

NATIONAL Assessment Centre Services.

(ver 1 Jan 05)

17/04/15 15:15

Date In: 25/4/2015 18:00	Job description	Date & Time Completed	Done by
Ref No: N/A/CIT/9020868/4	SAS e-filing		
Veh No: PC 8472	E-mail (to John Sims, AIC 2hrs)		
DOA: 23/4/2015 16:00	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/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: -	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: YBS () / 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: _____	By: _____

1) AR: Accident Reporting (\$30)	INC (\$30)
2) DA: Damage Assessment (\$100)	\$40/\$45
3) TP: Towing Fee	\$120
4) PT: Follow-Through Survey	\$30
5) PT: Follow-Through Survey (Resurvey)	\$73
6) TR: Re-inspection	\$160
7) NI: Idea DA + SMRT Survey	
8) NTUC Additional Services:	
ON:	
• N5: Courtesy Car / Tpl Allowance	\$3
• N6: Repairs Co-ordination	\$10
• N7: Post Repair Inspection	\$23
• N8: DV / Collect Excess Coordination	\$3
• N9: TP (Nil) / TP (Non INC) against INC	\$30
9) N12: Idea Mobile	
Invoice dated	Fee Charged
Invoice dated	Fee Charged

2/3

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	25/11/2019 18:06
Date Of Accident	23/11/2019 16:00
Exact Location Of Accident	566 WOODLANDS ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC8417Z
Insured/Policyholder	
Name Of Registered Owner	BKK TRAVEL PTE LTD
Co Reg No	201424387C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-89135366
Alternative Phone No	OFFICE-89135366

Vehicle Particulars

Manufacturer	YUTONG
Model	ZK6119H-3.0 D (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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SN1928671900
Cover Note Number	

Driver

Name of Driver	LI ZHIYOU
NRIC No	G2606441X
Date Of Birth	12/10/1984
Occupation	OUTDOOR
Date Of Driving Pass	31/08/2015
Driving Experience	4 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-89135366
Fax Number	
Contact Number	OFFICE-89135366
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 NO 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 1
 Was any body injured in the Accident? NO
 Was any injured conveyed to hospital by ambulance? NO
 Was any other material or property damaged? NO
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 2

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name TAMPINES NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-5871999 - FAX NO: 65871699
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT G/20191125/2040

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

SKETCH PLAN

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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to rescind 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:

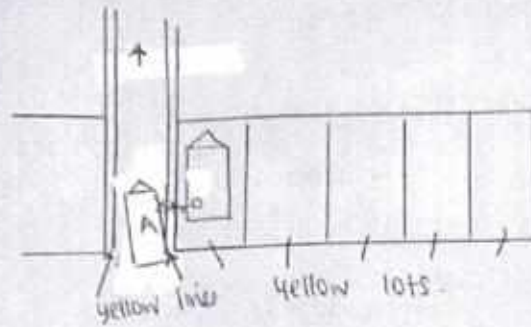


Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

25/11/2018
Ref: [Signature]

SKETCH PLAN



A=PC8417Z

566 Woodlands Rd.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* P19 ref to police report * 6/20191125/2042

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:

Li Zhi You

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

26/11/2019
Rafael Lim



**SINGAPORE
POLICE FORCE**



G/20191125/2042

1 of 2

POLICE REPORT (NP299)

Report No. G/20191125/2042

Police Station Of Origin
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Date/Time Report Made 25/11/2019 13:02	Vide Report No. G/20191124/2028	Station Diary No. 69
Name Of Informant LI ZHIYOU	Address C/O LONGLIM PTE LTD SINGAPORE	
ID Type / ID No. FIN NO / G2606441X	Contact No. Home/Office Mobile 89135366	
Nationality CHINESE	Email Address	
Occupation BUS DRIVER	Sex Male	Age 35
Institution/School Name	Date of Birth 12/10/1984	Race Chinese
	Language Mandarin	
Date/Time Of Incident 23/11/2019 16:00	Location Of Incident 566 WOODLANDS ROAD UNNAMED SINGAPORE 728697	

Brief details.

On 23/11/19 at around 1600 hours I brought my company bus to the workshop for servicing. When I was reversing the vehicle into the correct position, I followed the line on the box, moving into the space, and suddenly I heard someone shouted. I stopped immediately and I realized that I had run over the feet of one of the servicing crew, whose legs were sticking out from the bottom of the bus that was in the box next to mine.

I am making this report for my company to claim insurance.

Signature Of Officer Recording The Report: G / Sr Staff Sgt NURUL HUDA BINTE HASHIM	Signature Of Informant: Li zhi you
Signature Of Interpreter: Not applicable Chan zhen nai kwee, 892241310	Date/Time: 25/11/2019 13:02
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Sr Staff Sgt NEO JIN MING, EDWIN Contact No: 62447200	Classification Of Case:

Authentication Stamp





SINGAPORE
POLICE FORCE



G/20191125/2042

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20191125/2042

Signature Of Officer Recording The Report:

G / Sr Staff Sgt NURUL HUDA BINTE HASHIM

Signature Of Interpreter:

Not applicable

Chen Zhen Wai Benedict 89241310

Officer In-Charge Of Case:

G / Bedok Police Divisional Investigation Branch /
Sr Staff Sgt NEO JIN MING, EDWIN

Contact No.: 62447200

Signature Of Informant:

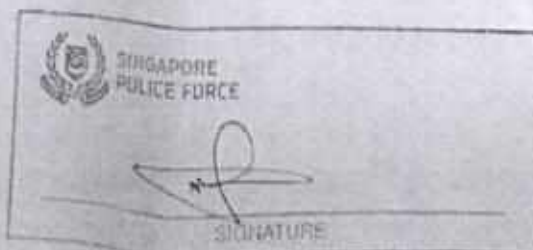
Li Zhiyou

Date/Time:

25/11/2019 13:02

Classification Of Case:

Authentication Stamp



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: China Worker Foot

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: Tampines NPC

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: 02 pax

Connect3 client vehicle no: PC 8417Z

Owner contact no: 9022 0917

Date of accident: 23/11/19

Location of accident: 566 Woodlands Road.

Time of accident : 16:00hrs.

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.
Co. Reg. No. 200208384E

MZ601
N 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.	DMB15N1928671900	Engine No : ISB67E6C29022320288 Chano: LZYTBTE68J1035116
1. Index Mark and Registration Number of Vehicle	PC8417Z	AUTOSAFE =====
2. Name of Policy Holder	BKK TRAVEL PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	15 July 2019 (17:56 Hours)	Excess Sect. I S\$2,000.00 Excess Sect. I (Outside Singapore)... S\$4,000.00 Excess Sect. II S\$1,500.00 Excess Sect. II (Outside Singapore)... S\$4,000.00 EX ON WINDSCREEN S\$500.00
4. Date of Expiry of Insurance	14 July 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. : MAYBANK 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: HO LI HWA IRENE
Authorised Officer

Authorised Signatory

10 Sin Ming Drive Singapore 575701
www.lta.gov.sg

15 Jul 2019

Our ref 1507190101N029109109

BKK TRAVEL PTE. LTD.
34 JALAN TARI PIRING
JALAN KAYU ESTATE
SINGAPORE 799187

Dear Sir/Madam

You Have Successfully Registered Vehicle PC8417Z

You have successfully registered vehicle PC8417Z on 15 Jul 2019.

You can find the full details in the Annex. Please check that they are correct. You can also view these details when you login to www.onemotoring.com.sg.

Visit www.onemotoring.com.sg for more information and to access a wide range of vehicle-related services. If you need a SingPass or CorpPass account, visit www.singpass.gov.sg or www.corppass.gov.sg.

What You Need To Do:

- Check that the details in the Annex are correct.
- You can login to www.onemotoring.com.sg to view these details and access a wide range of vehicle-related services.

