

NATIONAL Assessment Centre Services. (wef 1 Jan 2015) MNA419007232

Date In: 16/01/2019 11:52	Job description	Date & Time Completed	Done by
Ref No: NBA/CTI19000949/4	SAS e-filing		
Vch No: RA, 625M	E-mail (w/da 2hrs, AIC 2hrs)		
D.O.A: 31/12/2018 14:55	I-Motor Claim Form		
OID / 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/Whsp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Vch No: SLB 4925C	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:	INS () / NON-INC ()	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:

Date/Time:	Actions:

MNA1900430	Invoice/Particulars	Amount	INC ()
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	
Forfeiting against INC Only (wef 10 Jan 2005)	6) TR: Re-inspection	\$75	
7) NI: Idao DA + SMRT Survey		\$160	
8) NTUC Additional Services:			
9) NI: Idao Mobile		\$30	
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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	16/01/2019 11:52
Date Of Accident	31/12/2018 14:55
Exact Location Of Accident	ANG MO KIO AVENUE 10 CARPARK BLOCK 558
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA6215M
Insured/Policyholder	
Name Of Registered Owner	M/S LONGLIM PTE LTD
Co Reg No	201109995N
Email Address	BC@LONGLIM.COM
Mobile Phone No	(LOCAL) +65-90230917
Alternative Phone No	OFFICE-82968285

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	BE639GRMHDEA-3.9 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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMB1SN1744851801
Cover Note Number	

Driver

Name of Driver	LOW CHEOK ANN
NRIC No	S0017925F
Date Of Birth	06/04/1953
Occupation	OUTDOOR
Date Of Driving Pass	10/10/1979
Driving Experience	39 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90230917
Fax Number	
Contact Number	OTHERS-82968285
Email Address	BC@LONGLIM.COM

Address	BLK 515 HOUGANG AVENUE 10 #05-167
Postcode	1953
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	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190109/2151

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	SLB4925C
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: *Reski Natthas*
NRIC/FIN No.:

SKETCH PLAN

A= PA 6215M
B= SLB 4925C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* PIS ref to police report * T/20190109/2151

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:
NRIC/FIN No.:

16/01/2019

Resli Wafar



**SINGAPORE
POLICE FORCE**

*Spoken to
M/s Norma at
0950Hm*



T/20190109/2151

1 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20190109/2151

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/01/2019 17:54	Vide Report No.:	Station Diary No.: 106
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Informant's Particulars

Name of Informant: LOW CHEOK ANN	Address: APT BLK 515 HOUGANG AVENUE 10 #05-167 SINGAPORE 530515		
ID Type / ID No.: NRIC NO / S0017925F	Contact No.:	Mobile: 82968285	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 65	Date of Birth: 06/04/1953	Type of Informant: Driver
Race: Chinese	Language: Mandarin	Institution / School Name:	
Occupation: Bus driver	Driving Licence Information: Class: 3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 31/12/2018 14:55	Type of Location:
Location: Along Road 1 ANG MO KIO AVENUE 10 carpark of blk558 ang mo kio avenue 10				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PA6215M	Bus/Coach/Mi nibus	MITSUBISHI			No Damage	0

Details of Person Involved

Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	



Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3

Report No. T/20190109/2151

CONTINUATION OF REPORT

Driver				
Name	LOW CHEOK ANN		ID No.	S0017925F
Related Vehicle	PA6215M (Bus/Coach/Minibus)		Contact No.	82968285
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 31/12/18 at about 1300hrs, I parked my bus car plate bearing PA6215M at the car park of Blk 558 ang mo kio avenue 10. Everything was intact. At around 1400hrs++ i went back to my bus and drove off my vehicle. I was not aware that I was involved in any accident or cannot recall if I knocked onto any cars. No one approached me about me banging onto their vehicle. I then left the scene.

On 9/1/2018 at about 1530hrs, my supervisor called me to ask me whether I was involved in any accident on the 31/12/18 at about 1455hrs at Blk 558 ang mo kio avenue 10, as TP had called to inform that the vehicle owner of SLB4925C had lodge a hit and run report. I wish to inform that I do not recall any accident on that day.

I was asked by my supervisor to contact esther tel:65476368 tomorrow after I lodge the report.



**SINGAPORE
POLICE FORCE**



T/20190109/2151

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No. T/20190109/2151

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sgt 2 LEE JIA YI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/01/2019 17:54

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

SN 085

Authentication Stamp

NP168



Signature:

Singapore Police Force

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: SLB 4925C

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: Hau Giang NPC

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: PA6215M

Owner contact no: 9023 0917

Date of accident: 31/12/18

Location of accident: Phuoc Ave 10 CP BIK 558

Time of accident : 14:55hrs

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0017925F



LOW CHEOK ANN
劉石安
Race
CHINESE
Date of Birth
06-04-1953 M
Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No: S0017925F



LOW CHEOK ANN

Birth Date: 06 Apr 1953
Valid Until: 01 Sep 2005



1090788060K

Land Transport Authority


VOCATIONAL LICENCE

Licence No: S0017925F

Name: LOW CHEOK ANN

Issue Date: 18/8/2005

Please visit www.lta.gov.sg to check the status of this vocational licence



712: 8296 - 8285

0984262



NPIC No. 60017925F



Blood Group: A+ Date of issue: 08-07-1994

APR 2000


APT BLK 515 HOUGANG AVENUE 10
#05-167
SINGAPORE 1953

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	10 Oct 1979
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	30 Jan 2002


NP 426A

Licence No: 60017925F



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	14/07/2000
02	TAXI VL	22/05/2000
04	BUS ATTENDANT	14/07/2000



MOTOR PRIVATE BUS

CERTIFICATE OF INSURANCEMotor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1990
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No.

DMB15N1744851801

Engine No : 4D34K33933

ChasNo: BE639GD00251

1. Index Mark and Registration
Number of Vehicle

PA6215M

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

01 February 2018 Excess Sect. II S\$1,500.00

4. Date of Expiry of Insurance

31 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

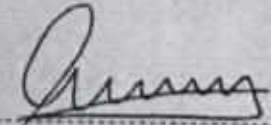
- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer, except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

* 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: UNIVERSAL INSURANCE AGENCY PTE LTD
Authorised Officer
Authorised Signatory

Annex A

Transaction ref 20130906093009900527

The owner and vehicle particulars for Vehicle No. PA6215M as at 06 Sep 2013 are as follows:

1. Name	: LONGLIM PTE LTD
2. Identification No. Type	: Company
3. Identification No.	: 201109995N
4. Place Of Passport Issue	: -
5. Vehicle No.	: PA6215M
6. Previous Vehicle No.	: -
7. Effective Date of Ownership	: 21 Aug 2013
8. Original Registration Date	: 01 Aug 2006
9. First Registration Date	: 01 Aug 2006
10. Vehicle Type	: Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus
11. Vehicle Scheme	: Public Service Vehicle (Others)
12. Attachment 1	: No Attachment
13. Attachment 2	: -
14. Attachment 3	: -
15. Vehicle Make	: MITSUBISHI
16. Vehicle Model	: BE639GRMHDEA
17. Year of Manufacture	: 2005
18. Primary Colour	: White
19. Secondary Colour	: -
20. Passenger Capacity	: 26
21. Chassis/Trailer Chassis No.	: BE639GD00251
22. Propellant	: Diesel
23. Engine No./Motor No.	: 4D34K33933
24. Engine Capacity(cc)/Power Rating(kw)	: 3908
25. Unladen Weight(kg)	: 3700