

# NATIONAL Assessment Centre Services.

[ver 1 Jan'03]

NA 49131333

Date In: 04/10/2019 10:56	Job description	Date & Time Completed	Done by
Ref No: NA 1907490	SAS e-filing		
Veh No: CB 8051D	E-mail (2 jobs 2hrs, AIC 2hrs)		
O.O.A: 01/10/2019 17:00	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 / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SHD 7196G	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 ( )	

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of rep/lor.
( ) Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )
1) Apply for Transport Allowance ( ) / Courtesy Car ( )
2) QC Check / Post Repair Inspection ( )
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: _____
Date/Time: _____
Location: _____
_____
_____
_____

NA 1907490	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
Auditors Comments:	For claiming against INC Only (ver 10 Jan 2003)	
Ref. 1:	6) TR: Re-inspection	\$75
	7) NI: Idex DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance	\$5
	*N6: Repairs Co-ordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$5
	TE (N11): TP (N-in INC) against INC	\$20
	9) N12: Idex 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	04/10/2019 10:56
Date Of Accident	01/10/2019 17:00
Exact Location Of Accident	SLIP RD FROM LOYANG AVENUE TOWARDS PASIR RIS DR 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB8051D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RENHURN BUS SERVICE
Co Reg No	42438200L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83827366
Alternative Phone No	OFFICE-83827366

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COASTER 19 SEATER
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMB1SN1904351900
Cover Note Number	

### Driver

Name of Driver	TOH AH BAH
NRIC No	S0087414J
Date Of Birth	25/02/1950
Occupation	OUTDOOR
Date Of Driving Pass	24/11/1977
Driving Experience	41 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83827366
Fax Number	
Contact Number	OTHERS-83827366
Email Address	NOEMAIL

Address	BLK 495E TAMPINES ST 43 #07-366
Postcode	524495
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	SHD7196G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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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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:

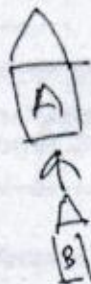
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name: Rehman  
NRIC/FIN No.: 6410/2018



SKETCH PLAN

SLIP ROAD FROM  
LOYANG AVE TOWARDS  
PASIR RIS DR. 3



A - CB 8051 D

B - SHD 71966

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 11/10/19 around 17:00hrs along Loyang Ave turn left exit  
Pasir Ris drive 3. My Bus CB 8051 D was waiting at the slip  
Road before turning out to the main Road. Ven B SHD 71966  
collided onto My rear portion.

DECLARATION

I/We declare that 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: Rosli W  
NRIC/FIN No.:

04/10/2018

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: SHD 7196 G.  
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: 1

Connect3 client vehicle no: CB 8051 D  
Owner contact no: \_\_\_\_\_  
Date of accident: 11/10/19  
Location of accident: Loyang Ave & Pasir ris drive 3  
Time of accident: 17:00hrs.  
Any Injury: yes / no ( if yes, must have police report)





中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MT601H SN  
ANDS80A  
Cov. Type: F

# 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)

CERTIFICATE No.	TMB15N1904451900		Engine No. (NO. CTQ11722)
1. Index Mark and Registration Number of Vehicle	CB80510		Chassis No. (CTUPCS19403000214)
2. Name of Policy Holder	BENHON BUS SERVICE		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	18 JANUARY 2019	EXCESS SECT. 11	.....\$31,000.00
4. Date of Expiry of Insurance	17 JANUARY 2020		
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, FACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.</p> <p>(2) USE WHILST DRAWING A TRAILER, EXCEPT THE TOWING (OTHER THAN FOR REPAIR) OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.</p>		

HIRE PURCHASE CO. : SIN HENG CREDIT PTE LTD AS H/P 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.

Countersigned by



*[Signature]*

Authorised Signatory

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6225 3502 Website: www.sg.cntaiping.com

## Enquire Vehicle Registration Details

## Owner Particulars

NRIC/Passport /Company Cert No.: 42438200L  
Owner ID Type: Business  
Owner Name: RENHURN BUS SERVICE  
Registered Address: APT BLK 495E TAMPINES STREET 43 #07-366 SINGAPORE 524495  
Mailing Address: -  
Birth Date: -

## Vehicle Particulars

Vehicle No.: CB8051D  
Previous Vehicle No.: -  
Effective Date of Ownership: 18 Jan 2019  
Original Regn Date: 19 Feb 2008  
Registration Date: 19 Feb 2008  
Year of Manufacture: 2007  
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: TOYOTA  
Vehicle Model: COASTER 19 SEATER  
Primary Colour: White  
Secondary Colour: -  
Passenger Capacity: 19  
Chassis No.: JTGFC538403000214  
Engine No.: N04CTQ11722  
Engine Capacity: 4009 cc / -  
Power Rating: -  
Maximum Power Output: -  
Propellant: Diesel



Max Unladen Weight:	3340 kg
Maximum Laden Weight:	4790 kg
Open Market Value:	\$68,288.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
Minimum PARF Benefit:	-
No. of Transfers:	3
IU Label No.:	1550226344
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 Registration Fee Rate:	5.00 %
Actual ARF Paid:	\$3,415.00
Vehicle Lifespan Expiry Date:	18 Feb 2028
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-
Message:	This is a public service vehicle.