

NATIONAL Assessment Centre Services.

(until 1 Jan 2005)

12 MAY 2001 3493

Date In: 30/01/2000 10:41	Job description	Date & Time Completed	Done by
Ref No: N38/CT2X001606/4	SAS e-filing		
Veh No: CB 774P	E-mail (Upload sheet, AIC sheet)		
DOA: 25/01/2000 02:35	I-Motor Claim Form		
OID: TP: Reporting Only	I-Motor W/O (Within OD 3hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VL12		

Preferred Wkup / INC Assign Wkup / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SH 7350.B	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%; F: 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: _____

Driver/Owner:	1) AIC Accident Reporting (\$30)	
Contact No:	2) DA Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP Towing Fee \$110	
QC Checked by (Engr-In-Charge):	4) PT Follow-Through Survey \$30	
Additional Comments:	5) PF Follow-Through Survey (Resurvey) \$30	
Tel: 1:	6) TR Re-inspection \$75	
2/2	7) NI 1 Day DA + SMRT Survey \$100	
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpl Allowance \$3	
	*NG: Repair Coordination \$10	
	*NV: Post Repair Inspection \$25	
	*ND: DV / Cabot Excess Coordination \$3	
	*TE (NI) / TP (NG/INC) against INC \$10	
	9) NI 2 Day 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	30/01/2020 14:41
Date Of Accident	25/01/2020 02:35
Exact Location Of Accident	BLK 503 BEDOK NORTH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB7174P
Insured/Policyholder	
Name Of Registered Owner	POO SEE YEOW BUS SERVICES PTE LTD
Co Reg No	2XXXXX592E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98430003
Alternative Phone No	OFFICE-83358716

Vehicle Particulars

Manufacturer	TOYOTA
Model	COASTER 19 SEATER ABS
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	DMB1SN30252919000
Cover Note Number	

Driver

Name of Driver	NIU XIWEI
NRIC No	GXXXX054T
Date Of Birth	01/08/1989
Occupation	OUTDOOR
Date Of Driving Pass	27/06/2017
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98430003
Fax Number	
Contact Number	OTHERS-83358716
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 -

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) 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 SH7350B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

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.
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.

POO SEE YEOW BUS SERVICES PTE LTD.

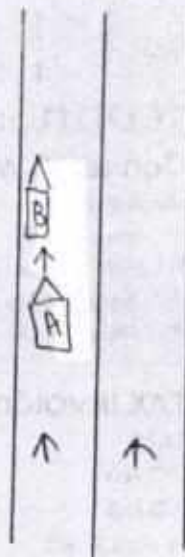
No. 25A Hillview Ave
#05-12 Glendale Park
Singapore 669617

Tel: Fax: 6310 1979 HP: 8843 0003
Bag 201530552E

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

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

SKETCH PLAN



A-CB 7174P

B-SH 7350B

Blk 503 Bedok North Rd.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/11/2020 around 02:35hrs, I was driving my Bus CB 7174P along Blk 503 Bedok North Rd. Veh B SH 7350B stopped at the roadside my Bus collided the rear portion of the veh B



DECLARATION

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

POO SEE YEOW BUS SERVICES PTE. LTD.

No. 25A Hillview Ave
#05-12 Glendale Park

Singapore 660613
Tel: 66061319 HP: 9843 0003
Reg. 201530592E

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

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

30/01/2021
POO SEE YEOW

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: SH 7350B

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: C1B 7174P

Owner contact no: 9843 0003

Date of accident: 25/01/2020

Location of accident: Blk 503 Bedok North Rd.

Time of accident: 02:35hrs

Any Injury: yes/no (If yes, must have police report)

Motor Bus

MZ801

E SN

AN0560A

Cov. Type C

CERTIFICATE OF INSURANCE

 Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1990
 Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third-Party Risks) Rules, 1958 (Malaysia)

CERTIFICATE No.	DMB15H30252019000	Engine No.: N04CUH18919	Chs. No.: JTQFP538803500512
1. Index Mark and Registration Number of Vehicle	CB7174P	AUTOSAFE	
2. Name of Policy Holder	POO SEE YEOW BUS SERVICES PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	05/04/2019	Excess Sect. I.	SS\$2,000.00
		Excess Sect. II	SS\$1,000.00
		EX ON WINDSCREEN.	SS\$100.00
4. Date of Expiry of Insurance	22/05/2020		
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: Ho Li Hwa Irene
 Authorised Officer


 Authorised Signatory

Enquire Vehicle Registration Details**Owner Particulars**

NRIC/Passport /Company Cert No.:	201530592E
Owner ID Type:	Company
Owner Name:	POO SEE YEOW BUS SERVICES PTE. LTD.
Registered Address:	25A HILLVIEW AVENUE #05-12 GLENDALE PARK SINGAPORE 669617
Mailing Address:	-
Birth Date:	-

Vehicle Particulars

Vehicle No.:	CB7174P
Previous Vehicle No.:	-
Effective Date of Ownership:	08 Apr 2019
Original Regn Date:	23 May 2013
Registration Date:	23 May 2013
Year of Manufacture:	2013
Vehicle Type:	School Transport Bus/Coach/Minibus
Vehicle Scheme:	School Bus with AWC
Vehicle Attachment 1:	Air-Conditioned
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-
Vehicle Make:	TOYOTA
Vehicle Model:	COASTER 19 SEATER ABS
Primary Colour:	White
Secondary Colour:	-
Passenger Capacity:	19
Chassis No.:	JTGFP538803500512
Engine No.:	N04CUH16919
Engine Capacity /Power Rating:	4009 cc / -
Maximum Power Output:	-
Propellant:	Diesel

Max Unladen Weight:	3380 kg
Maximum Laden Weight:	4790 kg
Open Market Value:	\$73,851.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
Minimum PARF Benefit:	-
No. of Transfers:	2
IU Label No.:	1550260574
COE No.:	-
COE Expiry Date:	-
COE Category:	-
COE Registration Category:	-
Quota Premium (QP) / Prevailing Quota Premium:	- / -
Actual QP Paid:	-
QP (Regn Cat):	-
OPC Cash Rebate Eligibility:	No
Additional Registration Fee Rate:	5.00 %
Actual ARF Paid:	\$3,693.00
Vehicle Lifespan Expiry Date:	22 May 2033
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-
Message:	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 : MIA420013493 Vehicle Registration No: CB 7174P
Name (as shown in NRIC) : MIU XIN H1 NRIC/FIN/Passport No : 9XXXX0547
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 83358716
Email Address : _____
Date of Accident : 30/01/2020 Time of Accident : 01:35
Place of Accident : BK 503 Brook North Road
Insurance Company : China Marine

(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:

Policy Number is DMB1SN30252919000

Policyholder / Driver's Signature
Date:

30/01/2020
Reporting Centre Personnel's Signature
Name: Karl Lim
NRIC/FIN No.:
Date: