

NATIONAL Assessment Centre Services. (part 1 Job 001)

MNA420051641

Date In:	Job description	Date & Time Completed	Done by
15/06/2020 15:06	SAS e-filing		
Ref No: NBR/CT/200062547	E-mail (Update then, A/C then)		
Veh No: PC 7UP3M	I-Motor Claims Form		
D.O.A: 11/06/2020 16:20	I-Motor W/O (With/Out OD then, TP then)		
OID: TP: Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Witness		

Preferred Wkep / INC Assign Wkep / QW: () Yeh: () Fact: ()

TP Particulars: Vch No: BICYCLE 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 raplor.

() 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: _____

MNA2003115

Item	Amount	Notes
1) Alt: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$10)	
3) TP: Towing Fee	\$40/\$45	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
6) TR: Re-inspection	\$75	Excluding against INC Only (over 10 Jan 200)
7) NI: IDAO DA + SMRT Survey	\$160	
8) NIUC Additional Services:		
Q15		
N5: Courtesy Car / Tpl Allowance	\$5	
N6: Repair Coordination	\$10	
N7: Post Repair Inspection	\$25	
N8: DV / Collect Theorist Coordination	\$5	
TP (N1) TP (N5) INC against INC	\$25	
N17: Idea Mobile	\$0	
Invoice dated		Fee Charged
Invoice dated		Fee Charged

Date: 11/2/20

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	15/06/2020 15:06
Date Of Accident	11/06/2020 16:20
Exact Location Of Accident	OUTSIDE THE COAST CONDOMINIUM EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7483M
Insured/Policyholder	
Name Of Registered Owner	AEDGE HOLDINGS PTE LTD
Co Reg No	2XXXXX323E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91460806
Alternative Phone No	OFFICE-91717263
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	ROSA-3.0 D BE641JRMDEB (A)
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	DMB1SNA00004592001
Cover Note Number	
Driver	
Name of Driver	NGAW SAY ENG
NRIC No	SXXXX222I
Date Of Birth	20/07/1956
Occupation	OUTDOOR
Date Of Driving Pass	01/08/1980
Driving Experience	39 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91460806
Fax Number	
Contact Number	OTHERS-91717263
E-Mail Address	NOEMAIL

Address BLK 113 POTONG PASIR AVENUE 1
#08-846
Postcode 350113
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 COLLIDED INTO BICYCLIST
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? YES
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? YES
If Yes, Please state which Police Station
Police Station Name KIM KEAT NEIGHBOURHOOD POLICE POST
Police Station Address ROAD: BLK 231 LORONG 8 TOA PAYOH , POSTCODE: 310231 ,
COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-2529999 - FAX NO: 63554311
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
Vehicle Make/Model/Colour
Details Of Properties BICYCLIST
Vehicle Category NA/UNKNOWN
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name UNKNOWN BICYCLIST

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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)**

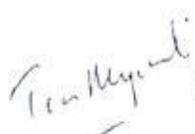
I understand, acknowledge, agree and consent that:

- (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:





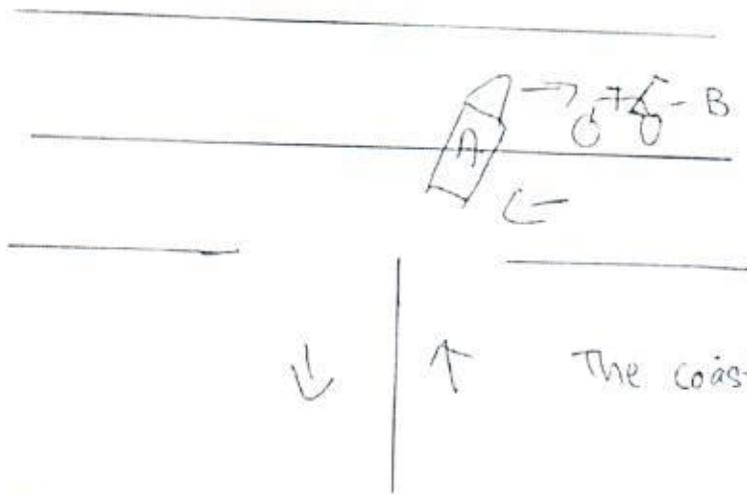
Driver's Signature
(If driver is not the policyholder)
Date & Time:


15/06/2020

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

SKETCH PLAN

A - PC 7493M



B - Bicycle.

