

NATIONAL Assessment Centre Services. (part 1 Jan'08) MAY 19/152757

Date In: 19/4/2009 11:50	Job description	Date & Time Completed	Done by
Ref No: NA1908714	SAS e-filing		
Veh No: PA 6215M	E-mail (Sgtda 2hrs, AIC 2hrs)		
D.O.A: 19/4/2009 07:25	I-Motor Claims Form		
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMK 6278P	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 repairer.

() 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: _____

NA1908714	1) Alt: 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	
	For claiming against INC Only (wef 10 Jan 2009)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpt Allowance \$3	
	*NG: Repair Co-ordination \$10	
	*NV: Post Repair Inspection \$25	
	*ND: DV / Collect Excess Coordination \$3	
	TP (NI) / TP (Non INC) against INC \$20	
	9) NI: Idao Mobile \$30	

Page 1: 2/3

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	19/11/2019 11:50
Date Of Accident	19/11/2019 07:35
Exact Location Of Accident	ALONG YISHUN AVENUE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA6215M
Insured/Policyholder	
Name Of Registered Owner	M/S LONGLIM PTE LTD
Co Reg No	201109995N
Email Address	BC@LONGLIM.COM
Mobile Phone No	(LOCAL) +65-82968285
Alternative Phone No	OFFICE-82968285

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	BE639GRMHDEA-3.9 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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMBISN1744851900
Cover Note Number	

Driver

Name of Driver	LOW CHEOK ANN
NRIC No	S0017925F
Date Of Birth	06/04/1953
Occupation	OUTDOOR
Date Of Driving Pass	30/01/2002
Driving Experience	17 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82968285
Fax Number	
Contact Number	OTHERS-82968285
Email Address	BC@LONGLIM.COM

Address	BLK 515 HOUGANG AVENUE 10 #05-167
Postcode	1953
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)	5

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	SMK6278P
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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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.:

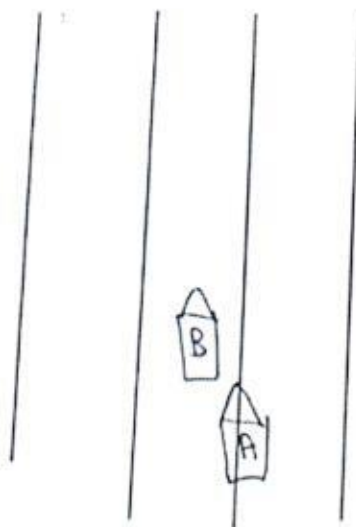


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CamScanner

SKETCH PLAN

A- PA6215M

B- SMK 6278P



Yishun Ave 3.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 19/11/19 around 07:35hrs. I was driving my Bus PA 6215M along Yishun Ave 3. Veh B SMK 6278P in front of my Bus. I collided the rear portion of veh B.

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.:



Scanner
Cam



19/11/2019
Koh L. Lim

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

Third party veh number: SMK 6278P
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: 5

Connect3 client vehicle no: PA 6215M
Owner contact no: _____
Date of accident: 19/11/19
Location of accident: Kishun Ave 3
Time of accident: 07:35hrs
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.
Co. Reg. No. 200208384E

MZ601
R SN
AN0626A
Cov. Type: F

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. DMB1SN1744851902 Engine No. :4D34K33933
ChaNo:BE639GD00251

1. Index Mark and Registration Number of Vehicle PA6215M

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 01 February 2019 Excess Sect. II S\$1,500.00

4. Date of Expiry of Insurance 31 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.

* 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: UNIVERSAL INSURANCE AGENCY PTE LTD
Authorised Officer

.....
Authorised Signatory

Annex A

Transaction ref 20130906093009900527

The owner and vehicle particulars for Vehicle No. PA6215M as at 06 Sep 2013 are as follows:

1. Name	: LONGLIM PTE LTD
2. Identification No. Type	: Company
3. Identification No.	: 201109995N
4. Place Of Passport Issue	: -
5. Vehicle No.	: PA6215M
6. Previous Vehicle No.	: -
7. Effective Date of Ownership	: 21 Aug 2013
8. Original Registration Date	: 01 Aug 2006
9. First Registration Date	: 01 Aug 2006
10. Vehicle Type	: Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus
11. Vehicle Scheme	: Public Service Vehicle (Others)
12. Attachment 1	: No Attachment
13. Attachment 2	: -
14. Attachment 3	: -
15. Vehicle Make	: MITSUBISHI
16. Vehicle Model	: BE639GRMHDEA
17. Year of Manufacture	: 2005
18. Primary Colour	: White
19. Secondary Colour	: -
20. Passenger Capacity	: 26
21. Chassis/Trailer Chassis No.	: BE639GD00251
22. Propellant	: Diesel
23. Engine No./Motor No.	: 4D34K33933
24. Engine Capacity(cc)/Power Rating(kw)	: 3908
25. Unladen Weight(kg)	: 3700

Annex A

Transaction ref 20130906093009900527

The owner and vehicle particulars for Vehicle No. PA6215M as at 06 Sep 2013 are as follows:

26. Maximum Laden Weight(kg)	: 5500
27. Open Market Value	: \$61,818.00
28. PARF Eligibility	: No
29. PARF Eligibility Expiry Date	: -
30. Minimum PARF Benefit	: -
31. No. of Transfers	: 3
32. IU Label No.	: 1550160815
33. COE No.	: 2006060105000099K
34. COE Expiry Date	: 31 Jul 2016
35. COE Category	: C - Goods Vehicle & Bus
36. Quota Premium/Prevailing Quota Premium	: \$12,101.00
37. Actual Quota Premium/PQP Paid	: \$12,101.00
38. Actual ARF Paid	: \$3,091.00
39. CO2 Emission(g/km)	: -
40. Actual CEVS Rebate Utilised	: -
41. CEVS Surcharge Paid	: -
42. Actual Green Vehicle Rebate Utilised	: -
43. Vehicle Lifespan Expiry Date	: 31 Jul 2026
44. Road Tax Amount	: \$0.00
45. Road Tax Start Date	: 01 Aug 2013
46. Road Tax End Date	: 31 Jan 2014
47. Remarks	: To renew the COE, the Prevailing Quota Premium payable is that of Category C.