

NATIONAL Assessment Centre Services. (part 1 Jan 2005)

2 MAY 2005

| | | | |
|---------------------------|---|-----------------------|---------|
| Date In: 04/05/2005 15:35 | Job description | Date & Time Completed | Done by |
| Ref No: 181/CT/20001916/Y | SAS e-illing | | |
| Veh No: PC 6167C | E-mail (Mjula 2hrs, AIG 2hrs) | | |
| D.O.A: 02/02/2000 08:50 | 1-Motor Claim Form | | |
| OD: TP Reporting Only | 1-Motor W/O (with: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | 1-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wican | | |

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

TP Particulars: Vch No: SHF 7380 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: _____

| | | |
|--------------------------------|--|--|
| Driver/Owner: | 1) AIT: Accident Reporting (\$30) | |
| Contact No: | 2) DA: Damage Assessment (\$100) INC (\$10) | |
| Damage Portion: | 3) TP: Towing Fee \$10/15 | |
| QC Checked by (Bug-In-Charge): | 4) PT: Follow-Through Survey \$120 | |
| | 5) PF: Follow-Through Survey (Resurvey) \$20 | |
| | 6) TR: Re-Inspection \$75 | |
| | 7) NI: Idax DA + SMRT Survey \$100 | |
| | 8) NIUC Additional Services: | |
| | 9) NI: Idax Mobile | |
| | 10) NI: Courtesy Car / Tpl Allowance \$3 | |
| | 11) NI: Repair Coordination \$10 | |
| | 12) NI: Post Repair Inspection \$25 | |
| | 13) NI: DV / Collect Excess Coordination \$3 | |
| | 14) NI: TP (SIN INC) w/last INC \$20 | |
| | 15) NI: Idax Mobile \$0 | |
| | Invoice dated _____ Fee Charged _____ | |
| | Invoice dated _____ Fee Charged _____ | |

NA 2005/17X

2005/17X

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 15:39 |
| Date Of Accident | 03/02/2020 08:50 |
| Exact Location Of Accident | ALONG AIRPORT ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | PC6169C |
| Insured/Policyholder | |
| Name Of Registered Owner | M/S LONGLIM PTE LTD |
| Co Reg No | 2XXXXX995N |
| Email Address | BC@LONGLIM.COM |
| Mobile Phone No | (LOCAL) +65-90230937 |
| Alternative Phone No | OFFICE-98221919 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | TOYOTA |
| Model | HIACE |
| Exact Purpose for which vehicle was being used at time of accident | WORKING |
| 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 | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|---|
| Name of Insurance Company | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | DMB1SN1750881902 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | CHONG AH BENG |
| NRIC No | SXXXX314F |
| Date Of Birth | 05/01/1956 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 12/08/1981 |
| Driving Experience | 38 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90230937 |
| Fax Number | |
| Contact Number | OTHERS-98221919 |
| E-Mail Address | BC@LONGLIM.COM |

Address BLK 631 HOUGANG AVENUE 8
#06-18
Postcode 530631
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) 1

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200103/2163

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 SHF738D
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name AXA INSURANCE PTE LTD

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 Authorized 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 revoke 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:

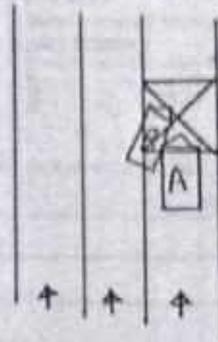
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

A= PC 6169C

B= SHF 738 D



Airport Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* P18 ref to police report * T/2020 0203 / 2163

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.:

04/02/2020

Heh Weng

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: SHF 7380 (Transcab)

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: AXA

Police report (if any): yes/no

Police report reported at which police station: Hougang 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: 01 pax

Connect3 client vehicle no: PC6169C

Owner contact no: 90230937

Date of accident: 03/02/2020

Location of accident: Airpua Rd

Time of accident : 08:50hr

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

PMB18N170581902
881902



**SINGAPORE
POLICE FORCE**



T/20200203/2163

1 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20200203/2163

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|---------------------------|
| Date/Time Report Made: 03/02/2020 20:15 | Vide Report No.: T/20200203/2016 | Station Diary No.: 128 |
|--|-------------------------------------|---------------------------|

