

# NATIONAL Assessment Centre Services.

(ver 1 Jan 05)

MA1418152851

Date In: 26/11/2008 12:41	Job description	Date & Time Completed	Done by
Ref No: XBA/CTI/002130/V	SAS e-Milling		
Veh No: PC 9981 L	E-mail (within 3hrs, AIC 3hrs)		
D.O.A: 24/11/2008 23:00	I-Motor Claim Form		
OID: TP Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SL2416E	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 repair.
( ) Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks:	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:
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Date:	Time:	Done by:

MA1807.729	Invoice Information
Client 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) FT: Follow-Through Survey \$120
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30
Auditors Comments:	For claiming against INC Only (ver 10 Jan 2005)
	6) TR: Re-inspection \$75
	7) NI: Idas DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*NS: Courtesy Car / Tpt Allowance \$5
	*NG: Repair Co-ordination \$10
	*NP: Post Repair Inspection \$25
	*ND: DV / Collect Excess Coordination \$5
	TE (Nil): TP (N-in INC) against INC \$20
	9) NI2: Idas 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	26/11/2018 12:41
Date Of Accident	24/11/2018 23:00
Exact Location Of Accident	ALONG SULTAN GATE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC4981L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BKK TRAVEL PTE LTD
Co Reg No	201424387C
Email Address	BC@LONGLIM.COM
Mobile Phone No	(LOCAL) +65-90230917
Alternative Phone No	OFFICE-91320853

### 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	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	DMB1SN174531700
Cover Note Number	

### Driver

Name of Driver	LI ZHIYOU
Passport No/FIN	SG2606441X
Date Of Birth	12/10/1984
Occupation	OUTDOOR
Date Of Driving Pass	31/08/2015
Driving Experience	3 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90230917
Fax Number	
Contact Number	OTHERS-91320853
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 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) 2

#### 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 SLZ416E  
 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

### 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



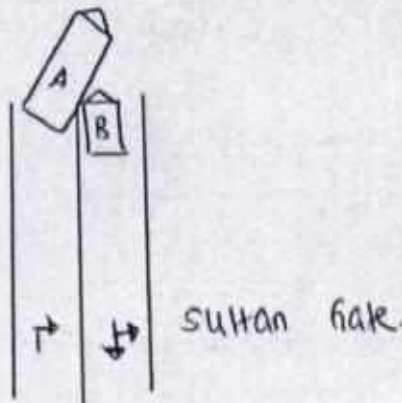
Driver's Signature  
(if driver is not the policyholder)  
Date & Time

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

26/11/2018  
Rashid Hoojooz

A= PC4981L

B= SLZ 416E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/11/2018 @ 23:00hrs, I was driving my bus PC4981L along Sultan Gate intend to turn right to carpark when a vehicle SLZ416E attempt to overtake my bus by going against the traffic & brushed against my bus rear in position as a result.

DECLARATION

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

Policyholder's Signature  
Date & Time



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

Reporting Centre Personnel's Signature  
Name  
NIC/TIN No.

26/11/2018

[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: Employee x Employer

Witness (if any): yes/no

Witness name: -

Witness hp: -

Witness email (if any): -

Witness add: -

Witness IC no: -

Third party veh number: SLZ 416 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: 02 pax

vehicle no: PC4981 L

Owner contact no: 9023 - 0917

Date of accident: 24/11/2018

Location of accident: Sultan Gate

Time of accident : 23:00hrs

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


 **WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore


Employer:  
**LONGLIN PTE. LTD.**

 Name:  
**LI ZHIYOU**

Work Permit No:  
**0 75575479**

Sector:  
**SERVICE**

 **K0590137**

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

 Licence Number: **G2606441X**

Name:  
**LI ZHIYOU**


Birth Date: **12 Oct 1984**  
Issue Date: **07 Jul 2015**  
Valid Till: **06/07/2020**

 **002448362K**



**Land Transport Authority**

**VOCATIONAL LICENCE**

 Licence No : **G2606441X**

Name : **LI ZHIYOU**

Issue Date : **31/3/2017**

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

HP: 9132-0853.



