

NATIONAL Assessment Centre Services.

MAA420015528

Date In: 04/02/2020 11:06	Job description	Date & Time Completed	Done by
Ref No: NA200187114	SAS e-illing		
Veh No: CB 7106 E	E-mail (Default 3hrs, AIC 2hrs)		
DOA: 05/02/2020 14:15	I-Motor Claims Update		
OD: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Withfor OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Writer		

Preferred Wksp / INC Assign Wksp / QW: () Tels: () Fax: ()

TP Particulars: Veh No: PC 3328E 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 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: _____

NA2001276			
Driver/Owner:	1) AIC Accident Reporting (\$30)		
Contact No:	2) DA Damage Assessment (\$100) INC (10)		
Damaged Portion:	3) TP Towing Fee \$120		
QC Checked by (Bugs-In-Charge):	4) PT Follow-Through Survey \$20		
	5) PT Follow-Through Survey (Resurvey) \$20		
	6) TR Re-inspection \$75		
	7) NI: Idas DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD:		
	* NS: Courtesy Car / Tpl Allowance \$5		
	* NG: Repair Coordination \$10		
	* NW: Post Repair Inspection \$25		
	* ND: DV / Collect Excess Coordination \$5		
	* TP (NI) TP (S/A INC) against NTUC \$20		
	9) NI: 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	04/02/2020 11:06
Date Of Accident	03/02/2020 14:15
Exact Location Of Accident	ALONG BEDOK NORTH STREET 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB7706E
Insured/Policyholder	
Name Of Registered Owner	GOH KIAN POH
NRIC No	SXXXX042H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96731820
Alternative Phone No	OTHERS-96633923

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	RK117JSRDEA-7.5 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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMB1SN1433771905
Cover Note Number	

Driver

Name of Driver	TAN KENG GUAN
NRIC No	SXXXX153E
Date Of Birth	03/08/1960
Occupation	OUTDOOR
Date Of Driving Pass	18/01/1982
Driving Experience	38 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96731820
Fax Number	
Contact Number	OTHERS-96633923
Email Address	NOEMAIL

Address	BLK 420 TAMPINES STREET 41 #12-120
Postcode	520420
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)	10

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	PC3328E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	SOMPO INSURANCE SINGAPORE PTE. LTD.
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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B. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

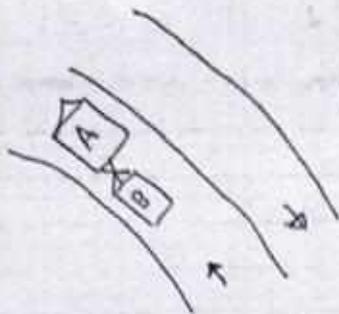
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



Bedok North St 2.

A = CB7706E

B = PC3328E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 03/02/2020 @ 14:15hrs, I was driving my bus CB7706E along Bedok North St 2 & was slowing down my bus @ the left hand to check for oncoming vehicles when a bus PC3328E hit my bus rear from behind.

DECLARATION

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

Goh
Policyholder's Signature
Date & Time:

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

03/02/2020
Reporting Centre Personnel's Signature
Name: Paul WADZ
NRIC/FIN No.:

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: PC 3328E

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: Sompo Ins.

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: 10 pax

Connect3 client vehicle no: CB7706E

Owner contact no: 96731820

Date of accident: 03/02/2020

Location of accident: Bedok North St2

Time of accident : 14:15hrs

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



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

M2601
R SN
AN0580A
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, 1980
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1989 (Malaysia)

ORIGINAL

CERTIFICATE No.	DMR15N1433771905	Engine No : 6016988721
		Chassis: RK1173820094
1. Index Mark and Registration Number of Vehicle	CB7706E	
2. Name of Policy Holder	MR GOH KIAN PON	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinances or Enactment.	29 September 2019	Excess Sect. I - Fire & Theft S\$1,000.00 Excess Sect. II S\$1,000.00
4. Date of Expiry of Insurance	28 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.

HIRE PURCHASE CO. : BOARDINGHOUSE PTE. LTD. 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: OOS. & EVEN
Authorised Officer



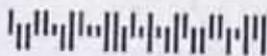
.....
Authorised Signatory

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

Our ref 2101160401N013047619

21 Jan 2016

GOH KIAN POH
APT BLK 925 TAMPINES STREET 91
#13-289
SINGAPORE 520925



Dear MR GOH KIAN POH

NOTIFICATION OF SUCCESSFUL VEHICLE CONVERSION FOR VEHICLE NO. CB7706E

We are pleased to inform you that your vehicle, CB7706E, has been successfully converted from D20 - Private Hire Bus/Coach/Minibus/Public Service Vehicle (Others) to S20 - School Transport Bus/Coach/Minibus/School Bus with AWC with effect from 21 Jan 2016. The Business Transaction Reference No. is 20160121105805771942.

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 : GOH KIAN POH
- 2. Identification No. Type : Singapore NRIC
- 3. Identification No. : S1372042H
- 4. Place Of Passport Issue : -
- 5. Vehicle No. : CB7706E
- 6. Vehicle Type : S20 - School Transport Bus/Coach/Minibus
- 7. Vehicle Scheme : School Bus with AWC
- 8. Vehicle Make : MITSUBISHI
- 9. Vehicle Model : RK117JSRDEA
- 10. Remarks : The vehicle will be de-registered upon reaching its statutory lifespan on 28 Sep 2026.

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

- Please note that you are required to replace the existing vehicle number plate with the new vehicle number plate bearing the replaced vehicle number by 24 Jan 2016.
- We also wish to inform you that a payment of \$3.00 for the road tax of your vehicle for the licensing period 21 Jan 2016 to 28 Mar 2016 has been made on the same day.

4. Please contact our customer service officers at tel: 1800-CALL LTA (1800-2255 582) should you require further assistance.
5. Thank you.

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.)