

NATIONAL Assessment Centre Services.

(ver 1 Jan'05)

May 19/24/601

Date In: 26/02/2015 11:09	Job description	Date & Time Completed	Done by
Ref No: N20/CT1/9016627/4	SAS e-filing		
Veh No: PC 6438	E-mail (3 days, AIC 2 hrs)		
D.O.A: 19/04/2009 18:10	I-Motor Claim Form		
OID: TP (Reporting Only)	I-Motor W/O (Withdr: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SGV 2300Y	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 repairer.	
() 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:	

Claims Particulars:		Invoice	
Driver/Owner:		1) All: Accident Reporting (\$30)	
Contact No:		2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:		3) TP: Towing Fee	\$42/45
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 / Tpt Allowance	\$3
		*N6: Repair Coordination	\$10
		*N7: Post Repair Inspection	\$25
		*N8: DV / Collect Excess Coordination	\$3
		TP (NI): TP (Non INC) against INC	\$20
		9) NI: 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	20/09/2019 11:09
Date Of Accident	19/09/2019 18:10
Exact Location Of Accident	CTE TOWARDS PIE SLIP ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC643P
Insured/Policyholder	
Name Of Registered Owner	M/S LONGLIM PTE LTD
Co Reg No	201109995N
Email Address	BC@LONGLIM.COM
Mobile Phone No	(LOCAL) +65-90230917
Alternative Phone No	OFFICE-86601226

Vehicle Particulars

Manufacturer	SCANIA
Model	KIB4X2-8.9 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	DMB1SN1825891800
Cover Note Number	

Driver

Name of Driver	LI JIANGCHAO
NRIC No	G2596646K
Date Of Birth	04/02/1983
Occupation	OUTDOOR
Date Of Driving Pass	11/04/2017
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90230917
Fax Number	
Contact Number	OTHERS-86601226
Email Address	BC@LONGLIM.COM

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 -
 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 SGV2300Y
 Vehicle Make/Model/Colour TOYOTA PICNIC
 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 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.

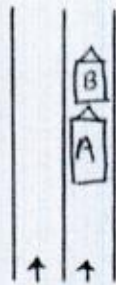


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



A=PC643P

B=SGV2300Y

CTE Twds PIE slip Road.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 18/9/19 at 18:10hrs, Veh A (PC 643P) was travelling on CTE Twds PIE Slip Rd. Veh B (SGV2300Y) slow down, I cannot stop in time and collided onto Veh B (SGV2300Y) rear portion.

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.:

20/09/2019

Rep L. Mantara

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 x Employer

Witness (if any): yes/no

Witness name: _____

Witness hp: _____

Witness email (if any): _____

Witness add: _____

Witness IC no: _____

Third party veh number: SGV 23 004

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: PC643P

Owner contact no: 9023 0917

Date of accident: 19/09/19

Location of accident: CTE twds PIE slip Road

Time of accident: 18:10 hrs

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

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

14 Jun 2011

Our ref 1406110101N005040429

LONGLIM PTE LTD
34 JALAN TARI PIRING
JALAN KAYU ESTATE
SINGAPORE 799187

007497/1



Dear Sir/Madam

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

We wish to inform you that the Temporary COE 2011060105000156R has been successfully transferred to you and used to register vehicle PC643P on 14 Jun 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 | : LONGLIM PTE LTD |
| 2. Identification No. Type | : Company |
| 3. Identification No. | : 201109995N |
| 4. Place Of Passport Issue | : - |
| 5. Registered Address | : 34 JALAN TARI PIRING
JALAN KAYU ESTATE
SINGAPORE 799187 |
| 6. Mailing Address | : - |

B) Vehicle Particulars

- | | |
|--------------------------------|---|
| 1. Vehicle No. | : PC643P |
| 2. Previous Vehicle No. | : - |
| 3. Effective Date of Ownership | : 14 Jun 2011 |
| 4. Original Registration Date | : 14 Jun 2011 |
| 5. First Registration Date | : 14 Jun 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 | : SCANIA |
| 12. Vehicle Model | : KIB4X2 MANUAL ABS |
| 13. Year of Manufacture | : 2011 |
| 14. Primary Colour | : Multi-Colored |
| 15. Secondary Colour | : - |

