

NATIONAL Assessment Centre Services. [wef 1 Jan'05] MNA419033646

Date In: 13/03/2019 11:35	Job description	Date & Time Completed	Done by
Ref No: NPA/CT219004536/Y	SAS e-filing		
Veh No: PA 94807	E-mail (Adjuster, AIC, etc)		
D.O.A: 11/03/2019 14:00	I-Motor Claim Form		
OD / TP <u>Reporting Only</u>	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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 3LH 8029G	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:	Date & 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: _____

Date/Time	Action

NA1901906	Invoice Ref: MNA419033646	Invoice No: 00000000000000000000	Invoice Date: 13/03/2019
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
	4) PT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	Forfeiting against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idas DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	* NG: Courtesy Car / TP Allowance \$1		
	* NG: Repair Co-ordination \$10		
	* NI: Post Repair Inspection \$25		
	* NI: DV / Collect Excess Coordination \$5		
	TP (NI) : TP (Non INC) \$20		
	9) NI: Idas Mobile \$0		
QC Checked by (Engr-In-Charge):	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	13/03/2019 11:35
Date Of Accident	11/03/2019 14:00
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA9480T
Insured/Policyholder	
Name Of Registered Owner	M/S GUILLEMARD BUS SERVICE
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97920384
Alternative Phone No	OFFICE-90577868

Vehicle Particulars

Manufacturer	ISUZU
Model	LT134P-7.8 D (A)
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMB1SN3027401800
Cover Note Number	

Driver

Name of Driver	LI ZHUANG
NRIC No	G6424639P
Date Of Birth	29/05/1971
Occupation	OUTDOOR
Date Of Driving Pass	22/09/2010
Driving Experience	8 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90577868
Fax Number	
Contact Number	OTHERS-97920384
E-Mail Address	NOEMAIL

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 (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? 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? YES
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLH8029G
 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)

2. 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/PIN No.:

新加坡已士服務
GULLENDON'S SERVICE

13/07/2019

Ref 2 Gordon

A=PA 9480T

B=SLH8029G



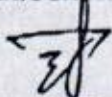
PIE Inds Changi

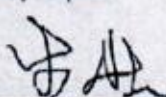
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

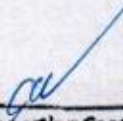
On 11/03/2019 @ 14:00hrs, I was driving my bus PA9480T along PIE Inds Changi & while I was driving past a veh SLH8029G, my bus rear LH side panel brushed against the veh front RH rear view mirror cover as the said veh was positioned too near to the dotted line & hence her veh front rear view mirror was protruding out.

DECLARATION

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

x 
 Policyholder's Signature
 Date & Time:


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

 13/03/2019
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Private Settlement Form

[Private settlement between parties involved in motor accidents]

When involved in a motor accident, you can choose to enter into a private settlement with the owner of the other car if there are no personal injuries and damages are minor. Under this private settlement, both parties agree to settle the matter amicably without suing each other. It is a legally binding agreement.

1. Details of the Accident:

Date: 11/3/19	Time: 1400
Location: Changi PIE and Changi	

2. Details of Vehicles

	Vehicle A	Vehicle B
Registration Number	PA9480T	SLH8029G
Name of Driver	Li ZHuang	Winnie Liew Mei San
NRIC Number	G 6424639P	S7419598I
Name of Owner	Guillemao Bus Service	Winnie Liew Mei San
NRIC Number	20973700W	S7419598I

3. There are no personal injuries to the undersigned parties.

4. The parties hereby agree to settle the matter amicably as follows:

IMPORTANT: * circle a) or b) as applicable

a. Neither party shall be liable to compensate the other party for any loss or damages (direct or indirect) incurred or to be incurred as a result of the accident.

b. Without any admission of liability, A (party paying compensation) has paid a sum of \$ 160.50 which B (owner receiving compensation) hereby acknowledges receipt thereof in full and final settlement of all damages and costs incurred and/or to be incurred as a result of the accident.

