

SN082/CF0002

Job Description	Duty & Time Completed	Date by
SAS Training		
W-Inst (yale inst, ACSIWI)		
1-Meter Plate Exam		
1-Meter W/O (Wilder OB Inst YP Unit)		
1-Photo Uploaded		
Assessment Survey Report		
Final Report by Tax / Finance Officer Wilson		

(5) + TP / Reporting Only

THE INSUREN

(W) / (V) / (U) / (T) / (S) / (R) / (Q) / (P) / (O) / (N) / (M) / (L) / (K) / (J) / (I) / (H) / (G) / (F) / (E) / (D) / (C) / (B) / (A)

Owner/Driver: Yuli Zoi, GIBB 40861, INC, S/Non-INC, Tel: 1

Policy No () Period () Cover type ()

Confirmed by: _____ Date: _____

_____ 100% B. 75% P. 80-100%

Insured/Driver Lolo/Illyi (9%) (Now Est Slowly (WO) At 2024/1/1 2024/1/1

Year of Registration () Warranty () Yes () No ()

Προσβολή (\$)) Επομένως \$1,000)

NO FEAR OF ROBBERY

() Walker's Quizzing & Oustomers Informbush every 11th

() Total Gross Cost 140 e-mail INSURANCE URGENTLY

~~$$\ln(x) = \ln(e^{\ln(x)}) = \ln(x)$$~~

... () / Country of ...

2. QA Check / Devt. Review Inspection

2) (1000) Recovery Photo (Recovery Costs \$8000)

5) Определим $\frac{d^2y}{dx^2}$ и $\frac{d^3y}{dx^3}$.

Injury

11/11/2019

NA 210466

	3) DA	06/11/19	11/11
	3) FYI FOWLING	11/11	11/11

17/09/2018

	1) Pili Polioyit Hwa Hwa Hwa	
	2) Pili Polioyit Hwa Hwa Hwa (Hwa Hwa)	
	3) Pili Polioyit Hwa Hwa Hwa (Hwa Hwa)	

17/11/2017

1) RITW: DLYBMRJ DURYLY

12/11/08 12:11 PM

1. 111 and 2. 112

181

IN010V/Colluv	الحصلا			
BIIIIYYUWING	البحر			

[illegible]

11/14/12 11:11 AM
11/14/12 11:11 AM

1. The first part of the document is a list of names and titles, including "The Hon. Mr. Justice" and "The Hon. Mr. Justice".

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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	14/12/2021 11:24 (SGT)
Date of Accident	10/12/2021 15:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS STEVEN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB6756S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AKP COACH SERVICES PTE. LTD.
Company Reg No	2XXXXX066D
Email Address	akpcoach.parmeshsingh@gmail.com
Mobile Phone No	(Phone) +65-84884547
Alternative Phone No	+65-87432964

VEHICLE PARTICULARS

Manufacturer	King Long
Model	XMQ6900K
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	DMB1SNW00009012102
Cover Note Number	-

DRIVER

Name of Driver	AMRITPAL SINGH
Passport No/FIN	GXXXX512K

Date Of Birth	07/02/1993
Occupation	Outdoor
Date Of Driving Pass	21/09/2020
Driving experience	1 YEAR AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87432964
Alt. Phone Number	-
Email Address	akpcoach.parmeshsingh@gmail.com
Address	79B TOA PAYOH CENTRAL #36-27
Address complement	CENTRAL HORIZON
Postcode	312079
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	GBB4086S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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:

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

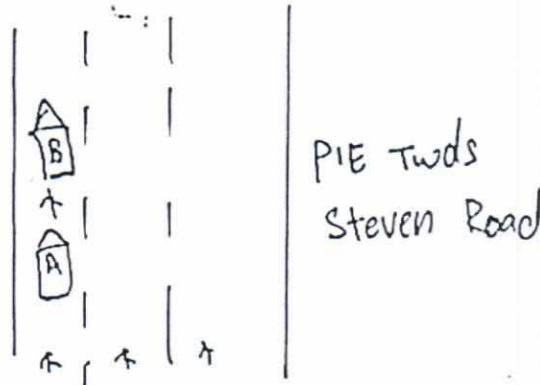
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

14/12/2021

SKETCH PLAN

A - CB 675 6S

B - GBB 4086S



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 10/12/2021 around 1530hrs, I was driving my Bus CB 6756S along PIE Twds Steven Road. Veh B GBB 4086S slowed down, I cannot stop in time and collided onto Veh B rear portion.

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: GBB 4096S
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: 1

Male

Female

Connect3 client vehicle no: CB 6756S
Owner contact no: 8488 2547
Date of accident: 10/11/2021
Location of accident: PIE twds Steven Road
Time of accident: 15:30hrs
Any Injury: yes / no (if yes, must have police report)

Email Address: akp canch - parmehsingh@gmail.com

> Back to OneMotoring

Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle No.

CB6756S

Make / Model

KING LONG / XMQ6900K

Vehicle Type :

S20 - School Transport Bus/Coach/Minibus

Vehicle Attachment 1 :

Air-Conditioned

Vehicle Scheme :

School Bus without AWC

Chassis No. :

LA6R1DSB6BB200565

Propellant :

Diesel

Engine No. :

ISBE420521988143

Motor No. :

-

Engine Capacity :

6693 cc

Power Rating :

-

Maximum Power Output :

-
Maximum Laden Weight :

11800 kg

Unladen Weight :

8420 kg

Year Of Manufacture :

2011

Original Registration Date :

12 Aug 2011

Lifespan Expiry Date :

11 Aug 2031

COE Category :

-

Road Tax Expiry Date :

11 Aug 2022

PARF Eligibility Expiry Date :

-

Inspection Due Date :

11 Aug 2022

Intended Transfer Date :

14 Dec 2021

CO2 Emission :

-

CEV/VES Rebate Utilised Amount :

-

CO Emission :

-

HC Emission :

-

NOx Emission :

-

PM Emission :

-

Fees To Be Paid For Transfer

Transfer Fees

\$25.00

Message

This vehicle has a road tax Over Payment of \$208.00. This Over Payment may be used to offset Road Tax payable and Transfer Fees respectively, where applicable.

Print

OK →

Save as PDF

Copy as Text



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, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMB1SNW00009012102

Engine No.: ISBE420521988143

Cha. No.:LA6R1DSB6BB200565

1. Index Mark and Registration
Number of Vehicle

CB6756S

2. Name of Policy Holder

AKP COACH SERVICES PTE LTD

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

12/08/2021
(00:00:00)

Excess Sect. II S\$1,000.00

4. Date of Expiry of Insurance

11/08/2022

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:

ODDS & EVEN

Authorised Officer



Authorised Signatory

杨亚美

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