

NATIONAL ASSESSMENT WITH CERTIFICATED SAMPLERS, Unit Number: **81022130001**

Date In: 12/1/2021 12:17	Job description	Unit & Yrmo Completed	Done by
Ref No: NBA/CIT210115574	SAS Billing		
Val No: DC 3459K	Terminal (Vehicle Unit, A/C Unit)		
SOA: 12/1/2021 07:02	1-Meter Claim Xprint		
(1) (TP) Reporting Only	1-Meter Y/O (Vehicle, A/C Unit, TP Unit)		
	1-Photo Uploaded		
	Assessment Survey Report		

TP Insured

Motorized Vehicle (NO APPLICABLE) / Other ()

TP Initial Policy () / Unit No: **YP 2463D** / INO () / Non-INO ()

Owner / Driver () / Tel ()

Policy No () / Period () / Cover Type ()

Confirmed by () / Date () / Title ()

Insured/Driver Liability () % (None-Use Slow (WO) N1 0-20%, P1 21-70%, P2 80-100%)

Year of Registration () / Warranty YRS () / NO ()

License () / Loading \$1,000 () / \$2,000 ()

- () Vehicle Description & Customer's Information likely confidential & strictly NO matter of reputation
- () Total Loss Case () to e-mail Insurer URGENTLY
- Driver In () / Involved In () / Involves VNS () / NO () / Towage Cost ()
- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Receipt Photo (Repair Costs > \$3,000) ()

Injury ()

N/A 2104434

Driver/Owner	1) All Accident Expenses (50%)	
Contract No	2) 24h Emergency Assistance (\$100)	NO CL
Uninsured Portion	3) Tire Coverage	\$125
QC Checked by (Engineer-Only)	4) P1 Follow-up with Survey	\$125
	5) P1 Follow-up with Survey (Recovery)	\$25
	6) P1 Follow-up with Survey (Vehicle Damage)	\$25
	7) P1 Follow-up with Survey	\$125
	8) P1 Follow-up with Survey	\$125
	9) P1 Follow-up with Survey	\$125
	10) P1 Follow-up with Survey	\$125
	11) P1 Follow-up with Survey	\$125
	12) P1 Follow-up with Survey	\$125
	13) P1 Follow-up with Survey	\$125
	14) P1 Follow-up with Survey	\$125
	15) P1 Follow-up with Survey	\$125
	16) P1 Follow-up with Survey	\$125
	17) P1 Follow-up with Survey	\$125
	18) P1 Follow-up with Survey	\$125
	19) P1 Follow-up with Survey	\$125
	20) P1 Follow-up with Survey	\$125
	21) P1 Follow-up with Survey	\$125
	22) P1 Follow-up with Survey	\$125
	23) P1 Follow-up with Survey	\$125
	24) P1 Follow-up with Survey	\$125
	25) P1 Follow-up with Survey	\$125
	26) P1 Follow-up with Survey	\$125
	27) P1 Follow-up with Survey	\$125
	28) P1 Follow-up with Survey	\$125
	29) P1 Follow-up with Survey	\$125
	30) P1 Follow-up with Survey	\$125

Motor Unit / Invoice dated

Fee Charged / Pre 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	12/11/2021 12:17 (SGT)
Date of Accident	12/11/2021 07:05 (SGT)
Exact Location of Accident	North Buona Vista Rd, Singapore
Additional Location Information	HOLLAND VIEW HEAVY VEHICLE CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3459K
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	AEDGE HOLDINGS PTE LTD
Company Reg No	2XXXXXX323E
Email Address	william@aedge.com.sg
Mobile Phone No	(Phone) +65-91460806
Alternative Phone No	+65-98228338

VEHICLE PARTICULARS

Manufacturer	Golden Dragon
Model	XML6957J14B
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	6690

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMB1SNA00006262102
Cover Note Number	-

DRIVER

Name of Driver	LEE KWOK MENG ANDREW
NRIC No	SXXXX933C

Date Of Birth	04/02/1962
Occupation	Outdoor
Date Of Driving Pass	11/10/1990
Driving experience	31 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98228338
Alt. Phone Number	-
Email Address	william@aedge.com.sg
Address	BLK 559 PASIR RIS STREET 51 #08-225
Address complement	-
Postcode	510559
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	Clear
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 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 (TYPE OF COLLISION IS TP REVERSE AND HIT INSURED)

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	YP2463D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	KOKO (TO BE CONTACTED)
Contact Number	(Phone) +65-84378690
Address	-
Address complement	-

Postcode -
Insurance Company Name Sompo Insurance Singapore Pte. Ltd.
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

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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:

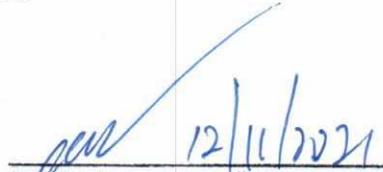
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "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:



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

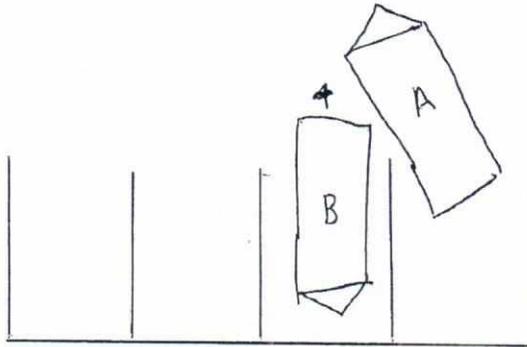

12/11/2021

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

SKETCH PLAN

A= PC3459K

B= YP2463D.



Holland view
carpark / heavy veh CP.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/11/2021 @ 07:05hrs, I was driving my bus out from the lot
x a lorry YP2463D has just complete parking into the lot beside me
x as I was in the midst of turning out, the said lorry suddenly
reversed out from the lot x hit against my bus left side panel area
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~~ 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: _____

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: YP 24 63 D

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: 8437 8690. (KOKO).

Insurance co of third party vehicle: Sompo Ins.

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: PC3459K

Owner contact no: 9146 0806

Date of accident: ~~12/11/2021~~ 12/11/2021

Location of accident: Holland View Heavy Veh CP/CP

Time of accident: 07:05hrs.

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

email: william@oedge.com.sg



Motor Bus

MZ601

R SN

BR0120A

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.	DMB1SNA00006262102	Engine No.:	ISB67E5225B22146492
		Cha. No.:	LL3BECDH9EA016316
1. Index Mark and Registration Number of Vehicle	PC3459K	AUTOSAFE	=====
2. Name of Policy Holder	AEDGE HOLDINGS PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	01/06/2021 (00:00:00)	Excess Sect. I .	S\$3,000.00
		Excess Sect. II	S\$3,000.00
4. Date of Expiry of Insurance	31/05/2022	EX ON WINDSCREEN .	S\$500.00
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 <i>* 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>			

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: _____
Gan Li Jia Jesca
Authorised Officer

Authorised Signatory