5. Both parties are free to make an accident report to comply with the accident reporting requirements.

	Vehicle A	Vehicle B
Signature		
Name	CHAN GUANLIANG	Winnie Liew Mei San
Home Tel:	97920384	82285620
Hand Phone		

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: SLH 80 29 G
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: 01 pax

vehicle no: PA 9480T
Owner contact no: 9792 0384
Date of accident: 11/03/2019
Location of accident: PIE twds Changi
Time of accident: 14:00hrs
Any Injury: yes /no (if yes, must have police report)

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

Employer
GUILLEMARD BUS SERVICE

Sector: **SERVICE**

Name
LI ZHUANG

Occupation
BUS DRIVER



Work Permit No.
0 73885892

Date of Application
22-06-2015

Date of Issue
24-05-2017

Date of Expiry
01-05-2019

L7961359



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G6424639P**

Name: **LI ZHUANG**

Birth Date: **29 May 1971**

Issue Date: **08 Jul 2015**

Valid Till: **19/07/2020**

062448391B



Land Transport Authority


VOCATIONAL LICENCE

Licence No: **G6424639P**

Name: **LI ZHUANG**

Issue Date: **30/7/2015**

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



HP: 9057 7868.

VISIT PASS
Immigration Regulations

Name
LI ZHUANG



Date of Birth	Sex	Nationality
29-05-1971	M	CHINESE
FIN	Date of Issue	Date of Expiry
G6424639P	24-05-2017	01-05-2019

MULTIPLE JOURNEY VISA ISSUED

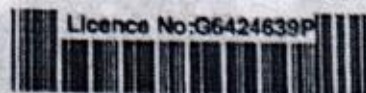
YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



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

EFFECTIVE DATE

Class 3	Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	20 Jul 2010
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	22 Sep 2010



Licence No: G6424639P

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	30/07/2015



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.

DMB18N3027401800

Engine No: 6HX1487694

Chassis No: JAL6T1349A1000000

1. Index Mark and Registration
Number of Vehicle

PA3480T

2. Name of Policy Holder

M/S GUILLEMARD BUS SERVICE

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

08 APRIL 2018

EX SECT. II 551,500

4. Date of Expiry of Insurance

07 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.

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.: KOK KIM CHUAN 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



Authorised Officer

Authorised Signatory

undersigned By:

Owner Name: GUILLEMARD BUS SERVICE
Registered Address: 52 FOWLIE ROAD SINGAPORE 428496
Mailing Address: -
Birth Date: -

Vehicle Particulars

Vehicle No.: PA9480T
Previous Vehicle No.: -
Effective Date of Ownership: 08 Apr 2010
Original Regn Date: 08 Apr 2010
Registration Date: 08 Apr 2010
Year of Manufacture: 2009
Vehicle Type: Private Hire (Chauffeur) Bus/Coach/Minibus
Vehicle Scheme: Bus Carrying School Children
Vehicle Attachment 1: Air-Conditioned
Vehicle Attachment 2: -
Vehicle Attachment 3: -
Vehicle Make: ISUZU
Vehicle Model: LT134P
Primary Colour: Multi-Colour
Secondary Colour: -
Passenger Capacity: 49
Chassis No.: JALLT134PA7000009
Engine No.: 6HK1487694
Engine Capacity /Power Rating: 7790 cc / -
Maximum Power Output: -
Propellant: Diesel

Max Unladen Weight: 10180 kg
Maximum Laden Weight: 15200 kg
Open Market Value: \$103,851.00
PARF Eligibility: No
PARF Eligibility Expiry Date: -

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

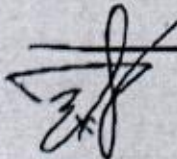
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA419033646 Vehicle Registration No: PA9480T
Name (as shown in NRIC) : Guillemaard Bus Service NRIC/FIN/Passport No : 209737006
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 52 Foulie Road Singapore (428496)
Contact (Tel) : - Mobile No. : 9792 0384
Email Address : -
Date of Accident : 11/03/19 Time of Accident : 14:00hrs
Place of Accident : PIE Jct Changi
Insurance Company : China Taiping Ins

(B) ADDITIONAL INFORMATION / AMENDMENTS:

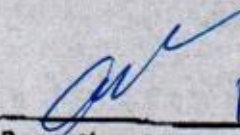
I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- to attach private settlement form


基理瑪巴士服務
GUILLEMAARD BUS SERVICE

Policyholder / Driver's Signature

Date: 13/03/19


Reporting Centre Personnel's Signature

Name: Rishi Kumar

NRIC/FIN No.:

Date: