

NATIONAL Assessment Centre Services.

(wef 1 Jan 2005)

Number 1814246

Date In: 02/11/2008 12:22	Job description	Date & Time Completed	Done by
Ref No: N80107122	SAS e-filing		
Veh No: CB 79137	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 01/11/2008 18:25	I-Motor Claim Form		
OD: TP & Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: SU 9321J

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: ()

Remarks: (INC Hotline: 6789 6016) 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:

<p>NA1807122</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Tel: 1:</p> <p>2 / 3:</p>	<p>Invoice/Repairation Charge</p> <p>1) AR: Accident Reporting (\$30)</p> <p>2) DA: Damage Assessment (\$100) INC (\$50)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) NI: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>OD:</p> <p>*NS: Courtesy Car / Tpt Allowance \$5</p> <p>*NG: Repair Co-ordination \$10</p> <p>*NT: Post Repair Inspection \$25</p> <p>*NB: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (N-in INC) against INC \$20</p> <p>9) N12: Idao Mobile \$0</p>	<p>Fee Charged</p> <p>Fee Charged</p>
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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	02/11/2018 12:22
Date Of Accident	01/11/2018 18:25
Exact Location Of Accident	ALONG SENGKANG EAST ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB7913Z
Insured/Policyholder	
Name Of Registered Owner	M/S K T TRANSPORT SERVICES
Co Reg No	-
Email Address	CONNECT3WINNIE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94517007
Alternative Phone No	OFFICE-92455115

Vehicle Particulars

Manufacturer	GOLDEN DRAGON
Model	XML6772J18-3.8 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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SN1734571801
Cover Note Number	

Driver

Name of Driver	ANG KIM GUAN
NRIC No	S1325561Z
Date Of Birth	21/09/1957
Occupation	OUTDOOR
Date Of Driving Pass	31/10/1977
Driving Experience	41 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94517007
Fax Number	
Contact Number	OTHERS-92455115
E-Mail Address	CONNECT3WINNIE@GMAIL.COM

Address	BLK 516 WOODLANDS DRIVE 14 #07-163
Postcode	730516
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	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)	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

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	SLL9321J
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

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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 Varma
NRIC/FIN No. 021017018

SKETCH PLAN

Sengkang East Rd



A-CB7913Z
B-SLL9321J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 01/11/2018 @ 18:25 hrs, I was driving my bus CB7913Z along sengkang east rd when a veh SLL9321J intrmt of me jam break due to a taxi cut into our lane. I also applied my brake but could not stop in time and the floor was wet which I hit on to the said veh.

DECLARATION

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

X

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Res4
NRIC/FIN No.

Road surface: Dry / Wet

Weather condition: Clear / Raining ~~th~~

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: SLL 9321 J

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: 01

vehicle no: LB7913 Z

Owner contact no: 94517007

Date of accident: 01/11/2018

Location of accident: Sengkang East Road

Time of accident: 18:25

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

 **洪金源**
Race: CHINESE
Date of birth: 21-09-1957
Country/Place of birth: SINGAPORE
Sex: M


REPUBLIC OF SINGAPORE DRIVING LICENCE

 Licence Number: **S1325561Z**
Name: **ANG KIM GUAN**
Birth Date: **21 Sep 1957**
Issue Date: **03 Sep 2003**

 000536994D

Land Transport Authority

VOCATIONAL LICENCE

 Licence No: **S1325561Z**
Name: **ANG KIM GUAN**
Issue Date: **2/1/2016**
Please visit www.lta.gov.sg to check the status of this vocational licence

9245 5115



NRIC No. S1325561Z

Date of Issue
26-01-2018

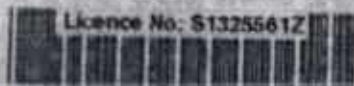
Address

APT BLK 516 WOODLANDS DRIVE 14
#07-183
SINGAPORE 730516

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	14 Oct 1982
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	31 Oct 1977
Class 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	26 Nov 1981
Class 5 Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	29 Jan 1982

Licence No. S1325561Z



NP 433A

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	30/10/1990



MOTOR PRIVATE BUS

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, 1958 (Malaysia)

ORIGINAL

CERTIFICATE No.	DMB15N1734571801	Engine No	125F385515489874253
		Chassis No	1L380ADE5GA003305
1. Index Mark and Registration Number of Vehicle	CB7913Z	AUTOSAFE	
2. Name of Policy Holder	M/S K T TRANSPORT SERVICES		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	12 May 2018	Excess Sect. I	\$52,000.00
		Excess Sect. II	\$51,000.00
4. Date of Expiry of Insurance	11 May 2019	EX ON WINDSCREEN	\$5100.00

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.

HERE PURCHASE CO. : MAYBANK 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.

Issued By: ODDS & EVEN

Authorised Officer



Authorised Signatory

Transfer Fee
Is

CB7913Z
S20 - School Transport Bus/Coach/Minibus

ment 1: Air-Conditioned
: School Bus with AWC
GOLDEN DRAGON
XML6772J18 AUTO
LL3BDADE5GA003305
Diesel
ISF38S515489874253

Capacity: 3759 cc

Power Output: -

Weight: 8500 kg

Weight: 5800 kg

Year of Manufacture: 2016

Registration Date: 12 May 2017

Expiry Date: 11 May 2037

Transfer Date: 11 May 2019

Transfer Date: 11 May 2019

Transfer Date: 02 Nov 2018

-
-
-
-
-

Fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.

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

able

Amount Before GST

(S\$)

25.00

GST Amount

(S\$)

-

Payable:

A road tax Over Payment of \$61.00. This Over Payment may be used to offset Road Tax payable and Transfer Fees respectively, for this page for reference.

OK

Print