

NATIONAL Assessment Centre Services.

part 1 Jan 2021

SN 21100007

Date In: 17/06/2021 17:30	Job description	Date & Time Completed	Done by
Ref No: N/A 21000572/4	SAS e-illing		
Veh No: PC 22444	E-mail (Vehicle Reg, A/C Reg)		
D.O.A: 04/06/2021 12:13	I-Motor Claim Form		
OD TP Reporting Only	I-Motor W/O (W/holder OD Reg, TP Reg)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whan		

Preferred Wkep / INC Assign Wkep / OW: (Tel:	Fax:
TP Insurer:	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 > \$9000] ()	

Injury: _____

Date: _____

N/A 21000603

Driver/Owner: _____

Contact No: _____

Damaged Portion: _____

QC Checked by (Engr-In-Charge): _____

1) All Accident Reporting (\$30)	INC (\$10)
2) DA: Damage Assessment (\$100)	\$40/45
3) TP: Towing Fee	\$120
4) PT: Follow-Through Survey	\$20
5) PT: Follow-Through Survey (Resurvey)	\$20
For claim processing only (NO Only) (over 10 in 200)	\$75
6) TR: Re-inspection	\$160
7) NI: IDA + SMRT Survey	
8) NTUC Additional Services	
OR:	
* NI: Courtesy Car / Tpl Allowance	\$5
* NI: Repairs Co-ordination	\$10
* NI: Post Repair Inspection	\$25
* NI: DV / Collect excess Coordination	\$5
TE (NI) : TP (NI) INC) against DNG	\$20
* NI: IDA Mobile	\$30

Invoice dated _____

Invoice dated _____

Fee Charged _____

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 Submission	12/01/2021 17:30 (SGT)
Date of Accident	04/01/2021 12:13 (SGT)
Exact Location of Accident	55 Jurong East Ave 1, Singapore 609774
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC2244U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LONGLIM PTE LTD
Company Reg No	2XXXXX995N
Email Address	bc@longlim.com.sg
Mobile Phone No	(Phone) +65-90230937
Alternative Phone No	+65-90281518

VEHICLE PARTICULARS

Manufacturer	Sunlong
Model	SLK6770B14R129
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Bus

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMB1SNA00010552004
Cover Note Number	-

DRIVER

Name of Driver	POOI LOCK MOY
NRIC No	SXXXX882Z

Date Of Driving Pass	02/12/1977
Driving experience	43 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90281518
Alt. Phone Number	-
Email Address	bc@longlim.com.sg
Address	BLK 484 CHOA CHU KANG VENUE 5 #02-04
Address complement	-
Postcode	680484
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Hit by fallen tree / Other objects
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	No
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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?	Yes
Was there any audio recorded?	No

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 Authorized 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.

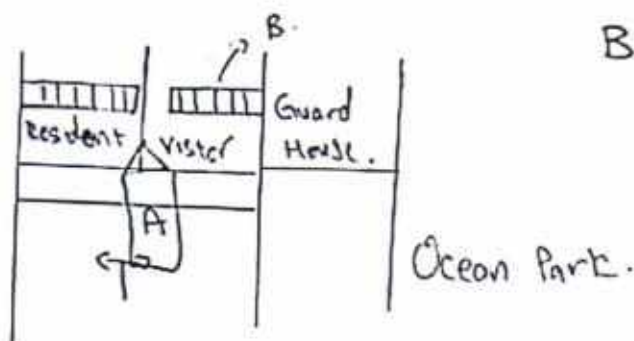


Policyholder's Signature
Date & Time:

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

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

12/01/2021
Res 2 1mo Amz



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04/01/2021 around 12.13hrs, I was driving my Bus PC22444 along East Coast Road Ocean Park Condo. While entering the Ocean Park Condo half way the barrier suddenly drop down and hit onto my Bus right middle side.

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: Berner

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: 4

1 Female
2 male

Connect3 client vehicle no: PC 22444

Owner contact no: 9023 0937

Email Address: BC@langlim.com.sg

Date of accident: 04/01/2021

Location of accident: Ocean Park Condo

Time of accident: 12:13hrs.

