

REF: esi/CT119004210/ 71qd3<sup>52</sup>

Special Instruction:

Part by part: \$5713.63

Third Parties:

Claimant:

Surveyor: Infinite Appraisal

Workshop: Connect 3

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: PC 5632 M

Insured: GBE 8568 B

at Workshop m/s Connect 3

Tel: 98509666

of 566 Woodlands Road

Policy No:

Claim No: SNM19D 201075(02)

Sum Insured:

Excess:

Make of Vch:

D.O.A. 4/3/2019

(Client's Record)

H.O.D. Enborsement/Date:

Date/Time: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle IN / OUT \_\_\_\_\_

Date/Time: \_\_\_\_\_ Confirmed with \_\_\_\_\_ Final Fig \_\_\_\_\_, \_\_\_\_\_ days (Red \$ \_\_\_\_\_ / \_\_\_\_\_ %; Original \_\_\_\_\_ days)

Date/Time: 06/11/19 Submit Final Fig 9443572, 5 days (Red \$ 1298.41, 20%; Original 5 days)

Date/Time	Action/Instruction
-----------	--------------------

PC 5632M-CS/CTJ109004210/d3

DWA: 4/3/19

GBF 8568 B-C8/C7F/9004M0/d3

201: 4/3/15

Tavfik

Para(1) : Parts found not replaced (To highlight *R* or *UB*, *LR*, *Etc*)

**Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)**

RECEIVED 06 SEP 2019

Para(3) : Nett Value

Market Value .

Salvage Value :

Nett Value

Inspected/  
Evaluated by:

<i>Fee Charged:</i>
---------------------

Date: \_\_\_\_\_

Basic & Add	
Transport	
Photos	
Others	
Total	

100

1) Date/Time 06/9/19 File Pass to Transfer

2) Date/Time File Return to

3) Date/Time File Pass to

4) Date/Time File Return to

5) Date/Time File Pass to

6) Date/Time File Return to

## Nivitha (LKK Auto)

---

**From:** Tan Kah Leong <KahLeong.Tan@sg.cntaiping.com>  
**Sent:** Thursday, 22 August 2019 6:18 PM  
**To:** assignments  
**Cc:** SUR  
**Subject:** Our ref: SNM19D201075C02 - Paper re-survey for PC5632M  
**Attachments:** Colour Photographs.pdf; Survey Report.pdf

Dear Sirs,

We refer to the above matter.

Please assists to conduct a paper re-survey for PC5632M.

Thank you.

Regards

**Tan Kah Leong**  
Assistant Executive  
Claims Department

**China Taiping Insurance (Singapore) Pte. Ltd.**  
3 Anson Road #15-00 Springleaf Tower Singapore 079909  
DID: (65) 6389 6193 | F: (65) 6222 1033

**W:** [www.sg.cntaiping.com](http://www.sg.cntaiping.com) | **FB:** [www.facebook.com/chinataipingsg/](https://www.facebook.com/chinataipingsg/)

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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	05/03/2019 13:25
Date Of Accident	04/03/2019 15:05
Exact Location Of Accident	ALONG AYE TWDS JURONG TOWN HALL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC5632M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YANG RU JIA TRANSPORT PTE LTD
Co Reg No	201506952R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-96851759

### Vehicle Particulars

Manufacturer	TOYOTA
Model	REGIUS ACE-3.0 D DX (A)

Exact Purpose for which vehicle was being used at time of accident

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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106637311
Cover Note Number	

### Driver

Name of Driver	WONG CHO
NRIC No	S2014522F
Date Of Birth	03/04/1952
Occupation	OUTDOOR
Date Of Driving Pass	08/02/2011

Driving Experience	8 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97374317
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	APT BLK 749 WOODLANDS CIRCLE #05-610
Postcode	730749
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	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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	6

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS WEST N.P.C
Police Station Address	ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER POLICE REPORT

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

Vehicle Registration Number	GBE8568B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	PETER WONG KIM LONG
NRIC/Passport Number	S6912181J
Contact Number	83383094
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	PASSENGER
Approximate Age	15
Injuries Sustain	
Injured person in which vehicle?	PC5632M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

104

105

106

## Accident Sketch Plan

## 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)

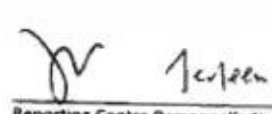
I understand, acknowledge, agree and consent that:

- (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/are 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:

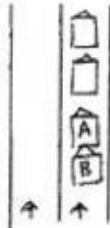
  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN

A = PC563DM

B = GB E8568B



A/E TWDS  
Jung Town Hall

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

\* Pls ref to police report \*

## 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.:



**POLICE REPORT**



# SINGAPORE POLICE FORCE



T/20190305/2033

Police Station Of Origin:  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-363 9999

1 of 3

Report No. T/20190305/2033

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/03/2019 11:04		Vide Report No.: D/20190304/0062		Station Diary No.: 221	
<b>Informant's Particulars</b>					
Name of Informant: WONG CHO			Address: APT BLK 749 WOODLANDS CIRCLE #05-610 SINGAPORE 730749		
ID Type / ID No.: NRIC NO / S2014522F			Contact No.: Home/Office: Mobile: 97374317		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 66	Date of Birth: 03/04/1952	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/03/2019 15:05	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 AYER RAJAH EXPRESSWAY AYE (Tuas) towards Jurong Town Hall Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE8568B	Bus/Coach/Mi nibus	TOYOTA	REGIUS ACE DX 3.0 A	Silver	Slightly Damaged	0
PC5632M	Bus/Coach/Mi nibus	TOYOTA	REGIUS ACE DX 3.0 A	Silver	Slightly Damaged	5

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190305/2033

Police Station Of Origin:  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-363 9999

2 of 3

Report No. T/20190305/2033

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	PETER WONG KIM LONG	ID No.	S6912181J
Related Vehicle	GBE8568B (Bus/Coach/Minibus)	Contact No.	83383094
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	WONG CHO	ID No.	S2014522F
Related Vehicle	PC5632M (Bus/Coach/Minibus)	Contact No.	97374317
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 04/03/2019 at about 1505hrs, I was driving my company minibus (PC5632M, Toyota Silver) along AYE (Tuas) towards Jurong Town Hall Road proceeding to send the kids back home. I was caught in a traffic congestion and travelling on the left lane at a slow speed, I then came to a stop. Suddenly, I felt a impact on the rear and came down to make a check and realized that another minibus (GBE8568B) collided onto the rear of my vehicle. Subsequently, I realized that one of my passenger (15years old) was bleeding below the eye portion and the traffic police then activated the ambulance to assess the passenger, she was then conveyed to the hospital. I then contacted the parent of the passenger and she acknowledged. Traffic police issued me a case card and advised me to lodge a report at any police station.

My vehicle only suffered minor dents at the rear causing the door to be unable to open. No government property was involved during this accident.

IO in-charge: Qhairil, 65476187.

**POLICE REPORT**



**SINGAPORE  
POLICE FORCE**



T/20190305/2033

Police Station Of Origin:  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-363 9999

3 of 3

Report No. T/20190305/2033

**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:

L /

Sgt 2 LEE JIAN HAO

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/03/2019 11:04

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD  
YUSOF

Contact No.: 65476359

Classification Of Case:

Authentication Stamp  
NP166

Accident Photo



Accident Photo



Accident Photo

