

NATIONAL Assessment Centre Services.

[ver 1 Jan 00]

17/09/2009 12:10

Date In: 17/09/2009 12:10	Job description	Date & Time Completed	Done by
Ref No: N8816714016471/7	SAS e-filing		
Veh No: CB 6653E	E-mail (Update 2hrs, AIC 2hrs)		
DOA: 17/09/2009 16:25	I-Motor Claim Form		
OID: 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/Whse		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: SK 8544B	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 repolar.	
() Total Loss Case: to e-mail Insurer URGENTLY.	
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()	

Remarks:	Complete by:	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:	
Accident:	

Customer's Name:	Invoice No: N8816714016471/7
Driver/Owner:	1) AL: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)
Damaged Portion:	3) TP: Towing Fee \$40/143
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120
Adaptor's Comments:	5) PT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (ver 10 Jan 2003)
	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*N5: Courtesy Car / Tpl Allowance \$3
	*N6: Repair Co-ordination \$20
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$3
	TP (NI): TP (Non INC) against INC \$20
	9) N12: Idao Mobile \$0
	Invoice dated
	Invoice dated
	Fee Charged
	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	18/09/2019 12:10
Date Of Accident	17/09/2019 16:25
Exact Location Of Accident	ALONG SERANGOON ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	CB6653E
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-81832056
Vehicle Particulars	
Manufacturer	KING LONG
Model	XMQ6117K-6.7 (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	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	DMB1SN1502701904
Cover Note Number	
Driver	
Name of Driver	YEO NGOH HEE
NRIC No	S1378178H
Date Of Birth	13/05/1959
Occupation	OUTDOOR
Date Of Driving Pass	11/02/1999
Driving Experience	20 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94517007
Fax Number	
Contact Number	OTHERS-81832056
Email Address	NOEMAIL

Address	BLK 513 WOODLANDS DRIVE 14 #02-203
Postcode	730513
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)	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	SLE8544B
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

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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.

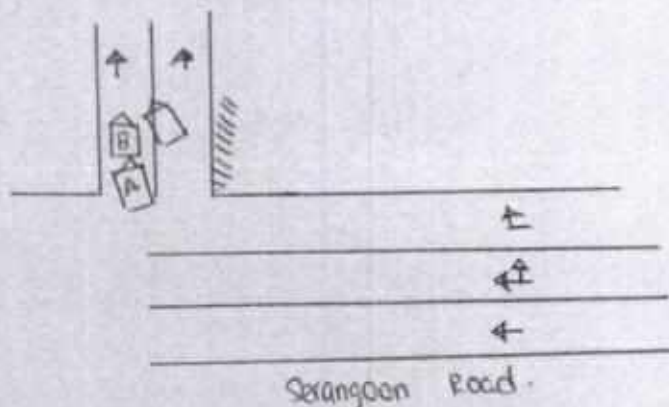


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



A=CB6653E

B=SLE 8544B.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/09/2019 @ 16:25hrs, I was driving my bus CB6653E along Serangoon Rd turning right when a veh SLE 8544B brake as there is another car drove slightly into the said veh lane & I apply my brake but could not brake fully in time & hit onto SLE 8544B.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Police Officer's Signature
Date & Time:

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

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

18/09/2019
Rafiqi

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: SLE 8544 B

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 Pax

Connect3 client vehicle no: CB6653E

Owner contact no: 9451 7007

Date of accident: 17/9/2019

Location of accident: Serangoon Road.

Time of accident: 16:25 hrs

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



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.
Cn. Reg. No. 200208394E

MOTOR PRIVATE BUS

MC601
R SN
AN0580A
Cov.Type: C

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. DMB15N1502701904 Engine No: 158E428521867532
Chano: LA8R1F5H4AB102780

1. Index Mark and Registration Number of Vehicle CB6653E 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 21 January 2019

4. Date of Expiry of Insurance 20 January 2020

Excess Sect. I	\$52,000.00
Excess Sect. II	\$51,000.00
EX ON WINDSCREEN	\$500.00

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.: 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 TAIPIING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: GONG & JEN

Authorised Officer



Authorised Signatory

The owner and vehicle particulars for Vehicle No. CB6653E as at 10 Jan 2014 are as follows:

1. Name	: K T TRANSPORT SERVICES
2. Identification No. Type	: Business
3. Identification No.	: 53083215A
4. Place Of Passport Issue	: -
5. Vehicle No.	: CB6653E
6. Previous Vehicle No.	: -
7. Effective Date of Ownership	: 10 Jan 2014
8. Original Registration Date	: 21 Jan 2011
9. First Registration Date	: 21 Jan 2011
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	: KING LONG
16. Vehicle Model	: XMQ6117K
17. Year of Manufacture	: 2010
18. Primary Colour	: Multi-Colored
19. Secondary Colour	: -
20. Passenger Capacity	: 45
21. Chassis/Trailer Chassis No.	: LA6R1FSH4AB102780 / -
22. Propellant	: Diesel
23. Engine No./Motor No.	: ISBE428521867532 / -
24. Engine Capacity(cc)/Power Rating(kW)	: 6693 / -
25. Maximum Power Output(kW/bhp)	: - / -
26. Unladen Weight(kg)	: 10500

Annex A

Transaction ref 20140110102944275232

The owner and vehicle particulars for Vehicle No. CB6653E as at 10 Jan 2014 are as follows:

27. Maximum Laden Weight(kg)	: 14180
28. Open Market Value	: \$112,723.00
29. PARF Eligibility	: No
30. PARF Eligibility Expiry Date	: -
31. Minimum PARF Benefit	: \$0.00
32. No. of Transfers	: 1
33. IU Label No.	: 2050087921
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	: \$5,637.00
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	: 20 Jan 2031
45. Road Tax Amount	: \$440.00
46. Road Tax Start Date	: 21 Jan 2014
47. Road Tax End Date	: 20 Jul 2014
48. Remarks	: The vehicle will be de-registered upon reaching its statutory lifespan on 20 Jan 2031. This is a public service vehicle.