

NATIONAL Assessment Centre Services [cont. 1 Jan 09] <b>NBA/CTH9085806</b>			
Date In: <b>08/07/09 10:09</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/CTH9085806/4</b>	SAS e-filing		
Veh No: <b>PC 4674Z</b>	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: <b>01/07/09 08:05</b>	i-Motor Claim Form		
OD: TP: <u>Reporting Only</u>	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: <b>SK28400L</b>	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: ( )	

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

<b>NBA/CTH9085806</b> Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments: Cat. 1: Cat. 2/3:	Invoice Preparation Checklist:		Am't (\$)	Am't (\$)
	1) AR: Accident Reporting (\$30);		In Bill	Add. Bill
	2) DA: Damage Assessment (\$100); INC (\$40)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) RT: Follow-Through Survey (Resurvey) \$30			
	For (claiming against) INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idem DA + SMRT Survey \$100			
	8) NTUC Additional Services:			
* N2: 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-in INC) against INC \$20				
* N12: Idem Mobile \$0				
Invoice dated		Pen 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 willful 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	02/07/2019 10:09
Date Of Accident	01/07/2019 08:05
Exact Location Of Accident	ALONG ANG MO KIO AVENUE 1
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	PC4674Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AEDGE HOLDINGS PTE LTD
Co Reg No	200509323E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91460806
Alternative Phone No	OFFICE-97592302
<b>Vehicle Particulars</b>	
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
<b>Insurance Company</b>	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	60204026
<b>Driver</b>	
Name of Driver	GOH SENG THIM
NRIC No	S0142130A
Date Of Birth	20/06/1950
Occupation	OUTDOOR
Date Of Driving Pass	29/06/1978
Driving Experience	41 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91460806
Fax Number	
Contact Number	OTHERS-97592302
Email Address	NOEMAIL

Address	BLK 156 JALAN TECH WHYE #09-53
Postcode	680156
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	COLLISION - HEAD TO REAR
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)	4

#### 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	SKZ3402L
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.

Policyholder's Signature  
Date & Time:



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

Reporting Centre Personnel's Signature  
Name: *Res 2*  
NRIC/TIN No.:



SKETCH PLAN

A= PC 4674Z

B= SKZ 3402L

Ang Makio Ave



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 01/07/2019 @ 08:05 hrs, I was driving my bus PC 4674Z along Ang Makio Ave. I saw a car in front of me brake and I could not stop in time and hit onto the said veh.

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/TIN 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 x Employer

Witness (if any): yes / no

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

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

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

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

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

Third party veh number: SKZ 3402 L

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: 04

Connect3 client vehicle no: PC4674Z

Owner contact no: 9146 0806

Date of accident: 21/07/2019

Location of accident: Ang Mo Kio Ave 1

Time of accident : 08:05

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



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0142130A



Name: GOH SENG THIM  
Race: CHINESE  
Date of birth: 20-06-1950  
Sex: M  
Country of birth: SINGAPORE



*For LKK/NAC Use Only*

REPUBLIC OF SINGAPORE DRIVING LICENCE




Licence Number: S0142130A  
Name: GOH SENG THIM  
Birth Date: 20 Jun 1950  
Issue Date: 18 Dec 2002



*For LKK/NAC Use Only*

Land Transport Authority



VOCATIONAL LICENCE  
Licence No : S0142130A  
Name : GOH SENG THIM  
Issue Date : 12/10/2010  
Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

*For LKK/NAC Use Only*

9759 2302



1444120



NRIC No. 80142130A



For LKK/NAC Use Only

Date of Issue  
20-02-2004

Address  
APT BLK 155 JALAN TECK WHYE  
#09-53  
SINGAPORE 660155

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

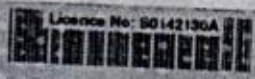
Class	Description	Pass Date
Class 2B	MOTORCYCLES NOT EXCEEDING 300 CC	26 Aug 1978
Class 2A	MOTORCYCLES BETWEEN 301 CC AND 400 CC	26 Aug 1978
Class 2	MOTORCYCLES EXCEEDING 400 CC	26 Aug 1978
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2000 KG/KILOGRAMS	26 Aug 1978
Class 4	HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN EXCEED 2000 KILOGRAMS	27 Jun 1978

For LKK/NAC Use Only

NP 428A

S / No. 9000220741

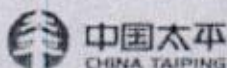
License No: 80142130A



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.

