

NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

240821840001

Date In: 04/08/2021 15:52	Job description	Date & Time Completed	Done by
Ref No: N/A/C7721008235/4	SAS e-filing		
Veh No: CB 6442Y	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 04/08/2021 09:00	I-Motor Claim Form		
OD / TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SMW 79577

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 ()

General Remarks:

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

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC hotline 6788 6616)

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

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time	Actions

NA2103513

Plaintiff's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

C. Checked by (Engr-In-Charge):

auditors' Comments:

1.1:

1.2/3:

Invoice Preparation Checklist

	Amf (\$)	Amf (\$)
	Chg Bill	Add Bill
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)		INC (\$30)
3) TP: Towing Fee	\$40/\$45	
4) FT: Follow-Through Survey	\$120	
5) FT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection	\$75	
7) NI: Idao DA + SMRT Survey	\$160	
8) NTUC Additional Services:-		
ON:		
*N5: Courtesy Car / Tpl Allowance	\$5	
*N6: Repair Co-ordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collect Excess Coordination	\$5	
TP (N11): TP (N'n INC) against INC	\$20	
9) N12: Idao Mobile	\$0	
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 Submission	04/08/2021 15:52 (SGT)
Date of Accident	04/08/2021 09:00 (SGT)
Exact Location of Accident	Cavenagh Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB6442Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BKK TRANSIT
Company Reg No	5XXXX841B
Email Address	bc@longlim.com
Mobile Phone No	(Phone) +65-90230917
Alternative Phone No	+65-93804117

VEHICLE PARTICULARS

Manufacturer	Yutong
Model	Zk6898he
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 - Reporting only
Vehicle Category	Bus
Transmission	Manual
CC	6693

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMB1SNW00008542004
Cover Note Number	-

DRIVER

Name of Driver	DERRICK GOH
NRIC No	SXXXX287G

Date Of Birth	23/02/1957
Occupation	Outdoor
Date Of Driving Pass	07/04/1981
Driving experience	40 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93804117
Alt. Phone Number	-
Email Address	bc@longlim.com
Address	BLK 182 RIVERVALE CRESCENT #11-289
Address complement	-
Postcode	540182
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 - Head to Rear
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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	SMW7957T
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)		-

SKETCH PLAN

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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.

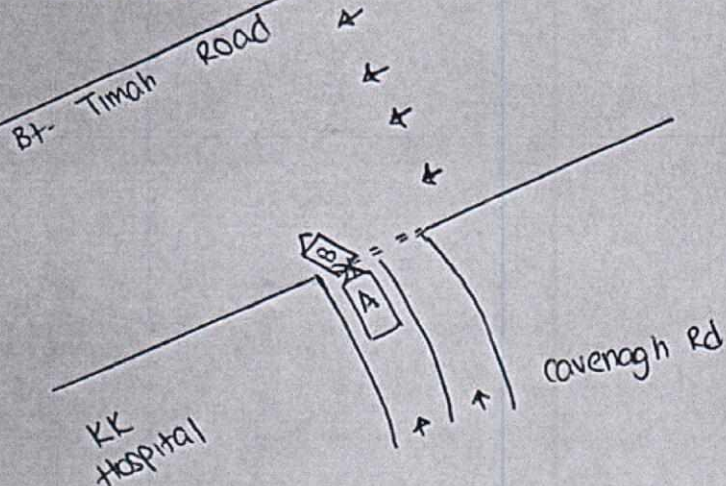


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



A = CB 6442Y

B = SMW 7957T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04.08.2021 @ 09:00hrs, I was driving my bus CB6442Y along Cavenagh Road & I stopped behind a car SMW7957T to check for oncoming vehicles from main road (Bt. Timah Rd). The car move off & I also followed to move off. The car suddenly stop for no reason & as I was checking my right hand for oncoming vehicles & I could not brake in time & hit onto the car as a result.

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: _____

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: SMW 7957T

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: 01 pax

Connect3 client vehicle no: CB64424

Owner contact no: 9023 0917

Date of accident: 04/08/2021

Location of accident: Cavenagh Road

Time of accident : 09:00hrs

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

Email address: bc@longlim.com

Number of Pax: 0

Males: —

Females: —

Motor Bus

MZ601

R SN

AN0626A

Cov. Type:F

CERTIFICATE OF INSURANCEMotor 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.

