

NATIONAL Assessment Centre Services

[Ref: 1 Jan 09]

NA/905669

Date In: 24/07/2018 11:02	Job description	Date & Time Completed	Done by
Ref No: NA/905669	SAS e-filing		
Veh No: CB 66004	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 26/07/2018 16:18	I-Motor Claim Form		
OD: 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 / HNC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLZ1062K	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: (\$)	Lodging: \$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

NA/905669	Invoice Preparation Checklist	Amc (\$)	Amc (\$)
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		
Additional Comments:	For claiming against INC Only (wef 10 Jan 2009)		
Cal. J:	6) TR: Re-inspection \$75		
Cal. 2/3:	7) NI: Idm DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	Q11:		
	* N3: Courtesy Car / Tpt Allowance \$5		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DY / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idm Mobile \$0		

Invoice dated:	Pen Charged
Invoice dated:	Fee Charged

07-MAY-2018 16:39

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	29/07/2019 11:02
Date Of Accident	26/07/2019 16:15
Exact Location Of Accident	BLK 784 WOODLANDS CRES EXIT TO WOODLANDS CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB6604Y
Insured/Policyholder	
Name Of Registered Owner	WAI LIAN TRDG TRANSPORTATION
Co Reg No	22779900C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96695518
Alternative Phone No	OFFICE-82099569

Vehicle Particulars

Manufacturer	YUTONG
Model	ZK6107H-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	REPORTING ONLY
Vehicle Category	BUS

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SN1439691804
Cover Note Number	

Driver

Name of Driver	YAO DELONG
Passport No/FIN	G2350221L
Date Of Birth	30/10/1981
Occupation	OUTDOOR
Date Of Driving Pass	09/02/2015
Driving Experience	4 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96695518
Fax Number	
Contact Number	OTHERS-82099569
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 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) 14

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 SLZ1062K
 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**

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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.:

29/07/2019

Robt [Signature]

SKETCH PLAN

A= CB 6604Y

B= SLZ 1062K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/07/19 @ 16:15hrs, I was driving my bus CB6604Y turning out from B1K 784 Woodlands Crescent to Woodlands Crescent & as my bus is too big & I need to drive to the opposite lane to turn left & my bus ~~is~~ LH side position hit onto a veh SLZ 1062K front LH position 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/TIN No.:

29/07/2019
RSL Victor

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 & Employer

Witness (if any): yes/no

Witness name: _____

Witness hp: _____

Witness email (if any): _____

Witness add: _____

Witness IC no: _____

Third party veh number: SLZ 1062 K.

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: 14 pax

Connect3 client vehicle no: CB66044.

Owner contact no: 96695518.

Date of accident: 26/07/2019

Location of accident: Woodlands Crescent Bx 784 exit to Woodlands Crescent.

Time of accident: 16:15 hrs.

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:
YAO DELONG


S Pass No:
D 75890621

Sector:
SERVICE









K1416385

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G2350221L**

Name: **YAO DELONG**

For LKK/NAC Use Only

Birth Date: **30 Oct 1981**

Issue Date: **01 Jun 2019**

Valid Till: **31/05/2024**





Land Transport Authority

VOCATIONAL LICENCE


Licence No : **G2350221L**

Name : **YAO DELONG**

For LKK/NAC Use Only

Issue Date : **23/6/2017**

Please visit www.lta.gov.sg for the status of this vocational licence



82099569

VISIT PASS
Immigration Regulations

10-05-2019

Name
YAO DELONG

For LKK/NAC Use Only



FIN
G2350221L

Date of Birth Sex
30-10-1981 M

Nationality
CHINESE

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass
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.

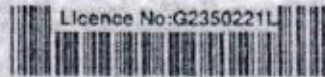


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3	Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	03 Jan 2014
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $> 2500\text{kg}$ Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq 7250\text{kg}$	09 Feb 2015

For LKK/NAC Use Only



Licence No: G2350221L

NP 428A

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	23/06/2017

For LKK/NAC Use Only





中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 200208384E

M2601
R SN
AN0580A
Cov.Type: C

MOTOR PRIVATE BUS

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No

DMB1SN1439691804

Engine No : ISBE425021940727

Chassis: LZYTBTD64A1012997

1. Make, Mark and Registration
Number of Vehicle

CB6604Y

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

25 November 2018

Excess Sect. I S\$2,500.00

Excess Sect. II S\$1,000.00

EX ON WINDSCREEN S\$500.00

4. Date of Expiry of Insurance

24 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 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.

HERE PURCHASE CO. : BOARDINGHOUSE PTE. LTD. AS HP OWNER

* 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. LTD.

Issued By:

DOOS. & EVEN

Authorised Officer

Authorised Signatory

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport/Company
Cert No.: 22779900C
Owner ID Type: Business
Owner Name: WAI LIAN TRDG AND TRANSPORTATION
Registered Address: APT BLK 212 MARSILING CRESCENT #09-31 SINGAPORE 730212
Mailing Address: -

Vehicle Particulars

Vehicle No.: CB6604Y
Previous Vehicle No.: -
Effective Date of Ownership: 25 Nov 2010
Original Regn Date: 25 Nov 2010
Registration Date: 25 Nov 2010
Year of Manufacture: 2010
Vehicle Type: School Transport Bus/Coach/Minibus
Vehicle Scheme: School Bus with AWC
Vehicle Attachment 1: Air-Conditioned
Vehicle Attachment 2: -
Vehicle Attachment 3: -
Vehicle Make: YUTONG
Vehicle Model: ZK6107H
Primary Colour: Pink
Secondary Colour: Yellow
Passenger Capacity: 47
Chassis No.: LZYTBD64A1012997
Engine No.: ISBE425021940727
Engine Capacity/Power
Rating: 6693 cc / -
Propellant: Diesel
Max Unladen Weight: 11120 kg
Maximum Laden Weight: 16500 kg
Open Market Value: \$107,245.00
PARF Eligibility: No
PARF Eligibility Expiry Date: -
Minimum PARF Benefit: -
No. of Transfers: 0
IU Label No.: 2050085503
COE No.: -
COE Expiry Date: -
COE Category: -
COE Registration Category: -
Quota Premium (QP) /
Prevailing Quota Premium: - / -
Actual QP Paid: -
QP (Regn Cat): -

OPC Cash Rebate Eligibility: No

Additional Regn Fee: 5.00 %

Actual ARF Paid: \$5,363.00

Vehicle Lifespan Expiry
Date: 24 Nov 2030

Message: The vehicle will be de-registered upon reaching its statutory lifespan on 24 Nov 2030. Th
public service vehicle.

OK



Please read through the Privacy Statement, Conditions of Use and Disclaimer.

Please do not use the Back or Forward buttons on your browser as this may alter the results of the transactions.

Best viewed with IE 6.0 SP3 and above, 800 X 600 resolution

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