

NATIONAL Assessment Centre Services			
Date In: 19/07/2019 12:26	Job description	Date & Time Completed	Done by
Ref No: N/A/190127664	SAS e-filing		
Veh No: PC651R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 19/07/2019 08:00	I-Motor Claim Form		
OD <input checked="" type="checkbox"/> TP: 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: SMJ5951R	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: 678816616)	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

NH1905511 Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditor's Comment(s): Cat. 1: Cat. 2/3:	Invoice Preparation Checklist		Amc (\$)	Amc (\$)
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TP: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2019)			
	6) TR: Itc-Inspection \$75			
	7) NI: Idm DA + SMRT Survey \$160			
	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 (N-in INC) against INC \$20 *N12: Idm Mobile \$0				

Invoice dated:	Fee Charged:

07-MAY-2019 18:39



## 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	19/07/2019 12:26
Date Of Accident	19/07/2019 08:00
Exact Location Of Accident	ALONG AYE TOWARDS CHANGI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC651R
<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-91685229

### Vehicle Particulars

Manufacturer	GOLDEN DRAGON
Model	XML6957J14-6.7 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	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	DMB1SN1925041900
Cover Note Number	

### Driver

Name of Driver	ASMUNI BIN SALLEH
NRIC No	S7302396C
Date Of Birth	22/01/1973
Occupation	OUTDOOR
Date Of Driving Pass	20/03/2007
Driving Experience	12 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91460806
Fax Number	
Contact Number	OTHERS-91685229
Email Address	NOEMAIL

Address	BLK 441A BUKIT BATOK WEST AVENUE 8 #07-901
Postcode	651441
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 - MAJOR/MINOR RD
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)	24

#### 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	SMJ5951R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
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.

#### B. 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:

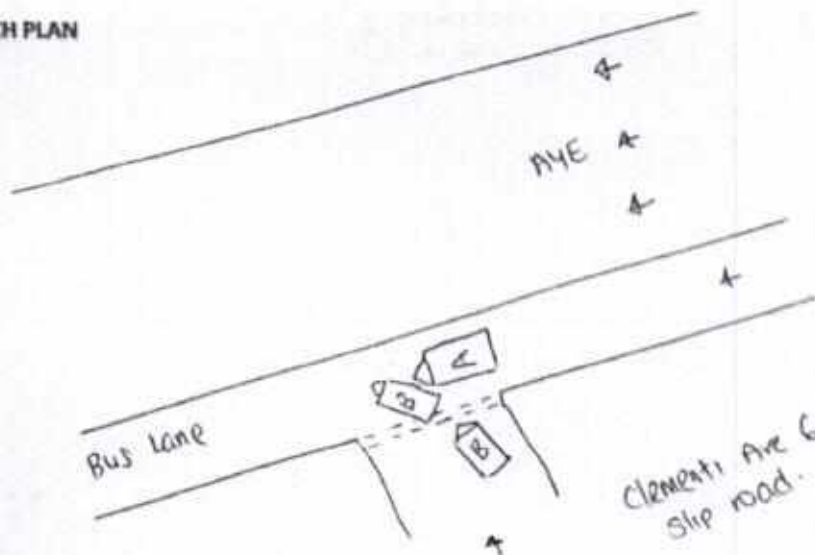


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name: *Kesh*  
NRIC/FIN No.:

19/07/2017

# SKETCH PLAN



A= PC651R

B= SMJ 5951R.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/07/19 @ 08:00hrs, I was driving my bus PC651R along AYE ANDI Changi (Bus lane) travelling straight when a car SMJ 5951R suddenly turn out from the slip road of Clementi Ave 6 without stopping & hit onto my bus front at a front portion as a result.

