

NATIONAL Assessment Centre Services.

(ver 1 Jan 2005)

19 MAY 2019 / 47940

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 08/11/2019 12:14 | Job description | Date & Time Completed | Done by |
| Ref No: NBA/CT219019825/4 | SAS e-filing | | |
| Veh No: CB 6334 B | E-mail (5 Julia Stres, AIC 2hrs) | | |
| DOA: 08/11/2019 09:20 | I-Motor Claims 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/Whse | | |

| | | |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: YQ 7600 | 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 repair. |
| () 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: | Action: |
| | |
| | |
| | |
| | |

| | | |
|---------------------------------|---|-------------|
| 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 (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: Idao DA + SMRT Survey \$160 | |
| | 8) NTUC Additional Services: | |
| | ON: | |
| | *N5: Courtesy Car / Tpt Allowance \$3 | |
| | *N6: Repairs Co-ordination \$10 | |
| | *N7: Post Repair Inspection \$25 | |
| | *N8: DV / Collect Excess Coordination \$5 | |
| | TP (NI) / TP (Non INC) against INC \$20 | |
| | 9) NI: Idao Mobile \$30 | |
| | 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 | 08/11/2019 12:14 |
| Date Of Accident | 08/11/2019 09:20 |
| Exact Location Of Accident | ALONG SLE TOWARDS CITY |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | CB6334B |
| Insured/Policyholder | |
| Name Of Registered Owner | YAP TECK SENG |
| NRIC No | S0181307B |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96735125 |
| Alternative Phone No | OTHERS-96735125 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | TOYOTA |
| Model | HIACE-3.0 D DX (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 | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | DMB1SN3008121900 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | YAP TECK SENG |
| NRIC No | S0181307B |
| Date Of Birth | 03/05/1952 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 03/06/1970 |
| Driving Experience | 49 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96735125 |
| Fax Number | |
| Contact Number | OTHERS-96735125 |
| Email Address | NOEMAIL |

| | |
|---|--------------------------------------|
| Address | BLK 17 LORONG 7 TAO PAYOH #09-214 |
| Postcode | 310017 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|-----------------|
| Type Of Accident | CHAIN COLLISION |
| Weather Conditions | RAINING |
| Road Surface | WET |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) involved in the accident | 3 |
| 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 | YQ760D |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|-----------------------------|---------|
| Vehicle Registration Number | UNKNOWN |
|-----------------------------|---------|

| | |
|-------------------------------------|--------------------|
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| 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 = CB6334B

B = YQ760D

C = unknown lorry
veh plate.

SLE road city

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 08/11/2019 @ 09:20hrs. I was driving my bus CB6334B along SLE road city when a lorry YQ760D in front of me jammed brake & I could not brake in time & hit YQ760D & the driver of YQ760D inform me that he hit onto another lorry in front of him but the other lorry driver state that there is no damages to his lorry.

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.:

08/11/2019

John Wong

Road surface: Dry / Wet

Weather condition: Clear / Raining

Speed: _____

Does driver own a vehicle: yes / no

if yes, veh number plate: _____

veh insurance co: _____

Relationship with insured: Employer & Employee

Witness (if any): yes / no

Witness name: _____

Witness hp: _____

Witness email (if any): _____

Witness add: _____

Witness IC no: _____

Third party veh number: (veh B) YQ 760 D & unknown lorry (veh C)

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

Connect3 client vehicle no: CB 6334B

Owner contact no: 9673 5125

Date of accident: 8/11/19

Location of accident: SLE Tuds City

Time of accident: 09:20hrs

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

Usage of veh during of accident:

Driver IC:

Driver Name:

Driver Pass date:

Driver Birth date:

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, 1958 (Malaysia)

| | | | |
|--|----------------------------------|------------------------|---------------------------|
| CERTIFICATE No. | CHS13N3006121500 | Engine No: 1KED1744804 | Chassis No: RDH2010011736 |
| 1. Index Mark and Registration Number of Vehicle | CB63348 | | |
| 2. Name of Policy Holder | MR YAP TECK SENG | | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment | 25 JANUARY 2019 (14:15 HOURS) | EX SECT. II |\$8750.00 |
| 4. Date of Expiry of Insurance | 04 FEBRUARY 2020 | | |
| 5. Persons or Classes of Persons entitled to drive * | | | |

(A) THE POLICYHOLDERS.

(B) ANY PERSON PROVIDED HE IS IN THE POLICYHOLDER'S EMPLOY AND IS DRIVING ON THEIR ORDER OR WITH THEIR 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 REGARD 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

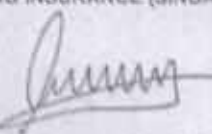
(1) USE FOR RACING, RACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.

(2) USE WHILE TOWING A TRAILER, EXCEPT THE TOWING (OTHER THAN FOR REWARD) OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

* 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:



Authorized Signatory

Transaction ref 20190126104815345399

Please check that the owner and vehicle details are correct:

| | |
|--|---|
| 1. Name | : YAP TECK SENG |
| 2. Identification No. Type | : Singapore NRIC |
| 3. Identification No. | : S0181307B |
| 4. Country/Region | : - |
| 5. Vehicle Registration No. | : CB6334B |
| 6. Previous Vehicle Registration No. | : - |
| 7. Effective Date of Ownership | : 26 Jan 2019 |
| 8. Original Registration Date | : 05 Feb 2008 |
| 9. First Registration Date | : 05 Feb 2008 |
| 10. Vehicle Type | : S20 - School Transport Bus/Coach/Minibus |
| 11. Vehicle Scheme | : School Bus without AWC |
| 12. Attachment 1 | : Air-Conditioned |
| 13. Attachment 2 | : - |
| 14. Attachment 3 | : - |
| 15. Vehicle Make Description | : TOYOTA |
| 16. Vehicle Model | : HIACE 3.0DX A |
| 17. Year of Manufacture | : 2007 |
| 18. Primary Colour | : Silver |
| 19. Secondary Colour | : - |
| 20. Passenger Capacity | : 11 |
| 21. Chassis/Trailer Chassis No. | : KDH2010011736 / - |
| 22. Propellant | : Diesel |
| 23. Engine No./Motor No. | : 1KD1744604 / - |
| 24. Engine Capacity(cc)/Power Rating(kW) | : 2982 / - |
| 25. Maximum Power Output(kW/bhp) | : - / - |
| 26. Unladen Weight(kg) | : 1800 |
| 27. Maximum Laden Weight(kg) | : 3205 |
| 28. Open Market Value | : \$33,740.00 |
| 29. PARF Eligibility | : No |
| 30. PARF Eligibility Expiry Date | : - |
| 31. Minimum PARF Benefit | : - |
| 32. No. of Transfers | : 1 |