NATIONAL Assessment Centre	Services	1 Janishy 🏃	148 440c	18302		
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REINU: A/RA/C7190/13994	SAS c-filing					
Veh No. CR 16395A	E-mail (within 8hrs	. AIC This;				
D.O.A. 26/06/2018 14:30	i-Motor Claim	Form -				
201001 17	i-Motor W/O (v		(f)* 4hes)			200
OD . THE Reporting Only	i-Plioto Upload	*****				
	Assessment/Surv					
TP Insurer:	Ass't Report by I	1000	0 Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No:	12 6585 11	INC ()/Non-INC ()		
Owner / Driver: (12000		T'el:)	
	riod: ()	Cover Type: ()	
Confirmed by : (_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date:	Time:)	
	Note-Est. Status (WC	D): N: 0+2	0%; P: 21-79%.	F: 80-100%]		
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General Remarks	。	5 Ty gode NA	東京 がないない			
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() Total Loss Case : to e-mail Insur						
Drive-In () / Towed-In (); Invoice);	Towing Co. (_)
Remarks: (INC horling: 6788 6616)			Date&Time Con	ple od - Ar-	Done by	1
A STATE OF THE PARTY OF THE PAR	Courtesy Car ()	C. Philipping	7 27 38 60 27 40 40 40 40 40 40 40 40 40 40 40 40 40			
Apply for Transport Allowance () / (QC Check / Post Repair Inspection	()		-			
3) Upload Resurvey Photo [Repair Cost > \$	30001 ()					
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Injury:			· · · · ·	PASSES FREE PROBE		
Date/Time Actions				THE POST	Talle -	
		R-11/54 - C211/08/65	STEEL SETS LAND	Mary 9 1202	Anit (\$)	Ami (\$)
NA1904871		TOWNSHIP TOWN	reparation Check	list	្រាម្រា	Mdd.13511
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- CARREST STATE AND A THE SECOND PROPERTY OF SECOND	THE CARDON PARTY	3) TF : Towis	g Fee	\$40/\$45		
Driver/Owner:	4. T	5) FT : Follos	v-Through Survey v-Through Survey (Resu	\$120 (1909) \$30		
Contact No:		Eor slaimin	is annional INC Only (we	F 10 Jan 2003) 575		
Damäged Portion:		7) N1 : Idao I	DA + SMIRT Survey	5160		
		6) NTUC Ad	ditional Services:-			
QC Checked by (Engr-In-Charge):	- 1 mars - 1		leny Cor / Tpt Allowande			
the transfer of the state of the state of	ministratus eta esta esta esta esta esta esta esta		ir Co-pediantion Repair Inspection	510 525		
Additors Comments:		*N8: DV	Collect Excess Coording	NG 520		
Cat.1;	L. S.	2) N12: Idio	TP (Non INC) against I	NG	1	
Cnt. 2/3		Invotes date	d	For Charged	TO THE REAL PROPERTY.	13/11/7
1 /1 11			6	Fee Chargad	STATE OF	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 witholding 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 GtA 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

	ACCIDENT STATEMENT
Date Of Report	27/06/2019 12:07
Date Of Accident	26/06/2019 14:20
Exact Location Of Accident	ALONG MANDAI ROAD
Country/State of Loss	SINGAPORE
PROPERTY OF THE PARTY OF THE PA	DETAILS OF OWN VEHICLE
Vehicle Registration Number	CB6395A
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-83774647
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
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	THIRD PARTY
Fleet Policy	NO
Policy Number	DMB1SN1745231802
Cover Note Number	
Driver	
Name of Driver	SIM SOON HUAT
NRIC No	S0209899G
Date Of Birth	03/04/1954
Occupation	OUTDOOR
Date Of Driving Pass	18/10/1977
Driving Experience	41 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90230917
Fax Number	
A MANAGEMENT AND	The state of the s

OTHERS-83774647

BC@LONGLIM.COM

Address

BLK 22 BOON KENG ROAD

#03-27

Postcode

330022

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

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The state of the s

.

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

...

involved in the accident

2

NO

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GZ6585U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

AYYADORAI MURUGESAN

NRIC/Passport Number

Contact Number

90023831

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 Poscyholder and/or the Authorised Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misraprasentation 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 admiration of policy liability on the part of the insurance epimpanies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwanted by the insurers of the GtA Records Management Centre established by the General insurance Association of Singapore (GSA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 2: 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 afcresaid.
- S. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that

- My maurer, 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 sehicle(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)
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary ewestigations relating to the clauns;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or orating 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 insurers) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law fams, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- my Personal information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents/including they (awvers/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 ac reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Pulse ynolder's Sanatiali Date & Time

Driver's Signature of driver is not the policyholder) Date & Time

NRIC/FIN NO.

