

# NATIONAL Assessment Centre Services.

[ver 1 Jan 05]

MAIAY 200/2228

Date In: 28/01/2020 16:08	Job description	Date & Time Completed	Done by
Ref No: N/A/CT12000149114	SAS e-filing		
Veh No: PC 53887	E-mail (Ljula 2hrs, AIC 2hrs)		
D.O.A: 22/01/2020 07:30	I-Motor Claim Form		
OD: TP: Repairs Only	I-Motor W/O (Withlor OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: SMJ 3735.L

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 repolar.

( ) 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: (

NA 200/057

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments:

Ref: 11

2/2

Invoice No.	Amount	Remarks
1) AIC: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$10)	
3) TV: Towing Fee	\$120	
4) PT: Follow-Through Survey	\$10	
5) PT: Follow-Through Survey (Resurvey)	\$10	
6) TR: Re-inspection	\$75	
7) NI: ID + DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
• NS: Courtesy Car / Tpl Allowance	\$5	
• NG: Repairs Coordination	\$10	
• NT: Post Repair Inspection	\$25	
• ND: DV / Collect Excess Coordination	\$5	
• TP (NI) / TP (NG) / TP (INC) against INC	\$30	
9) NI: ID + 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	28/01/2020 16:08
Date Of Accident	22/01/2020 07:30
Exact Location Of Accident	NEWTON CIRCUS ROUNDABOUT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC5388T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HONG YUN BUS SERVICES PTE LTD
Co Reg No	2XXXXX457Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98315851
Alternative Phone No	OFFICE-84113505

Vehicle Particulars

Manufacturer	GOLDEN DRAGON
Model	XML6118E1A-8.8 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	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	DMB1SN3063271900
Cover Note Number	

Driver

Name of Driver	FAN DEGANG
NRIC No	GXXXXX467W
Date Of Birth	29/10/1978
Occupation	OUTDOOR
Date Of Driving Pass	07/05/2008
Driving Experience	11 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98315851
Fax Number	
Contact Number	OTHERS-84113505
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	COLLISION - ROUNDABOUT
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)	2

#### 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	SMJ3735L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA BEE LENG
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:

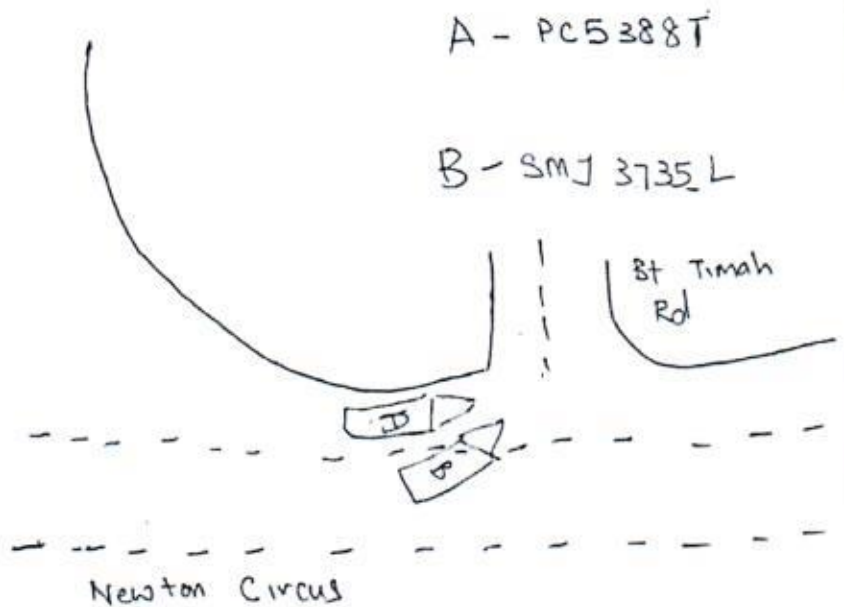
FAN DE Gang  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

28/01/2020  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No:



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CamScanner

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/01/2020 around 07:30hrs, I was driving my Bus PC 5388T along Newton Circus. My Bus was travel at the outer lane of the roundabout suddenly veh B SMJ 131J in the middle lane swerved into my bus brush against left front portion.

DECLARATION

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

Policyholder's Signature  
Date & Time:



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

28/01/2020  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



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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: employee & employer  
Witness (if any): yes / no  
Witness name: \_\_\_\_\_  
Witness hp: \_\_\_\_\_  
Witness email (if any): \_\_\_\_\_  
Witness add: \_\_\_\_\_  
Witness IC no: \_\_\_\_\_

Third party veh number: SMJ 3735 L  
Name of third party driver: Chua Bee Leng  
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: 2

Connect3 client vehicle no: PC 5388T  
Owner contact no: 9831 5851  
Date of accident: 22/01/2020  
Location of accident: Newton Circus  
Time of accident: 07:30hrs  
Any Injury: yes / no ( if yes, must have police report)



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CamScanner

**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)

CERTIFICATE No	DMS1SN3063271900	Engine No : ISLR432021836858
		Chassis No: LFZRHCDK1BA001189
1. Index Mark and Registration Number of Vehicle	PC5388T	
2. Name of Policy Holder	M/S HONG YUN BUS SERVICES PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	02 SEPTEMBER 2019	EX SECT. I ..... \$52,000.00 EX SECT. II ..... \$51,500.00 EX ON WINDSCREEN ..... \$5500.00
4. Date of Expiry of Insurance	01 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.

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.

Countersigned By:

  
Authorised Officer

  
Authorised Signatory

## Enquire Vehicle Registration Details

### Owner Particulars

NRIC/Passport /Company Cert No.:	201433457Z
Owner ID Type:	Company
Owner Name:	HONG YUN BUS SERVICES PTE. LTD.
Registered Address:	APT BLK 120C RIVERVALE DRIVE #11-400 RIVERVALE GARDENS SINGAPORE 543120
Mailing Address:	-
Birth Date:	-

### Vehicle Particulars

Vehicle No.:	PC5388T
Previous Vehicle No.:	-
Effective Date of Ownership:	31 Aug 2018
Original Regn Date:	22 Jun 2011
Registration Date:	22 Jun 2011
Year of Manufacture:	2011
Vehicle Type:	Private Hire (Chauffeur) Bus/Coach/Minibus
Vehicle Scheme:	Bus Carrying School Children
Vehicle Attachment 1:	Air-Conditioned
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-
Vehicle Make:	GOLDEN DRAGON
Vehicle Model:	XML6118E1A
Primary Colour:	Multi-Colour
Secondary Colour:	-
Passenger Capacity:	49
Chassis No.:	LFZBHCDK1BA001189
Engine No.:	ISLE432021836858
Engine Capacity /Power Rating:	8849 cc / -
Maximum Power Output:	-
Propellant:	Diesel



Max Unladen Weight:	11900 kg
Maximum Laden Weight:	16000 kg
Open Market Value:	\$123,139.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
Minimum PARF Benefit:	-
No. of Transfers:	2
IU Label No.:	2050091279
COE No.:	2011070105000211M
COE Expiry Date:	21 Jun 2021
COE Category:	C - Goods Vehicle & Bus
COE Registration Category:	C - Goods Vehicle & Bus
Quota Premium (QP) / Prevailing Quota Premium:	\$29,006.00 / -
Actual QP Paid:	\$29,006.00
QP (Regn Cat):	\$29,006.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$29,006.00
Additional Registration Fee Rate:	5.00 %
Actual ARF Paid:	\$6,157.00
Vehicle Lifespan Expiry Date:	21 Jun 2031
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-
Message:	This is a public service vehicle.