

# NATIONAL ASSURANCE CENTRE SERVICES

Date In: 25/10/2021 16:17	Job description	Date & Time Completed	Done by
Ref No: N/A/172010954/1	SAS e-Milling		
Val No: CB/6899M	Terminal (by wire thru, A/C thru)		
U.O.A: 25/10/2021 19:38	1-Motor Claim Vprint		
	1-Motor W/O (Vprint 00 thru, TP thru)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Asset Report by Tax/Hand to Owner/Vprint		

(1) TP Reporting Only

TP Insurer	Yell	Fax
Preferred Wksp / INO Assn Wksp / QW	Yell	Fax
TP Insured/Owner	Yell No: 537 41697	INC ( ) / Non-INC ( )
Owner / Driver	Tel:	
Policy No ( )	Period ( )	Cover Type ( )
Continued 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 ( )	
( ) While-In-Coverage: Customer's information privacy confidential & strictly NO for of repoker		
( ) Total Loss Case: to e-mail Insurer URGENTLY		
Drive-In ( ) / Towed-In ( )	Invoice YES ( ) / NO ( )	Towing Cost ( )
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QO Check / Post Repair Inspection ( )		
3) Upload Recovery Photo (Repair Cost > \$3000) ( )		

Injury ( )	

Driver/Owner	1) All Accident Insurance (QO)	
Continued No	2) QO Survey Attachment (\$100)	
Continued Portion	3) TP Follow Up	
	4) PT Follow Up with Survey	
	5) PT Follow Up with Survey (Recovery)	
	6) PT Follow Up with Survey (QO)	
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# 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 ..... 25/10/2021 16:17 (SGT)  
Date of Accident ..... 24/10/2021 19:28 (SGT)  
Exact Location of Accident ..... Woodlands Ave 4, Singapore  
Additional Location Information ..... TOWARDS WOODLANDS AVENUE 5  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... CB6899M

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... JIANG KEVIN TRANSPORT SERVICES  
Company Reg No ..... 4XXXX200B  
Email Address ..... admin@jk59.com  
Mobile Phone No ..... (Phone) +65-96675955  
Alternative Phone No ..... +65-96267259

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... RM117NB20276  
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 ..... 7545

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMB1SNW00002152103  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TEO HOCK HING  
NRIC No ..... SXXXX887C

Date Of Birth	17/03/1952
Occupation	Outdoor
Date Of Driving Pass	16/05/1978
Driving experience	43 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96267259
Alt. Phone Number	-
Email Address	admin@jk59.com
Address	BLK 534 ANG MO KIO AVENUE 10 #06-2517
Address complement	-
Postcode	2056
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
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 PAX
Gender	Female

#### PASSENGER 2

Name	UNKNOWN PAX
Gender	Male

#### PASSENGER 3

Name	UNKNOWN PAX
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

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJT4169Y
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

### 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:

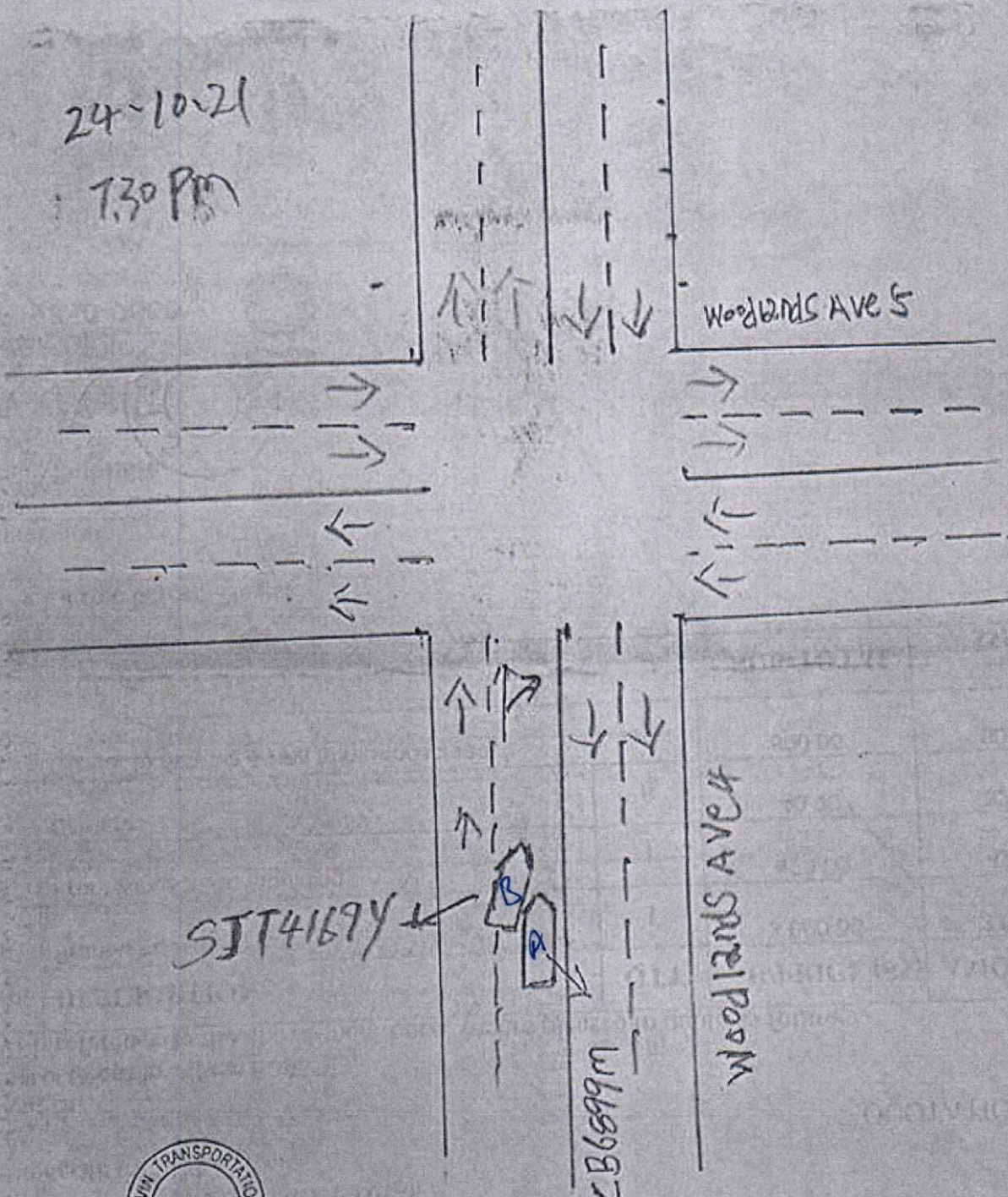
✓ Teo  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

