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SN08213P0006 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 25/03/2021 17:24 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (25/03/2021 17:24 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

This Form must be completed by the Policyholder and/or the Authorised Driver
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

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 Date of Accident

Exact Location of Accident Additional Location Information

Country/State of Loss

25/03/2021 17:24 (SGT) 24/03/2021 17:15 (SGT)

Jurong Pier Way, Jurong Island Checkpt, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

PA9035X

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No.

Yes

HIN HUP BUS SERVICE LLP

TXXXXX775D

admin@bus.com.sg

(Phone) +65-96655371

+65-81185197

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

Isuzu

LT134P

Employment

No - Claiming third party

Bus

Auto

7790

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

DRIVER

Name of Driver NRIC No

NTUC Income Insurance Co-operative Ltd ThirdPartyFireTheft

5080947641-04

ONG BOON HONG SXXXX982D

Accident report SN08213P0006

Page 1 of 22

Date Of Birth 20/01/1954 Occupation Outdoor Date Of Driving Pass 19/08/1975 Driving experience 45 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-81185197 Alt. Phone Number Email Address admin@bus.com.sg Address BLK 3 ALEXANDRA ROAD VIEW #13-10 Address complement Postcode 158749 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 Side Swipe Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) 20 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name UNKNOWN Gender Male PASSENGER 2 Name UNKNOWN Gender Male PASSENGER 3 Name UNKNOWN Gender Male PASSENGER 4 Name UNKNOWN Gender Male PASSENGER 5 Name UNKNOWN Gender Male PASSENGER 6 Name UNKNOWN Gender Male PASSENGER 7 Name UNKNOWN Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

No

No

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHMENT

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Was there any audio recorded?

Yes Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLZ7020S Vehicle Manufacturer Volvo Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver LIM CHU JOC MICHAEL NRIC No SXXXX576F Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

WITNESS DETAILS

WITNESS 1

Name CHAN YEW KONG
Phone (Phone) +65-92792260
Email

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust 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
- 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 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.
- 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' law yers/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
- (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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

ong Boon Hong.

Driver's Signature (If driver's not the policyholder) / Date & Time 25-3-2

ENGER TO AMERICAN

Witnessed by Reporting Centre

Personnel

Sketch Plan

RUFFIR 1	AMACHMAN		
rayine n	r) (1036 s) / nnoc		
		/	

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



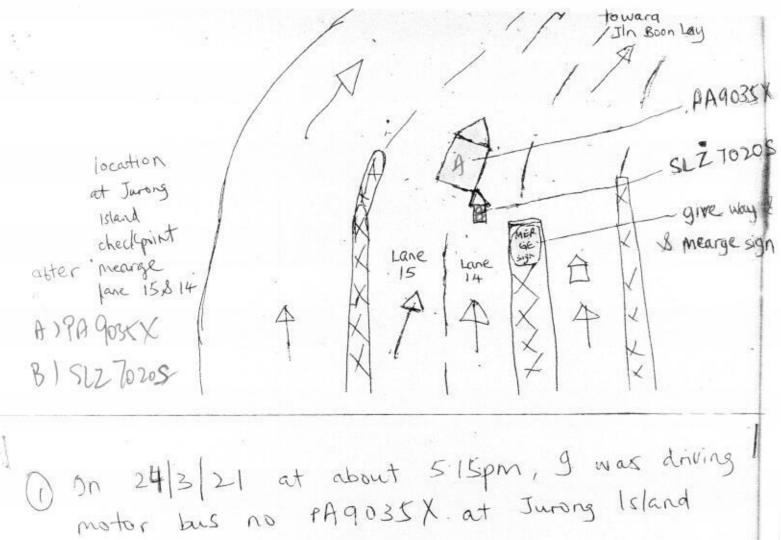
Policyholder's Signature / Date & Time

Ong Book Ifong.

Driver's Signature (If driver is not the policyholder) / Date & Time 25-3-2 |

Witnessed by Reporting Centre

Personnel



On 24/3/21 at about 5:15pm, 9 was driving motor bus no PA9035 X at Jurong Island chartenist

checkpoint. 1) There were many rechiles quening up at their respective lanes waiting to clear the checkpoint. When the rechile infront of nune move, 9 follow to move also in a slow speed, suddenly there was a loud bang at the rear of my bus. When 9

came down to check, I realise that a motor car no SLZ 7020S collied into the right rear of my bus.

No one is injured in this accident.