The coast Condo. Expt

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

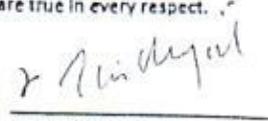
Please refer to the police report.
E/202006/2/2027

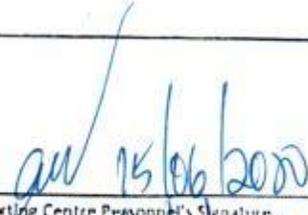
DECLARATION

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/TIN 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): NO
Witness name: _____
Witness hp: _____
Witness email (if any): _____
Witness add: _____
Witness IC no: _____

Third party veh number: bicycle
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: Kim Keat NPP
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 pax

Connect3 client vehicle no: PC 7483M
Owner contact no: 91460806
Date of accident: 11/16/2020
Location of accident: outside the Coast Condominium exit.
Time of accident : 16:20hrs.
Any Injury yes / no (if yes, must have police report)



**SINGAPORE
POLICE FORCE**



E/20200612/2027

POLICE REPORT (NP299)

Report No. E/20200612/2027

Police Station Of Origin
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

Date/Time Report Made 12/06/2020 14:36	Vide Report No.	Station Diary No. 12
Name Of Informant NGAW SAY ENG	Address APT BLK 113 POTONG PASIR AVENUE 1 #08-846 SINGAPORE 350113	
ID Type / ID No. NRIC NO / S21872221	Contact No. Home/Office	Mobile 91717263
Nationality STATELESS	Email Address	
Occupation Bus driver	Sex Male	Age 63
	Date of Birth 20/07/1956	Race Chinese
Institution/School Name	Language	
Date/Time Of Incident 11/06/2020 16:20	Location Of Incident 278 OCEAN DRIVE THE COAST AT SENTOSA COVE SINGAPORE 098450 Outside The Coast condominium exit	

Brief details.

On 11/06/2020 at about 1618hrs, I was driving the company bus namely North Cove Shuttle bus service. Vehicle plate number PC7483M. At the point of time, I was driving the bus exiting from (The Coast condominium) located at Ocean Drive.

While I am about to join the main road of Ocean Drive towards Ocean Front condominium and made a

Signature Of Officer Recording The Report: E / Sgt 2 LEONG TONG BAO	Signature Of Informant: <i>Tom Myint</i>
Signature Of Interpreter: Not applicable	Date/Time: 12/06/2020 14:36
Officer In-Charge Of Case: E / Tanglin Police Divisional Investigation Branch / ASP SIM WEI WEN Contact No.: 63918485	Classification Of Case:

Authentication Stamp





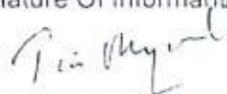
right turn, I noticed a Caucasian male subject was riding fast on his bicycle. The male subject also notice my bus and jam break. Subsequently, he fell to the ground due to the jam break.

I then stop the bus, made a check on the male subject, and noticed he suffered some brushes. He also affirmed to the Sentosa ranger that he does not require any medical attention.

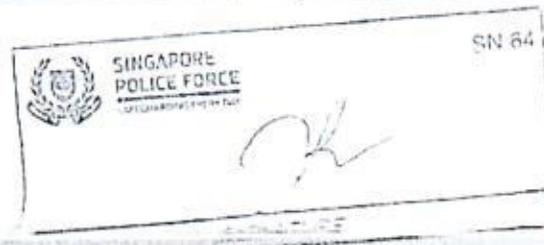
As there are some residence saw the incident, and accused me that I am at fault.

I lodging this report as for record purposes as instructed by my company operation in-charge William HP: 9146 0806.

I wish to state that I am not at fault. There is CCTV around the vicinity. No ambulance or police where activated. No government property were damaged.

Signature Of Officer Recording The Report: E / Sgt 2 LEONG TONG BAO	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 12/06/2020 14:36
Officer In-Charge Of Case: E / Tanglin Police Divisional Investigation Branch / ASP SIM WEI WEN Contact No.: 63918485	Classification Of Case:

Authentication Stamp



Motor Bus

MZ601

R SN

BR0120A

Cov. Type:C

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 Risk) Rules, 1956 (Malaysia)

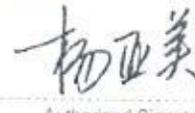
CERTIFICATE No.	DMB1SNA00004592001	Engine No. - 4P10D54196	
		Châ. No. BE641JK30556	
1. Index Mark and Registration Number of Vehicle	PC7483M	AUTOSAFE	*****
2. Name of Policy Holder	AEDGE HOLDINGS PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	01/06/2020	Excess Sect. I.	\$\$\$3,000.00
		Excess Sect. II	\$\$\$3,000.00
4. Date of Expiry of Insurance	31/05/2021	EX ON WINDSCREEN	\$\$\$500.00
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. : 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			

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: Gan Li Jia Jesca
Authorized Officer



Authorized Signatory

10 Sin Ming Drive Singapore 575701
www.lta.gov.sg

04 Dec 2018

Our ref 0412180101N029035998

AEDGE HOLDINGS PTE. LTD.
4009 ANG MO KIO AVENUE 10
#04-33 TECHPLACE 1
SINGAPORE 569738

000129



Dear Sir/Madam

You Have Successfully Registered Vehicle PC7483M

You have successfully transferred and used your Temporary COE 2018110105000636R to register vehicle PC7483M on 04 Dec 2018.

