

NATIONAL Assessment Centre Services. [ver 1 Jan 00] MNA45044206

Date In: 05/02/08 10:45	Job description	Date & Time Completed	Done by
Ref No: NBA/CTZ1900611414	SAS e-Milling		
Veh No: PC 46523	E-mail (Wjills 3hrs, AIC 3hrs)		
D.O.A: 14/03/08 07:20	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: W/known 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 repair.

() 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: _____

NA1902588	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$60)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) FT: Follow-Through Survey	\$120
QC Checked by (Engi-In-Charge):	5) FT: Follow-Through Survey (Resurvey)	\$30
	Enrolment against INC Only (ver 10 Jun 2007)	
	6) TR: Re-inspection	\$75
	7) NI: Idu DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	*NI: Courtesy Car / Tpr Allowance	\$1
	*NI: Repair Coordination	\$10
	*NI: Post Repair Inspection	\$25
	*NI: DV / Collision Excess Coordination	\$5
	TP (NI) / TP (Non INC)	\$20
	9) NI: Idu Mobile	\$0
	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	05/04/2019 10:49
Date Of Accident	14/03/2019 07:20
Exact Location Of Accident	ALONG LOYANG AVENUE TOWARDS TPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC4653J
Insured/Policyholder	
Name Of Registered Owner	KW BUS SERVICE
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84984950
Alternative Phone No	OFFICE-84984950

Vehicle Particulars

Manufacturer	HIGER
Model	PURPLE
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	DMB1SN3017621901
Cover Note Number	

Driver

Name of Driver	XU XUEYUAN
Passport No/FIN	G5277400X
Date Of Birth	24/03/1981
Occupation	OUTDOOR
Date Of Driving Pass	14/11/2012
Driving Experience	6 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84984950
Fax Number	
Contact Number	
EMail 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? 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

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20190404/2088

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 UNKNOWN
 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

SKETCH PLAN

IMPORTANT NOTICE

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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.



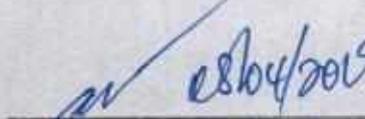
Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

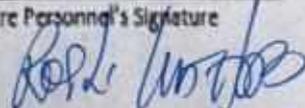
Date & Time:



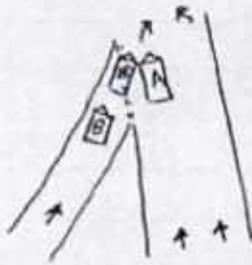
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



A= PC 4653J
B= unknown van



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

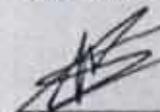
* PLS REF to police report # T/20190404/2088

Remarks: Owner is not aware of this accident until they received traffic police letter asking for driver to make a police report. However driver Xu Xueyuan has returned to China & only will return to Singapore in June 2019. Police report a G1A report was authorized by KW Bus Service to Manager Mr Ho Jun Xian to make both report on their driver behalf.



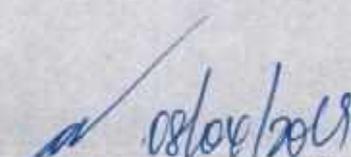
DECLARATION

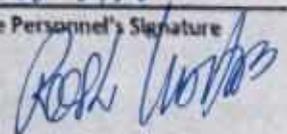
I/We declare the foregoing particulars are true in every respect.


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.:





**SINGAPORE
POLICE FORCE**



T/20190404/2088

1 of 3

Report No. T/20190404/2088

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/04/2019 13:40	Vide Report No.:	Station Diary No.: 250
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Informant's Particulars

Name of Informant: HO JUN XIAN		Address: APT BLK 889D WOODLANDS DRIVE 50 #14-261 SINGAPORE 734889	
ID Type / ID No.: NRIC NO / S8927242D		Contact No.:	Mobile: 84984950
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 29	Date of Birth: 20/08/1989	Type of Informant: Company Manager
Race: Chinese		Language:	Institution / School Name:
Occupation: BUS SERVICES MANAGER		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: 14/03/2019 07:20	Type of Location: Merging Lanes
Location: Along Road 1 Traveling Toward Road 2 LOYANG AVENUE TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC4653J	Bus/Coach/Minibus	HIGER		Purple	No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
PC4653J	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.			



