

NATIONAL Assessment Centre Services

(and 1 Jan 2019)

NA19063589

Date In: 16/05/2019 11:21	Job description	Date & Time Completed	Done by
Ref No: NBA/C11/90086121	SAS e-filing		
Veh No: PC 7686U	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 15/05/2019 17:20	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: SGU 3327U	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: (\$)	Landing: \$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:- (INC hotline: 6788 6616)	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	Actions

NA1903586	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		Est Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comment(s):	For claiming against INC Only (wef 10 Jan 2019)		
Cal 1:	6) TR: Re-inspection \$75		
Cal 2/3:	7) N1: Idm DA + SMRT Survey \$160		
1/1/1	8) NTUC Additional Services:-		
	N1: Courtesy Car / Tpt Allowance \$5		
	N6: Repair Co-ordination \$10		
	N7: Post Repair Inspection \$25		
	N8: DV / Collect Excess Coordination \$5		
	TP (N11) - TP (Non INC) against INC \$20		
	9) N12: Idm Mobile \$30		
	Invoice dated	Fen Charged	
	Fee Charged		

07-MAY-2019 16:39

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	16/05/2019 11:21
Date Of Accident	15/05/2019 17:20
Exact Location Of Accident	FINLAYSON GREEN JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7686U
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-96375463

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ROSA BE641JRMDEE
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	DMB1SN1832671800
Cover Note Number	

Driver

Name of Driver	WONG MIE WAH @ CHEE WOON YING
NRIC No	S1338668D
Date Of Birth	03/05/1958
Occupation	OUTDOOR
Date Of Driving Pass	01/09/1983
Driving Experience	35 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90230917
Fax Number	
Contact Number	OFFICE-96375463
EMail Address	BC@LONGLIM.COM

Address	BLK 230 ANG MO KIO AVENUE 3 #07-1266
Postcode	560230
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	TECK GHEE NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 321 ANG MO KIO STREET 31 , POSTCODE: 560321 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4599999 - FAX NO: 64574478
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	SGU3327U
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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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.

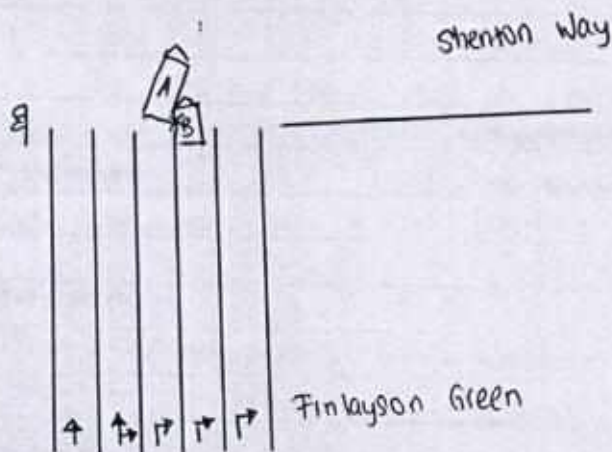


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



A=PC7686U
B=SGU3327U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/05/2019 @ 17:20hrs, I was driving my bus PC7686U along Finlayson Green on the 3rd lane turning right to Shenton Way & @ the traffic junction, a van SGU3327U which was on the 2nd lane drove straight forward instead turning right despite he is on the turn right only lane & collided with my bus 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/PPN No.:

16/05/2019

Rafael Wong

NOTICE OF REPORTING

This is to confirm that WONG MIE WAH, NRIC/FIN S1338668D, residing at APT BLK 230 ANG MO KIO AVE 3 #07-1266 S(560230)

has reported to the Police a non-injury traffic accident which occurred at FINLAYSON GREEN

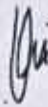
on 15/05/2019 on 1720hrs involving the following vehicle and personnel:

White Mitsubishi Fuso Rosa (PC7686U) – WONG MIE WAH (INFORMANT), S1338668D, Tel 93675463

Blue Suzuki SX4 (SGU3327U)

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT Sean Kiam



Date: 15/05/2019 Time: 1933hrs

S/D Ref: 41

Teck Ghee NPP
271 321 Ang Mo Kio St 31
S'pore 570321
Tel 800 400 8999

Police Post/Unit: Teck Ghee NPP

Original - to be issued to informant

Duplicate - to be submitted to Traffic Police

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: Employed & Employer
Witness (if any): yes/no
Witness name: _____
Witness hp: _____
Witness email (if any): _____
Witness add: _____
Witness IC no: _____

Third party veh number: SG U 3307U
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 yes
Police report reported at which police station: Teck Ghee NPD.
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

Connect3 client vehicle no: PC7686U
Owner contact no: 9023 0917
Date of accident: 15/05/2019
Location of accident: Finlayson Green Junction.
Time of accident: 17:20hrs.
Any injury: yes / no (if yes, must have police report)

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1338668D



WONG MIE WAH
@CHEE WOON YING

★ ★ ★
Race
CHINESE
Date of Birth 03-05-1958 F
Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1338668D
Name: WONG MIE WAH

Birth Date: 03 May 1958
Issue Date: 21 Jul 2004




Land Transport Authority

VOCATIONAL LICENCE

Licence No: S1338668D
Name: WONG MIE WAH

Issue Date: 23/2/2016

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



HP: 9367 5463.

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.	DNB1SH1832671800	Engine No : 4P10D49720 Chassis No: BE641JK30508
1. Index Mark and Registration Number of Vehicle	DCT6880	
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	26 SEPTEMBER 2018 EXCESS SECT I\$52,000.00 EXCESS SECT. II\$51,500.00 EX ON WINDSCREEN\$5100.00	
4. Date of Expiry of Insurance	25 SEPTEMBER 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.

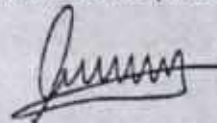
(2) USE WHILST DRAWING A TRAILER, EXCEPT THE TOWING (OTHER THAN FOR REWARD) OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

HIRE PURCHASE CO. : MAYBANK 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

Transaction ref 20180926121114947194

Please check that the owner and vehicle details are correct:

- | | |
|--|---|
| 1. Name | : LONGLIM PTE LTD |
| 2. Identification No. Type | : Company |
| 3. Identification No. | : 201109995N |
| 4. Country/Region | : - |
| 5. Registered Address | : 34 JALAN TARI PIRING
JALAN KAYU ESTATE
SINGAPORE 799187 |
| 6. Mailing Address | : - |
| 7. Vehicle Registration No. | : PC7686U |
| 8. Effective Date of Ownership | : 26 Sep 2018 |
| 9. Original Registration Date | : 26 Sep 2018 |
| 10. First Registration Date | : 26 Sep 2018 |
| 11. Vehicle Type | : Z20 - Private Hire (Chauffeur)
Bus/Coach/Minibus |
| 12. Vehicle Scheme | : Public Service Vehicle (Others) |
| 13. Attachment 1 | : Air-Conditioned |
| 14. Attachment 2 | : - |
| 15. Attachment 3 | : - |
| 16. Vehicle Make | : MITSUBISHI |
| 17. Vehicle Model | : ROSA BE641JRMDEE |
| 18. Year of Manufacture | : 2018 |
| 19. Primary Colour | : White |
| 20. Secondary Colour | : - |
| 21. Passenger Capacity | : 24 |
| 22. Chassis/Trailer Chassis No. | : BE641JK30508 / - |
| 23. Propellant/Emission Standard | : Diesel / Euro VI |
| 24. Engine No./Motor No. | : 4P10D49720 / - |
| 25. Engine Capacity(cc)/Power Rating(kW) | : 2998 / - |
| 26. Maximum Power Output(kW/bhp) | : - / - |
| 27. Unladen Weight(kg) | : 4100 |
| 28. Maximum Laden Weight(kg) | : 6040 |
| 29. Open Market Value | : \$72,922.00 |
| 30. PARF Eligibility | : No |
| 31. PARF Eligibility Expiry Date | : - |
| 32. Minimum PARF Benefit | : \$0.00 |