

NATIONAL Assessment Centre Services.

(ver 1 Jan 03)

NA20002835

Date In: 17/01/2020 12:00	Job description	Date & Time Completed	Done by
Ref No: NA20001071/4	SAS e-filing		
Veh No: PC 3963X	E-mail (by date 2hrs, AIC 2hrs)		
D.O.A: 15/01/2020 13:55	I-Motor Claim 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: unknown	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 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 of Repair:	

NA200058	
Driver/Owner:	
Contact No:	
Damaged Portion:	
QC Checked by (Engr-In-Charge):	
Warranty Comments:	
Ref 1:	

1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100) INC (\$40)	
3) TP: Towing Fee \$40/\$45	
4) PT: Follow-Through Survey \$120	
5) PT: Follow-Through Survey (Resurvey) \$30	
For claiming against INC Only (ver 10 Jan 2003)	
6) TR: Re-inspection \$73	
7) NI: Idas DA + EMRT Survey \$160	
8) NTUC Additional Services:	
ON:	
*N5: Courtesy Car / Tpt Allowance \$3	
*N6: Repairs Co-ordination \$10	
*N7: Post Repair Inspection \$23	
*N8: DV / Collect Excess Coordination \$3	
TP (Nil) / TP (Non INC) against INC \$20	
9) N12: Idas 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	17/01/2020 12:00
Date Of Accident	15/01/2020 13:55
Exact Location Of Accident	ALONG SIMS AVENUE TOWARDS GEYLANG SERAI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3963X
Insured/Policyholder	
Name Of Registered Owner	M/S LONGLIM PTE LTD
Co Reg No	2XXXXX995N
Email Address	BC@LONGLIM.COM
Mobile Phone No	(LOCAL) +65-97801611
Alternative Phone No	OFFICE-97801611

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ROSA-3.0 D BE641JRMDEB (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	DMB1SN1826441901
Cover Note Number	

Driver

Name of Driver	ONG ENG KWANG
NRIC No	SXXXX681G
Date Of Birth	29/06/1969
Occupation	OUTDOOR
Date Of Driving Pass	07/09/2009
Driving Experience	10 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97801611
Fax Number	
Contact Number	OTHERS-97801611
EMail Address	BC@LONGLIM.COM

Address	BLK 467A FERNVALE LINK #09-509
Postcode	791467
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)	24

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NPC
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200116/2026

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	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

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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.

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:

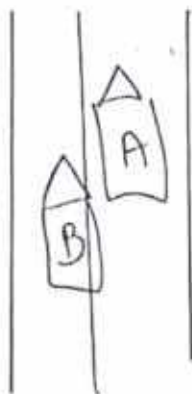
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

A - PC 3963X

B - unknown



Geylang Serai

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police report. 1/20200116/2026

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.:

1/6/2020
Kosli MAB

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

Third party veh number: UNKNOWN
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: Sengkang N.P.C.
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: 24

Connect3 client vehicle no: PC 3963X
Owner contact no: _____
Date of accident: 15/1/2020
Location of accident: Sirn Ave
Time of accident: 13:55hrs
Any injury: yes / no (If yes, must have police report)



SINGAPORE POLICE FORCE



T/20200116/2026

1 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20200116/2026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/01/2020 10:12	Vide Report No.:	Station Diary No.: 75
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Informant's Particulars

Name of Informant: ONG ENG KWANG			Address: APT BLK 467A FERNVALE LINK #09-509 SINGAPORE 791467		
ID Type / ID No.: NRIC NO / S6922681G			Contact No.: Home/Office: Mobile: 97801611		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 29/06/1969	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 15/01/2020 13:55	Type of Location:
Location: Along Road 1 SIMS AVENUE towards Geylang Serai				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC3963X	Bus/Coach/Minibus (School Children)				Slightly Damaged	23

Details of Person Involved

Any Pedestrian Involved: No
No. of Pedestrians Injured: NIL
Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20200116/2026

2 of 3

Police Station Of Origin:

Sengkang N.P.C

2 Sengkang Square #01-02 SINGAPORE

545025

Tel No: 1800-343 8999

Report No. T/20200116/2026

CONTINUATION OF REPORT

Driver			
Name	ONG ENG KWANG	ID No.	S6922681G
Related Vehicle	PC3963X (Bus/Coach/Minibus (School Children))	Contact No.	97801611
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 15/01/2020 at about 2pm, I was driving a school bus with 24 school passengers in the bus and was driving along Sim Ave towards Geylang Serai when suddenly I felt an impact coming from the left side of my bus and I realized a lorry had collided onto the left side of my lorry. I turned on my hazard light and stopped at the side of the road however the lorry didn't stop and drove off. I also noticed the lorry side mirror had fallen off.

I observed that the lorry driver is an elderly Chinese.

No one injured.



**SINGAPORE
POLICE FORCE**



T/20200116/2026

3 of 3

Report No. T/20200116/2026

Police Station Of Origin:

Sengkang N.P.C

2 Sengkang Square #01-02 SINGAPORE

545025

Tel No: 1800-343 8999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sgt 3 TAN WEI XIANG ROY

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt TAN JEOK LENG

Contact No.: 65476144

Signature Of Informant:

Date/Time:

16/01/2020 10:12

Classification Of Case:

Authentication Stamp

NP168

10 Sin Ming Drive Singapore 575701
Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

Our ref 2905170401N013114363

29 May 2017

LONGLIM PTE LTD
34 JALAN TARI PIRING
JALAN KAYU ESTATE
SINGAPORE 799187

001079



Dear Sir/Madam

**NOTIFICATION OF SUCCESSFUL VEHICLE CONVERSION FOR VEHICLE NO.
PC3963X**

We are pleased to inform you that your vehicle, PC3963X, has been successfully converted from Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus/Public Service Vehicle (Others) to Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus/Bus Carrying School Children with effect from 29 May 2017. The Business Transaction Reference No. is 20170529134106706906.

2. The following are the key owner and vehicle particulars for the vehicle. The full particulars are given at Annex A. Please check and ensure that the details are correct.

- | | | |
|-----|-------------------------|--|
| 1. | Name | : LONGLIM PTE LTD |
| 2. | Identification No. Type | : Company |
| 3. | Identification No. | : 201109995N |
| 4. | Place Of Passport Issue | : - |
| 5. | Vehicle No. | : PC3963X |
| 6. | Vehicle Type | : Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus |
| 7. | Vehicle Scheme | : Bus Carrying School Children |
| 8. | Vehicle Make | : MITSUBISHI |
| 9. | Vehicle Model | : ROSA BUS BE641JRMDEB |
| 10. | Remarks | : The vehicle is registered under Early Turnover Scheme. |

3. Other information pertaining to the conversion is as follows:

- Not applicable.

Transaction ref 20170529134106706906

The owner and vehicle particulars for Vehicle No. PC3963X as at 29 May 2017 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.	: PC3963X
6.	Previous Vehicle No.	: -
7.	Effective Date of Ownership	: 07 Sep 2015
8.	Original Registration Date	: 07 Sep 2015
9.	First Registration Date	: 07 Sep 2015
10.	Vehicle Type	: Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus
11.	Vehicle Scheme	: Bus Carrying School Children
12.	Attachment 1	: Air-Conditioned
13.	Attachment 2	: -
14.	Attachment 3	: -
15.	Vehicle Make	: MITSUBISHI
16.	Vehicle Model	: ROSA BUS BE641JRMDEB
17.	Year of Manufacture	: 2015
18.	Primary Colour	: White
19.	Secondary Colour	: -
20.	Passenger Capacity	: 24
21.	Chassis/Trailer Chassis No.	: BE641JK30053 / -
22.	Propellant	: Diesel
23.	Engine No./Motor No.	: 4P10B68906 / -
24.	Engine Capacity(cc)/Power Rating(kW)	: 2998 / -
25.	Maximum Power Output(kW/bhp)	: - / -
26.	Unladen Weight(kg)	: 4040
27.	Maximum Laden Weight(kg)	: 6040
28.	Open Market Value	: \$63,192.00
29.	PARF Eligibility	: No
30.	PARF Eligibility Expiry Date	: -
31.	Minimum PARF Benefit	: -
32.	No. of Transfers	: 0
33.	IU Label No.	: 1550279517
34.	COE No.	: 2015090705000670H
35.	COE Expiry Date	: 06 Sep 2025
36.	COE Category	: C - Goods Vehicle & Bus
37.	Quota Premium/Prevailing Quota Premium	: \$38,129.00
38.	Actual Quota Premium/PQP Paid	: \$38,129.00
39.	Actual ARF Paid	: \$3,160.00
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	: 06 Sep 2035
45.	Nett Road Tax Amount	: -
46.	Road Tax Start Date	: -
47.	Road Tax End Date	: -
48.	Remarks	: The vehicle is registered under Early Turnover Scheme.

4. Please contact our customer service officers on tel: 1800-CALL LTA (1800-2255 582) if you have any question.

Yours sincerely

NG LAY CHOO (MS)
DEPUTY DIRECTOR, VRL SERVICE OPERATIONS
VEHICLE SERVICES GROUP
LAND TRANSPORT AUTHORITY

(This is a computer-generated notice that requires no signature.)

From 15 February 2017, you do not need to display road tax disc on the windscreen of your vehicle. LTA has stopped issuing physical road tax discs as part of our efforts to streamline our processes. Please ensure that your original motor insurance certificate is readily available in your vehicle at all times. If you are driving into Malaysia, you are advised to carry printed proof of the validity of your road tax in your vehicle.



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 200208384E

M2601
R 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.	DMB15N1826441901	Engine No :4P10868906 Chano:BE641JK30053
1. Index Mark and Registration Number of Vehicle	PC3963X	AUTO5AFE
2. Name of Policy Holder	M/S LONG LIM PTE LTD	
3. Effective date of the Commencement of insurance for the purposes of the Regulations; Ordinance of Enactment	07 September 2019	Excess Sect I S\$2,000.00 Excess Sect. II S\$1,500.00 EX ON WINDSCREEN S\$100.00
4. Date of Expiry of Insurance	06 September 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