

# NATIONAL Assessment Centre Services.

(wef 1 Jan 2005)

MA607393

Date In: 13/11/2005, 11:39	Job description	Date & Time Completed	Done by
Ref No: NBAR718020492/4	SAS e-filing		
Veh No: PC 4308 G	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 12/11/2005, 19:20	I-Motor Claim Form		
OD <input checked="" type="checkbox"/> 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: GBF 496 S	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:	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:

MA607393	Invoice Reproduction Charge	Amount (\$)	Ass't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	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 Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (NI): TP (Non INC) against INC \$20		
	NI 12: Idau Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	



## 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 13/11/2018 11:39  
Date Of Accident 12/11/2018 19:20  
Exact Location Of Accident AYE TOWARDS TUAS (NEAR EXIT 14)  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number PC4308G  
**Insured/Policyholder**  
Name Of Registered Owner BT & TAN TRANSPORT PTE LTD  
Co Reg No -  
Email Address CONNECT3WINNIE@GMAIL.COM  
Mobile Phone No (LOCAL) +65-93229966  
Alternative Phone No OFFICE-83354588

### Vehicle Particulars

Manufacturer GOLDEN DRAGON  
Model XML6103J98-6.7 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 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 DMB1SN3096041700  
Cover Note Number

### Driver

Name of Driver HU JUN  
NRIC No G3402633K  
Date Of Birth 30/01/1961  
Occupation OUTDOOR  
Date Of Driving Pass 23/01/2018  
Driving Experience 0 YEAR AND 9 MONTH  
Gender MALE  
Mobile Number (LOCAL) +65-93229966  
Fax Number  
Contact Number OTHERS-83354588  
Email Address CONNECT3WINNIE@GMAIL.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 COLLISION - HEAD TO REAR  
 Weather Conditions DRIZZLING  
 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) 46

#### 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 GBF694S ✓  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category COMMERCIAL VEHICLE  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number 83107204  
 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:

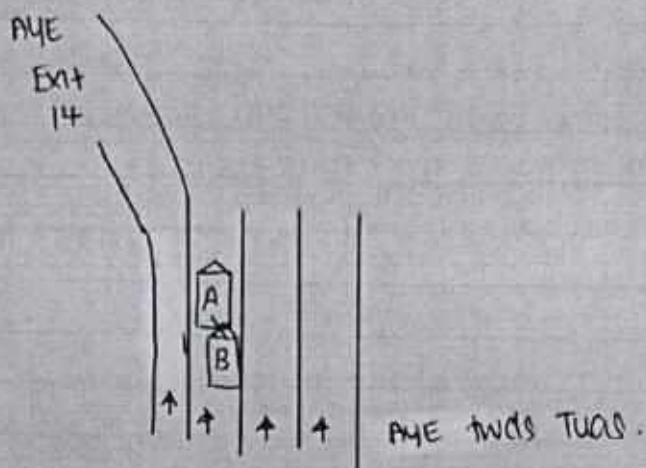


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



# SKETCH PLAN



A= PC4308G

B= GBF 694S.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/11/2018 @ 19:20hrs, I was driving my bus PC4308G along AYE TWO'S TWO'S when my bus was near exit 14, a lorry GBF 694S hit my bus rear portion from behind.

## 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:

Hu Jun

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

13/11/2018  
Karl Winters

Road surface: Dry/Wet

Weather condition: ~~Clear~~ / Raining

Drizzle

Usage of veh during of accident:

Speed: \_\_\_\_\_

Does driver own a vehicle: yes/no

If yes, veh number plate: \_\_\_\_\_

veh insurance co: \_\_\_\_\_

Relationship with insured: Employee a Employer

Witness (if any): yes/no

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

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

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

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

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

Third party veh number: GBF694S (Double - Trans Pte Ltd -)

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

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

HP of third party driver: 8310 7504

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: 46 Pax

: vehicle no: PC4308G

Owner contact no: 9322 9966

Date of accident: 12/11/2018

Location of accident: PYE AND TUB (near exit 14)

