

NATIONAL Assessment Centre Services.

(wef 1 Jan'05)

NA18143944

Date In: 07/11/2018 14:56	Job description	Date & Time Completed	Done by
Ref No: NBA/CTI18020126/Y	SAS e-filing		
Veh No: PC 6315 Y	E-mail (w/da 3hrs, A/C 2hrs)		
D.O.A: 05/11/2018 09:00	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: CB 6751E	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 repaler.
() Total Loss Case : to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:	(INC Hotline: 6788 6616)	Date In/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

NA1807169

Client's Particulars:	Invoice/Repairation Charge	Part (S)	Amount (S)
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$50)	
Damaged Portion:	3) TP: Towing Fee	\$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120	
	5) PT: Follow-Through Survey (Resurvey)	\$30	
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection	\$75	
	7) NI: Idau 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 (N-in INC) against INC	\$20	
	9) N12: Idau Mobile	\$0	
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors Comments:

Ref. 1:

Ref. 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	07/11/2018 14:56
Date Of Accident	05/11/2018 09:00
Exact Location Of Accident	MARSILING HEAVY VEHICLE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6315Y
Insured/Policyholder	
Name Of Registered Owner	LONGLIM PTE LTD
Co Reg No	201109995N
Email Address	BC@LONGLIM.COM
Mobile Phone No	(LOCAL) +65-90230917
Alternative Phone No	OFFICE-82517999

Vehicle Particulars

Manufacturer	ISUZU
Model	LT434P 7.8 SMT-7.8 D (M)
Exact Purpose for which vehicle was being used at time of accident	PARKING
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	DMB1SN1825961800
Cover Note Number	

Driver

Name of Driver	LU WEI
Passport No/FIN	G3258163W
Date Of Birth	09/03/1982
Occupation	OUTDOOR
Date Of Driving Pass	29/12/2017
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90230917
Fax Number	
Contact Number	OTHERS-82517999
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 COLLIDED INTO PARKED VEHICLE
 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) 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 CB6751E
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category BUS
 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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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: *Resh Luthan*
NRIC/FIN No. *071112018*

SKETCH PLAN

A= PC6315Y
B= CB6751E



marshalling Heavy
vehicle Carpark.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05/11/2018 @ 09:00hrs, I was reversing my bus PC6315Y into a lot at marshalling Heavy vehicle Carpark & while reversing, my bus rear hit onto a parked bus CB6751E which was parked behind the lot of my bus.

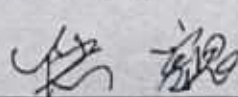
DECLARATION

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


X 

Policyholder's Signature
Date & Time:



X 

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: Employee & Employee
Witness (if any): yes/no
Witness name: _____
Witness hp: _____
Witness email (if any): _____
Witness add: _____
Witness IC no: _____

Third party veh number: CB 6751 E
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 pax.

vehicle no: PC63154
Owner contact no: 90230917.
Date of accident: 05/11/2018
Location of accident: marshing heavy veh CP.
Time of accident : 09:00hrs
Any Injury: yes/no (if yes, must have police report)

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

Employer:
LONGLIN PTE. LTD.

Sector: **SERVICE**

 Name:
LU WEI
Occupation:
BUS DRIVER

S Pass No.
0 7703286-

Date of Application
10-01-2018
Date of Issue
01-03-2018
Date of Expiry
01-03-2020






 **L8627497**


REPUBLIC OF SINGAPORE DRIVING LICENCE

 Licence No: **G3258163W**
Name:
LU WEI

Birth Date: **09 Mar 1982**
Issue Date: **18 Oct 2016**
Valid Till: **17/10/2021**

 **002620836H**

Land Transport  Authority

 **VOCATIONAL LICENCE**
Licence No: **G3258163W**
Name: **LU WEI**

Card Issue Date: **07/03/2018**
Please visit www.lta.gov.sg to check
the status of this vocational licence

HP: 8251 7999.

