

NATIONAL Assessment Centre Services [ref 1 Jan 2009] **MA419055284**

Date In: 29/04/2009 15:34	Job description	Date & Time Completed	Done by
Ref No: N/A/CTI190074904	SAS e-filing		
Veh No: PA7272R	E-mail (Vehicle Stres, AIC 2hrs)		
D.O.A: 27/04/2009 06:30	I-Motor Claim Form		
OD / TP: Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: SMG 1325S 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%; F: 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: _____

NA903088	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$30)	
Contact No:	3) TP: Towing Fee \$40/\$43	
Damaged Portion:	4) FT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30	
Additional Comments:	Excluding against INC Only (ref 10 Jan 2009)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	OD:	
	*NS: Courtesy Car / TP Allowance \$5	
	*NG: Repair Co-ordination 2680303 \$10	
	*NI: Post Repair Inspection \$25	
	*ND: DV / Collect Excess Coordination \$5	
	TP (NI): TP (Non INC) \$20	
	9) NI: Idao 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	29/04/2019 15:34
Date Of Accident	27/04/2019 06:30
Exact Location Of Accident	CLEMENTI AVENUE 6,SLIP ROAD TO AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA7272R
Insured/Policyholder	
Name Of Registered Owner	AKP COACH SERVICES PTE LTD
Co Reg No	201500066D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84884548
Alternative Phone No	OFFICE-96152041

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 D COMMUTER GL AT 2WD 4DR LWB (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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SN3012421900
Cover Note Number	

Driver

Name of Driver	OH BEE YU
NRIC No	S7024404G
Date Of Birth	22/07/1970
Occupation	OUTDOOR
Date Of Driving Pass	22/07/1970
Driving Experience	48 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-84884548
Fax Number	
Contact Number	OTHERS-96152041
E-Mail Address	NOEMAIL

Address	BLK 606 ANG MO KIO AVENUE
Postcode	560606
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	RAINING
Road Surface	WET

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	SMB1325S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KONG KOK SIANG
NRIC/Passport Number	S2614930D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

AKP Coach Services Pte. Ltd.

(ROC/GST No. 201500066D)

Blk 79B Toa Payoh Central

#36-27 Singapore 312079

Fax: 6884 7481

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

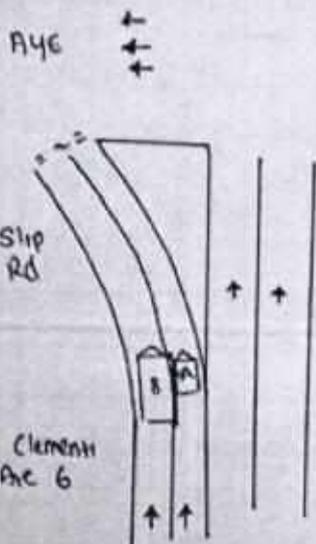
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

29/08/2018
Reda *NA 1003*

SKETCH PLAN



A= PA7272R

B= SMB 1325S.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/04/19 @ 06:30hrs. I was driving my bus PA7272R along Clementi Ave 6 Slip road to AYE when a SMART bus SMB 1325S drove slightly into my lane & hit onto my bus rear glass & caused it to break as a result.

DECLARATION

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

AKP Coach Services Pte. Ltd.

(ROC/GST No. 201500066D)

Blk 79B Toa Payoh Central

#36-27 Singapore 312079

Policyholder's No: 508847481

Date & Time:

[Handwritten Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Handwritten Signature] 29/04/2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Handwritten 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: SM8 1325S

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: 02 pax

Connect3 client vehicle no: PA7272 R.

Owner contact no: 8488 4547.

Date of accident: 27/04/2019

Location of accident: Clement Ave 6 Shp road to A4E

Time of accident: 06:30 hrs.

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

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7024404G



Name

OH BEE YU

胡美幼

Race

CHINESE

Date of Birth

22-07-1970

Sex

F

Country of Birth

SINGAPORE



2406368



NRIC No: S7024404G



Blood Group: A+
Date of issue: 21-09-1994

APT BLK 606 ANG MO KIO AVE
SINGAPORE 560606

NRIC No: S7024404G
Date:

Land Transport Authority

VOCATIONAL LICENCE

Licence No : S7024404G

Name : OH BEE YU

Issue Date : 9/8/2018

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



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7024404G

Name OH BEE YU

Birth Date 22 Jul 1970

Issue Date 26 Dec 2003



0019512788

HP: 96152041.

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.

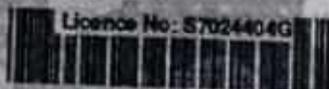
Type	Description	Issue Date
03	BUS VL	09/05/2016
04	BUS ATTENDANT	07/04/2011



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

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	02 Dec 1993

NP 428A



CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No:	DMB1SN3012421900	Engine No : 1KD2470402
		Chassis No: KDH2230022295
1. Index Mark and Registration Number of Vehicle	PA7272R	
2. Name of Policy Holder	M/S AKP COACH SERVICES PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	03 MARCH 2019	EX SECT. I S\$1,500.00 EX SECT. II S\$1,500.00 EX ON WINDSCREEN S\$100.00
4. Date of Expiry of Insurance	02 MARCH 2020	
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. : LIAN HONG 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.



Countersigned By:

Authorised Officer

Authorised Signatory

> Back to OneMotoring

ROC: 2015 00066 D.

Inquire Transfer Fee

Vehicle Details

Vehicle No.:	PA7272R
Vehicle Type:	Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus
Vehicle Attachment 1:	Air-Conditioned
Vehicle Scheme:	Public Service Vehicle (Others)
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE COMMUTER GL 3.0 AT 2WD 4DR LWB
Chassis No.:	KDH2230022295
Propellant:	Diesel
Engine No.:	1KD2470402
Engine Capacity:	2982 cc
Maximum Power Output:	-
Maximum Laden Weight:	2990 kg
Unladen Weight:	2140 kg
Year Of Manufacture:	2014
Original Registration Date:	03 Mar 2015
Lifespan Expiry Date:	02 Mar 2035
COE Category:	C - Goods Vehicle & Bus
PQP Paid:	\$27,022.00
COE Expiry Date:	02 Mar 2025
Road Tax Expiry Date:	02 Sep 2019
Inspection Due Date:	02 Mar 2020
Intended Transfer Date:	30 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 Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee:	25.00	-	25.00
Total Amount Payable:			

Message
 This vehicle has a road tax Over Payment of \$171.00. 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