Any Injury: yes/no (if yes, must have police report)

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

Our ref 1805180401N013164799

18 May 2018

LONGLIM PTE LTD
34 JALAN TARI PIRING
JALAN KAYU ESTATE
SINGAPORE 799187

000316



Dear Sir/Madam

**NOTIFICATION OF SUCCESSFUL VEHICLE CONVERSION FOR VEHICLE NO.
PC2244U**

We are pleased to inform you that your vehicle, PC2244U, has been successfully converted from Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus/Public Service Vehicle (Others) to Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus/Bus Carrying School Children with effect from 01 Jan 2018. The Business Transaction Reference No. is 20180518131210671572.

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 | : LONGLIM PTE LTD |
| 2. | Identification No. Type | : Company |
| 3. | Identification No. | : 201109995N |
| 4. | Country/Region | : - |
| 5. | Vehicle No. | : PC2244U |
| 6. | Vehicle Type | : Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus |
| 7. | Vehicle Scheme | : Bus Carrying School Children |
| 8. | Vehicle Make | : SUNLONG |
| 9. | Vehicle Model | : SLK6770B14R129 DIESEL TURBO MT 29 SEATER |
| 10. | Remarks | : - |

3. Other information pertaining to the conversion is as follows:

- Not applicable.

Transaction ref 20180518131210671572

The owner and vehicle particulars for Vehicle No. PC2244U as at 18 May 2018 are as follows:

1.	Name	: LONGLIM PTE LTD
2.	Identification No. Type	: Company
3.	Identification No.	: 201109995N
4.	Country/Region	: -
5.	Vehicle No.	: PC2244U
6.	Previous Vehicle No.	: -
7.	Effective Date of Ownership	: 15 Apr 2014
8.	Original Registration Date	: 31 Dec 2013
9.	First Registration Date	: 31 Dec 2013
10.	Vehicle Type	: Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus
11.	Vehicle Scheme	: Bus Carrying School Children
12.	Attachment 1	: Air-Conditioned
13.	Attachment 2	: -
14.	Attachment 3	: -
15.	Vehicle Make	: SUNLONG
16.	Vehicle Model	: SLK6770B14R129 DIESEL TURBO MT 29 SEATER
17.	Year of Manufacture	: 2012
18.	Primary Colour	: White
19.	Secondary Colour	: -
20.	Passenger Capacity	: 29
21.	Chassis/Trailer Chassis No.	: LJM1DAGC9CAS01228 / -
22.	Propellant	: Diesel
23.	Engine No./Motor No.	: ISF38S414189060296 / -
24.	Engine Capacity(cc)/Power Rating(kW)	: 3760 / -
25.	Maximum Power Output(kW/bhp)	: - / -
26.	Unladen Weight(kg)	: 4900
27.	Maximum Laden Weight(kg)	: 7800
28.	Open Market Value	: \$49,930.00
29.	PARF Eligibility	: No
30.	PARF Eligibility Expiry Date	: -
31.	Minimum PARF Benefit	: -
32.	No. of Transfers	: 1
33.	IU Label No.	: 1550250450
34.	COE No.	: 2014010105000352H
35.	COE Expiry Date	: 30 Dec 2023
36.	COE Category	: C - Goods Vehicle & Bus
37.	Quota Premium/Prevailing Quota Premium	: \$48,001.00
38.	Actual Quota Premium/PQP Paid	: \$48,001.00
39.	Actual ARF Paid	: \$2,497.00
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	: 30 Dec 2033
49.	Nett Road Tax Amount	: -
50.	Road Tax Start Date	: -



51. Road Tax End Date
52. Remarks

:-
:-



100031612



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

MZ601

R SN

AN0626A

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.

DMB1SNA00010552004

Engine No.: ISF38S414180060298

Cha. No.: LJM1DAGC9CAS01228

1. Index Mark and Registration
Number of Vehicle

PC2244U

AUTOSAFE

2. Name of Policy Holder

LONG LIM PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

15/10/2020

Excess Sect. I. \$2,000.00

Excess Sect. II \$1,500.00

4. Date of Expiry of Insurance

14/10/2021

EX ON WINDSCREEN \$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 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: Chua Suat Lay Sally
Authorised Officer

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

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 : SNOR21C0007 Vehicle Registration No: PC 2244U

Name (as shown in NIC): Pool Lock Mor NRIC/FIN/Passport No: —

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address _____ Singapore

Contact (Tel) : _____ Mobile No. : _____

Email Address : _____

Date of Accident : 04/01/2021 Time of Accident : —

Place of Accident : 55 Jurong East Ave 1 (Park Oasis)

Insurance Company: China Taping Insurance

(8) 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:

Change of Accident location to
55 Jurong East Ave 1 (Parc Oasis)



Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

Date: