

[over 1 Jan'08]

MMAY 2007 0216

Job description	Date & Time Completed	Done by
SAS e-illing		
E-mail (1/4 hr, A/C 2 hrs)		
1-Motor Clean Form		
1-Motor W/O (w/ins: OD 2hrs, TP 4hrs)		
1-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/Witness		

Toll	Fare
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0006X INC ( ) / Non-INC ( )  
Tel: ( )  
( ) Cover Type: ( )  
Date: ( ) Time: ( )  
Est Status (WO): N: 0-20%; P: 21-79% P: 80-100%  
arranty: YRS ( ) / NO ( )  
( ) / \$2,000 ( )

( ) 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 Recovery Photo [Repair Cost > \$3000] ( )		

## Injury 2

[illegible]

NA2004351

Driver/Owner:	1) ARI: Accident Reporting (\$30)	ING (110)	
Contact No:	2) DA: Damage Assessment (\$100)	ING (110)	
Damage Portion:	3) TP: Towing Fee	\$40243	
	4) PF: Follow-Through Survey	\$120	
	5) PF: Follow-Through Survey (Re-survey)	\$30	
	For claim against ING Only (was 10 Jan 2005)		
	6) TR: Re-inspection	\$75	
	7) NI: Idea DA + EMRT Survey	\$160	
	8) NIUC: Additional Services		
IC Checked by (Engr-In-Charge):	ON:		
	*NI: Courtesy Car / Tpl Allowance	\$3	
	*NI: Repairs Co-ordination	\$10	
	*NI: Post Repair Inspection	\$25	
	*NI: DV / Collect Excess Co-ordination	\$3	
	IF (NIUC) TP (NG) against ING	\$20	
	9) NI: Idea Mobile	\$0	
2/2	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	18/08/2020 11:28
Date Of Accident	17/08/2020 18:20
Exact Location Of Accident	ALONG HOUGANG AVENUE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB8223A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S LONGLIM PTE LTD
Co Reg No	2XXXXX995N
Email Address	BC@LONGLIM.COM
Mobile Phone No	(LOCAL) +65-90230917
Alternative Phone No	OFFICE-90230917
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	HIACE-2.8 D COMMUTER GL (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	DMB1SN3082111900
Cover Note Number	

### Driver

Name of Driver	TENG SWEE MENG
NRIC No	SXXXX326H
Date Of Birth	01/04/1972
Occupation	OUTDOOR
Date Of Driving Pass	24/10/2017
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90230917
Fax Number	
Contact Number	OTHERS-90230917
Email Address	BC@LONGLIM.COM



Address	BLK 573 WOODLANDS DRIVE 18 #12-838
Postcode	731573
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	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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?	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	SJH8006X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLP3356C
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

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 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. 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



Hougang Ave 2

A - CB8223A

B - SJH 8006X

C - SLP 3356C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 17/8/2020 around 18:20hrs I was driving my Bus CB8223A along Hougang Ave 2, Veh C SLP 3356C in front of my Bus suddenly stop. I follow suit. Suddenly I felt an impact from the rear Veh B SJH 8006X collided onto my rear and push my Bus hit onto Veh C rear portion. Total 3 vehicle involved.

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.:

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 & Employers  
Witness (if any): yes / no  
Witness name: \_\_\_\_\_  
Witness hp: \_\_\_\_\_  
Witness email (if any): \_\_\_\_\_  
Witness add: \_\_\_\_\_  
Witness IC no: \_\_\_\_\_

Third party veh number: SJH 80062 & SLP 3356C  
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: Direct Asia & Axa

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: 01 pax

Connect3 client vehicle no: CB 8223A  
Owner contact no: 9023 0917  
Date of accident: 17/8/2020  
Location of accident: Hougang Ave 2  
Time of accident: 18.20 hrs  
Any injury: yes / no (If yes, must have police report)



中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

## 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)

MZ601  
N SN  
AN0626A  
COMPREHENSIVE  
AUTOSAFE

CERTIFICATE No.	DMB1SN3082111900	Engine No : 1GD8390682
		Chassis No: GDH2232001495
1. Index Mark and Registration Number of Vehicle	CB5223A	
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	08 NOVEMBER 2019 (11:25 HOURS)	EX SECT. I .....S\$2,000.00 EX SECT. II .....S\$1,000.00
4. Date of Expiry of Insurance	07 NOVEMBER 2020	EX ON WINDSCREEN .....S\$100.00
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.

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 SINGAPORE LIMITED AS HP OWNER

\* Limitations rendered inoperative by Section 11 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.

Countersigned By:

Authorised Officer

Authorised Signatory



# Annex

Transaction ref 20200727081711239548

Please check that the owner and vehicle details are correct:

1. Name	: LONGLIM PTE. LTD.
2. Identification No. Type	: Company
3. Identification No.	: 201109995N
4. Country/Region	: -
5. Vehicle Registration No.	: CB8223A
6. Previous Vehicle Registration No.	: -
7. Effective Date of Ownership	: 11 Nov 2019
8. Original Registration Date	: 11 Nov 2019
9. First Registration Date	: 11 Nov 2019
10. Vehicle Type	: S20 - School Transport Bus/Coach/Minibus
11. Vehicle Scheme	: School Bus with AWC
12. Attachment 1	: No Attachment
13. Attachment 2	: -
14. Attachment 3	: -
15. Vehicle Make Description	: TOYOTA
16. Vehicle Model	: HIACE COMMUTER GL 2.8 AUTO
17. Year of Manufacture	: 2019
18. Primary Colour	: Silver
19. Secondary Colour	: -
20. Passenger Capacity	: 13
21. Chassis/Trailer Chassis No.	: GDH2232001495 / -
22. Propellant	: Diesel
23. Engine No./Motor No.	: 1GD8390682 / -
24. Engine Capacity(cc)/Power Rating(kW)	: 2754 / -
25. Maximum Power Output(kW/bhp)	: - / -
26. Unladen Weight(kg)	: 2180
27. Maximum Laden Weight(kg)	: 3020
28. Open Market Value	: \$42,491.00
29. PARF Eligibility	: No
30. PARF Eligibility Expiry Date	: -
31. Minimum PARF Benefit	: -
32. No. of Transfers	: 0

Annex

Transaction ref 20200727081711239548

Please check that the owner and vehicle details are correct:

33. IU Label No.	: 1550321293
34. COE No.	: -
35. COE Expiry Date	: -
36. COE Category	: -
37. Quota Premium/Prevailing Quota Premium	: -
38. Actual Quota Premium/PQP Paid	: -
39. Actual ARF Paid	: \$2,125.00
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	: 10 Nov 2039
49. Nett Road Tax Amount	: \$0.00
50. Road Tax Start Date	: 27 Jul 2020
51. Road Tax End Date	: 10 Nov 2020
52. Remarks	: -