

NATION 11 ASSESSMENT CENTRE SERVICES

SW082/C 0002

Date: 21/12/2021 15:34
Ref No: NBA/C7221012938/V
Veh No: PC 4821L
Date: 21/12/2021 08:30
TP Insurer: (TP) Reporting Unit

Vehicle Description
SAS e-filing
E-mail (e-mail for M. 21st)
i-Motor Claim Form
i-Motor W/O (e-mail for M. 21st)
i-Photo Uploaded
Assessment/Survey Report
Ass't Report by Fax / Hand to Owner/Wksp

Preferred Wksp / INC Assign Wksp / QW: ()

TP Particulars:

Veh No: GRD 6462R

INC () / Non-INC ()

Owner / Driver ()

Policy No ()

Period ()

Cover Type ()

Confirmed by: ()

Date: ()

Time: ()

Insured/Driver Liability: () (%) [Note: Est-Status (WOE) N: 0-20%, P: 21-79%, F: 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 or repair

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

Drive-In () / Towel-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

Invoice Preparation Checklist

1) AR: Accident Reporting (\$10)
2) DA: Damage Assessment (\$100), INC (\$30)
3) TF: Towing Fee \$40/\$45
4) FT: Follow-Through Survey \$120
5) RT: Follow-Through Survey (Resurvey) \$10
For claiming against INC (wef 10 Jan 2015)
6) TR: Re-inspection \$10
7) N1: idac DA + SMRT Survey \$160
8) NTU: Additional Services
QIC
* N5: Courtesy Car / Tpt Allowance \$5
* N6: Repair Coordination \$10
* N7: Post Repair Inspection \$20
* N8: DV / Collect Excess Coordination \$5
* N9: TP (N11) / TP (N12) / INC against INC \$10
9) N12: Blue Mobile
Invoice dated
See Charges

And (\$) And (\$)
1st Bill 2nd Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat 1:

Cat 2 / 3:

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	21/12/2021 15:34 (SGT)
Date of Accident	21/12/2021 08:30 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	TOWARDS BKE (BEFORE LENTOR EXIT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC4421L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RI SHENG TRANSPORT SERVICES
Company Reg No	5XXXX554L
Email Address	yappohchuan@gmail.com
Mobile Phone No	(Phone) +65-92370292
Alternative Phone No	+65-96899210

VEHICLE PARTICULARS

Manufacturer	Higer
Model	KLQ6109Q
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	Auto
CC	6691

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMB1SNW00010852101
Cover Note Number	-

DRIVER

Name of Driver	TAY PENG KIAT
NRIC No	SXXXX846E

Date Of Birth	09/09/1968
Occupation	Outdoor
Date Of Driving Pass	16/06/2004
Driving experience	17 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96899210
Alt. Phone Number	-
Email Address	yappohchuan@gmail.com
Address	BLK 406A FERNVALE ROAD #12-35
Address complement	-
Postcode	791406
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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD6462R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-83507936
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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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.

RI SHENG

Transport Services

Blk 412B Fernvale Link #17-29

Singapore 722412

Tel: 6375 1888 Fax: 6375 6704

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.:

21/12/2021

Rosa

Wong Hoon

A - PC4421L
B - GBD646R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 21/12/2021 around 0830hrs I was driving my bus PC 4421L along SLE TWDS BKE (Lentor Exit). I was travel within my lane, suddenly I felt an impact from my right rear. Veh B GBD646R was just when filtering to my lane and brush against my bus right rear portion

DECLARATION

We declare the foregoing particulars are true in every respect.

Transport Services

Blk 412B Fernvale Link #17-22

Singapore 792412

Tel: 6345 4412 Fax: 6375 4704

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.:

21/12/2021

[Signature]

Road surface: Dry / Wet

Weather condition: Clear / Raining

Speed: _____

Does driver own a vehicle: yes / no

if yes, veh number plate: _____

veh insurance co: _____

Relationship with insured: Employer & Employer

Witness (if any): yes / no

Witness name: _____

Witness hp: _____

Witness email (if any): _____

Witness add: _____

Witness IC no: _____

Third party veh number: GBD 6462R.

Name of third party driver: _____

IC of third party driver: _____

HP of third party driver: 8350 7936

Address of third party driver: _____

Insured/Co name of third party vehicle: _____

Contact number of insured/Co: _____

Insurance co of third party vehicle: Sompo

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: PC4421L

Owner contact no: 9237 0292

Email Address: Yappan Chuan@gmail.com

Date of accident: 21/12/2017

Location of accident: SLE Tudu BKE (Before Lontor Exit)

Time of accident: 08:30hrs.

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

53020554L

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.

DMB1SNW00010852101

Engine No.: ISB67E530022126216

Cha. No.: LKLR1FSJ0FA692881

1. Index Mark and Registration
 Number of Vehicle

PC4421L

2. Name of Policy Holder

RI SHENG TRANSPORT SERVICES

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

01/09/2021
 (00:00:00)

Excess Sect. II SS\$1,000.00

4. Date of Expiry of Insurance

31/08/2022

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.

HIRE PURCHASE CO. : BOARDINGHOUSE PTE. LTD. AS HP OWNER

* 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:

OEDS & EVEN

Authorised Signatory

Authorised Signatory