

[05'03 Jan 1]

met 215 00002

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repaler.

1) Apply for Transport Allowance () / Courtesy Car ()

Injury :

Date/Time _____

Invoice Preparation Checklist

٥٠٠

2. Amplitude

卷之五

Add: E

Claimant's Particulars:-	1) AR : Accident Reporting (\$30);	
	2) DA : Damage Assessment (\$100);	INC (\$80)
Driver/Owner:	3) TF : Towing Fee	\$40/\$45
	4) FT : Follow-Through Survey	\$120
Contact No:	5) FT : Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (wef 10 Jan 2005)	
Damaged Portion:	6) TR : Re-inspection	\$75
	7) N1 : Idao DA + SMRT Survey	\$160
	8) NTUC Additional Services:-	
QC Checked by (Engr-In-Charge):	Q1)*	
	*N5: Courtesy Car / Tpt Allowance	\$5
	*N6: Repair Co-ordination	\$10
	*N7: Post Repair Inspection	\$25
Auditors' Comments:-	*N8: DV / Collect Excess Coordination	\$5
	TP (N11) : TP (Non INC) against INC	\$20
Pat. 1:	9) N12: Idao Mobile	30
Pat. 2 / 3:	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

9) 1412. 1000
Invoices 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 Submission	24/05/2021 11:02 (SGT)
Date of Accident	21/05/2021 07:30 (SGT)
Exact Location of Accident	Boon Lay Way, Singapore
Additional Location Information	TOWARDS UPPER JURONG ROAD (BEFORE CORPORATION ROAD)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA6860A
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SKY ISLAND TRANSPORT & TRADING PTE LTD
Company Reg No	2XXXXX039E
Email Address	jasonkcapl@gmail.com
Mobile Phone No	(Phone) +65-90090569
Alternative Phone No	+65-83554144

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	LT134P
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
Transmission	Manual
CC	7790

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMB1SNA00005402000
Cover Note Number	-

DRIVER

Name of Driver	YONG SEET KONG
----------------	----------------

Passport No/FIN	FXXXX075X
Date Of Birth	04/07/1966
Occupation	Outdoor
Date Of Driving Pass	30/12/2011
Driving experience	9 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83554144
Alt. Phone Number	-
Email Address	jasonkcapl@gmail.com
Address	140 HILLVIEW AVENUE #08-13
Address complement	THE LANAI
Postcode	669600
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	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	14
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? 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? No
 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLQ2114K
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver -
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person YONG SEET KONG
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT INJURY
 Injured person in which vehicle? PA6860A
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? 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 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 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' 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.

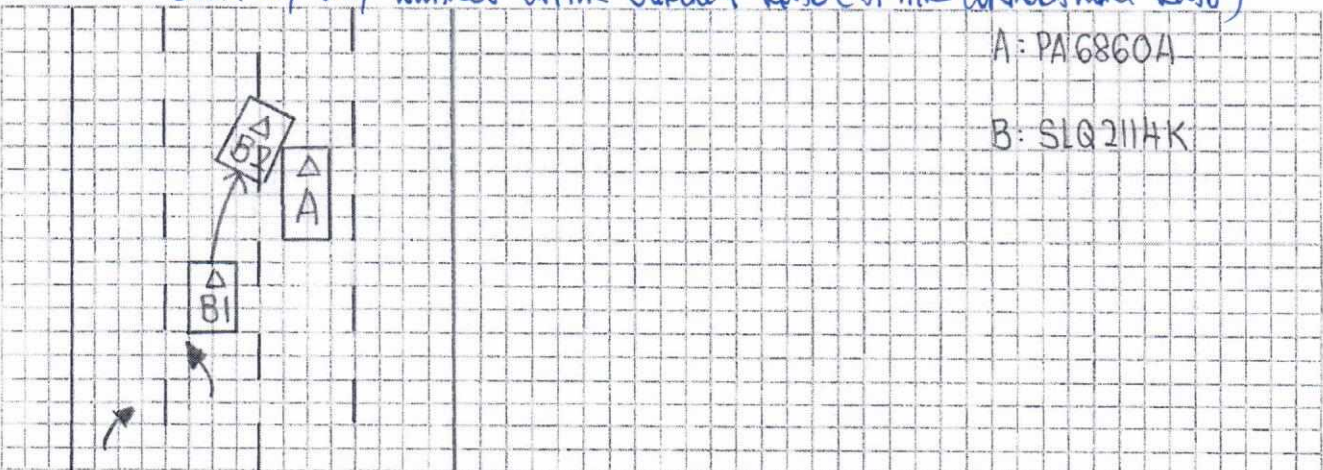


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan BOON LAY WAY TOWARDS UPPER JURONG ROAD (AFTER CORROBORATION ROAD)




Describe Circumstances of the Accident

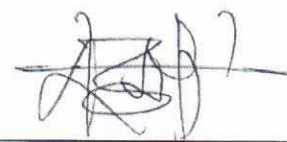
On 21 May 2021 at about 07:30 am. I was travelling along Boon Lay Way towards Upper Jurong Road (After Corporation Road). I was travelling straight. Suddenly, vehicle B cut into my lane and hit my vehicle.

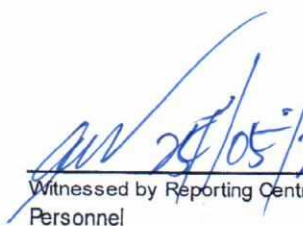
Declaration

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


Witnessed by Reporting Centre Personnel

Date of Accident : 21 May 2021 Accident Time: 07:30AM (24-HR-Format)
Accident Place : Boon Lay way towards Upper Jurong Road (After Corporation Road)
Vehicle. No. (Car Plate No.) : PA6860A Make/Model: Isuzu LT134P
Insurance Company : China Taiping Policy No: DMBISNA00005402000
Owner or Company Name /IC No. : Sky Island Transport & Trading Pte Ltd (201700039E)
Owner or Company Contact No. : 9009 0569 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Yong Seet Kong (F0371075X)
DRIVER'S Date Of Birth : 04 July 1966 DRIVER'S License Pass Date 30 Dec 2011
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : 140 Hillview Avenue # 08-13 The Landi Singapore 669600
DRIVER'S Contact No. / Alt No. : 1) 8355 4144 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : Jasonkcapi@gmail.com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 1 Driver, Passenger : More than Ten.
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): Yes (1 Driver: Yong Seet Kong)

Other Party Driver's Particular (if any)

Vehicle. No: SLQ2114K (vehicle B)	Vehicle. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**





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

N SN

AN0580A

Cov. Type:F

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.

DMB1SNA00005402000

Engine No.: 6HK1450858

Chs. No.: JALLT134P77000062

1. Index Mark and Registration
Number of Vehicle

PA6880A

2. Name of Policy Holder

SKY ISLAND TRANSPORT & TRADING PTE LTD

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

24/06/2020

Excess Sect. II S\$2,500.00

4. Date of Expiry of Insurance

23/06/2021

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.

* 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: Ho Li Hwa Irene
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200206384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com