The checkpoint police asked us to reverse our vechile. to aside so that not to cause

ACCIDENT STATEMENT

ACCIDENT DATE: 29,03, 1021 (DD/MA	ACCOUNT TRAFFIC A I
LOCATION: Library Signers	MYCOVAN
1. DETAILS OF VEHICLE	40000
a) VEHICLE NUMBER: 10 9035 X	3 9 00 V40 23
DINSURANCE COMPANY: X/MC	
CIPOLICY NUMBER:	
DIPOLICY TYPE: (COMPREHENSIVE / THIRE)	D PARTY / THIRD PARTY FIRE &THEFT)
FITYPE-ISALOON COURS (MINISTERNAL)	
FITTPE:(SALOON / COUPE / MPV /VAN /	LORRY / MOTORCYCLE / OTHERS)
9/ VEHICLE CATEGORY: [PRIVATE / COMM	MERCIAL / MOTORCYCLES
11/1 OKT USE OF USING AT ACCIDENT TIME	LUPIK KULUS
I) ARE YOU CLAIMING UNDER YOUR OWN	INSURANCE (YES/NO)
IF NO. PLEASE STATE (THIRD PARTY CLAIR 2. INSURED / POLICY HOLDER	M/REPORTING ONLY)
A)NAME: HUMP SUB .NO	C (112
b)NRIC/FIN/PASSPORT:	(MALE / FEMALE)
c)ADDRESS:	CONTACT:96655 \$ /
· · · · · · · · · · · · · · · · · · ·	
* CONTINUE TO 3.d IF DRIVER ALSO POLICE	WILDING
Who of passenges DRIVER ON TO S. OF DRIVER ALSO POUC	THOLDER .
Cludeding de and GINAME: ONLY GOO!	
history history	(MALE / FEMALE)
(20) CIADDRESS:	CONTACT:
*d)DATE OF BIRTH: (DD/MM/YYYY) ·
e)OCCUPATION: (INDOOR / OUTDOOR)	
FIDATE OF DRIVING PACC	
4. WAS DRIVER AN EMPLOYEE OF THE INS	SURED'S COMPANY? (YES ! NO)
IF NO, RELATIONSHIP OF THE DRIVER I	WITH INSURED:
5. d) WEATHER CONDITION: (CLEAR / RAINING	G / OTHERS
b) ROAD SURFACE: (DRY / WET / OTHERS_	
6. WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POUCE (YES / NOT -	
IF YES, PLEASE STATE WHICH POLICE STATE	ON:
He of passenger a) VEHICLE NUMBER: SUZ 7070	ς
Including driver) b) DRIVER'S NAME: UM CITY DOC	MODEL:
() NRIC/FIN/PASSPORT: STEVE	U.F. COURLEY
9. THIRD PARTY VEHICLE	CONTACT:
[18]	MODEL::
IN IT PRISTANGE	
Induding driver) f) NRIC/FIN/PASSPORT:	CONTACT::-
	- John Chil

email.=

WINMASC CHAN YEW COMS 92792260

Claim Handling

liev Ne	5080947641-04	Vehicle No.	PA9035X	GST Registration No.
licy No. rtificate No.	2000/34/04T-04	- union 1191		
	IN HUP BUS SERVICE LLP		1	Policyholder NRIC
	BUS INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
	96655371	Contact No.(Office)		Contact No.(Home)
all Address	3003371	Special Remark		eCode
K	No Yes	TCA	No Yes	eCode Reason
	No	NCD Entitlement(%)		Private Hire
	NO	Transcription of the		
Accident Details	2002200200 22020	Accident Report Within 24 hrs	Yes	Accident Type
	25/03/2021 17:21			Country of Accident
te of Accident	24/03/2021	Time of Accident hh:mm	*****	
porting Centre		Orange Force		ICM No.
cident Location	JURONG ISLAND CHECKPOINT			
Total Excess Applicable				
cess Type	Per Accident	Windscreen Excess	0.00	
Standard Excess	0.00	TP Standard Excess	1,500.00	
	0.00	YIED TP Excess	0.00	Driver is Covered?
ED OD Excess	0,00			
ditional Excess	0.00	Total TP Excess Applicable	1,500.00	
tal OD Excess Applicable	0.00		NOTE TO SEE THE SECOND	
Benefits CST Pagistared Informat	tion			
GST Registered Informa	Yes		GST Registration Date	01/07/2009
T Registered	Yes M90363169R		GST Status Verified	Yes
T Registration No.	E1202027441			
odification History				
Policyholder Mailing Add		11.2224	#05-63 QUEENSWAY SHOPPING	Address 3
ddress 1	1 QUEENSWAY	Address 2	Singapore address	Post Code
ddress 4		Address Type	5086584666-04	
nit No.	05-63	Related Policy Number	2000204000-04	
OI Driver Info			Unnamed Driver	
river Name	Unnamed Driver	Driver Type	S0195982D	Driver DOB
nnamed driver Name	ONG BOON HONG	Driver NRIC	67	Driving Experience
egister Date of Driver License	19/08/1975	Driver Age	67	Contact No.(Home)
ontact No.(Mobile)	81185197	Contact No.(Office)	A 10 10 ABCENTIA SUV	Address 3
ddress 1	3 ALEXANDRA VIEW	Address 2	#13-10 ASCENTIA SKY	Post Code
ddress 4		Address Type	Foreign address	7031 0000
Init No.	13-10			Data - Income Company
loes he own a Singapore legistered car?	Yes No	Driver Vehicle No.	PA9035X	Driver Insurer Company
eclaration	Walker Co.	90000000	Ver No	
reathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No	
fodification History				
Claim 001 OD-MX Ne	e l			
		10 ft 2000 2000 122 which		Insured NRIC
Claim Type *	OD-MX V	Insured Name	HIN HUP BUS SERVICE LLP	
Contact No.(Mobile)	96655371	Contact No.(Home)		Contact No.(Office)
Email Address		OI Vehicle Number	PA9035X	TP Vehicle Number
Claim Description	PA9035X / SLZ7020S ON 24 Mar 2021			Name of Preferred Work
Preferred Workshop Contact		Insured Liability *	Not at Fault	
No. Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	25/03/2021 17:32	Claim Close Date		Date Received
	ROSLI WAHAB	Workshop Repairer	1100	Total Loss but Repaired
Report Taken By Print AK letter	MAN HUMAN	1 TO 1 TO 1 OF 1 TO 1 TO 1 TO 1 TO 1 TO		
Print AK letter			Save Submit	