Time of accident: 19:20hrs

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



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

Employer  
**STATAN TRANSPORT PTE. LTD.**

Sector: **SERVICE**

Name  
**HU JUN**  
Occupation  
**BUS DRIVER**

S Pass No.  
**0 77610364**

Date of Application  
**27-07-2017**

Date of Issue  
**22-08-2017**

Date of Expiry  
**22-08-2019**

**LN252186**

**Land Transport Authority**

**VOCATIONAL LICENCE**  
Licence No: **G3402633K**  
Name: **HU JUN**

Card Issue Date: **08/03/2018**

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

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence No: **G3402633K**

Name: **HU JUN**

Date of Birth: **30 Jan 1961**

Valid From: **31 Oct 2017**

Valid Till: **30/10/2022**

**0027390440**

HP: 8335 4588

**VISIT PASS**  
Immigration Regulations

Name  
HU JUN



Date of Birth	Sex	Nationality
30-01-1981	M	CHINESE
FIN	Date of Issue	Date of Expiry
Q3402633K	22-08-2017	22-08-2019

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.



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 57501.

Type	Description	Issue Date
03	BUS VL	08/03/2018




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

		EFFECTIVE DATE
Class 1	Motor cars <= 3500 kg w/o <= 7 passengers, exclusive of the driver, and motor tractors/trailers <= 2500 kg	23 Jan 2018
Class 2	Heavy motor cars and motor tractors > 2500 kg	23 Jan 2018

S / No. 9000277588

Q3402633K

Licence No: Q3402633K



NP 428A



Premium:  
PQP Paid: \$37,668.00

QP (Regn Cat): -

OPC Cash Rebate  
Eligibility: No

QP during COE Bidding \$0.00

Exercise:

Additional Registration  
Fee Rate: 5.00 %

Actual ARF Paid: \$5,191.00

Vehicle Lifespan Expiry  
Date: 14 Oct 2035

CO2 Emission: -

Message: The vehicle is registered under Early Turnover Scheme. This is a public service vehicle.

### 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.	DMB1SN3096041700	Engine No. : ISB67EV285B22126757	Chassis No. : LL3BGCDH3EA001353
1. Index Mark and Registration Number of Vehicle	PC4308G		
2. Name of Policy Holder	M/S BT&TAN TRANSPORT PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	21 DECEMBER 2017	EX SECT. I	\$2,000.00
		EX SECT. II	\$1,500.00
		EX ON WINDSCREEN	\$500.00
4. Date of Expiry of Insurance	20 DECEMBER 2018		
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.

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.

HIRE PURCHASE CO. : DBS BANK 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



# **Enquire Vehicle Registration Details**

## **Owner Particulars**

NRIC/Passport/Company Cert No.: 200505523H  
 Owner ID Type: Company  
 Owner Name: BUS HUB SERVICE PTE LTD  
 Registered Address: 82 TAGORE LANE LANE 1 SINDO INDUSTRIAL ESTATE SINGAPORE 787524  
 Mailing Address: -  
 Birth Date: -

## **Vehicle Particulars**

Vehicle No.: PC4308G  
 Previous Vehicle No.: -  
 Effective Date of Ownership: 22 Oct 2015  
 Original Regn Date: 15 Oct 2015  
 Registration Date: 15 Oct 2015  
 Year of Manufacture: 2014  
 Vehicle Type: Private Hire (Chauffeur) Bus/Coach/Minibus  
 Vehicle Scheme: Public Service Vehicle (Others)  
 Vehicle Attachment 1: Air-Conditioned  
 Vehicle Attachment 2: -  
 Vehicle Attachment 3: -  
 Vehicle Make: GOLDEN DRAGON  
 Vehicle Model: XML6103J98 AUTO  
 Primary Colour: Multi-Colour  
 Secondary Colour: -  
 Passenger Capacity: 60  
 Chassis No.: LL3BGCDH3EA001353  
 Engine No.: ISB67EV285B22126757  
 Engine Capacity/Power Rating: 6690 cc / -  
 Maximum Power Output: -  
 Propellant: Diesel  
 Max Unladen Weight: 11440 kg  
 Maximum Laden Weight: 16000 kg  
 Open Market Value: \$123,816.00  
 PARF Eligibility: No  
 PARF Eligibility Expiry Date: -  
 Minimum PARF Benefit: -  
 No. of Transfers: 1  
 IU Label No.: 2050104725  
 COE No.: 2015101505001011C  
 COE Expiry Date: 14 Oct 2025  
 COE Category: C - Goods Vehicle & Bus  
 COE Registration Category: C - Goods Vehicle & Bus  
 Quota Premium (QP) / Prevailing Quota: - / \$47,983.00