

NATIONAL Assessment Centre Services.

Print & Scan [05]

MMAY19/147386

Date In: 07/11/2019 11:17	Job description	Date & Time Completed	Done by
Ref No: N8A/CT/901979/Y	SAS e-filing		
Veh No: CB 6553E	E-mail (E-filing 3hrs, AIC 3hrs)		
D.O.A: 07/11/2019 08:55	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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMH 7946D	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: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.

() 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	

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/45	
QC Checked by (Eng-In-Charge):	4) FT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (over 10 Jan 2020)	
	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 Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	TP (Nil) / TP (Non INC) against INC \$30	
	9) NI2: Idas Mobile	
	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	07/11/2019 11:17
Date Of Accident	07/11/2019 08:55
Exact Location Of Accident	ALONG BARTLEY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB6553E
Insured/Policyholder	
Name Of Registered Owner	K T TRANSPORT SERVICES
Co Reg No	53083215A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85867982
Alternative Phone No	OFFICE-85867982

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	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	DMB1SN1502701904
Cover Note Number	

Driver

Name of Driver	LI CHANGGUI
NRIC No	G8131072L
Date Of Birth	06/03/1976
Occupation	OUTDOOR
Date Of Driving Pass	13/11/2014
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85867982
Fax Number	
Contact Number	OTHERS-85867982
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) 7

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 SMH7946D
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver WAN CHING HSIANG
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

SKETCH PLAN

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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:

Y. 李長貴

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

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

SKETCH PLAN

A - CB 6653 E

B - SMH 7946 D



Bartley Road.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 7/11/19 around 08:25hrs. I was driving my Bus CB 6653 E along Bartley Road, suddenly veh B. SMH 7946 D swerved into my lane, brush against my Bus right front portion.

DECLARATION

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



Policyholder's Signature
Date & Time:

Y. 李慶貴

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

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

07/11/2019
Rohit, [Signature]

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: Employer & Employer
Witness (if any): yes / no
Witness name: Li Peh Pei
Witness hp: _____
Witness email (if any): _____
Witness add: _____
Witness IC no: _____

Third party veh number: SMH 7946D
Name of third party driver: Wan Ching Hsiang
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: 7

Connect3 client vehicle no: CB 6653E
Owner contact no: _____
Date of accident: 7/11/19
Location of accident: Bartley Road
Time of accident : 08:25hrs.
Any Injury: yes / no (if yes, must have police report)



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
CIN. Reg. No. 201200330401

MZ601
R. SN
ANDS80A
Cov. Type: E

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.	DMB15N1502701904	Engine No : 13NE428521867532 ChNo: LAGR1FSH4AB102780
1. Index Mark and Registration Number of Vehicle	CB6653E	AUTOSAFE
2. Name of Policy Holder	H/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	Excess Sect. I S\$2,000.00 Excess Sect. II S\$1,000.00 EX ON WINDSCREEN S\$500.00
4. Date of Expiry of insurance	20 January 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. : 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: DDOS. & EVEN.....

Authorised Officer



Authorised Signatory

Annex A

Transaction ref 20140110102944275232

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.