

NATIONAL Assessment Centre Services.

(ver 1 Jan 2005)

MAA/9032146

Date In: 11/03/2019 10:59	Job description	Date & Time Completed	Done by
Ref No: MAA/9032146/439/4	SAS e-filing		
Veh No: PC 4714	E-mail (Aquila 2hrs, AIC 2hrs)		
D.O.A: 28/03/2019 13:40	I-Motor Claim Form		
OID: TR 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/Wkip		

Preferred Wkip / INC Assign Wkip / QW: (Tel:	Fax:
TP Particulars:	Veh No: SJW 3244H	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 repaler.		
() Total Loss Case: to e-mail Insurer URGENTLY.		
Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()		

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury:	
Date of Incident:	
Location:	
Weather:	
Witness:	
Police Report:	
Other:	

MAA/901860	Invoice Details
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
	4) FT: Follow-Through Survey \$120
	5) FT: Follow-Through Survey (Resurvey) \$30
	6) TR: Re-inspection \$75
	7) NI: IDAO DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*NG: Courtesy Car / TP Allowance \$5
	*NG: Repair Coordination \$25
	*NG: Post Repair Inspection \$25
	*NG: DV / Collect Excess Coordination \$25
	*NG: TP (Non-INC) against INC \$30
	PNR: 1860 Mobile
	Invoice dated
	Fee Charged
	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	11/03/2019 10:59
Date Of Accident	08/03/2019 13:40
Exact Location Of Accident	ALONG TELOK BLANGAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC4171H
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-81615527
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	REPORTING ONLY
Vehicle Category	BUS
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SN1745431802
Cover Note Number	
Driver	
Name of Driver	ZHENG RUIFENG
Passport No/FIN	G2796811U
Date Of Birth	05/10/1984
Occupation	OUTDOOR
Date Of Driving Pass	07/07/2016
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81615527
Fax Number	
Contact Number	OTHERS-90230917
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 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? 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) 40

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 SJW3244G
 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

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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.

Longy.



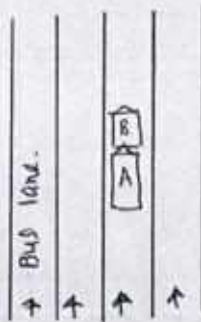
Policyholder's Signature
Date & Time:

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

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

11/03/2019
Roshan L...

SKETCH PLAN



A = PC4171 H
B = SJW 3244D.

Telok Blangah Road.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

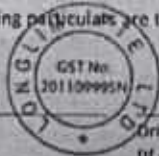
On 08/03/2019 @ 13:40hrs, I was driving my bus PC4171 H along Telok Blangah Rd when a veh SJW 3244D in front of me brake & I could not brake fully in time & hit onto the said veh.

DECLARATION

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

Policyholder's Signature
Date & Time:

Longy.



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

X 邵瑞峰

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

11/03/2019
Rep L. [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 & Employer

Witness (if any): yes / no

Witness name: _____

Witness hp: _____

Witness email (if any): _____

Witness add: _____

Witness IC no: _____

Third party veh number: SJW3244D

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: 40 pax.

vehicle no: PC 4171H

Owner contact no: 9023 0917

Date of accident: 08/03/2019

Location of accident: Telok Blangah Rd.

Time of accident : 13:40hrs.

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

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

Employer:
LONGIM PTE. LTD.

Section: **SERVICE**

Name:
ZHENG RUIFENG

Occupation:
BUS DRIVER

S Pass No.
O 77016724

Date of Application
06-06-2017

Date of Issue
22-06-2017

Date of Expiry
22-06-2019

L8061501



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence No: **G2796811U**

Name:
ZHENG RUIFENG

Birth Date: **05 Oct 1984**

Issue Date: **31 May 2016**

Valid Till **30/05/2021**



Land Transport Authority


VOCATIONAL LICENCE

Licence No : **G2796811U**

Name : **ZHENG RUIFENG**

Issue Date : **13/7/2017**

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



HP: 8161 - 5527.

VISIT PASS
Immigration Regulations

Name
ZHENG RUIFENG



Date of Birth	Sex	Nationality
05-10-1984	M	CHINESE
FIN	Date of Issue	Date of Expiry
G2796811U	22-06-2017	22-06-2019

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.



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 3500 KILOGRAMS	07 Jul 2016
	Class 4	HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN EXCEED 3500 KILOGRAMS	07 Jul 2016

S / No. 9000249620

GP2796811U



Licence No: G2796811U

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	Issue Date
03	BUS VL	13/07/2017





中国太平保險(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 200208384E

MZ601
R 5N
AN0626A
Cov. Type: C

MOTOR PRIVATE BUS

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)

ORIGINAL

CERTIFICATE No.

DMB15N1745431802

Engine No : 6HK1666124

Chano: JALLT434PE7000113

1. Index Mark and Registration
Number of Vehicle

PC4171H

AUTOSAFE

2. Name of Policy Holder

M/S LONGLIN PTE LTD

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

27 November 2018

Excess Sect. I S\$2,500.00

Excess Sect. II S\$1,500.00

EX ON WINDSCREEN S\$800.00

4. Date of Expiry of Insurance

26 November 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. : SC CREDIT 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: UNIVERSAL INSURANCE AGENCY PTE LTD
Authorised Officer

Authorised Signatory

> Back to OneMotoring

2011 09995 A1

Enquire Transfer Fee

Vehicle Details	
Vehicle No.:	PC4171H
Vehicle Type:	Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus
Vehicle Attachment 1:	Alr-Conditioned
Vehicle Scheme:	Public Service Vehicle (Others)
Vehicle Make:	ISUZU
Vehicle Model:	LT434P 7.8 SMT
Chassis No.:	JALLT434PE7000113
Propellant:	Diesel
Engine No.:	6HK1666124
Engine Capacity:	7790 cc
Maximum Power Output:	-
Maximum Laden Weight:	15200 kg
Unladen Weight:	10400 kg
Year Of Manufacture:	2014
Original Registration Date:	27 Nov 2015
Lifespan Expiry Date:	26 Nov 2035
COE Category:	C - Goods Vehicle & Bus
PQP Paid:	\$45,188.00
COE Expiry Date:	26 Nov 2025
Road Tax Expiry Date:	26 May 2019
Inspection Due Date:	26 Nov 2019
Intended Transfer Date:	08 Mar 2019
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-

The current road tax expiry is 26 May 2019. You may renew the road tax from 27 Feb 2019 with all pre-requisite(s) fulfilled. If the road tax is renewed after 26 May 2019, late renewal fee(s) will be imposed. Please use Enquire Road Tax Payable to check on the late fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable (From 27 May 2019 to 26 Nov 2019)

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee:	25.00	-	25.00
Sub Total:			25.00
Nett Road Tax Amount (After Offsetting Over Payment):	208.00	-	208.00
Total Amount Payable:			233.00

Amount Payable (From 27 May 2019 to 26 May 2020)

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee:	25.00	-	25.00
Sub Total:			25.00
Nett Road Tax Amount (After Offsetting Over Payment):	653.00	-	653.00
Total Amount Payable:			678.00

Message

This vehicle has a road tax Over Payment of \$134.00. This Over Payment may be used to offset Road Tax payable and Transfer Fees respectively, where applicable.

You may print this page for reference.

OK

Print