.  
- Bus no prob.  
- no overheating.  
- Night bus driver  
bank. Factory  
workers  
- Mon-hp  
No overseas family school - 3 trips.

- 7 buses  
- 1 45 seater (bus)  
- 6 41 seater  
- All 2nd floor  
- Family bus. 1st & daughter.  
- Daughter have knowls.

Address	BLK 547B SEGAR RD #13-07
Postcode	672547
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	FIRE, EXPLOSION OR LIGHTNING
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?	NO
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	BUKIT PANJANG
Police Station Address	ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

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

SKETCH PLANIMPORTANT 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: 26/9/18 4.30pm

  
Driver's Signature

(If driver is not the policyholder)

Date & Time:

  
Reporting Centre Personnel's Signature

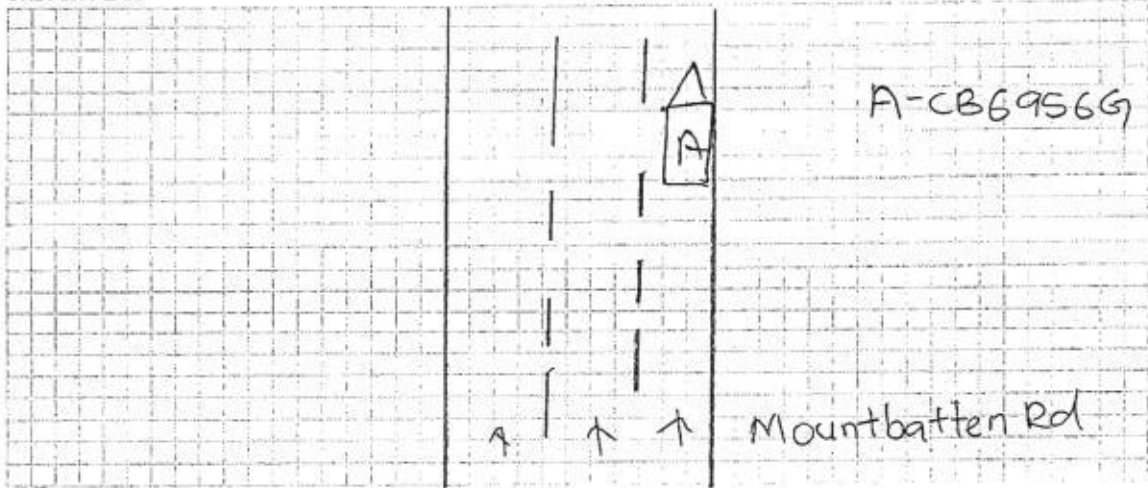
Name:

NRIC/FIN No.:

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

## Sketch Plan Pg. 2

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

C1369566 caught fire 2.50pm 8/9/18 @  
 Mountbatten Rd.

☐ Claim own policy  
☐ Claim third party  
☒ Claim OD TP at other works shop UCB Engin  
☐ For record purpose PIL

## DECLARATION

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

Policyholder's Signature

Date & Time: 26/4/18 4.00 pm

G4RMC SketchPlanForm\_V3

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

☐ Claim own policy☐ Claim third party

☒ Claim (OD) TP at other works hop UCB Engineering

☐ For record purpose

Policy No. GA360926

Insurer AXIA Veh.No. CB695667

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



J/20180927/2052

1 of 1

POLICE REPORT (NP299)

Report No. J/20180927/2052

Police Station Of Origin  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

Date/Time Report Made 27/09/2018 10:56	Vide Report No.	Station Diary No. 37
Name Of Informant KWEK CHOON HOU	Address APT BLK 547B SEGAR ROAD #13-07 SINGAPORE 672547	
ID Type / ID No. NRIC NO / S8705061J	Contact No. Home/Office	Mobile 98507303
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Driver	Sex Male	Age 31
	Date of Birth 27/02/1987	Race Chinese
Institution/School Name	Language	
Date/Time Of Incident 08/09/2018 14:50	Location Of Incident MOUNTBATTEN ROAD SINGAPORE Mountbatten road towards Kallang Road	

**Brief details.**

On 8th September 2018 at 1450hrs, I was driving my vehicle ( CB6956G) along Mountbatten Road towards Kallang road on lane one. While driving, I discovered smoke coming from the rear of my vehicle. I immediately stop my vehicle and call for SCDF assistance. No one was injured. No government property damaged. The SCDF did not tell me what is the cause of the fire. I am lodging this report for insurance claimed purposes.

Signature Of Officer Recording The Report:

J / Sgt 3 SALLY CHUA WEI TING

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
J / Jurong Police Divisional Investigation Branch /  
Sgt 3 LEOW SU LING  
Contact No.:

Authentication Stamp



Signature

SN 117

Signature Of Informant:

Date/Time:  
27/09/2018 10:56

Classification Of Case:

Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