**SINGAPORE
POLICE FORCE**



T/20190404/2088

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Report No. T/20190404/2088

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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Company Manager			
Name	HO JUN XIAN	ID No.	S8927242D
Related Vehicle	NIL	Contact No.	84984950
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
Driver			
Name	Xu XueYuan	ID No.	G5277400X
Related Vehicle	NIL	Contact No.	81802733
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 14/03/2019 at 0718hrs, my driver namely: Xu XueYuan while travelling Loyang avenue turning right into TPE. A van had also turned into TPE via Tampines Ave 7. Upon arriving the merging lane, the van did not stop and gave way to my vehicle. Thus causing him to not have sufficient space and resulting him to slow down suddenly. My driver at that time did not stop the vehicle as there was no loud sounds or indications showing that there was a collision. Thus he continued his journey. I have the video recordings.



**SINGAPORE
POLICE FORCE**



T/20190404/2088

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/20190404/2088

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 1 MOHAMMAD ZULFAEZAT BIN ROSLEE
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151

Signature Of Informant:
Date/Time: 04/04/2019 13:40
Classification Of Case:

Authentication Stamp
NP168

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: Unknown van
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: Woodlands West 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: PC4653J
Owner contact no: 84 98 4950
Date of accident: 14/03/2019
Location of accident: Loyang Ave Nhd TPE
Time of accident : 07:20hrs.
Any Injury: yes / no (if yes, must have police report)

REPUBLIC OF SINGAPORE

DRIVING LICENCE



Licence Number: **G5277400X**

Name:

XU XUEYUAN

Birth Date: **24 Mar 1981**

Issue Date: **11 May 2017**

Valid Till **15/05/2022**



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

EFFECTIVE DATE

Class 3	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	16 May 2012
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight \leq 7250kg	14 Nov 2012

NP 428A





S PASS

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

Employer
K W BUS SERVICE

Sector: **SERVICE**



Name
XU XUEYUAN
Occupation
BUS CAPTAIN

S Pass No.
0 74922880



Date of Application
11-11-2016

Date of Issue
22-11-2016

Date of Expiry
13-06-2019



L7408215

VISIT PASS
Immigration Regulations

Name
XU XUEYUAN



Date of Birth	Sex	Nationality
24-03-1981	M	CHINESE
FIN	Date of Issue	Date of Expiry
G5277400X	22-11-2016	13-06-2019

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.**



Land Transport  Authority



VOCATIONAL LICENCE

Licence No : **G5277400X**

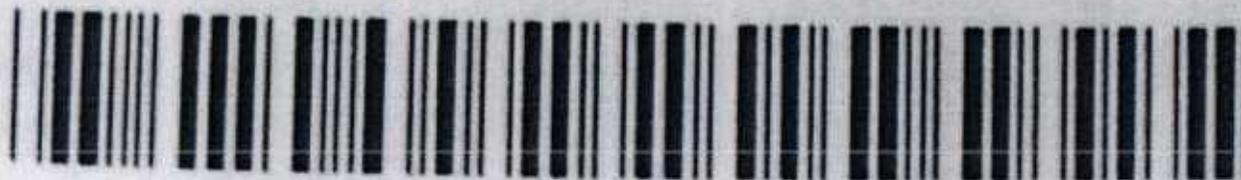
Name : **XU XUEYUAN**

Issue Date : **18/2/2014**

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

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	18/02/2014





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

MZ601
 R SN
 AN0580A
 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	DMB15N3017621901	Engine No : IS867E530022118544 Chano: LKLR1F529FA692880
1. Index Make and Registration Number of Vehicle	PC46533	<u>AUTOSAFE</u>
2. Name of Policy Holder	K W BUS SERVICE	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	29 March 2019	Excess Sect. I S\$2,000.00 Excess Sect. II S\$1,000.00 EX ON WINDSCREEN S\$500.00
4. Date of Expiry of Insurance	28 March 2020	
5. Persons or Classes of Persons entitled to drive*	<p>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</p> <p>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.</p>	
6. Limitations as to use*	<p>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.</p>	

HIRE PURCHASE CO. : HONG LEONG FINANCE 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



Issued By **ODDS & EVENS**
 Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory