

NATIONAL Assessment Centre Services.

[ver 1 Jan 05]

NAH19068092

Date In: 13/04/2019 10:36	Job description	Date & Time Completed	Done by
Ref No: NA/C119006589/Y	SAS e-filing		
Veh No: CB 4331Y	E-mail (Within 2hrs, AIC 2hrs)		
DOA: 11/04/2019 11:22	I-Motor Claim Form		
OD: TP 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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 9BK 7424H	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: ()

Remarks: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Actions

NAH1902693

Claimant's Particulars:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$40)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) FT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Lixers Coordination \$5	
	TP (NI): TP (Non INC) against INC \$20	
	9) NI2: Idao Mobile \$0	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

QC Checked by (Engr-In-Charge):

Auditors' Comments:

2 of 3

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	13/04/2019 10:36
Date Of Accident	11/04/2019 11:20
Exact Location Of Accident	JUNCTION OF SOUTH BRIDGE ROAD/PICKERING STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB4331Y
Insured/Policyholder	
Name Of Registered Owner	TAN CHEONG HUAT
NRIC No	S1314548B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90104331
Alternative Phone No	OTHERS-90104331

Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN-3.0 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	THIRD PARTY
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	DMB1SN3073241801
Cover Note Number	

Driver

Name of Driver	TAN CHEONG HUAT
NRIC No	S1314548B
Date Of Birth	11/06/1958
Occupation	INDOOR
Date Of Driving Pass	22/03/1979
Driving Experience	40 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90104331
Fax Number	
Contact Number	OTHERS-90104331
Email Address	NOEMAIL

Address	BLK 290F BUKIT BATOK STREET 24 #06-105
Postcode	655290
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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)	2

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

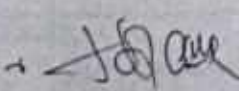
Vehicle Registration Number	SBK7424H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Nature Of Damage	
No. Of Passenger (Including Driver)	

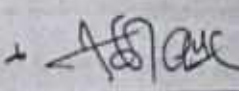
IMPORTANT NOTICE


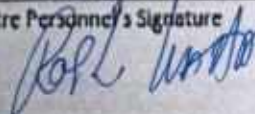
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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)**

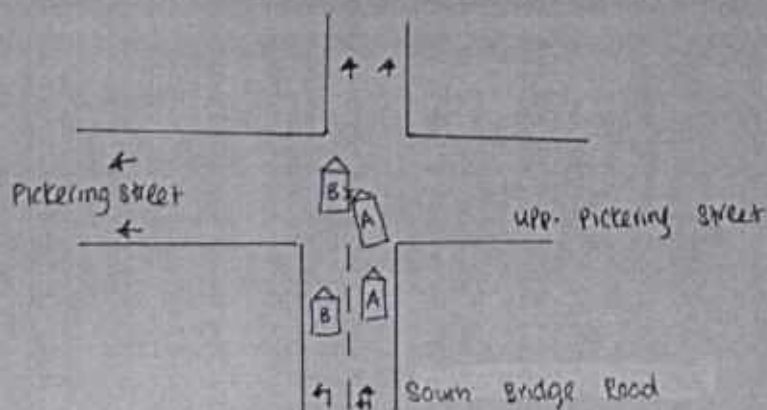
I understand, acknowledge, agree and consent that:

- (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: 
NRIC/FIN No.:



A=CB4331Y

B=SBK 7424H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/04/2019 @ 11:20hrs, I was driving my bus CB 4331Y along South Bridge Road intend to turn left to pickering street & while I was turning left @ the junction, a car SBK7424H was travelling on the left lane (meant for turn left only) drove straight instead of turning left & hit onto my bus front LH portion as a result.

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:

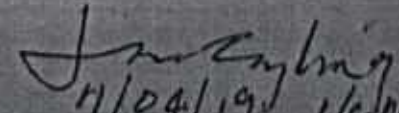
Reporting Centre Personnel's Signature
Name:
NRIC/TIN No.:

Thirty-Party Claim Insurance
against MSIG.

I, Foo Say Ting, NRIC No. S0375871J
agreed the ~~is~~ road accident happened on
Upper Pickering St on 11 Apr 19 @
ard 11:20^am is my fault & I should
not drive straight for turning left
lane.