For LKK/NAC Use Only





中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

105 Cecil Street #13-00 The Centris, Singapore 069034  
Tel: 6399-6111 Fax: 6222 1033  
Website: www.cti.singapore.com  
Co. Reg. No. 30298634E

ORIGINAL

MOTOR COVER NOTE

COVER NOTE NO. : 60204026

AGENT CODE : BR0120A

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers Bureau of Singapore dated 22 February 1975, or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurer's Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule is hereby HELD COVERED under the terms of the Company usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which cases the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

INSURED	AEDGE HOLDINGS PTE LTD
MAKE/MODEL OF VEHICLE	YUTONG ZK6107H
* YEAR OF MANUFACTURE	2016
YEAR OF REGISTRATION	2016
ENGINE NO.	ISB67E525022139665
CHASSIS NO.	LZYTBD65F1014152
ENGINE CAPACITY/TONNAGE	5.36 TONNS
TYPE OF COVER	COMPREHENSIVE
SUM INSURED	MARKET VALUE / PC4674Z
PERIOD OF INSURANCE	FROM : 01 June 2019
	TO : 31 May 2020
EXCESS SECT I & II	S\$ 3,000.00
AUTOSAFE	YES
HIRE PURCHASE CO.	DBS BANK LTD

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)

Not valid unless counter signed by Authorised Agent

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Agent Name & Date

Authorised Signature

PREMIUM PAYMENT WARRANTY

For Individual Customer:

Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid

For Non-Individual Customer

Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception/renewal/endorsement. For all other cases, the premium in full should be paid before inception.

\* IMPORTANT NOTICE : THIS COVER NOTE IS VALID FOR 30 DAYS FROM 4/6/2019



Transaction ref 20160108103338050479

The owner and vehicle particulars for Vehicle No. PC4674Z as at 08 Jan 2016 are as follows:

1.	Name	: AEDGE HOLDINGS PTE LTD
2.	Identification No. Type	: Company
3.	Identification No.	: 200509323E
4.	Place Of Passport Issue	: -
5.	Registered Address	: 4009 ANG MO KIO AVENUE 10 #04-33 SINGAPORE 569738
6.	Mailing Address	: -
7.	Vehicle No.	: PC4674Z
8.	Effective Date of Ownership	: 08 Jan 2016
9.	Original Registration Date	: 08 Jan 2016
10.	First Registration Date	: 08 Jan 2016
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	: YUTONG
17.	Vehicle Model	: ZK6107H A
18.	Year of Manufacture	: 2015
19.	Primary Colour	: Multi-Colour
20.	Secondary Colour	: -
21.	Passenger Capacity	: 45
22.	Chassis/Trailer Chassis No.	: LZYTBD65F1014152 / -
23.	Propellant/Emission Standard	: Diesel / Euro V
24.	Engine No./Motor No.	: ISB67E525022139665 / -
25.	Engine Capacity(cc)/Power Rating(kW)	: 6690 / -
26.	Maximum Power Output(kW/bhp)	: - / -
27.	Unladen Weight(kg)	: 11140
28.	Maximum Laden Weight(kg)	: 16500
29.	Open Market Value	: \$126,836.00
30.	PARF Eligibility	: No
31.	PARF Eligibility Expiry Date	: -
32.	Minimum PARF Benefit	: \$0.00
33.	IU Label No.	: - 205 0105327
34.	COE No.	: 2015120105000215D
35.	COE Expiry Date	: 07 Jan 2026
36.	COE Category	: C - Goods Vehicle & Bus
37.	Quota Premium/Prevailing Quota Premium	: \$43,809.00
38.	Actual Quota Premium/PQP Paid	: \$43,809.00
39.	Actual ARF Paid	: \$6,342.00
40.	CO2 Emission(g/km)	: -
41.	Actual CEVS Rebate Utilised	: -
42.	CEVS Surcharge Paid	: -
43.	Actual Green Vehicle Rebate Utilised	: -
44.	Vehicle Lifespan Expiry Date	: 07 Jan 2036
45.	Road Tax Amount	: \$850.00
46.	Road Tax Start Date	: 08 Jan 2016
47.	Road Tax End Date	: 07 Jul 2016
48.	Remarks	: This is a public service vehicle. To renew the COE, the Prevailing Quota Premium payable is that of Category C.