

NATIONAL Assessment Centre Services.

Part 1 of 2

MANA 20065078

Date In: 03/08/2020 12:20

Ref No: N38/C122000794117

Veh No: PC 5048A

DOA: 31/07/2020 18:50

OD (TP) Reporting Only

TP Insurer:

Job description

SAS e-filing

E-mail (Regula 2hrs, AIG 2hrs)

I-Motor Claim Form

I-Motor W/O (W/O: 2hrs, TP 4hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax/Hand to Owner/Whar

Date & Time Completed

Done by

Preferred Whar / INC Assign Whar / OW: (

Tel:

Fax:

TP Particulars:

Veh No:

SG 10382

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 reporter.

() 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: (

MANA 20065078

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

at:

2/2

1) All Accident Reporting (\$30)

2) DA: Damage Assessment (\$100) INC (\$10)

3) TP's Towing Fee \$40/45

4) TP's Follow-Through Survey \$110

5) PT: Follow-Through Survey (Resurvey) \$30

For claimant's use only (Not for use by TP)

6) TIR: Re-inspection \$75

7) NI: No DA + EMRT Survey \$160

8) NIUC Additional Services:

ONP:

• NI: Courtesy Car / Tpl Allowance \$3

• NI: Regale Coordination \$10

• NI: Post Repair Inspection \$25

• NI: DV / Collect Excess Coordination \$3

• NI: DV / Collect Excess Coordination \$30

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Fee Charged

Fee Charged

MANA 20065078

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	03/08/2020 12:20
Date Of Accident	31/07/2020 18:50
Exact Location Of Accident	WOODLANDS AVENUE 7 TOWARDS WOODLANDS AVENUE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC5048A
Insured/Policyholder	
Name Of Registered Owner	AEDGE HOLDINGS PTE LTD
Co Reg No	2XXXXX323E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91460608
Alternative Phone No	OFFICE-93638925

Vehicle Particulars

Manufacturer	YUTONG
Model	ZK6107HE-6.7 D (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 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	DMB1SNA00004622001
Cover Note Number	

Driver

Name of Driver	MOHAMED YUSOF BIN MOHAMED NOOR
NRIC No	SXXXX720Z
Date Of Birth	06/10/1961
Occupation	OUTDOOR
Date Of Driving Pass	06/01/1995
Driving Experience	25 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91460608
Fax Number	
Contact Number	OTHERS-93638925
Email Address	NOEMAIL

Address	BLK 417 ANG MO KIO AVENUE 10 #02-1025
Postcode	560417
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)	32

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	SG1038Z
Vehicle Make/Model/Colour	SBS BUS
Details Of Properties	
Vehicle Category	BUS
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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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:

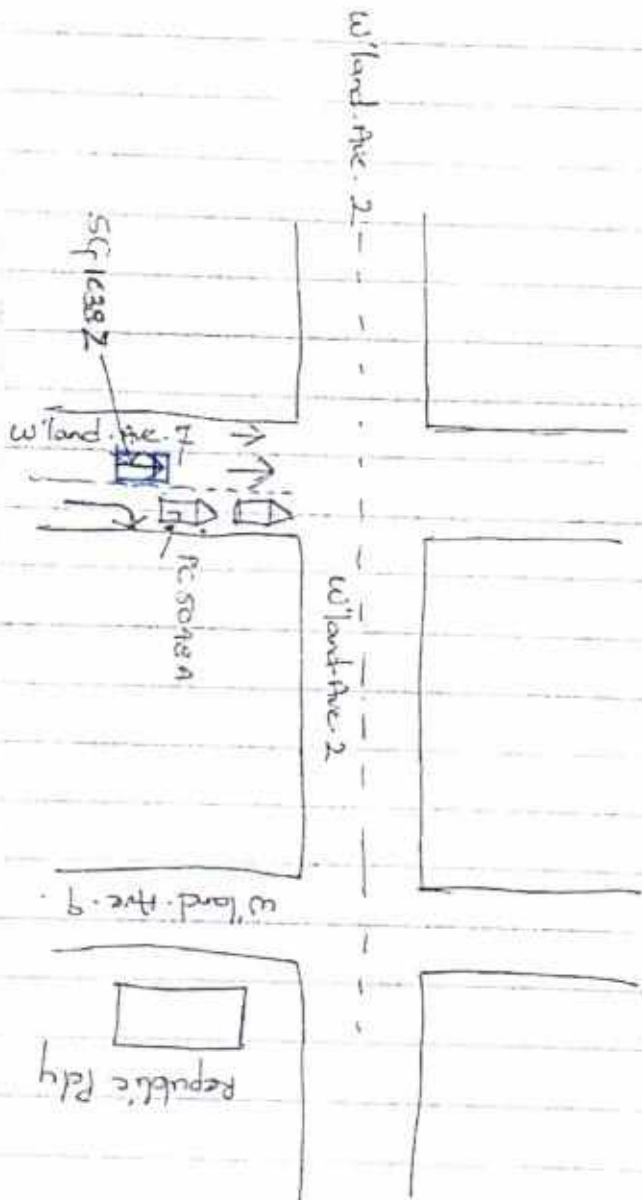


Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Hit & Run -
 about 6:54 pm on 31st July 2020
 while I was waiting for my "Cp"
 this SSS Bus hit my left mirror
 & go - it drove

Causeway
 Point -



8/14

and 02/08/2020

B-SG 1038 Z

On 31 July 2020 around 18:50hrs, I was driving my Bus PC 5048A along Woodlands Ave 7 towards Woodlands Ave 2. After traffic light turn green, front vehicle move off, I followed suit, suddenly veh B SG 16382 from my left brush and hit my Bus.

