

NATIONAL Assessment Centre Services.

[ver 1 Jan'00]

MAA470018459

Date In: 10/05/2000 17:04	Job description	Date & Time Completed	Done by
Ref No: MAA/CT/20002282/4	SAS e-Milling		
Veh No: CB 6002Y	E-mail (to John Blue, AIC 2hrs)		
D.O.A: 07/05/2000 07:25	I-Motor Claims Form		
OP: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/When		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SKD 228B	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 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: _____

Date/Time:	

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ver 10 Jan 2000)	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + EMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$3	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	*N9: DV / Collect Excess Coordination \$30	
	TP (NI) / TP (Non INC) against INC \$0	
	9) N12: Idea 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	10/02/2020 17:04
Date Of Accident	07/02/2020 07:25
Exact Location Of Accident	UPPER BUKIT TIMAH (CHIJ PRIMARY SCHOOL)
Country/State Of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB6442Y
Insured/Policyholder	
Name Of Registered Owner	BKK TRANSIT
Co Reg No	5XXXX841B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90230917
Alternative Phone No	OFFICE-91198914

Vehicle Particulars

Manufacturer	YUTONG
Model	ZK6898HE-6.7 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	DMB1SN1745531903
Cover Note Number	

Driver

Name of Driver	WYDHYADHARAN RAMASON
NRIC No	SXXXX544E
Date Of Birth	17/11/1963
Occupation	OUTDOOR
Date Of Driving Pass	14/02/1986
Driving Experience	33 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	+65-90230917
Fax Number	
Contact Number	OTHERS-91198914
Email Address	NOEMAIL

Address	BLK 108A RIVERVALE CRESCENT #05-333
Postcode	541180
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)	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 AND ATTACHMENT

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	SKD2278B
Vehicle Make/Model/Colour	VOLKSWAGEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	GREAT EASTERN GENERAL INSURANCE LIMITED
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

1. This is a full and correctly and truthfully statement of the accident for settling the claim.
2. It is to be completed by the Policyholder and/or the Authorized Driver.
3. It is to be completed truthfully and accurately as possible. Any willful misrepresentation will void the contract of insurance and the insurer is not bound to reimburse policy liability.
4. Any fraudulent statements of the Policyholder or complainant is an admission of policy liability on the part of the complainant.
5. Any false reporting may be referred to the Police for investigation.
6. This report is to be submitted to the insurer or the Risk Management Centre established by the General Insurance Corporation of Singapore (GIC) for processing and that copies of this report will be used for fraud investigation and for other purposes.
7. This report is to be submitted to the insurer or the Risk Management Centre established by the General Insurance Corporation of Singapore (GIC) for processing and that copies of this report will be used for fraud investigation and for other purposes.
8. Consent under the Personal Data Protection Act (PDPA)
9. I hereby acknowledge, agree and warrant that:
 - a. I am a fully qualified and the holder of a valid Singapore Driving License (DL) and I am permitted to drive the vehicle and I possess the power of attorney or authorization letter from the insurer or the Risk Management Centre established by the General Insurance Corporation of Singapore (GIC) for processing and that copies of this report will be used for fraud investigation and for other purposes.
 - b. I am not a driver of the vehicle at the time of the accident and I am not a driver of the vehicle at the time of the accident and I am not a driver of the vehicle at the time of the accident.
 - c. I am not a driver of the vehicle at the time of the accident and I am not a driver of the vehicle at the time of the accident.
 - d. I am not a driver of the vehicle at the time of the accident and I am not a driver of the vehicle at the time of the accident.
 - e. I am not a driver of the vehicle at the time of the accident and I am not a driver of the vehicle at the time of the accident.
 - f. I am not a driver of the vehicle at the time of the accident and I am not a driver of the vehicle at the time of the accident.
 - g. I am not a driver of the vehicle at the time of the accident and I am not a driver of the vehicle at the time of the accident.
 - h. I am not a driver of the vehicle at the time of the accident and I am not a driver of the vehicle at the time of the accident.
 - i. I am not a driver of the vehicle at the time of the accident and I am not a driver of the vehicle at the time of the accident.
 - j. I am not a driver of the vehicle at the time of the accident and I am not a driver of the vehicle at the time of the accident.
 - k. I am not a driver of the vehicle at the time of the accident and I am not a driver of the vehicle at the time of the accident.
 - l. I am not a driver of the vehicle at the time of the accident and I am not a driver of the vehicle at the time of the accident.
 - m. I am not a driver of the vehicle at the time of the accident and I am not a driver of the vehicle at the time of the accident.
 - n. I am not a driver of the vehicle at the time of the accident and I am not a driver of the vehicle at the time of the accident.
 - o. I am not a driver of the vehicle at the time of the accident and I am not a driver of the vehicle at the time of the accident.
 - p. I am not a driver of the vehicle at the time of the accident and I am not a driver of the vehicle at the time of the accident.
 - q. I am not a driver of the vehicle at the time of the accident and I am not a driver of the vehicle at the time of the accident.
 - r. I am not a driver of the vehicle at the time of the accident and I am not a driver of the vehicle at the time of the accident.
 - s. I am not a driver of the vehicle at the time of the accident and I am not a driver of the vehicle at the time of the accident.
 - t. I am not a driver of the vehicle at the time of the accident and I am not a driver of the vehicle at the time of the accident.
 - u. I am not a driver of the vehicle at the time of the accident and I am not a driver of the vehicle at the time of the accident.
 - v. I am not a driver of the vehicle at the time of the accident and I am not a driver of the vehicle at the time of the accident.
 - w. I am not a driver of the vehicle at the time of the accident and I am not a driver of the vehicle at the time of the accident.
 - x. I am not a driver of the vehicle at the time of the accident and I am not a driver of the vehicle at the time of the accident.
 - y. I am not a driver of the vehicle at the time of the accident and I am not a driver of the vehicle at the time of the accident.
 - z. I am not a driver of the vehicle at the time of the accident and I am not a driver of the vehicle at the time of the accident.

Policyholder's Signature
Date & Time

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

Witness's Signature
Name
NRIC ID No.



SKETCH PLAN

A - CB 6442Y

B - SED 2278B

please refer to the
sketch plan attach.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 10/20/20 around 07:25 I was driving my BUS CB 6442Y along
upper Sunset Timah Rd. I alight the students at CHHS Primary
School. I checked my rear mirror. Traffic was clear, so I moved
off and suddenly veh B SED 2278B over take my veh and hit
on my rear right portion.

DECLARATION

I hereby declare that the foregoing information is true and correct.

Signature of Driver
Date & Time

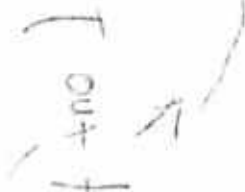
Driver's Signature
If driver is not the sole witness
Date & Time

10/20/2020
Signed: WAAAB



CHIJ Primary
School
(B1 Touch)

Drop off



A) CB 64424
B) SKD 2278B



[Signature]

10/02/2020
Res. L. WATSON

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: SKD 2278B
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: Great Eastern

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: 02

Connect3 client vehicle no: CB 6442 Y.
Owner contact no: 9023 0917.
Date of accident: 7/2/2020
Location of accident: UPPER Bukit Timah CHIJ Primary Sch
Time of accident: 07:25hrs.
Any Injury: yes / no (If yes, must have police report)



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 200208354E

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. DMB15N1745531903 Engine No : 21855643
Chano: LZYTD6981025619
1. Index Mark and Registration Number of Vehicle CB6442Y AUTOSAFE
2. Name of Policy Holder BKK TRANSIT
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 04 September 2019 Excess Sect I S\$2,500.00
EXCESS Sect. II S\$1,500.00
EX ON WINDSCREEN S\$500.00
4. Date of Expiry of Insurance 03 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

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

04 Sep 2009

Our ref 0409090101N004378981

BKK TRANSIT
14 JALAN TARI PIRING
SINGAPORE 799167



Dear Sir/Madam

NOTIFICATION ON REGISTRATION OF VEHICLE AND ROAD TAX

We wish to inform you that you have successfully registered vehicle CB6442Y on 04 Sep 2009. The details of the registration are as follows:

A) Owner Particulars

1.	Name	: BKK TRANSIT
2.	Identification No. Type	: Business
3.	Identification No.	: 53047841B
4.	Place Of Passport Issue	: -
5.	Registered Address	: 14 JALAN TARI PIRING SINGAPORE 799167
6.	Mailing Address	: -