DMB1SNW00008542004

Engine No.: 21855643

Cha. No.:LZYDTD6981025619

1. Index Mark and Registration
Number of Vehicle

CB6442Y

2. Name of Policy Holder

BKK TRANSIT

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

04/09/2020

Excess Sect. II S\$2,000.00

4. Date of Expiry of Insurance

03/09/2021

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: UNIVERSAL INSURANCE AGENCY PTE LTD
Authorised Officer

Authorised Signatory

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

04 Sep 2009

Our ref 0409090101N004378981

BKK TRANSIT
14 JALAN TARI PIRING
SINGAPORE 799167



Dear Sir/Madam

NOTIFICATION ON REGISTRATION OF VEHICLE AND ROAD TAX

We wish to inform you that you have successfully registered vehicle CB6442Y on 04 Sep 2009. The details of the registration are as follows:

A) Owner Particulars

1.	Name	: BKK TRANSIT
2.	Identification No. Type	: Business
3.	Identification No.	: 53047841B
4.	Place Of Passport Issue	: -
5.	Registered Address	: 14 JALAN TARI PIRING SINGAPORE 799167
6.	Mailing Address	: -

B) Vehicle Particulars

1.	Vehicle No.	: CB6442Y
2.	Previous Vehicle No.	: -
3.	Effective Date of Ownership	: 04 Sep 2009
4.	Original Registration Date	: 04 Sep 2009
5.	First Registration Date	: 04 Sep 2009
6.	Vehicle Type	: S20 - School Transport Bus/Coach/Minibus
7.	Vehicle Scheme	: School Bus with AWC
8.	Attachment 1	: Air-Conditioned
9.	Attachment 2	: -
10.	Attachment 3	: -
11.	Vehicle Make	: YUTONG
12.	Vehicle Model	: ZK6898HE
13.	Year of Manufacture	: 2008
14.	Primary Colour	: Blue
15.	Secondary Colour	: -
16.	Passenger Capacity	: 39
17.	Chassis/Trailer Chassis No.	: LZYTDTD6981025619 / -
18.	Propellant	: Diesel
19.	Engine No./Motor No.	: 21855643 / -
20.	Engine Capacity(cc)/Power Rating(kw)	: 6693 / -
21.	Unladen Weight(kg)	: 9280
22.	Maximum Laden Weight(kg)	: 12500



23.	Open Market Value	: \$122,767.00
24.	PARF Eligibility	: No
25.	PARF Eligibility Expiry Date	: -
26.	Minimum PARF Benefit	: \$0.00
27.	No. of Transfers	: 0
28.	IU Label No.	: -
29.	COE No.	: -
30.	COE Expiry Date	: -
31.	COE Category	: -
32.	Quota Premium/Prevailing Quota Premium	: -
33.	Actual Quota Premium/PQP Paid	: -
34.	Actual ARF Paid	: \$6,139.00
35.	Vehicle Lifespan Expiry Date	: 03 Sep 2029
36.	Road Tax Amount	: \$422.00
37.	Road Tax Start Date	: 04 Sep 2009
38.	Road Tax End Date	: 03 Mar 2010
39.	Remarks	: This is a public service vehicle. The vehicle will be de-registered upon reaching its statutory lifespan on 03 Sep 2029.

2. Enclosed is the validated road tax disc for your use.

3. You may use your NRIC number and SingPass or User ID and Password (for non-Singaporeans/PRs) to login to <http://www.onemotoring.com.sg> and see the details of the above transaction. For ACRA-registered businesses and companies with EASY accounts, your authorised staff may also access the wide range of vehicle-related services via <http://www.onemotoring.com.sg> using EASY. If you do not have an EASY account, you can apply for it at <http://www.iras.gov.sg>. For non-Singaporeans/PRs who do not have a User Password, please contact us at 1800-CALL LTA (1800-2255 582) to request for a new password. Please note that a separate Transaction PIN is required for the following transactions via the Internet or at our Electronic Service Agents. Before you perform these transactions, please request for your Transaction PIN. You may find out more information on how to obtain your Transaction PIN and the documents needed (such as Board Resolution for companies and businesses, etc) via <http://www.onemotoring.com.sg> > **LTA Information & Guidelines > Transaction PIN & User Account.**

- a. Vehicle PIN - Transfer of Ownership and De-registration of Vehicle
- b. TCOE PIN - Transfer of TCOE (For Category C and E COE bid under individual)
- c. Rebate PIN - Transfer and Splitting of PARF/COE Rebate

4. All new In-vehicle Units (IUs) are covered by a 5-year warranty against manufacturer's defect.

CB6492

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

Yours sincerely

NG LAY CHOO (MS)
DEPUTY DIRECTOR, VRL SERVICE OPERATIONS
VEHICLE & TRANSIT LICENSING GROUP
LAND TRANSPORT AUTHORITY

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