25/10/2021  
Reporting Centre Personnel's Signature  
Name: Reda  
NRIC/FIN No.: 123456789



24-10-21

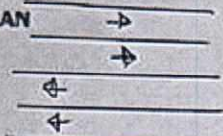
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25/10/2021  
Rishi Mathias



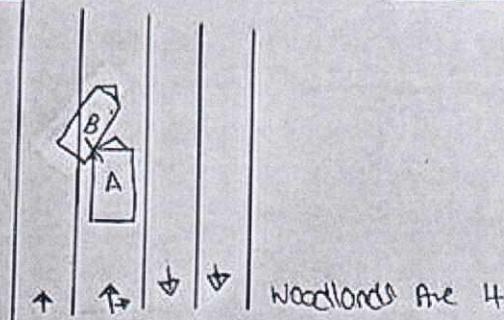
# SKETCH PLAN



Woodlands Ave 5  
→  
→  
→  
→

A = CB6899M

B = SJT4169Y



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/10/2021 @ 19:28hrs, I was driving my bus CB6899M along Woodlands Ave 4 towards Ave 5. While I was driving along Woodlands Ave 4, suddenly a car SJT4169Y cut into my lane from left side aggressively & without success even I tried to stop & give way to the car. The car hit onto my bus front left corner & his car was rear right wheel area. Upon stopping the bus, the car driver came over to me & outside my bus door, shouting at me & said he want to claim my insurance & left the scene. My passengers was shocked by how the other car drives. Nobody was injured.

## 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.:

25/10/2021  
Rashid



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: SJT 41694  
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: 04 pax.

Connect3 client vehicle no: CB6899m  
Owner contact no: 9667 5955  
Date of accident: 24/10/2021  
Location of accident: Woodlands Ave 4 twds Ave 5  
Time of accident : 19:28 hrs  
Any Injury: yes / no ( if yes, must have police report)

Email address: admin@jk59.com  
Number of Pax : 03  
Males : 02  
Females : 01





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

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, 1980  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMB1SNW00002152103	Engine No.: 6D16061031	Cha. No.: RM117NB20276
1. Index Mark and Registration Number of Vehicle	CB6899M		
2. Name of Policy Holder	JIANG KEVIN TRANSPORTATION SERVICES		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	09/03/2021 (00:00:00)	Excess Sect. II	SS\$1,000.00
4. Date of Expiry of Insurance	08/03/2022		
<p>5. Persons or Classes of Persons entitled to drive*</p> <p>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.</p>			
<p>6. Limitations as to use:</p> <p>Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.</p> <p>The Policy does not cover:</p> <p>(1) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>(2) Use whilst drawing a trailer, except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p>			

\* 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

Issued By: .....

ODDS & KEN  
Authorised Officer



For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

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



## Enquire Vehicle Registration Details

## Owner Particulars

NRIC/Passport /Company Cert No.:	49211200B
Owner ID Type:	Business
Owner Name:	JIANG KEVIN TRANSPORTATION SERVICES
Registered Address:	3 HUME AVENUE #01-05 HUME PARK I SINGAPORE 598719
Mailing Address:	-
Birth Date:	-

## Vehicle Particulars

Vehicle No.:	CB6899M
Previous Vehicle No.:	-
Effective Date of Ownership:	15 Dec 2017
Original Regn Date:	09 Sep 2003
Registration Date:	09 Sep 2003
Year of Manufacture:	2003
Vehicle Type:	School Transport Bus/Coach/Minibus
Vehicle Scheme:	School Bus with AWC
Vehicle Attachment 1:	Air-Conditioned
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-
Vehicle Make:	MITSUBISHI
Vehicle Model:	RM117NSRDEB
Primary Colour:	Multicolor
Secondary Colour:	-
Passenger Capacity:	49
Chassis No.:	RM117NB20276
Engine No.:	6D16961031
Engine Capacity /Power Rating:	7545 cc / -
Maximum Power Output:	-
Propellant:	Diesel



Max Unladen Weight:	9720 kg
Maximum Laden Weight:	14030 kg
Open Market Value:	\$86,368.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
Minimum PARF Benefit:	-
No. of Transfers:	5
IU Label No.:	2050038304
COE No.:	-
COE Expiry Date:	-
COE Category:	-
COE Registration Category:	-
Quota Premium (QP) / Prevailing Quota Premium:	- / -
Actual QP Paid:	-
QP (Regn Cat):	-
OPC Cash Rebate Eligibility:	No
Additional Registration Fee Rate:	5.00 %
Actual ARF Paid:	\$4,319.00
Vehicle Lifespan Expiry Date:	08 Sep 2023
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-
Message:	This is a public service vehicle.