## 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/FIN No.:

19/07/2019

Pers [Signature]



Speed: \_\_\_\_\_

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: SMJ 5951 R

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: AXA Insurance

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: 24 Pax

Connect3 client vehicle no: PC651R

Owner contact no: 9146 0806

Date of accident: 19/07/19

Location of accident: Aye twds Changi

Time of accident : 08:00hrs

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

Driver IC:

Driver Name :

Driver Pass date :

Driver Birth date :

ASMUNI BIN SALLEH


**For LKK/NAC Use Only**

Race  
**MALAY**

Date of Birth  
**22-01-1973**

Sex  
**M**

Country of Birth  
**SINGAPORE**



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number **S7302396C**

Name  
**ASMUNI BIN SALLEH**

**For LKK/NAC Use Only**

Birth Date **22 Jan 1973**

Issue Date **31 Oct 2007**

1001535516D



Land Transport Authority

**VOCATIONAL LICENCE**


Licence No : **S7302396C**

Name : **ASMUNI BIN SALLEH**

**For LKK/NAC Use Only**

Issue Date : **17/8/2015**

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



H/P : 916.8 5229.





S7302396C



For LKK/NAC Use Only

Blood Group Date of issue

AB+

06-04-1999

APT BLK 441A BUKIT BATOK WEST AVENUE 8 #07-901  
SINGAPORE 651441

NRIC No: S7302396C

Date: 09/11/2018

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

	PASS DATE
Class 2B Motorcycles $\leq$ 200 cc	22 Sep 1993
Class 2A Motorcycles between 201 cc and 400 cc	04 May 1995
Class 2 Motorcycles $>$ 400 cc	23 Mar 2001
Class 3 Motor Cars $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles $\leq$ 2500kg	12 Jul 2005
Class 4 *Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight $<$ 7250kg	20 Mar 2007
Class 5 Motor vehicles not constructed to carry any load and the unladen weight $>$ 7250kg	31 Oct 2007

For LKK/NAC Use Only

428A



Licence No: S7302396C

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
03	BUS VL	17/06/2015
04	BUS ATTENDANT	17/06/2015

For LKK/NAC Use Only





MOTOR PRIVATE BUS

**CERTIFICATE OF INSURANCE**

 Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980  
 Road Transport Act, 1987 (Malaysia)  
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

 No. SW  
 BR0120A  
 Cov. Type: G  
**PLM 330868**

ORIGINAL

**CERTIFICATE No.**

DMR15N1925041900

Engine No: ISNE422521979404

Chassis: LL3NRCUN98A011211

 1. Index Mark and Registration  
 Number of Vehicle

PC431A

2. Name of Policy Holder

M/S AXDGE HOLDINGS PTE LTD

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

01 June 2019

Excess Sect. I ..... S\$3,000.00

Excess Sect. II ..... S\$3,000.00

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

4. Date of Expiry of Insurance

31 May 2020

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.

issued By:

Authorised Officer

Authorised Signatory

10 Sin Ming Drive Singapore 575701  
Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

28 Jul 2011

Our ref: 2807110101N004479469

AEDGE HOLDINGS PTE. LTD.  
4009 ANG MO KIO AVENUE 10  
#04-33  
SINGAPORE 569738



Dear Sir/Madam

**NOTIFICATION ON REGISTRATION OF VEHICLE AND ROAD TAX  
(PLEASE DISPLAY THE ENCLOSED ROAD TAX DISC ON YOUR VEHICLE  
WINDSCREEN)**

We wish to inform you that you have successfully registered vehicle PC651R on 28 Jul 2011. Enclosed is a validated road tax disc for the vehicle. Please display the said disc on your vehicle windscreen.

2. The details of the registration are as follows:

**A) Owner Particulars**

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	: -

**B) Vehicle Particulars**

1. Vehicle No.	: PC651R
2. Previous Vehicle No.	: -
3. Effective Date of Ownership	: 28 Jul 2011
4. Original Registration Date	: 28 Jul 2011
5. First Registration Date	: 28 Jul 2011
6. Vehicle Type	: Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus
7. Vehicle Scheme	: Public Service Vehicle (Others)
8. Attachment 1	: Air-Conditioned
9. Attachment 2	: -
10. Attachment 3	: -
11. Vehicle Make	: GOLDEN DRAGON
12. Vehicle Model	: XML6957J14
13. Year of Manufacture	: 2011
14. Primary Colour	: Multi-Colored
15. Secondary Colour	: -
16. Passenger Capacity	: 41