A - CB 6395A B-6265 854

Mandai Rd

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On 26/06/2019	G 14:20	hes, I .	res driving	my bus
CB 6395A along	Mandai	Rd when	n a lorry	4 Z 65854
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hit auto the	said vel	4	A PART OF THE	
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			BURELEY	HURS.
			Man real	
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				The state of the s

DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Signature (if striver is not the got-cyholder)

Co SUN HOT

Date & Time:

27/06/20 CS
Apportung Centre Personners Synature!
NAME ROCK! (1008/08)

of accident:

Road surface On / Wet Weather condition: Glear / Raining	Usage of veh during
Speed:	
Does driver own a vehicle: yes find	
if yes, veh number plate:	
veh insurance co.	
Relationship with insured: Employer & Employer	
Witness (if any): yes/fig	
Witness name:	
Witness hp:	
Witness email (If any):	
Witness add:	
Witness IC no:	
1 - 1-0-1	
Third party veh number: 4 Z 6585 U	er hal
Name of third party drivers AYY ADORAL MUR UG	ESHA
IC of third party driver:	
HP of third party driver: 10023831	
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 / report	rting only
No of Pax: 01	
Connect3 client vehicle no: 68 6 3 9 5 A	
Owner contact no: 9015 0917	
Date of accident: 26/06/2019	
Location of accident Manda: Kond	
Time of accident : 14:20 hes	
Any Injury: ves /no) if yes, must have police report)	

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$0209899G





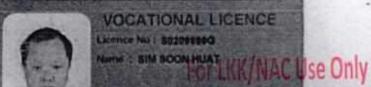
SIM SOON HUAT

CHINERE CAN AT NOTE OR - DATE - TREE COUNTY - TREE BINGAPORE For LKK/NAC Use Only



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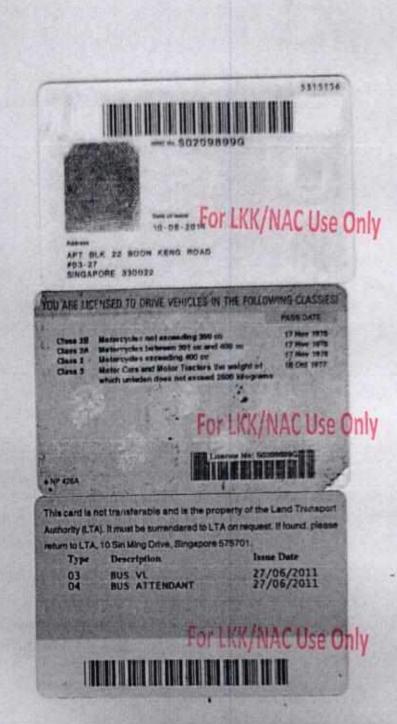
Land Transport Q Authority



Issue Date _ 27/8/2011

Please visit www.lin.gov.eg to check the status of this vacational itemore

H/P 83174697





中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Co Res No 200204164F

MZ601 R SN AN0626A Cov.Type: T

MOTOR PRIVATE BUS

CERTIFICATE OF INSURANCE

Malay Versions (Trind-Park) Ross and Congernation) Art (Chapter 15 Malay Versions (Trino Park) Ross and Companyation (Russ, 1965 Hoss Transport Act, 1967 (Minaysia) Shoto Vernice (Tree Park Ries; Ries, \$559 Malays a)

ORIGINAL

CERTIFICATE No.

DMB15N1745231802

Engine No :5L5152725 ChaNo: LH1721017843

motor Mark and Regulation Number of Vehicle

CB6395A

2. Name of Policy Planter

M/S LONGLIM PTE LTD

Effective date of the Continuous art of less some for the purposes of the Regulations. Onlinence or Enactional

Date of Expry of Insurance

16 November 2019

E. Persons or Classics of Persons extitled to prive"

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.

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.

I/We hereby Certify that the policy to which this Certificate relates is issued in accombance 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 (BINGAPORE) PTE LTO

issued By INTVERSAL INSURANCE AGENCY FIE LTD. **Authorised Officer**

Authorised Signatory

^{*}Landators rendered incorretive by Section 8 of the Motor Vehicles (Thed-Party Rosks and Compensation) Act (Chapter 189) and Section 35 of the Road Transport Act 1987 (Motoysia), and not to be included under those hearings.

Transaction ref 20140412114710763352

The owner and vehicle particulars for Vehicle No. CB6395A as at 12 Apr 2014 are as follows:

The last	Name	LONGLIMPTELID
2	Identification No. Type	Company
3.	Identification No.	:201109995N
4	Place Of Passport Issue	100
3.	Vehicle No.	CB6395A
6.	Previous Vehicle No.	The last the same
7.	Effective Date of Ownership	: 12 Apr 2014
8.	Original Registration Date	: 17 Nov 2001
9	First Registration Date	: 17 Nov 2001
10.	Vehicle Type	S20 - School Transport Bus/Coach/Minibus
112	Vehicle Scheme	School Bus with AWC
12.	Attachment I	Air-Conditioned
13.	Attachment 2	
14.	Attachment 3	34
15.	Vehicle Make	:TOYOTA
16.	Vehicle Model	HIACE
17	Year of Manafacture	2001
18.	Primary Colour	White
19.	Secondary Colour	
20.	Passenger Capacity	11
21.	Chassis Trailer Chassis No.	: LH1721017843 /-
22	Propellant	Diesel
23.	Engine No./Motor No.	5L5152725/-
24.	Engine Capacity(cc)/Power Rating(kW)	29857-
25,	Maximum Power Output(kW/bhp)	2.10
-26.	Unladen Weighi(kg)	1800