

# NATIONAL Assessment Centre Services

(see 1 Jan 2019)

N/A 419096228

Date In: 23/01/2019 13:07	Job description	Date & Time Completed	Done by
Ref No: N/A 419096228	SAS e-filing		
Veh No: CB 639LA	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: 18/01/2019 11:10	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs. TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / MNC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SG57323

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 handling: 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:


N/A 1905539

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Assessors' Comments:

Cal. 1:

Cal. 2/3:

1/1/1

Invoice Preparation Checklist	Am't (\$)	Am't (\$)
	in Bill	not in Bill
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)		INC (\$80)
3) TP: Towing Fee	\$40/345	
4) FT: Follow-Through Survey	\$120	
5) FT: Follow-Through Survey (Resurvey)	\$30	
For claims against INC Only (wef 10 Jan 2019)		
6) TR: Re-inspection	\$75	
7) NI: (Inc DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
1211		
* 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	
9) N12: Idna Mobile	\$0	
Invoice dated		
Invoice dated		
For Charged		
For Charged		

07-MAY-2019 16:33



### 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	23/07/2019 13:07
Date Of Accident	18/07/2019 11:10
Exact Location Of Accident	ALONG WOODLANDS CENTRE ROAD
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB6395A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S LONGLIM PTE LTD
Co Reg No	201109995N
Email Address	BC@LONGLIM.COM
Mobile Phone No	(LOCAL) +65-93854206
Alternative Phone No	OFFICE-83774697

#### 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	THIRD PARTY
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 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93854206
Fax Number	
Contact Number	OTHERS-83774697
EMail Address	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	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	8

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KOLAM AYER NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 72 GEYLANG BAHRU #01-3038 , POSTCODE: 330072 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2969999 - FAX NO: 62937659
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190720/2142

#### 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	SLG5732J
Vehicle Make/Model/Colour	PEUGEOT
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

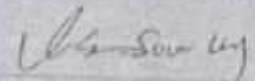
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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. 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.

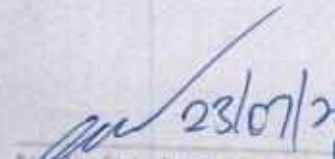
### 8. Consent under the Personal Data Protection Act (PDPA)

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:

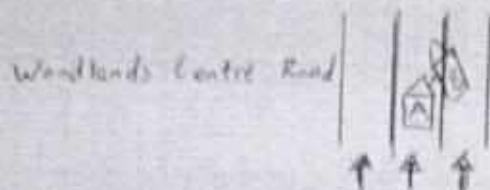
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

23/07/2019

Reel L. W. 103

SKETCH PLAN



A - CB6395A

B - SL65732 J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No T/30190720/2142

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

Registering Officer's Signature  
Name:  
NRIC/TIN No.:

23/07/2019  
Rashid Winkhorst





# SINGAPORE POLICE FORCE



T/20190720/2142

Police Station Of Origin:  
Kolam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969999

1 of 3

Report No. T/20190720/2142

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/07/2019 17:02	Vide Report No.: L/20190718/0193	Station Diary No.: 50
--	-------------------------------------	--------------------------

### Informant's Particulars

Name of Informant: SIM SOON HUAT			Address: APT BLK 22 BOON KENG ROAD #03-27 SINGAPORE 330022	
ID Type / ID No.: NRIC NO / S0209899G			Contact No.: Home/Office: Mobile: 83774697	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 65	Date of Birth: 03/04/1954	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: BUS DRIVER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

### General Information of the Accident

Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/07/2019 11:10	Type of Location: Straight Road
Location: Along Road 1 WOODLANDS CENTRE ROAD			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction			Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CB6395A	Bus/Coach/Minibus	TOYOTA		White	Slightly Damaged	8
SLG5732J	Car	PEUGEOT		Orange	Slightly Damaged	1

### Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20190720/2142

Police Station Of Origin:  
Kolam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969999

2 of 3

Report No. T/20190720/2142

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	SIM SOON HUAT		ID No.	S0209899G
Related Vehicle	CB6395A (Bus/Coach/Minibus)		Contact No.	83774697
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

**Brief Details.**

On 18/07/2019 at about 1110hrs, I was driving along Woodlands Centre Road near the Woodlands Train Station Taxi Stand. I was driving in the middle lane. A car from my right side change lane without signaling into my lane. I horn him however he continue and as such his car collided with my minibus. The damages to his car is on scratches on the left rear bumper. The damages to my minibus is that my right signal light cover is broken. That is all. There were passengers inside both vehicles however no one was injured. Police attended to the scene. That is all.