Informant's Particulars

| | | | |
|--|------------|---|------------------------------|
| Name of Informant: CHONG AH BENG | | Address: APT BLK 631 HOUGANG AVENUE 8 #06-18 SINGAPORE 530631 | |
| ID Type / ID No.: NRIC NO / S2710314F | | Contact No.: Home/Office: | Mobile: 98221919 |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 64 | Date of Birth: 05/01/1956 | Type of Informant: Driver |
| Race: Chinese | | Language: Mandarin | Institution / School Name: |
| Occupation: Bus driver | | Driving Licence Information: Class: 3 | Date of Expiry: |

General Information of the Accident

| | | | | |
|---|-----------------------|---|--|------------------------------------|
| Type of Accident: | Non-Injury Others: | Drink Drive: No | Date/Time of Accident: 03/02/2020 08:50 | Type of Location: Straight Road |
| Location: Along Road 1 AIRPORT ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: Two Way | | Traffic Control: Traffic Light - Working | Traffic Volume: Heavy | |
| Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction | | | Anyone conveyed by ambulance: No | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|-------------------|---------|-------|-------|------------------|-----------------|
| PC6169C | Bus/Coach/Minibus | TOYOTA | | White | | 0 |
| SHF738D | Car | RENAULT | | Red | Slightly Damaged | 1 |

Details of Person Involved

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



SINGAPORE
POLICE FORCE



T/20200203/2016

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3

Report No. T/20200203/2016

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|-----------------------------|--|-----------------------------------|
| Name | CHONG AH BENG | ID No. | S2710314F |
| Related Vehicle | PC6169C (Bus/Coach/Minibus) | Contact No. | 98221919 |
| 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 03/02/2020 at about 0850hrs, I turned into Airport Road from Kakit Bukit towards Hougang Ave 3. At that point of time, there was another taxi SHF738XX on my left side. As the traffic is heavy, I was travelling straight slowly and the taxi was trying to cut in front of me. As such, my vehicle left side gazed against the taxi right side. We then came down to make a check and take photos. I checked with him how would he wish to settle the matter however he just told me to report to police and he left afterwards. I did not manage to take a picture of his vehicle no. and his particulars. I wish to inform that the driver was quite uncooperative.

I wish to inform that my vehicle sustained a few scratches on my left side and there is no in-vehicle camera in my vehicle. I have already informed my company.



Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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 2 LOW KAI TAT

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
03/02/2020 09:54

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168

Singapore Police Force



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

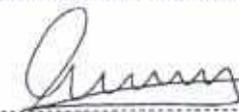
| | | |
|--|--|---|
| CERTIFICATE No: | DMB1SN1750881902 | Engine No :1KD2690800 ChaNo:KDH2230031042 |
| 1. Index Mark and Registration Number of Vehicle | PC6169C | AUTOSAFE |
| 2. Name of Policy Holder | M/S LONGLIM PTE LTD | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment | 25 July 2019 | Excess Sect I S\$1,500.00 Excess Sect. I (Outside Singapore)... S\$4,000.00 Excess Sect. II S\$1,500.00 |
| 4. Date of Expiry of Insurance | 24 July 2020 | Excess Sect.II (Outside Singapore)... S\$4,000.00 EX ON WINDSCREEN S\$100.00 |
| 5. Persons or Classes of Persons entitled to drive* | <p>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</p> <p>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.</p> | |
| 6. Limitations as to use: | <p>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</p> <p>(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.</p> | |
| <p>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.</p> | | |

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

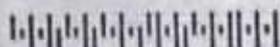

.....
Authorised Signatory

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

Our ref 0803180401N013155008

08 Mar 2018

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



Dear Sir/Madam

**NOTIFICATION OF SUCCESSFUL VEHICLE CONVERSION FOR VEHICLE NO.
PC6169C**

We are pleased to inform you that your vehicle, PC6169C, 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 08 Mar 2018. The Business Transaction Reference No. is 20180308085034012374.

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. | : PC6169C |
| 6. | Vehicle Type | : Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus |
| 7. | Vehicle Scheme | : Bus Carrying School Children |
| 8. | Vehicle Make | : TOYOTA |
| 9. | Vehicle Model | : HIACE COMMUTER GL 3.0 AUTO |
| 10. | Remarks | : To renew the COE, the Prevailing Quota Premium payable is that of Category C. |

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

- Not applicable.