Yours sincerely

Ng Lay Choo (Ms)
Deputy Director, VRL Service Operations
Vehicle Services Group
Land Transport Authority

[This letter is computer-generated, no signature is required.]

Annex

Transaction ref 20190715155046419720

Please check that the owner and vehicle details are correct:

- | | |
|--|---|
| 1. Name | : BKK TRAVEL PTE. LTD. |
| 2. Identification No. Type | : Company |
| 3. Identification No. | : 201424387C |
| 4. Country/Region | : - |
| 5. Registered Address | : 34 JALAN TARI PIRING
JALAN KAYU ESTATE
SINGAPORE 799187 |
| 6. Mailing Address | : - |
| 7. Vehicle Registration No. | : PC8417Z |
| 8. Effective Date of Ownership | : 15 Jul 2019 |
| 9. Original Registration Date | : 15 Jul 2019 |
| 10. First Registration Date | : 15 Jul 2019 |
| 11. Vehicle Type | : Z20 - Private Hire (Chauffeur)
Bus/Coach/Minibus |
| 12. Vehicle Scheme | : Public Service Vehicle (Others) |
| 13. Attachment 1 | : No Attachment |
| 14. Attachment 2 | : - |
| 15. Attachment 3 | : - |
| 16. Vehicle Make | : YUTONG |
| 17. Vehicle Model | : ZK6119H AUTO |
| 18. Year of Manufacture | : 2018 |
| 19. Primary Colour | : Multi-Colour |
| 20. Secondary Colour | : - |
| 21. Passenger Capacity | : 47 |
| 22. Chassis/Trailer Chassis No. | : LZYTBT68J1035116 / - |
| 23. Propellant/Emission Standard | : Diesel / Euro VI |
| 24. Engine No./Motor No. | : ISB67E6C29022320288 / - |
| 25. Engine Capacity(cc)/Power Rating(kW) | : 6690 / - |
| 26. Maximum Power Output(kW/bhp) | : - / - |
| 27. Unladen Weight(kg) | : 11900 |
| 28. Maximum Laden Weight(kg) | : 15900 |
| 29. Open Market Value | : \$138,000.00 |
| 30. PARF Eligibility | : No |
| 31. PARF Eligibility Expiry Date | : - |
| 32. Minimum PARF Benefit | : \$0.00 |

Annex

Transaction ref 20190715155046419720

Please check that the owner and vehicle details are correct:

33. IU Label No.	: -
34. COE No.	: 2019060105000710W
35. COE Expiry Date	: 14 Jul 2029
36. COE Category	: C - Goods Vehicle & Bus
37. Quota Premium/Prevailing Quota Premium	: \$27,400.00
38. Actual Quota Premium/PQP Paid	: \$27,400.00
39. Actual ARF Paid	: \$6,900.00
40. CO2 Emission(g/km)	: -
41. CO Emission(g/km)	: -
42. HC Emission(g/km)	: -
43. NOx Emission(g/km)	: -
44. PM Emission(mg/km)	: -
45. Actual CEVS/VES Rebate Utilised	: -
46. CEVS/VES Surcharge Paid	: -
47. Actual Green Vehicle Rebate Utilised	: -
48. Vehicle Lifespan Expiry Date	: 14 Jul 2039
49. Road Tax Amount	: \$14.00
50. Road Tax Start Date	: 15 Jul 2019
51. Road Tax End Date	: 14 Jan 2020
52. Remarks	: This is a public service vehicle.

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MUA419155751 Vehicle Registration No: PC 8417Z

Name (as shown in NRIC): LI ZHIYU NRIC/FIN/Passport No: G2606441X

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore()

Contact (Tel): _____ Mobile No.: 89135366

Email Address: _____

Date of Accident: 23/1/2019 Time of Accident: 16:00

Place of Accident: 566 Woodlands Road

Insurance Company: Chong Chong

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

NOBODY APPROACH OFFERING PERSONAL CLAIMS

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rob L. [Signature]
NRIC/FIN No.: [Signature]
Date: 26/1/2019