**SINGAPORE  
POLICE FORCE**



T/20190720/2142

Police Station Of Origin:  
Kolam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969999

3 of 3

Report No. T/20190720/2142

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: A/ Sgt 2 MUHAMMAD RUSYDI BIN MOHD YUSOFF 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 20/07/2019 17:02
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt MOHAMMED FERROZ BIN HUSSIEN Contact No.: 65476206	Classification Of Case:
Authentication Stamp NP168 	





REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0209899G



Name  
SIM SOON HUAT

Race  
CHINESE

Date of birth  
03-04-1954

Country/Place of birth  
SINGAPORE

Star  
M

**For LKK/NAC Use Only**

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S0209899G



Name  
SIM SOON HUAT

Ref. Date 03 Apr 1954

Issue Date 22 Sep 2003

**For LKK/NAC Use Only**



Land Transport Authority

**For LKK/NAC Use Only**

VOCATIONAL LICENCE



Licence No: S0209899G

Name: SIM SOON HUAT

Issue Date: 27/8/2011

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

H/P: 8377 4697

531215A



Licence No. 50209899G



For LKK/NAC Use Only

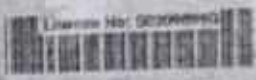
Date of issue  
10-08-2018

Address  
APT BLK 22 BOON KENG ROAD  
#03-27  
SINGAPORE 330022

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

	<small>VALID DATE</small>
Class 2B: Motorcycles not exceeding 200 cc	17 May 2078
Class 2A: Motorcycles between 201 cc and 400 cc	17 May 2078
Class 2: Motorcycles exceeding 400 cc	17 May 2078
Class 3: Motor Cycles and Motor Tractors (the weight of which unladen does not exceed 2500 kilograms)	18 Oct 2077

For LKK/NAC Use Only



Licence No. 50209899G

\* UP 428A

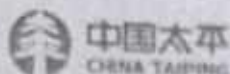
This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

<small>Type</small>	<small>Description</small>	<small>Issue Date</small>
03	BUS VL	27/06/2011
04	BUS ATTENDANT	27/06/2011

For LKK/NAC Use Only







中国太平  
CHINA TAIPIING

中国太平保险(新加坡)有限公司  
CHINA TAIPIING INSURANCE (SINGAPORE) PTE. LTD.  
CIN. Reg. No. 20000900000

M2801  
R SN  
AN0626A  
COV. TYPE: T

MOTOR PRIVATE BUS

**CERTIFICATE OF INSURANCE**

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 180)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1989 (Malaysia)

ORIGINAL

CERTIFICATE No. **DM15W1745231802** Engine No **15L5152725**  
**CHAM15H1771017843**

1. Under Make and Registration Number of Vehicle **CR6331A**

2. Name of Policy Holder **M/S LONGLIN PTE LTD**

3. Effective date of the Commencement of Insurance for the purposes of the Regulations Commenced on Production **17 November 2018** Excess Sect. II ..... **S\$1,500.00**

4. Date of Expiry of Insurance **16 November 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 to 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 towing a trailer, except the towing (other than for reward) of any disabled mechanically propelled vehicle.

\* Limitations rendered inoperative by Section 8 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 TAIPIING INSURANCE (SINGAPORE) PTE. LTD.

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

Authorized Signatory

## Annex A

Transaction ref 20140412114710763352

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

1. Name	: LONG LIM PTE LTD
2. Identification No. Type	: Company
3. Identification No.	: 201109995N
4. Place Of Passport Issue	: -
5. Vehicle No.	: CB6395A
6. Previous Vehicle No.	: -
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
11. Vehicle Scheme	: School Bus with AWC
12. Attachment 1	: Air-Conditioned
13. Attachment 2	: -
14. Attachment 3	: -
15. Vehicle Make	: TOYOTA
16. Vehicle Model	: HIACE
17. Year of Manufacture	: 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.	: SL5152725 / -
24. Engine Capacity(cc)/Power Rating(kW)	: 2985 / -
25. Maximum Power Output(kW/bhp)	: - / -
26. Unladen Weight(kg)	: 1800