16.	Passenger Capacity	: 63
17.	Chassis/Trailer Chassis No.	: YS2K4X20001873780 / -
18.	Propellant	: Diesel
19.	Engine No./Motor No.	: 6656804 / -
20.	Engine Capacity(cc)/Power Rating(kw)	: 8867 / -
21.	Unladen Weight(kg)	: 12460
22.	Maximum Laden Weight(kg)	: 19000
23.	Open Market Value	: \$115,837.00
24.	PARF Eligibility	: No
25.	PARF Eligibility Expiry Date	: -
26.	Minimum PARF Benefit	: \$0.00
27.	No. of Transfers	: 0
28.	IU Label No.	: -
29.	COE No.	: 2011060105000156R
30.	COE Expiry Date	: 13 Jun 2021
31.	COE Category	: C - Goods Vehicle & Bus
32.	Quota Premium/Prevailing Quota Premium	: \$21,889.00
33.	Actual Quota Premium/PQP Paid	: \$21,889.00
34.	Actual ARF Paid	: \$5,792.00
35.	Vehicle Lifespan Expiry Date	: 13 Jun 2031
36.	Road Tax Amount	: \$850.00
37.	Road Tax Start Date	: 14 Jun 2011
38.	Road Tax End Date	: 13 Dec 2011
39.	Remarks	: This is a public service vehicle. To renew the COE, the Prevailing Quota Premium payable is that of Category C.

3. You may use your NRIC number and SingPass or User ID and Password (for non-Singaporeans/PRs) to login to <http://www.onemotoring.com.sg> and see the details of the above transaction. For ACRA-registered businesses and companies with EASY accounts, your authorised staff may also access the wide range of vehicle-related services via <http://www.onemotoring.com.sg> using EASY. If you do not have an EASY account, you can apply for it at <http://www.iras.gov.sg>. For non-Singaporeans/PRs who do not have a User Password, please contact us at 1800-CALL LTA (1800-2255 582) to request for a new password. Please note that a separate Transaction PIN is required for the following transactions via the Internet or at our Electronic Service Agents. Before you perform these transactions, please request for your Transaction PIN. You may find out more information on how to obtain your Transaction PIN and the documents needed (such as Board Resolution for companies and businesses, etc) via <http://www.onemotoring.com.sg> > **LTA Information & Guidelines > Transaction PIN & User Account.**

- a. Vehicle PIN - Transfer of Ownership and De-registration of Vehicle
- b. TCOE PIN - Transfer of TCOE (For Category C and E COE bid under individual)
- c. Rebate PIN - Transfer and Splitting of PARF/COE Rebate



4. All new In-vehicle Units (IUs) are covered by a 5-year warranty against manufacturer's defect.
5. Please contact our customer service officers at tel: 1800-CALL LTA (1800-2255 582) should you require further assistance.
6. Thank you.

Yours sincerely

NG LAY CHOO (MS)
DEPUTY DIRECTOR, VRL SERVICE OPERATIONS
VEHICLE & TRANSIT LICENSING GROUP
LAND TRANSPORT AUTHORITY

(This is a computer-generated notice that requires no signature.)



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

M2601
E SN
AN0626A
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.	DMB1SN1825891800	Engine No :6656804 ChaNo:YS2K4X20001873780
1. Index Mark and Registration Number of Vehicle	PC643P	AUTOSAFE =====
2. Name of Policy Holder	M/S LONGLIM PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	17 August 2019	Excess Sect I S\$2,500.00 Excess Sect. I (Outside Singapore)... S\$4,000.00 Excess Sect. II S\$1,500.00
4. Date of Expiry of Insurance	13 December 2019	Excess Sect.II (Outside Singapore)... S\$4,000.00 EX ON WINDSCREEN S\$800.00
5. Persons or Classes of Persons entitled to drive*	<p>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</p> <p>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.</p>	
6. Limitations as to use*	<p>Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the schedule.</p> <p>The Policy does not cover</p> <p>(1) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>(2) Use whilst drawing a trailer, except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p>	

* 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: HO LI HWA IRENE
Authorised Officer

Authorised Signatory