Accident No.

Last Doc. Received

MT/1125717 Yes ○ No Claim No. Upload Date

25/03/2021 17:35

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13		NATIONAL ASSESSMENT CENTRE S AH)) on 25 Mar 2021 17:35	Photos		Normal	Photos	2021-3-25

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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)

ROAD TRANSPORT (AMENDMENT, ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 508094/641-04

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: PA9035X

Chassis Number

: JALLT134P87000060

Name of Policyholder

: HIN HUP BUS SÉRVICE LLP

Effective Date of Insurance

: 11 Jun 2020

4. Expiry Date of Insurance

: 10 Jun 2021

5. Persons or Classes of Persons entitled to drive*

(a) The Policyholder.

(b) Any other person who is driving on the Policyhalder's order or with his/her 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.

Limitations as to Use*

(a) Use for the carriage of passengers in connection with the Policyhalder's business.

(b) Limited to carry 49 passengers

This Policy does not cover

(a) Use for racing, pace-mal .ng, reliability trial or speed-testing.

(b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled

* Limitations rendered inoperative by Section 8 of the Motor Vehicle (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

GEOGRAPHICAL LIMIT : WITHIN THE REPUBLIC OF SINGAPORE ONLY EXCESS (SECTION I) : N/A EXCESS (SECTION II) : \$\$1,500 INSURE WITH COE : NO HIRE PURCHASE COMPANY : N/A SUM INSURED : MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/ PARF VALUE AT TIME OF

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)

: NLE INSURANCE AGENCIES PTE LTD (00000614580)

Date of Issue

: 26 May 2020 15:10 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport/Company T09LL0775D

Cert No.:

Owner ID Type:

Limited Liability Partnership

Owner Name:

HIN HUP BUS SERVICE LLP

Registered Address:

1 QUEENSWAY #05-63 QUEENSWAY SHOPPING CENTRE SINGAPORE 149053

Mailing Address:

Birth Date:

Vehicle Particulars

Vehicle No.:

PA9035X

Previous Vehicle No.:

Effective Date of

11 Jun 2009

Ownership: Original Regn Date:

11 Jun 2009

Registration Date:

11 Jun 2009

Year of Manufacture:

2008

Vehicle Type:

Private Hire (Chauffeur) Bus/Coach/Minibus

Vehicle Scheme;

Public Service Vehicle (Others)

Vehicle Attachment 1:

Air-Conditioned

Vehicle Attachment 2:

Vehicle Attachment 3:

Vehicle Make:

ISUZU

Vehicle Model:

LT134P

Primary Colour:

Multi-Colored

Secondary Colour:

Passenger Capacity:

49

Chassis No.:

JALLT134P87000060

Engine No.:

6HK1467111

Engine Capacity/Power Rating:

7790 cc/-

Propellant:

Diesel

Max Unladen Weight:

9840 kg

Maximum Laden Weight: 15200 kg

Open Market Value:

\$94,714.00

PARF Eligibility:

No

PARF Eligibility Expiry

Minimum PARF Benefit:

No. of Transfers:

0

IU Label No .:

2050078962

COE No .:

2009040105000302W

COE Expiry Date:

10 Jun 2019

COE Category:

C - Goods Vehicle & Bus