

# NATIONAL Assessment Centre Services

(ver 1 Jan 2005)

MANA 48156690

Date In: 04/12/2008 11:39	Job description	Date & Time Completed	Done by
Ref No: N88/C7218021775/Y	SAS e-Milling		
Veh No: CB 5200 K	E-mill (within 3hrs, A/C 3hrs)		
D.O.A: 03/12/2008 16:50	1-Motor Claim Form		
OD / TP / Reporting Only	1-Motor W/O (within 2hrs, TP 3hrs)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OWs:	Tel:	Fax:
TP Particulars:	Yeh No: SKH 294X	INC ( ) / Non-INC ( )
Owner / Driver:	Tel:	
Policy No:	Period:	Cover Type:
Confirmed by:	Date:	Time:
Insured/Driver Liability: ( ) % (Note: Est Status (WO): NI: 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 repeller.
( ) Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks:	On-Site 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: \_\_\_\_\_

On-Site Time Action:

NA1807922	Invoice Preparation Checklist	Invoice No:	Amount:
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$50)	
Damaged Portion:	3) TP: Towing Fee	\$40/\$15	
	4) FT: Follow-Through Survey	\$150	
	5) XT: Follow-Through Survey (Resurvey)	\$10	
	6) TR: Re-inspection	\$15	
	7) NI: 1 day DA + SMRT Survey	\$160	
	8) NTUC Additional Services		
C. Checked by (Engr-in-Charge):	9) NI: Courtesy Car / Tpl Allowance	\$5	
	10) NI: Repair Coordination	\$10	
	11) NI: Post Repair Inspection	\$15	
	12) NI: DY / Collect Unacc Coordination	\$5	
	13) TP (NI): TP (Non INC) against INC	\$10	
	14) NI: 1 day Mobile	\$10	
	Invoice dated	Not Charged	
	Invoice Paid	Not 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	04/12/2018 11:39
Date Of Accident	03/12/2018 16:20
Exact Location Of Accident	CTE TOWARDS SLE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB5200K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S ANDERSON BUS SERVICES
Co Reg No	53103725L
Email Address	CONNECT3WINNIE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98315851
Alternative Phone No	OFFICE-93881225

### Vehicle Particulars

Manufacturer	ISUZU
Model	LT133P-8.2 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	DMB1SN1724851801
Cover Note Number	

### Driver

Name of Driver	NG SOON HUAT
NRIC No	S0029290G
Date Of Birth	25/03/1954
Occupation	OUTDOOR
Date Of Driving Pass	27/12/1979
Driving Experience	38 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98315851
Fax Number	
Contact Number	OTHERS-93881225
Email Address	CONNECT3WINNIE@GMAIL.COM

Address	BLK 200 JALAN SULTAN #25-09
Postcode	199018
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	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	4
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	SKH294X
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)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YM8058S
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SLW7020H

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)

## IMPORTANT NOTICE

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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.

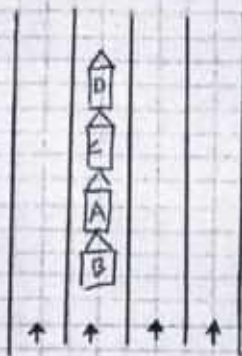


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



A= CB5200K  
B= SKH 294X  
C= YM 8058S  
D= SLW 7020H

CTE towards SLE

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 03/12/2018 @ 16:20hrs, I was driving my bus CB5200K along CTE towards SLE behind YM 8058S & SLW 7020H when a vehicle SKH 294X hit my bus rear & my bus scidded forward & hit onto YM 8058S & YM 8058S hit onto SLW 7020H.

## 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:

7/11

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

04/12/2018  
Keshi Wong

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 & Employer

Witness (if any): yes/no

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

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

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

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

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

Third party veh number: SKH 294X YM 80585 SLW 7020H

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: Liberty 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: 02

Driver HP: 9388-1225.

vehicle no: CB5200K

Owner contact no: 9831 5851

Date of accident: 03/12/2018

Location of accident: CTE towards SLE

Time of accident : 16:20hrs

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



VOCATIONAL LICENCE

Licence No : S0029290G

Name : NG SOON HUAT

Issue Date : 14/3/2008

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

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0029290G



Name

NG SOON HUAT



黃 順 發

Race

CHINESE

Date of Birth

Sex

25-03-1954

M

Country of Birth

SINGAPORE

3287267



NRIC No: S0029290G

Issue Group: Date of issue  
02-01-2003APT BLK 200 JALAN SULTAN #25-09  
SINGAPORE 189012

NRIC No: S0029290G Date: 04/01/2018

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	17/10/2000
04	BUS ATTENDANT	17/10/2000



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

PASS DATE

Class 2B	Motorcycles not exceeding 200 cc	23 Dec 1978
Class 2A	Motorcycles between 201 cc and 400 cc	23 Dec 1978
Class 2	Motorcycles exceeding 400 cc	23 Dec 1978
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	25 May 1979
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	27 Dec 1979



NP 428A

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S0029290G**

Name:

**NG SOON HUAT**

Birth Date: **25 Mar 1954**

Issue Date: **30 Oct 2003**





中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
Co. Reg. No. 200708384E

M2601  
R SN  
AN0580A  
Cov. Type: F

MOTOR PRIVATE BUS

**CERTIFICATE OF INSURANCE**

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1999  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No.

DNB15N1724851801

Engine No : 6HH1328169

Chano: JALLT133P57000028

1. Motor Mark and Registration  
Number of Vehicle

CB5200K

2. Name of Policy Holder

M/S ANDERSON BUS SERVICES

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment

07 April 2018

Excess Sect. II ..... S\$1,000.00

4. Date of Expiry of Insurance

06 April 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. : BOARDINGHOUSE 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.

Issued By:

DOOS. & JEN

Authorised Officer



Authorised Signatory

Transaction ref 20130321141740674871

The owner and vehicle particulars for Vehicle No. CB5200K as at 21 Mar 2013 are as follows:

1. Name	: ANDERSON BUS SERVICES
2. Identification No. Type	: Business
3. Identification No.	: 53103725L
4. Place Of Passport Issue	: -
5. Vehicle No.	: CB5200K
6. Previous Vehicle No.	: -
7. Effective Date of Ownership	: 21 Mar 2013
8. Original Registration Date	: 07 Apr 2006
9. First Registration Date	: 07 Apr 2006
10. Vehicle Type	: S20 - School Transport Bus/Coach/Minibus
11. Vehicle Scheme	: School Bus with AWC
12. Attachment 1	: Air-Conditioned
13. Attachment 2	: -
14. Attachment 3	: -
15. Vehicle Make	: ISUZU
16. Vehicle Model	: LT133P
17. Year of Manufacture	: 2005
18. Primary Colour	: Multi-Colored
19. Secondary Colour	: -
20. Passenger Capacity	: 49
21. Chassis/Trailer Chassis No.	: JALLT133P57000028 / -
22. Propellant	: Diesel
23. Engine No./Motor No.	: 6HH1328169 / -
24. Engine Capacity(cc)/Power Rating(kw)	: 8226 / -
25. Unladen Weight(kg)	: 9480