

NATIONAL Assessment Centre Services [ver 1 Jan 2015] <b>MAY 19 09 10 54</b>			
Date In: <b>12/07/2015 12:28</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/C1190128624</b>	SAS e-filing		
Veh No: <b>PC 3267Y</b>	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: <b>11/07/2015 07:30</b>	i-Motor Claim Form		
OD <b>TP</b> 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: <b>SKN 2669Z</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: (\$ )	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: ( )
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Date/Time	Actions

NA1905197		Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) 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' Comments:		For claimant against INC Only (wef 10 Jan 2005)		
Cat. 1:		6) TR: Re-inspection \$75		
Cat. 2/3:		7) NI: Idem DA + SMRT Survey \$160		
P. 1/1		8) NTUC Additional Services:		
		( )		
		* N3: 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: Idem Mobile \$0		
		Invoice dated	Pen Charged	
		Invoice dated	Pen Charged	

07-MAY-2015 18:13



## 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	12/07/2019 12:28
Date Of Accident	11/07/2019 07:30
Exact Location Of Accident	ALONG YISHUN CENTRAL 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3267Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WAI LIAN TRDG AND TRANSPORTATION
Passport No/FIN	22779900C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96695518
Alternative Phone No	OTHERS-92361778

### Vehicle Particulars

Manufacturer	ZHONG TONG
Model	LCK6107H-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	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	DMB1SN3000541901
Cover Note Number	

### Driver

Name of Driver	YANG TAO
Passport No/FIN	G2858900Q
Date Of Birth	24/03/1977
Occupation	OUTDOOR
Date Of Driving Pass	29/08/2016
Driving Experience	2 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96695518
Fax Number	
Contact Number	OTHERS-92361778
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 COLLISION - CHANGE/CROSS LANE  
 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? 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 SKN2619Z  
 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 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

Khee Teck Prat  
Hospital

Yishun Central 1



A - PC32 67Y

B - SKH 2619Z

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/07/2019 @ 07:30 hrs, I was driving my bus  
PC3267Y along Yishun Central 1 when a car  
from the right lane cut into my lane to turn left  
into the hospital and hit onto my front RHS.

## 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 ot accident: \_\_\_\_\_

Does driver own a vehicle: yes / no  
if yes, veh number plate: \_\_\_\_\_  
veh insurance co: \_\_\_\_\_

Relationship with insured: Employer & employee  
Witness (if any): yes / no  
Witness name: \_\_\_\_\_  
Witness hp: \_\_\_\_\_  
Witness email (if any): \_\_\_\_\_  
Witness add: \_\_\_\_\_  
Witness IC no: \_\_\_\_\_


Third party veh number: SKN2619Z  
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: PL3267Y  
Owner contact no: 96695518  
Date of accident: 11/07/2019  
Location of accident: Yishun Central 1  
Time of accident: 07:30  
Any injury: yes / no (if yes, must have police report)



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



Employer:  
**WAI LIAN TRADING AND TRANSPORTATION**


**For LKK/NAC Use Only**

 Name:  
**YANG TAO**

S Pass No:  
**0 77165711**

Sector:  
**SERVICE**

 **K0819123**

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

Licence Number: **G2858900Q**

Name: **YANG TAO**

**For LKK/NAC Use Only**

Orig Date: **24 Mar 1977**  
Issue Date: **10 Aug 2016**  
Valid Till: **09/08/2021**

  **002597516C**


**Land Transport Authority**

**VOCATIONAL LICENCE**

Licence No: **G2858900Q**  
Name: **YANG TAO**

**For LKK/NAC Use Only**

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



H/p : 9236 1778

**VISIT PASS**  
Immigration Regulations

24-03-2018

Name  
**YANG YAO**

For LKK/NAC Use Only

FIN  
G28589000

Date of Birth Sex  
24-03-1977 M

Nationality  
CHINESE

MULTIPLE JOURNEY VISA ISSUED

Download iQWorkPass App to check status



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



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

EFFECTIVE DATE

Class 3	Motor cars < 2000 kg with no. 7 passengers, exclusive of the driver, and motor tractors/trailers < 2500 kg	29 Aug 2018
Class 4A	Motorbikes	29 Aug 2018
Class 4	Heavy motor cars and motor tractors > 2500 kg	29 Oct 2018


