

# NATIONAL Assessment Centre Services

Form 1 (Rev 05/11)

MAA49082471

Date to: 25/06/2019 11:27	Job description	Date & Time Completed	Done by
Ref No: NBA/CT3190/1147N	SAS e-filing		
Veh No: CB 6002Y	E-mail (within 4hrs, A/C 2hrs)		
D.O.A: 22/06/2019 19:15	I-Motor Claim Form		
OD: TP e-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: SFT 8204C	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 ( ) / Towel-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

MAA490424	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30)	Int Bill	Add Bill
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		
QC Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2009)		
Cat. 1:	6) TR: Re-Inspection \$75		
Cat. 2/3:	7) N1: Idm DA + SMRT Survey \$160		
1/1/18	8) NTUC Additional Services (211)		
	*N3: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-14 INC) against INC \$20		
	9) N12: Idm Mobile \$30		
	Invoice done	Pen Charged	
	Invoice signed	Fee Charged	

07-MAY-2018 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	25/06/2019 11:27
Date Of Accident	22/06/2019 19:15
Exact Location Of Accident	ANG MO KIO AVENUE 3 TOWARDS CTE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB6442Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BKK TRANSIT
Co Reg No	53047841B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90230917
Alternative Phone No	OFFICE-97326198

### Vehicle Particulars

Manufacturer	YUTONG
Model	ZK6898HE-6.7 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	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	DMB1SN1745531802
Cover Note Number	

### Driver

Name of Driver	MENG LEI
Passport No/FIN	G2150037U
Date Of Birth	28/10/1980
Occupation	OUTDOOR
Date Of Driving Pass	08/09/2015
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90230917
Fax Number	
Contact Number	OTHERS-97326198
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 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) 1

### 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? YES  
 Was there any audio recorded? NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJT8204C  
 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

### 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 regulate 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.

BKK TRANSIT  
OCBC A/C 567-748923-001  
Tel: 6614529

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

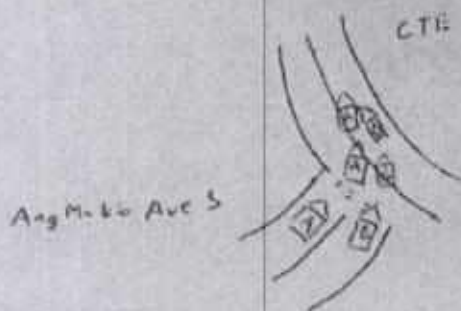
Reporting Centre Personnel's Signature

Name:

NRIC/TIN No.:



### SKETCH PLAN



A- 66(44) Y

B-5T5204C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 02/06/2019 @ 19:15 hrs, I was driving my bus CB6492Y along Ang Mo Kio Ave 3 turning to CTE. After checking my side mirror that there no car, I make a turn. Suddenly I heard a bang when I realise my bus has hit into a car SGT 8204C on my RHS.

## DECLARATION

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

BKK TRAVELS  
OCBC A/C: 502-710927-001  
TEL: 04614520

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.: \_\_\_\_\_

NPIC/FIN No.:

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 & Employee

Witness (if any): yes/no

Witness name: \_\_\_\_\_

Witness hp: \_\_\_\_\_

Witness email (if any): \_\_\_\_\_

Witness add: \_\_\_\_\_

Witness IC no: \_\_\_\_\_

Third party veh number: 55T8204C

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: 01

Connect3 client vehicle no: CB6442Y

Owner contact no: 9023 0917

Date of accident: 22/06/2019

Location of accident: Ang Mo Kio Ave 3 toward CTE

Time of accident: 19:15 hrs

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



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

Employer:  
BAK TRAVEL PTE. LTD.