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

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

Reporting Centre Personnel's Signature
Name: Rosalind
NIC/CIN No.: 123456789

Road surface: Dry / Wet
Weather condition: Clear / Raining
Speed: _____

Does driver own a vehicle: yes/no
if yes, veh number plate: _____
veh insurance co: _____

Relationship with insured: Employee & Employers
Witness (if any): yes/no
Witness name: _____
Witness hp: _____
Witness email (if any): _____
Witness add: _____
Witness IC no: _____

Third party veh number: SG1038Z
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: 32 Pax

Connect3 client vehicle no: PC 5048A
Owner contact no: 9146 0608
Date of accident: 31 July 2020
Location of accident: Woodlands Ave 7 Twins Ave 2
Time of accident: 18:50hrs
Any Injury: yes/no (if yes, must have police report)

Usage of veh during of accident:

Driver IC: _____
Driver Name: _____
Driver Pass date: _____
Driver Birth date: _____

Motor Bus

MZ601

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, 1959 (Malaysia)

R SN

BR0120A

Cov. Type: C

CERTIFICATE No.	DMB1SNA00004622001	Engine No.: ISB67E525022171452	
		Cha. No.: LZYTBD63F1046906	
1. Index Mark and Registration Number of Vehicle	PC5048A	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.	S\$3,000.00
		Excess Sect. II	S\$3,000.00
		EX ON WINDSCREEN.	S\$500.00
4. Date of Expiry of Insurance	31/05/2021		

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.: DBS BANK 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: Gan Li Jia Jesca
Authorised Officer

Authorised Signatory

Transaction ref 20160822115801281800

The owner and vehicle particulars for Vehicle No. PC5048A as at 22 Aug 2016 are as follows:

1.	Name	: AEDGE HOLDINGS PTE. LTD.
2.	Identification No. Type	: Company
3.	Identification No.	: 200509323E
4.	Place Of Passport Issue	: -
5.	Registered Address	: 4009 ANG MO KIO AVENUE 10 #04-33 TECHPLACE 1 SINGAPORE 569738
6.	Mailing Address	: -
7.	Vehicle No.	: PC5048A
8.	Effective Date of Ownership	: 22 Aug 2016
9.	Original Registration Date	: 22 Aug 2016
10.	First Registration Date	: 22 Aug 2016
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	: YUTONG
17.	Vehicle Model	: ZK6107H AUTO
18.	Year of Manufacture	: 2015
19.	Primary Colour	: Multi-Colour
20.	Secondary Colour	: -
21.	Passenger Capacity	: 45
22.	Chassis/Trailer Chassis No.	: LZYTBT63F1046906 / -
23.	Propellant/Emission Standard	: Diesel / Euro V
24.	Engine No./Motor No.	: ISB67E525022171452 / -
25.	Engine Capacity(cc)/Power Rating(kW)	: 6690 / -
26.	Maximum Power Output(kW/bhp)	: - / -
27.	Unladen Weight(kg)	: 11150
28.	Maximum Laden Weight(kg)	: 16500
29.	Open Market Value	: \$124,570.00
30.	PARF Eligibility	: No
31.	PARF Eligibility Expiry Date	: -
32.	Minimum PARF Benefit	: \$0.00
33.	IU Label No.	: - 205 010 7026
34.	COE No.	: 2016090105000089G
35.	COE Expiry Date	: 21 Aug 2026
36.	COE Category	: C - Goods Vehicle & Bus
37.	Quota Premium/Prevailing Quota Premium	: \$48,302.00
38.	Actual Quota Premium/PQP Paid	: \$48,302.00
39.	Actual ARF Paid	: \$6,229.00
40.	CO2 Emission(g/km)	: -
41.	Actual CEVS Rebate Utilised	: -
42.	CEVS Surcharge Paid	: -
43.	Actual Green Vehicle Rebate Utilised	: -
44.	Vehicle Lifespan Expiry Date	: 21 Aug 2036
45.	Road Tax Amount	: \$850.00
46.	Road Tax Start Date	: 22 Aug 2016
47.	Road Tax End Date	: 21 Feb 2017
48.	Remarks	: This is a public service vehicle. To renew the COE, the Prevailing Quota Premium payable is that of Category C.