Name  
LI ZHIYOU

FIN  
G2606441X

Date of Birth 12-10-1984 Sex M

Nationality  
CHINESE

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass  
App to check status



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 AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	31 Aug 2015
	Class 4	HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN EXCEED 2500 KILOGRAMS	31 Aug 2015

G2606441X

S / No. 9000223765

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  
03 BUS VL

Issue Date  
31/03/2017





# **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.	DM815N1745731780	Engine No: 6RR1681207 Chassis No: JALLT434PG7600003
1. Index Mark and Registration Number of Vehicle	PC4981L	
2. Name of Policy Holder	BEK TRAVEL PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	8 JULY 2018	EXCESS SECT. I .....\$52,500.00 EXCESS SECT. I (OUTSIDE SINGAPORE) .....\$54,000.00 EXCESS SECT. II .....\$51,300.00 EXCESS SECT. II (OUTSIDE SINGAPORE) .....\$54,000.00 EX ON WINDSCREEN .....\$5800.00
4. Date of Expiry of Insurance	7 JANUARY 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 ANY ENACTMENT OR REGULATION IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.

## 6. Limitations as to use: \*

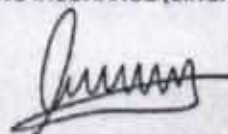
USE ONLY FOR THE CARRIAGE OF PASSENGERS OR GOODS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS AS SPECIFIED IN THE SCHEDULE.  
THE POLICY DOES NOT COVER:  
(1) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.  
(2) USE WHILST DRAWING A TRAILER, EXCEPT THE TOWING (OTHER THAN FOR REWARD) OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

HIRE PURCHASE CO.: MAYBANK AS HD OWNER

\* Limitations rendered inoperative by Section 6 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



The owner and vehicle particulars for Vehicle No. PC4981L as at 08 Jul 2016 are as follows:

1.	Name	: BKK TRAVEL PTE LTD
2.	Identification No. Type	: Company
3.	Identification No.	: 201424387C
4.	Place Of Passport Issue	: -
5.	Registered Address	: 34 JALAN TARI PIRING JALAN KAYU ESTATE SINGAPORE 799187
6.	Mailing Address	: -
7.	Vehicle No.	: PC4981L
8.	Effective Date of Ownership	: 08 Jul 2016
9.	Original Registration Date	: 08 Jul 2016
10.	First Registration Date	: 08 Jul 2016
11.	Vehicle Type	: Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus
12.	Vehicle Scheme	: Public Service Vehicle (Others)
13.	Attachment 1	: Air-Conditioned
14.	Attachment 2	: -
15.	Attachment 3	: -
16.	Vehicle Make	: ISUZU
17.	Vehicle Model	: LT434P 7.8 SMT
18.	Year of Manufacture	: 2016
19.	Primary Colour	: Multi-Colour
20.	Secondary Colour	: -
21.	Passenger Capacity	: 59
22.	Chassis/Trailer Chassis No.	: JALLT434PG7000003 / -
23.	Propellant/Emission Standard	: Diesel / Euro V
24.	Engine No./Motor No.	: 6HK1681207 / -
25.	Engine Capacity(cc)/Power Rating(kW)	: 7790 / -
26.	Maximum Power Output(kW/bhp)	: - / -
27.	Unladen Weight(kg)	: 10400
28.	Maximum Laden Weight(kg)	: 15200
29.	Open Market Value	: \$100,304.00
30.	PARF Eligibility	: No
31.	PARF Eligibility Expiry Date	: -
32.	Minimum PARF Benefit	: \$0.00
33.	IU Label No.	: -
34.	COE No.	: 2016070805000639M
35.	COE Expiry Date	: 07 Jul 2026
36.	COE Category	: -
37.	Quota Premium/Prevailing Quota Premium	: \$44,493.00
38.	Actual Quota Premium/PQP Paid	: \$36,763.00
39.	Actual ARF Paid	: \$5,016.00
40.	CO2 Emission(g/km)	: -
41.	Actual CEVS Rebate Utilised	: -
42.	CEVS Surcharge Paid	: -
43.	Actual Green Vehicle Rebate Utilised	: -
44.	Vehicle Lifespan Expiry Date	: 07 Jul 2036
45.	Road Tax Amount	: \$595.00
46.	Road Tax Start Date	: 08 Jul 2016
47.	Road Tax End Date	: 07 Jan 2017
48.	Remarks	: This is a public service vehicle. The vehicle is registered under Early Turnover Scheme.