Name:  
MENG LEI

S Pass No.  
S 7524852

Sector:  
SERVICE

01 JAN 2018

K1474570

For LKK/NAC Use Only

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence No: **G2160037U**

Name: **MENG LEI**

Birth Date: **28 Oct 1990**

Issue Date: **30 Jan 2018**

Valid Till: **22/02/2023**

0027686958

For LKK/NAC Use Only

**Land Transport Authority**

**VOCATIONAL LICENCE**

Licence No: **G2160037U**

Name: **MENG LEI**

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

For LKK/NAC Use Only

97326198

**VISIT PASS**  
Immigration Regulations

31-05-2019

Name  
**MENG LEI**

Download SGWorkPass App to check status

Pin  
**G2150037U**

Date of Birth  
**28-10-1980**

Sex  
**M**

Nationality  
**CHINESE**

**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.**



**For LKK/NAC Use Only**

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

		<b>EFFECTIVE DATE</b>
<b>Class 3</b>	Motor cars with unladen weight $\leq 3000\text{kg}$ with $\leq 7$ passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	<b>23 Feb 2013</b>
<b>Class 4</b>	Motor vehicles which are constructed to carry load or passengers and the unladen weight $> 2500\text{kg}$ Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq 7250\text{kg}$	<b>08 Sep 2015</b>

**NP 428A**

Licence No: G2150037U



**For LKK/NAC Use Only**

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
<b>03</b>	<b>BUS VL</b>	<b>07/06/2019</b>

**For LKK/NAC Use Only**







中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
Co. Reg. No. 200208294E

MZ601  
R SN  
AN0626A  
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, 1990  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1990 (Malaysia)

ORIGINAL

CERTIFICATE No.	DMB15N1745531802	Engine No :21855643 Chano:1ZYTD06981025619
1. Index Mark and Registration Number of Vehicle	C86442Y	AUTOSAFE =====
2. Name of Policy Holder	BKK TRANSIT	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	04 September 2018	Excess Sect I ..... S\$2,500.00 Excess Sect. II ..... S\$1,500.00 EX ON WINDSCREEN ..... S\$500.00
4. Date of Expiry of Insurance	03 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.

\* 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.

Issued By: ..... UNIVERSAL INSURANCE AGENCY PTE LTD  
Authorised Officer

.....  
Authorised Signatory

&gt; Back to OneMotoring

ROC: 53047841B

## Enquire Transfer Fee

Vehicle Details	
Vehicle No.:	CB6442Y
Vehicle Type:	520 - School Transport Bus/Coach/Minibus
Vehicle Attachment 1:	Air-Conditioned
Vehicle Scheme:	School Bus with AWC
Vehicle Make:	YUTONG
Vehicle Model:	ZK6898HE
Chassis No.:	LZYTDT06981025619
Propellant:	Diesel
Engine No.:	21855643
Engine Capacity:	6693 cc
Maximum Power Output:	-
Maximum Laden Weight:	12500 kg
Unladen Weight:	9280 kg
Year Of Manufacture:	2008
Original Registration Date:	04 Sep 2009
Lifespan Expiry Date:	03 Sep 2029
Road Tax Expiry Date:	03 Sep 2019
Inspection Due Date:	03 Sep 2019
Intended Transfer Date:	24 Jun 2019
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-

The current road tax expiry is 03 Sep 2019. You may renew the road tax from 04 Jun 2019 with all pre-requisite(s) fulfilled. If the road tax is renewed after 03 Sep 2019, late renewal fee(s) will be imposed. Please use Enquire Road Tax Payable to check on the late 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 (From 04 Sep 2019 to 03 Mar 2020)

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee:	25.00	-	25.00
Sub Total:			25.00
Nett Road Tax Amount (After Offsetting Over Payment):	0.00	-	0.00
Total Amount Payable:			25.00
Amount Payable (From 04 Sep 2019 to 03 Sep 2020)			25.00

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee:	25.00	-	25.00
Sub Total:			25.00
Nett Road Tax Amount (After Offsetting Over Payment):	0.00	-	0.00
Total Amount Payable:			25.00
Message			25.00

This vehicle has a road tax Over Payment of \$83.00. 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