VISIT PASS
Immigration Regulations

Name
LU WEI



Date of Birth	Sex	Nationality
09-03-1982	M	CHINESE
FIN	Date of Issue	Date of Expiry
G3258163W	01-03-2018	01-03-2020

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 CLASS(ES)

EFFECTIVE DATE

C

Class 3	Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg	29 Dec 2017
Class 4	Heavy motor cars and motor tractors $>$ 2500 kg	29 Dec 2017

S / No. 9000276906

G3258163W

NP 428A



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	07/03/2018





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

MZ601N SN
AN0626A
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.	DMB1SN1825961800	Engine No: 6HK1884993 Chassis No: JALLT434PG7000068
1. Index Mark and Registration Number of Vehicle	PC6315Y	
2. Name of Policy Holder	M/S LONG LIM PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	17 AUGUST 2018 (16:44 HOURS)	EXCESS SECT. I \$52,500.00 EXCESS SECT. I (OUTSIDE SINGAPORE) \$54,000.00 EXCESS SECT. II \$81,500.00 EXCESS SECT. II (OUTSIDE SINGAPORE) \$14,000.00 EX ON WINDSCREEN \$2800.00
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 AN 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.	
WIRE PURCHASE CO. : MAYBANK AS NP ORDER * 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

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6360 6111 Fax: 6225 3592 Website: www.sg.chinataiping.com

Transaction ref 20180518131352060438

The owner and vehicle particulars for Vehicle No. PC6315Y as at 18 May 2018 are as follows:

1.	Name	: LONGLIM PTE LTD
2.	Identification No. Type	: Company
3.	Identification No.	: 201109995N
4.	Country/Region	: -
5.	Vehicle No.	: PC6315Y
6.	Previous Vehicle No.	: -
7.	Effective Date of Ownership	: 28 Jun 2017
8.	Original Registration Date	: 28 Jun 2017
9.	First Registration Date	: 28 Jun 2017
10.	Vehicle Type	: Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus
11.	Vehicle Scheme	: Bus Carrying School Children
12.	Attachment 1	: Air-Conditioned
13.	Attachment 2	: -
14.	Attachment 3	: -
15.	Vehicle Make	: ISUZU
16.	Vehicle Model	: LT434P 7.8 SMT
17.	Year of Manufacture	: 2016
18.	Primary Colour	: Multi-Colour
19.	Secondary Colour	: -
20.	Passenger Capacity	: 59
21.	Chassis/Trailer Chassis No.	: JALLT434PG7000068 / -
22.	Propellant	: Diesel
23.	Engine No./Motor No.	: 6HK1684993 / -
24.	Engine Capacity(cc)/Power Rating(kW)	: 7790 / -
25.	Maximum Power Output(kW/bhp)	: - / -
26.	Unladen Weight(kg)	: 10400
27.	Maximum Laden Weight(kg)	: 15200
28.	Open Market Value	: \$99,652.00
29.	PARF Eligibility	: No
30.	PARF Eligibility Expiry Date	: -
31.	Minimum PARF Benefit	: -
32.	No. of Transfers	: 0
33.	IU Label No.	: 2050111928
34.	COE No.	: 2017070105001117M
35.	COE Expiry Date	: 27 Jun 2027
36.	COE Category	: C - Goods Vehicle & Bus
37.	Quota Premium/Prevailing Quota Premium	: \$36,879.00
38.	Actual Quota Premium/PQP Paid	: \$36,879.00
39.	Actual ARF Paid	: \$4,983.00
40.	CO2 Emission(g/km)	: -
41.	CO Emission(g/km)	: -
42.	HC Emission(g/km)	: -
43.	NOx Emission(g/km)	: -
44.	PM Emission(mg/km)	: -
45.	Actual CEVS/VES Rebate Utilised	: -
46.	CEVS/VES Surcharge Paid	: -
47.	Actual Green Vehicle Rebate Utilised	: -
48.	Vehicle Lifespan Expiry Date	: 27 Jun 2037
49.	Nett Road Tax Amount	: -
50.	Road Tax Start Date	: -