B) Vehicle Particulars

1.	Vehicle No.	: CB6442Y
2.	Previous Vehicle No.	: -
3.	Effective Date of Ownership	: 04 Sep 2009
4.	Original Registration Date	: 04 Sep 2009
5.	First Registration Date	: 04 Sep 2009
6.	Vehicle Type	: S20 - School Transport Bus/Coach/Minibus
7.	Vehicle Scheme	: School Bus with AWC
8.	Attachment 1	: Air-Conditioned
9.	Attachment 2	: -
10.	Attachment 3	: -
11.	Vehicle Make	: YUTONG
12.	Vehicle Model	: ZK6898HE
13.	Year of Manufacture	: 2008
14.	Primary Colour	: Blue
15.	Secondary Colour	: -
16.	Passenger Capacity	: 39
17.	Chassis/Trailer Chassis No.	: LZYTDTD6981025619 / -
18.	Propellant	: Diesel
19.	Engine No./Motor No.	: 21855643 / -
20.	Engine Capacity(cc)/Power Rating(kw)	: 6693 / -
21.	Unladen Weight(kg)	: 9280
22.	Maximum Laden Weight(kg)	: 12500

23.	Open Market Value	: \$122,767.00
24.	PARF Eligibility	: No
25.	PARF Eligibility Expiry Date	: -
26.	Minimum PARF Benefit	: \$0.00
27.	No. of Transfers	: 0
28.	IU Label No.	: -
29.	COE No.	: -
30.	COE Expiry Date	: -
31.	COE Category	: -
32.	Quota Premium/Prevailing Quota Premium	: -
33.	Actual Quota Premium/PQP Paid	: -
34.	Actual ARF Paid	: \$6,139.00
35.	Vehicle Lifespan Expiry Date	: 03 Sep 2029
36.	Road Tax Amount	: \$422.00
37.	Road Tax Start Date	: 04 Sep 2009
38.	Road Tax End Date	: 03 Mar 2010
39.	Remarks	: This is a public service vehicle. The vehicle will be de-registered upon reaching its statutory lifespan on 03 Sep 2029.

2. Enclosed is the validated road tax disc for your use.

3. You may use your NRIC number and SingPass or User ID and Password (for non-Singaporeans/PRs) to login to <http://www.onemotoring.com.sg> and see the details of the above transaction. For ACRA-registered businesses and companies with EASY accounts, your authorised staff may also access the wide range of vehicle-related services via <http://www.onemotoring.com.sg> using EASY. If you do not have an EASY account, you can apply for it at <http://www.iras.gov.sg>. For non-Singaporeans/PRs who do not have a User Password, please contact us at 1800-CALL LTA (1800-2255 582) to request for a new password. Please note that a separate Transaction PIN is required for the following transactions via the Internet or at our Electronic Service Agents. Before you perform these transactions, please request for your Transaction PIN. You may find out more information on how to obtain your Transaction PIN and the documents needed (such as Board Resolution for companies and businesses, etc) via <http://www.onemotoring.com.sg> > LTA Information & Guidelines > Transaction PIN & User Account.

- a. Vehicle PIN - Transfer of Ownership and De-registration of Vehicle
- b. TCOE PIN - Transfer of TCOE (For Category C and E COE bid under individual)
- c. Rebate PIN - Transfer and Splitting of PARF/COE Rebate

4. All new In-vehicle Units (IUs) are covered by a 5-year warranty against manufacturer's defect.

CB6492

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

6. Thank you.

Yours sincerely

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

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

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 : MIA420018459 Vehicle Registration No: CB6642Y
Name (as shown in NRIC) : WYDIYADHARAN Komassial NRIC/FIN/Passport No : SXXXX544E
(* ☒ Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 91198914
Email Address : _____
Date of Accident : 07/02/2000 Time of Accident : 07:25
Place of Accident : WINDY BUKIT TIMAH (CHIJ PRIMARY SCHOOL)
Insurance Company : CHIAI ALPINE

(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:

TP INSURED COMPANY 2 GREAT EASTERN

Policyholder / Driver's Signature
Date:

16/01/2000
Reporting Centre Personnel's Signature
Name: POH LIONG
NRIC/FIN No.
Date: