

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

19 Feb 2019 06:24:5

Date In:	Job description	Date & Time Completed	Done by
28/05/2019 12:19	SAS e-filing		
Ref No: NBA/CT/19009355N	E-mail (2 Julia Blue, AIC 2hrs)		
Veh No: CB 578K	i-Motor Claims Form		
D.O.A: 27/05/2019 15:55	i-Motor W/O (w/incl: OD 2hrs, TP 4hrs)		
OID: TP <u>Reporting Only</u>	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

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

TP Particulars: Vch No: LINKAWAN CAR 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 repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Repairer's Action:

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

2) QC Check / Post Repair Inspection ()

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

Injury: _____

Date	Assessment	Remarks

Item	Description	Amount
1)	AR: Accident Reporting (\$30)	
2)	DA: Damage Assessment (\$100) INC (\$10)	
3)	TP: Towing Fee \$40/\$45	
4)	PT: Follow-Through Survey \$120	
5)	PT: Follow-Through Survey (Resurvey) \$30	
6)	TR: Re-inspection \$75	
7)	NI: Idao DA + SMRT Survey \$160	
8)	NTUC Additional Services:	
	ONL	
	*NS: Courtesy Car / Tpl Allowance	\$3
	*NG: Repair Co-ordination	\$10
	*N7: Post Repair Inspection	\$23
	*NB: DV / Collect Excess Coordination	\$3
	*ND: DV / Collect Excess Coordination	\$20
	TP (NI) / TP (Non INC) against INC	\$0
9)	NI: Idao Mobile	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

NBA1903967

Driver/Owner: _____

Contact No: _____

Damaged Portion: _____

QC Checked by (Engr-In-Charge): _____

Appraiser's Comments: _____

Signature: _____

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	28/05/2019 12:19
Date Of Accident	27/05/2019 15:55
Exact Location Of Accident	ALONG DEPOT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB5778K
Insured/Policyholder	
Name Of Registered Owner	AIK SHEN BUS SERVICE
Co Reg No	29635400K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96327095
Alternative Phone No	OFFICE-93631824

Vehicle Particulars

Manufacturer	YUTONG
Model	ZK6107HE-6.7 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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SN3095141801
Cover Note Number	

Driver

Name of Driver	LAW KIN CHWEE
NRIC No	S1217495J
Date Of Birth	13/05/1959
Occupation	OUTDOOR
Date Of Driving Pass	10/02/1978
Driving Experience	41 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96327095
Fax Number	
Contact Number	OTHERS-93631824
E-Mail Address	NOEMAIL

Address	BLK 174 WOODLANDS STREET 13 #09-351
Postcode	2573
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)	10

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	UNKNOWN
Vehicle Make/Model/Colour	BMW
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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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.
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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:

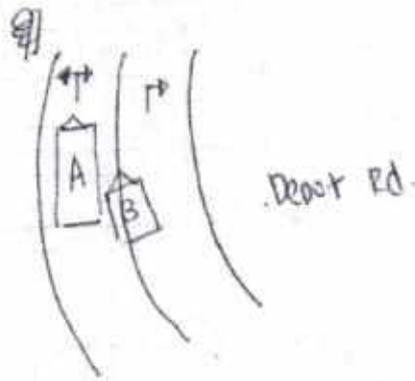
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

X 
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= CB5778K
B= unknown vehicle number.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/05/2014 @ 15:55hrs, I stopped my bus CB5778K @ traffic light junction due to red light when the traffic light turn green & before I could move off, a unknown vehicle hit onto my bus rear ms compartment & drive off & I did not manage to take down the vehicle plate.

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: Rishi Verma
NRIC/FIN No.: 2810512019

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 Veh Number
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: 10pax

Connect3 client vehicle no: CB5778K
Owner contact no: 9632 7095
Date of accident: 27/5/2019
Location of accident: Depot Rd.
Time of accident: 15:53 hrs.
Any Injury: yes no (if yes, must have police report)

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1217495J



Name
LAW KIN CHWEE



劉金水

Race
CHINESE

Date of Birth
13-05-1956

Sex
M

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1217495J

Name
LAW KIN CHWEE



Birth Date: 13 May 1956
Issue Date: 18 Dec 2002



000015420A

Land Transport Authority

VOCATIONAL LICENCE



Licence No : S1217495J
Name : LAW KIN CHWEE
Issue Date : 18/2/2008
Expiry Date : 28/2/2009

H/P: 9363 1824

For LKK/NAC Use Only

2247528



NRIC No: S1217495J

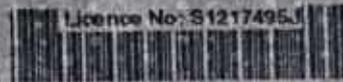
Blood Group Date of issue
 B+ 06-08-1994