You can find the full details in the Annex. Please check that they are correct. You can also view these details when you login to www.onemotoring.com.sg.

Visit www.onemotoring.com.sg for more information and to access a wide range of vehicle-related services. If you need a SingPass or CorpPass account, visit www.singpass.gov.sg or www.corppass.gov.sg.

What You Need To Do:

- Check that the details in the Annex are correct.
- You can login to www.onemotoring.com.sg to view these details and access a wide range of vehicle-related services.

Yours sincerely

Ng Lay Choo (Ms)
Deputy Director, VRL Service Operations
Vehicle Services Group
Land Transport Authority

[This letter is computer-generated, no signature is required.]

From 01 Jun 2019, your hardcopy letters will be replaced with SMSes and e-letters in your OneMotoring inbox. Hardcopy letters will only be sent for letters mandated by law, such as summonses. If you wish to continue receiving hardcopy letters, please notify LTA by 31 May 2019 by logging in to www.onemotoring.com.sg using your SingPass/CorpPass.

Transaction ref 20181204092746781169

Please check that the owner and vehicle details are correct:

- | | |
|--|--|
| 1. Name | : AEDGE HOLDINGS PTE. LTD. |
| 2. Identification No. Type | : Company |
| 3. Identification No. | : 200509323E |
| 4. Country/Region | : - |
| 5. Registered Address | : 4009 ANG MO KIO AVENUE 10
#04-33
TECHPLACE 1
SINGAPORE 569738 |
| 6. Mailing Address | : - |
| 7. Vehicle Registration No. | : PC7483M |
| 8. Effective Date of Ownership | : 04 Dec 2018 |
| 9. Original Registration Date | : 04 Dec 2018 |
| 10. First Registration Date | : 04 Dec 2018 |
| 11. Vehicle Type | : Z20 - Private Hire (Chauffeur)
Bus/Coach/Minibus |
| 12. Vehicle Scheme | : Public Service Vehicle (Others) |
| 13. Attachment 1 | : Air-Conditioned |
| 14. Attachment 2 | : - |
| 15. Attachment 3 | : - |
| 16. Vehicle Make | : MITSUBISHI |
| 17. Vehicle Model | : ROSA BE641JRMDEE |
| 18. Year of Manufacture | : 2018 |
| 19. Primary Colour | : White |
| 20. Secondary Colour | : - |
| 21. Passenger Capacity | : 24 |
| 22. Chassis/Trailer Chassis No. | : BE641JK30556 / - |
| 23. Propellant/Emission Standard | : Diesel / Euro VI |
| 24. Engine No./Motor No. | : 4P10D54196 / - |
| 25. Engine Capacity(cc)/Power Rating(kW) | : 2998 / - |
| 26. Maximum Power Output(kW/bhp) | : - / - |
| 27. Unladen Weight(kg) | : 4100 |
| 28. Maximum Laden Weight(kg) | : 6040 |
| 29. Open Market Value | : \$72,934.00 |
| 30. PARF Eligibility | : No |
| 31. PARF Eligibility Expiry Date | : - |
| 32. Minimum PARF Benefit | : \$0.00 |



Transaction ref 20181204092746781169

Please check that the owner and vehicle details are correct:

33. IU Label No.	: - 1550310163
34. COE No.	: 2018110105000636R
35. COE Expiry Date	: 03 Dec 2028
36. COE Category	: C - Goods Vehicle & Bus
37. Quota Premium/Prevailing Quota Premium	: \$29,501.00
38. Actual Quota Premium/PQP Paid	: \$29,501.00
39. Actual ARF Paid	: \$3,647.00
40. CO2 Emission(g/km)	: -
41. CO Emission(g/km)	: -
42. HC Emission(g/km)	: -
43. NOx Emission(g/km)	: -
44. PM Emission(mg/km)	: -
45. Actual CEVS/VES Rebate Utilised	: -
46. CEVS/VES Surcharge Paid	: -
47. Actual Green Vehicle Rebate Utilised	: -
48. Vehicle Lifespan Expiry Date	: 03 Dec 2038
49. Road Tax Amount	: \$82.00
50. Road Tax Start Date	: 04 Dec 2018
51. Road Tax End Date	: 03 Jun 2019
52. Remarks	: This is a public service vehicle.

