

# NATIONAL Assessment Centre Services.

Ref: Jax/001

MMAY 2009 512A

Date In: 29/10/2000 15:08	Job description	Date & Time Completed	Done by
Ref No: N/A/C9720011798/4	SAS e-filing		
Veh No: PC 3864Z	E-mail (Ljale 3hrs, AIG 3hrs)		
O.O.A: 29/10/2000 08:40	I-Motor Claim Form		
OID: TP: Reporting Only	I-Motor W/O (W/Inlet OD 3hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Vikar		

Preferred Wkep / INC Assign Wkep / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SJV 7011M	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: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Time of Injury: \_\_\_\_\_

Location of Injury: \_\_\_\_\_

NA2005786	1) AIR: Accident Reporting (\$30)	INC (\$10)
Driver/Owner:	2) DA: Damage Assessment (\$100)	\$40/43
Contact No:	3) TP: Towing Fee	\$120
Damaged Portion:	4) PT: Follow-Through Survey	\$30
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$75
	Forfeiting against INC Only (over 10 Jan 2005)	\$160
	6) TR: Re-inspection	
	7) NI: Idea DA + SMRT Survey	
	8) NIUC Additional Services:	
	ON:	
	• NI: Courtesy Car / Tpl Allowance	\$3
	• NI: Repairs Coordination	\$25
	• NI: Post Repair Inspection	\$3
	• NI: DV / Collect License Coordination	\$20
	TE (NI): TP (Non-INC) against INC	\$0
	9) NI: Idea Mobile	
	Invoice dated	
	Invoice dated	



## 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	29/10/2020 15:08
Date Of Accident	29/10/2020 08:40
Exact Location Of Accident	AYE EXIT OUTRAM TOWARDS TUAS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3864Z
<b>Insured/Policyholder</b>	
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-91133975

### Vehicle Particulars

Manufacturer	GOLDEN DRAGON
Model	XML6957J14B-6.7 D TURBO (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	DMB1SNA00004622001
Cover Note Number	

### Driver

Name of Driver	HAN ENG KONG
NRIC No	SXXXX975A
Date Of Birth	10/05/1955
Occupation	OUTDOOR
Date Of Driving Pass	02/06/2003
Driving Experience	17 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91460608
Fax Number	
Contact Number	OTHERS-91133975

Address	BLK 931 JURONG WEST STREET 92 #13-207
Postcode	640931
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	COLLISION - HEAD TO REAR
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?	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	SJV7011M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	TOKIO MARINE INSURANCE SINGAPORE 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:

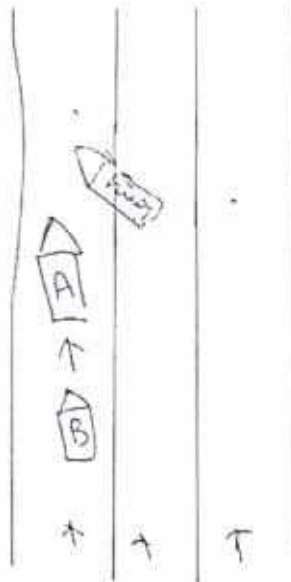
Reporting Centre Person's Signature  
Name:  
NRIC/TIN No.:



SKETCH PLAN

A) PC 3864Z

B) SJV 7011M



ATE Exit outrom  
Twds Tuas.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 29/10/2020 08:40hrs. I was driving my Bus PC 3864Z along ATE Ent. outrom Twds Tuas. My Bus was travel on the 3rd lane. Suddenly a lorry on my right cut into my lane to avoid the accident I slow down. as the result I felt an impact from the rear veh B SJV 7011M collided onto My rear portion of the Bus.

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

Third party veh number: SIV 7011M  
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: To Cio

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: 1 pax

Connect3 client vehicle no: PC 38642  
Owner contact no: 91460608 Email Address: \_\_\_\_\_  
Date of accident: 29/10/2020  
Location of accident: ARE exit outrom Tuds Tuas  
Time of accident: 08:40hrs  
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.

Motor Bus

MZ801

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 Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMB1SNA00004622001

Engine No.: ISB67E5225822146506

Chs. No.: LL3BECDH2FA011475

1. Index Mark and Registration  
Number of Vehicle

PC3864Z

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

4. Date of Expiry of Insurance

31/05/2021

EX ON WINDSCREEN S\$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 Jessica  
Authorised Officer

杨亚美  
Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com

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

Our ref 3108152301N047011330

31 Aug 2015

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

005109



Dear MR POH SOON KENG

**NOTIFICATION OF SUCCESSFUL AMENDMENT OF VEHICLE SPECIFICATION FOR  
VEHICLE NO. PC3864Z**

We wish to inform you that we have updated the following specification(s) for your vehicle, PC3864Z, with effect from 31 Aug 2015. The Business Transaction Reference No. is 20150831101902335572.

Vehicle Details:	Original Specifications	New Specifications
Passenger Capacity :	41	59
Unladen Weight(kg) :	9860	10020

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 : AEDGE HOLDINGS PTE LTD
2. Identification No. Type : Company
3. Identification No. : 200509323E
4. Place Of Passport Issue : -
5. Vehicle No. : PC3864Z
6. Vehicle Type : Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus
7. Vehicle Scheme : Public Service Vehicle (Others)
8. Vehicle Make : GOLDEN DRAGON
9. Vehicle Model : XML6957J14B TURBO MANUAL 41 SEATERS
10. Remarks : To renew the COE, the Prevailing Quota Premium payable is that of Category C.



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

4. Thank you.

Yours sincerely

EU AI MING (MR)  
for DEPUTY DIRECTOR, VEHICLE ENGINEERING  
VEHICLE SERVICES GROUP  
LAND TRANSPORT AUTHORITY

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

NOTE: The General Insurance Association of Singapore would like to advise motorists to notify and declare to their respective motor insurers any modifications (including those approved by the Land Transport Authority) made to their vehicles. Failure to do so may result in the declining of claims in the event of an accident and the motor insurance policy considered void on the grounds of non-disclosure.

The owner and vehicle particulars for Vehicle No. PC3864Z as at 31 Aug 2015 are as follows:

1.	Name	: AEDGE HOLDINGS PTE LTD
2.	Identification No. Type	: Company
3.	Identification No.	: 200509323E
4.	Place Of Passport Issue	: -
5.	Vehicle No.	: PC3864Z
6.	Previous Vehicle No.	: -
7.	Effective Date of Ownership	: 03 Aug 2015
8.	Original Registration Date	: 03 Aug 2015
9.	First Registration Date	: 03 Aug 2015
10.	Vehicle Type	: Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus
11.	Vehicle Scheme	: Public Service Vehicle (Others)
12.	Attachment 1	: Air-Conditioned
13.	Attachment 2	: -
14.	Attachment 3	: -
15.	Vehicle Make	: GOLDEN DRAGON
16.	Vehicle Model	: XML6957J14B TURBO MANUAL 41 SEATERS
17.	Year of Manufacture	: 2015
18.	Primary Colour	: Multi-Colour
19.	Secondary Colour	: -
20.	Passenger Capacity	: 59
21.	Chassis/Trailer Chassis No.	: LL3BECDH2FA011475
22.	Propellant	: Diesel
23.	Engine No./Motor No.	: ISB67E5225B22146506
24.	Engine Capacity(cc)/Power Rating(kW)	: 6,690.0
25.	Unladen Weight(kg)	: 10020
26.	Maximum Laden Weight(kg)	: 13700
27.	Open Market Value	: \$94,581.00
28.	PARF Eligibility	: No
29.	PARF Eligibility Expiry Date	: -
30.	Minimum PARF Benefit	: -
31.	No. of Transfers	: 0
32.	IU Label No.	: 2050103412
33.	COE No.	: 2015080105000273M
34.	COE Expiry Date	: 02 Aug 2025
35.	COE Category	: C - Goods Vehicle & Bus
36.	Quota Premium/Prevailing Quota Premium	: \$50,001.00
37.	Actual Quota Premium/PQP Paid	: \$50,001.00
38.	Actual ARF Paid	: \$4,730.00
39.	CO2 Emission(g/km)	: -
40.	Actual CEVS Rebate Utilised	: -
41.	CEVS Surcharge Paid	: -
42.	Actual Green Vehicle Rebate Utilised	: -
43.	Vehicle Lifespan Expiry Date	: 02 Aug 2035
44.	Road Tax Amount	: \$0.00
45.	Road Tax Start Date	: 03 Aug 2015
46.	Road Tax End Date	: 02 Feb 2016
47.	Remarks	: To renew the COE, the Prevailing Quota Premium payable is that of Category C.