Address

APT BLK 174 WOODLANDS STREET 13
 #09-351
 SINGAPORE 2573

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	09 Jan 1976
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	10 Feb 1978
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	02 Oct 1978



Licence No: S1217495J

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
02	TAXI VL	24/03/1994
03	BUS VL	24/04/1979



For LKK/NAC Use Only

MOTOR PRIVATE BUS

CERTIFICATE OF INSURANCEMotor 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.	DMB1SN3095141801	Engine No : ISB67E525022235346
		Chano: LZYT8TD68H1021079
1. Index Mark and Registration Number of Vehicle	CB5778K	<u>AUTOSAFE</u>
2. Name of Policy Holder	AIK SHEN BUS SERVICE	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	15 December 2018	Excess Sect I 552,000.00 Excess Sect. II 551,000.00 EX ON WINDSCREEN 55500.00
4. Date of Expiry of Insurance	14 December 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.

5. 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

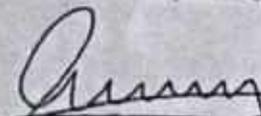
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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

Issued By: DDOs. & EVEN
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.


.....
Authorised Signatory

Enquire Vehicle Registration Details

Transaction ref 20171215172023476367

The owner and vehicle particulars for Vehicle No. CH5778K as at 15 Dec 2017 are as follows:



Owner Particulars
 NRIC/Passport/Company Cert No.: 29635400K
 Owner ID Type: Business
 Owner Name: AIK SHEN BUS SERVICE
 Registered Address: APT BLK 337 WOODLANDS AVENUE 1 #07-531 SINGAPORE 730337
 Mailing Address:
 Birth Date:
 Vehicle Particulars
 Vehicle No.: CH5778K
 Previous Vehicle No.:
 Effective Date of Ownership: 15 Dec 2017
 Original Regn Date: 15 Dec 2017
 Registration Date: 15 Dec 2017
 Year of Manufacture: 2017
 Vehicle Type: School Transport Bus/Coach/Minibus
 Vehicle Scheme: School Bus with AWC
 Vehicle Attachment 1: Air-Conditioned
 Vehicle Attachment 2:
 Vehicle Attachment 3:
 Vehicle Make: YUTONG
 Vehicle Model: ZK6107HE AUTO
 Primary Colour: Multi-Colour

1	Name	AIK SHEN BUS SERVICE
2	Identification No. Type	Business
3	Identification No.	29635400K
4	Place Of Passport Issue	
5	Registered Address	APT BLK 337 WOODLANDS AVENUE 1 #07-531 SINGAPORE 730337
6	Mailing Address	
7	Vehicle No.	CH5778K
8	Effective Date of Ownership	15 Dec 2017
9	Original Registration Date	15 Dec 2017
10	First Registration Date	15 Dec 2017
11	Vehicle Type	S20 - School Transport Bus/Coach/Minibus
12	Vehicle Scheme	School Bus with AWC
13	Attachment 1	Air-Conditioned
14	Attachment 2	
15	Attachment 3	
16	Vehicle Make	YUTONG
17	Vehicle Model	ZK6107HE AUTO
18	Year of Manufacture	2017
19	Primary Colour	Multi-Colour
20	Secondary Colour	
21	Passenger Capacity	45
22	Chassis/Trailer Chassis No.	LZYYTBT068H1021079 / -
23	Propulsion/Emission Standard	Diesel / Euro V
24	Engine No./Motor No.	IS167ES28032235346 / -
25	Engine Capacity/Power Rating(KW)	6690 / -
26	Maximum Power Output(KW/hp)	- / -
27	Undeek Weight(Kg)	11140
28	Maximum Laden Weight(Kg)	15500
29	Open Market Value	\$111,023.00
30	PARF Eligibility	No
31	PARF Eligibility Expiry Date	
32	Minimum PARF Benefit	
33	HU Label No.	\$0.00
34	COE No.	
35	COE Expiry Date	
36	COE Category	
37	Quota Premium/Prevailing Quota Premium	
38	Actual Quota Premium/QP Paid	
39	Actual ARF Paid	
40	CO2 Emission(g/km)	\$5,552.00
41	Actual CEVS Rebate Utilised	
42	CEVS Surcharge Paid	
43	Actual Green Vehicle Rebate Utilised	
44	Vehicle Lifespan Expiry Date	14 Dec 2037
45	Road Tax Amount	\$0.00
46	Road Tax Start Date	15 Dec 2017
47	Road Tax End Date	14 Jun 2018
48	Remarks	This is a public service vehicle. The vehicle will be de-registered upon reaching its statutory lifespan on 14 Dec 2037.