For LKK/NAC Use Only

S / No. 9000285490

G28589000

NP 428A

Licence No: G28589000



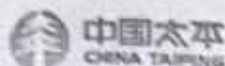
This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	30/10/2018

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.  
Co. Reg. No. 200208594E

MOTOR PRIVATE BUS

M2601  
R SN  
AN0580A  
Cov. Type: C

# CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 180)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1990  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1989 (Malaysia)

ORIGINAL

## CERTIFICATE No.

DH015N3000541901

Engine No : ISR67E525082129768

Chassis: LDV5K530880005333

1. Motor Make and Registration  
Number of Vehicle

PC3267Y

AUTOSAFE

2. Name of Policy Holder

WAI LIAN TRADING & TRANSPORTATION

3. Effective date of the Commencement of  
insurance for the purposes of the Regulations,  
Ordinance or Enactment

15 January 2019

Excess Sect. I ..... S\$2,000.00

Excess Sect. II ..... S\$1,000.00

4. Date of Expiry of Insurance

14 January 2020

EX ON WINDSCREEN ..... S\$500.00

5. Person 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. : UNITED OVERSEAS BANK LIMITED AS HP OWNER

\* Limitations rendered inoperative by Section 9 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 180) 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 180) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

0005 & 1158

Authorised Officer

Authorised Signatory

Transaction ref 20150115132244674777

The owner and vehicle particulars for Vehicle No. PC3267Y as at 15 Jan 2015 are as follows:

1.	Name	: WAI LIAN TRDG AND TRANSPORTATION
2.	Identification No. Type	: Business
3.	Identification No.	: 22779900C
4.	Place Of Passport Issue	: -
5.	Registered Address	: APT BLK 212 MARSILING CRESCENT #09-31 SINGAPORE 730212
6.	Mailing Address	: -
7.	Vehicle No.	: PC3267Y
8.	Effective Date of Ownership	: 15 Jan 2015
9.	Original Registration Date	: 15 Jan 2015
10.	First Registration Date	: 15 Jan 2015
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	: ZHONG TONG
17.	Vehicle Model	: LCK6107H DIESEL TURBO 45SEATER
18.	Year of Manufacture	: 2014
19.	Primary Colour	: White
20.	Secondary Colour	: -
21.	Passenger Capacity	: 45
22.	Chassis/Trailer Chassis No.	: LDY6KS9D8B0005333 / -
23.	Propellant	: Diesel
24.	Engine No./Motor No.	: ISB67E5250B22129768 / -
25.	Engine Capacity(cc)/Power Rating(kW)	: 6690 / -
26.	Maximum Power Output(kW/bhp)	: - / -
27.	Unladen Weight(kg)	: 10720
28.	Maximum Laden Weight(kg)	: 14660
29.	Open Market Value	: \$102,086.00
30.	PARF Eligibility	: No
31.	PARF Eligibility Expiry Date	: -
32.	Minimum PARF Benefit	: \$0.00
33.	IU Label No.	: -
34.	COE No.	: 2015011505000384C
35.	COE Expiry Date	: 14 Jan 2025
36.	COE Category	: -
37.	Quota Premium/Prevailing Quota Premium	: \$59,866.00
38.	Actual Quota Premium/PQP Paid	: \$26,707.00
39.	Actual ARF Paid	: \$5,105.00
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	: 14 Jan 2035
45.	Road Tax Amount	: \$595.00
46.	Road Tax Start Date	: 15 Jan 2015
47.	Road Tax End Date	: 14 Jul 2015
48.	Remarks	: This is a public service vehicle.