

NATIONAL Assessment Centre Services.

(ver 1 Jan 2005)

NA491/18047

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 06/09/2009 09:41 | Job description | Date & Time Completed | Done by |
| Ref No: NA81/CI/90/57B/4 | SAS e-filing | | |
| Veh No: CB 7913Z | E-mail (3 days, AIC 2hrs) | | |
| D.O.A: 05/09/2009 08:15 | I-Motor Claim Form | | |
| OD: (P) 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/Whse | | |

| | | |
|--|---|-----------------------|
| Preferred Wkep / INC Assign Wkep / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: CB 6223M | 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%. P: 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 repaior. |
| () Total Loss Case : to e-mail Insurer URGENTLY. |
| Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: () |

| |
|---|
| Remarks: |
| 1) Apply for Transport Allowance () / Courtesy Car () |
| 2) QC Check / Post Repair Inspection () |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () |

| |
|---------|
| Injury: |
|---------|

| | |
|------------|-----------|
| Date/Time: | Location: |
| | |
| | |
| | |
| | |

| | |
|---------------------------------|---|
| NA1906805 | |
| Driver/Owner: | 1) AL: Accident Reporting (\$30) |
| Contact No: | 2) DA: Damage Assessment (\$100) INC (\$10) |
| Damage Portion: | 3) TP: Towing Fee \$40/\$43 |
| QC Checked by (Engr-In-Charge): | 4) PT: Follow-Through Survey \$120 |
| | 5) PT: Follow-Through Survey (Resurvey) \$30 |
| | For claiming against INC Only (ver 10 Jan 2005) |
| | 6) TR: Re-inspection \$75 |
| | 7) NI: Idas DA + SMRT Survey \$160 |
| | 8) NTUC Additional Services:- |
| | ON: |
| | *N5: Courtesy Car / Tpl Allowance \$3 |
| | *N6: Repair Coordination \$10 |
| | *N7: Post Repair Inspection \$25 |
| | *N8: DV / Collect Excess Coordination \$3 |
| | TP (Nil): TP (Non INC) against INC \$10 |
| | *N12: Idas Mobile \$0 |
| | Invoice dated |
| | Fee 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 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 | 06/09/2019 09:41 |
| Date Of Accident | 05/09/2019 08:15 |
| Exact Location Of Accident | SLIP RD OF ANG MO KIO AVE 3 TO YIO CHU KANG RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | CB7913Z |
| Insured/Policyholder | |
| Name Of Registered Owner | K T TRANSPORT SERVICES |
| Co Reg No | 53083215A |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-94517007 |
| Alternative Phone No | OFFICE-94517007 |

Vehicle Particulars

| | |
|--|----------------------|
| Manufacturer | GOLDEN DRAGON |
| Model | XML6772J18-3.8 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 | DMB1SN1734571902 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | YEO KEK HOCK |
| NRIC No | S1124974D |
| Date Of Birth | 18/06/1955 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 20/09/2010 |
| Driving Experience | 8 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-94517007 |
| Fax Number | |
| Contact Number | OFFICE-94517007 |
| Email Address | NOEMAIL |

| | |
|---|------------------------------------|
| Address | BLK 442 YISHUN AVENUE 11 #02-06 |
| Postcode | 760442 |
| 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) | 22 |

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 | CB6223M |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | SOMPO INSURANCE SINGAPORE 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.
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

A= CB7913Z
B= CB6223M

Yio Chu Kang Rd



Ang Mo Kio Ave 3

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05/09/2019 @ 08:15hrs, my bus CB7913Z was stationary @ Ang Mo Kio Ave 3 slip road towards Yio Chu Kang Rd waiting for vehicles to clear when a minibus CB6223M hit my bus rear from behind.

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.:

06/09/2019
Kopel Wong

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: _____

Driver IC:
Driver Name:
Driver Pass date:
Driver Birth date:

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: CB6223M.
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: Sompo.

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: 22 pax

Connect3 client vehicle no: CB7913Z
Owner contact no: ~~944111~~ 94517007.

Date of accident: 05/09/19

Location of accident: junction of Slip road of AMK Ave 3 to Yio Chu Ka

Time of accident: 08:15 hrs

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

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)

ORIGINAL

CERTIFICATE No.

DMB1SN1734571902

Engine No : ISF385515489874253
Chano: LL3BDADE5GAD03305

1. Index Mark and Registration
Number of Vehicle

CB7913Z

AUTOSAFE

2. Name of Policy Holder

M/S K T TRANSPORT SERVICES

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

12 May 2019

Excess Sect I S\$2,000.00
Excess Sect. II S\$1,000.00
EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

11 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.

HIRE PURCHASE CO. : MAYBANK 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

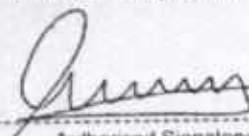
For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: DDOO & EVER

Authorised Officer



Authorised Signatory



Transaction ref 20170512102755466461

The owner and vehicle particulars for Vehicle No. CB7913Z as at 12 May 2017 are as follows:

| | |
|--|--|
| 1. Name | : K T TRANSPORT SERVICES |
| 2. Identification No. Type | : Business |
| 3. Identification No. | : 53083215A |
| 4. Place Of Passport Issue | : - |
| 5. Registered Address | : 679 WOODLANDS AVENUE 6 #07-700 ADMIRALTY PLACE SINGAPORE 730679 |
| 6. Mailing Address | : - |
| 7. Vehicle No. | : CB7913Z |
| 8. Effective Date of Ownership | : 12 May 2017 |
| 9. Original Registration Date | : 12 May 2017 |
| 10. First Registration Date | : 12 May 2017 |
| 11. Vehicle Type | : S20 - School Transport Bus/Coach/Minibus |
| 12. Vehicle Scheme | : School Bus with AWC |
| 13. Attachment 1 | : Air-Conditioned |
| 14. Attachment 2 | : - |
| 15. Attachment 3 | : - |
| 16. Vehicle Make | : GOLDEN DRAGON |
| 17. Vehicle Model | : XML6772J18 AUTO |
| 18. Year of Manufacture | : 2016 |
| 19. Primary Colour | : Multi-Colour |
| 20. Secondary Colour | : - |
| 21. Passenger Capacity | : 29 |
| 22. Chassis/Trailer Chassis No. | : LL3BDADE5GA003305 / - |
| 23. Propellant/Emission Standard | : Diesel / Euro V |
| 24. Engine No./Motor No. | : ISF38S515489874253 / - |
| 25. Engine Capacity(cc)/Power Rating(kW) | : 3759 / - |
| 26. Maximum Power Output(kW/bhp) | : - / - |
| 27. Unladen Weight(kg) | : 5800 |
| 28. Maximum Laden Weight(kg) | : 8500 |
| 29. Open Market Value | : \$73,314.00 |
| 30. PARF Eligibility | : No |
| 31. PARF Eligibility Expiry Date | : - |
| 32. Minimum PARF Benefit | : \$0.00 |
| 33. IU Label No. | : - |
| 34. COE No. | : - |
| 35. COE Expiry Date | : - |
| 36. COE Category | : - |
| 37. Quota Premium/Prevailing Quota Premium | : - |
| 38. Actual Quota Premium/PQP Paid | : - |
| 39. Actual ARF Paid | : \$3,666.00 |
| 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 | : 11 May 2037 |
| 45. Road Tax Amount | : \$367.00 |
| 46. Road Tax Start Date | : 12 May 2017 |
| 47. Road Tax End Date | : 11 Nov 2017 |
| 48. Remarks | : This is a public service vehicle. The vehicle will be de-registered upon reaching its statutory lifespan on 11 May 2037. |