I, hereby be responsible for the
repair cost for Vehicle no. CB4331Y
owner Tan Cheong Huat ~~for~~ and agreed
to pay for ~~the~~ all the ^{repair} charges due
to the accident.

84885420
Grandson witness
Abel 
Ong Kye Shyan S91355775

Foo Say Ting 
S0375871J 11/04/19 11:20am S0375871J
~~98642673~~ 98645267

Road surface: Dry / Wet

Weather condition: Clear / Raining

Speed: _____

Usage of veh during of accident: _____

Does driver own a vehicle: yes/no yes

if yes, veh number plate: CB 4331 Y

veh insurance co: Chex

Relationship with insured: Owner

Witness (if any): yes/no

Witness name: _____

Witness hp: _____

Witness email (if any): _____

Witness add: _____

Witness IC no: _____

Third party veh number: SBK 7424 H

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: MS 16 Ins

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: 02 pax

Connect3 client vehicle no: CB 4331 Y

Owner contact no: 9010 4331

Date of accident: 11/04/2019

Location of accident: Pickering street Junction of South Bridge Rd x Pickering street

Time of accident : 11:20 hrs

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1314548B



Name

TAN CHEONG HUAT

陳章發

Race

CHINESE

Date of birth

11-06-1958

Sex

M

Country/Place of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Driving Licence No. S1314548B

Name TAN CHEONG HUAT



Valid Until 11 Jun 1998

Issue Date 16 Feb 2004



Land Transport Authority

VOCATIONAL LICENCE

Licence No. : S1314548B

Name : TAN CHEONG HUAT



Issue Date : 15/5/2005

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

H/p: 9010 4331

3926421



NRIC No. S1314548B

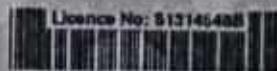
Date of Issue
30-04-2018

Address

APT BLK 290F BUKIT BATOK STREET 24
#06-10B
SINGAPORE 655290

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

		ISSUE DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	22 Mar 1979
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	12 May 1986



Licence No: S1314548B

NP 428A

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	21/07/1995
04	BUS ATTENDANT	21/07/1995



> Back to OneMotoring

Enquire Transfer Fee

Vehicle Details

Vehicle No.:	CB4331Y
Vehicle Type:	S20 - School Transport Bus/Coach/Minibus
Vehicle Attachment 1:	Air-Conditioned
Vehicle Scheme:	School Bus with AWC
Vehicle Make:	NISSAN
Vehicle Model:	URVAN 3.0 M
Chassis No.:	JN1TG4E25Z0703165
Propellant:	Diesel
Engine No.:	ZD30012728K
Engine Capacity:	2953 cc
Maximum Power Output:	-
Maximum Laden Weight:	3100 kg
Unladen Weight:	1680 kg
Year Of Manufacture:	2005
Original Registration Date:	27 Sep 2005
Lifespan Expiry Date:	26 Sep 2025
Road Tax Expiry Date:	26 Sep 2019
Inspection Due Date:	26 Sep 2019
Intended Transfer Date:	13 Apr 2019
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-

Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for 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

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee:	25.00	-	25.00
Total Amount Payable:			25.00

You may print this page for reference.

OK

Print



中国太平保險(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

M2601/PR SN
AN0580A
Cov.Type: F

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.	DMB1SN3073241801	Engine No: 1D300127286 Chassis No: WITG4E25ZG703165
1. Index Mark and Registration Number of Vehicle	CB4331Y	
2. Name of Policy Holder	TAN CHEONG HUAT	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	27 SEPTEMBER 2018 EXCESS SECT. II	82750.00
4. Date of Expiry of Insurance	26 SEPTEMBER 2019	
5. Persons or Classes of Persons entitled to drive *	<p>(A) THE POLICYHOLDER, (B) 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</p> <p>(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>	

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 98 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 TRVWS

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Countersigned By:

Authorized Officer

Authorized Signatory

3 Anson Road #16-00 Springleaf Tower Singapore 079908 Tel: 6389 6111 Fax: 6225 3882 Website: www.sg.cntaiping.com

<http://sgportal.cntaiping.com/chInainsB2B/Spool/AN0580A-CB4331Y-DMB1SN30732...> 9/7/2018