

NATIONAL Assessment Centre Services. [wef 1 Jan'05] **MNA 418140503**

Date In: 29/10/2008 20:19	Job description	Date & Time Completed	Done by
Ref No: N30/CN1180/9699/Y	SAS e-filing		
Veh No: PC1520A	E-mail (within 3hrs, AIC 3hrs)		
D.O.A: 29/10/2008 10:55	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: Vch No: **SGR 5693P** 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 repairer.

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

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

Reminders: (INC 110011: 6788 6616) Date: Time: 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

NA1807032

Claimant's Particulars	Invoice / Particulars	Fee Charged	Fee Charged
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
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) NI: Idas DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (Nil): TP (Non INC) against INC \$20		
	9) NI2: Idas Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Cal 1:

Cal 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	29/10/2018 20:19
Date Of Accident	29/10/2018 10:55
Exact Location Of Accident	ALONG NORTH BRIDGE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC1530A
Insured/Policyholder	
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-93806180

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	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	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) +65-90230917
Fax Number	
Contact Number	OTHERS-93806180
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 WET

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) 52

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 SGR5693P
 Vehicle Make/Model/Colour -
 Details Of Properties -
 Vehicle Category PRIVATE CAR
 Name of Driver -
 NRIC/Passport Number -
 Contact Number -
 Address -
 Postcode -
 Insurance Company Name NTUC INCOME INSURANCE CO-OPERATIVE LTD
 Nature Of Damage -
 No. Of Passenger (Including Driver) -

SKETCH PLAN

IMPORTANT NOTICE

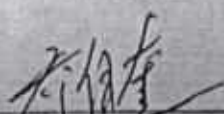
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

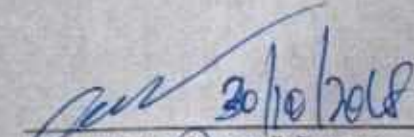
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

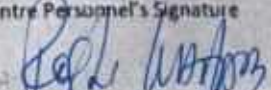



Policyholder's Signature
Date & Time:



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



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

SKETCH PLAN

North Bridge Road



A-PC1530A

B-SGR 5693P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/10/2018 @ 10:58hrs, I was driving along North bridge Rd while making a left bend a veh SGR5693P come into my lane and hit onto my RHS.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:



[Signature]

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

[Signature] 20/10/2018

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

[Signature]

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: S GR 5693P
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: NTUC Ins.

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: 52

vehicle no: PC1530A
Owner contact no: 90250917
Date of accident: 29/10/2018
Location of accident: North Bridge Road
Time of accident : 10:58
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 75095644

Date of Application:
10-11-2016

Date of Issue:
01-12-2016

Date of Expiry:
01-12-2018



L7440291

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **G2391849N**

Name:
QIAO ZIKUI

Birth Date: **01 Apr 1986**

Issue Date: **17 Mar 2014**

Valid Till: **16 Mar 2019**



Land Transport Authority

VOCATIONAL LICENCE

Licence No : **G2391849N**

Name : **QIAO ZIKUI**

Issue Date : **23/12/2018**

Please visit 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
01-04-1986	M	CHINESE
FIN	Date of Issue	Date of Expiry
G23D1849N	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.

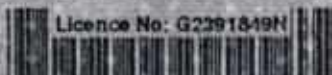


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 3500 KILOGRAMS	17 Mar 2014
Class 4	HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN EXCEED 3500 KILOGRAMS	01 Jul 2015

S / No. 9000221366

G23D1849N



Licence No: G23D1849N

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	Issue Date
03	BUS VL	23/12/2016





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

M2601N EN
AN0626A
Cov.Type: C
AUTOSAVE

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.	DMB12N1825911800	Engine No : 6674745
1. Index Mark and Registration Number of Vehicle	PC1530A	Chassis No: YS2R4X20001875336
2. Name of Policy Holder	M/S LONGLIN 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. I\$42,500.00 EXCESS SECT. I (OUTSIDE SINGAPORE).....\$24,000.00 EXCESS SECT. II\$51,500.00 EXCESS SECT. II (OUTSIDE SINGAPORE).....\$24,000.00 EX ON WINDSCREEN\$500.00
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 OWNER 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.	
HIPE PURCHASE CO. : SC CREDIT PTE LTD AS HP 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: K1B4X2 MANUAL ABS
 No.: YS2K4X20001875339
 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
 Expiry Date: 03 Apr 2023
 Expiry Date: 03 Apr 2019
 Due Date: 03 Apr 2019
 Transfer Date: 23 Oct 2018
 Issuance: -
 Issuance: -
 Issuance: -
 Issuance: -
 Issuance: -

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:

je

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.

May print this page for reference.

OK

Print