

SN0822130004

03/01/2021 16:52  
 N/A22000007  
 CB 774H  
 3/10/2021 16:10  
 (TP)

1- Motor Claim Form  
 1- Motor W/O Claim Form  
 1- Photo Uploaded  
 Assessment/Survey Report  
 Ass't Report by Evt. Hand to Owner/WSM

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: SG5373D INC ( ) Non-INC ( )

Owner / Driver ( ) Tel ( )

Policy No ( ) Period ( ) Cover Type ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability ( ) (Note: Est. Status (W/O) N: 0-20%, P: 21-70%, 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 later or repair

( ) 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

N/A22000007

Claimant's Particulars:-

Driver/Owner: ( )

Contact No. ( )

Damaged Portion: ( )

QC Checked by (Engr-In-Charge): ( )

Auditors' Comments:-

Cal 1: ( )

Cal 2: ( )

Invoice Preparation Checklist		Am (\$)	And (\$)
1) AK: Accident Reporting	(S30)	1st Bill	2nd Bill
2) DA: Damage Assessment	(S100), INC (S30)		
3) TF: Towing Fee	\$40, \$45		
4) FT: Follow-Through Survey	\$120		
5) FT: Follow-Through Survey (Resurvey)	\$120		
For claimant manual (N/A) Date: 01/01/2021			
6) FR: Re-inspection	\$120		
7) SI: 1st DA - SMART Survey	\$120		
8) NT: Additional Services			
9) NT: Additional Services			
10) NT: Additional Services			
11) NT: Additional Services			
12) NT: Additional Services			
13) NT: Additional Services			
14) NT: Additional Services			
15) NT: Additional Services			
16) NT: Additional Services			
17) NT: Additional Services			
18) NT: Additional Services			
19) NT: Additional Services			
20) NT: Additional Services			

## 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	03/01/2022 16:52 (SGT)
Date of Accident	31/12/2021 16:10 (SGT)
Exact Location of Accident	Tuas Rd, Singapore
Additional Location Information	ROUND ABOUT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB7774H
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	DYNACLE TRANSPORTATION AND WORKSHOP PTE LTD
Company Reg No	2XXXXX894C
Email Address	fred.chua@dynacle.com.sg
Mobile Phone No	(Phone) +65-81682419
Alternative Phone No	+65-97558714

### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	BE6391RMHDEA
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	3908

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMB1SNA00009722101
Cover Note Number	-

### DRIVER

Name of Driver	MUHAMMAD FIRDAUS BIN ABDUL RAHMAN
NRIC No	SXXXX716H

Date Of Birth	30/08/1989
Occupation	Outdoor
Date Of Driving Pass	15/10/2010
Driving experience	11 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97558714
Alt. Phone Number	-
Email Address	fred.chua@dynacle.com.sg
Address	BLK 461A YISHUN AVENUE 6 #10-1007
Address complement	-
Postcode	761461
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	Raining
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	PASANGGER
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?	No
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SG5373D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus

* 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

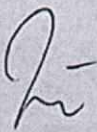
### IMPORTANT NOTICE

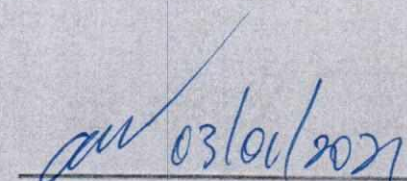
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.

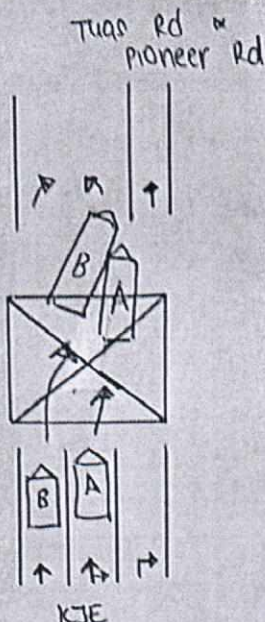
Y  
Policyholder's Signature  
Date & Time

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

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

# SKETCH PLAN

Tuas Roundabout.



A = CB7774H.

B = SG5373D.

AYE (Tuas)

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31/12/2021 @ 16:10hrs, I was driving my bus CB7774H from KJE entering Tuas Roundabout to exit to Tuas Rd x Pioneer Rd. AS I was almost exiting to Tuas Rd x Pioneer Rd, a SBS bus SG5373D which was on the left lane drove tuds my lane & I stopped my bus immediately upon seeing but SBS bus still side swipe my bus LH side 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.:

03/01/2021

Road surface: Dry / Wet

Usage of veh during of accident:

Weather condition: Clear / Raining

Speed: \_\_\_\_\_

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: SG 5373D

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: SBS

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: 02 male

Connect3 client vehicle no: CB7774 H

Owner contact no: 8168 0419

Date of accident: 31/12/2021

Location of accident: Tuas Road round about

Time of accident: 4.10 p.m

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

Email address: fred.chua@dynacle.com.sg

Pax : 01 male.

MITSUBISHI  
PK6391 RmH2021  
201407894 G



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.

DMB1SNA00009722101

Engine No.: 4D34K92309

Cha. No.: BE639JD00370

1. Index Mark and Registration  
Number of Vehicle

CB7774H

2. Name of Policy Holder

DYNACLE TRANSPORTATION AND WORKSHOP  
PTE LTD

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

30/07/2021  
(00:00:00)

Excess Sect. II S\$750.00

4. Date of Expiry of Insurance

29/07/2022

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: \_\_\_\_\_  
Zhong YueQiang  
Authorised Officer

\_\_\_\_\_  
Authorised Signatory

10 Sin Ming Drive Singapore 575701

Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

21 Jun 2016

Our ref 2106160401N013064499

DYNACLE TRANSPORTATION AND WORKSHOP PTE LTD  
31 WOODLANDS CLOSE  
#02-05  
WOODLANDS HORIZON  
SINGAPORE 737855

Dear Sir/Madam

**NOTIFICATION OF SUCCESSFUL VEHICLE CONVERSION FOR VEHICLE NO. CB7774H**

We are pleased to inform you that your vehicle, CB7774H, has been successfully converted from Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus / Public Service Vehicle (Others) to S20 - School Transport Bus/Coach/Minibus / School Bus with AWC with effect from 21 Jun 2016. The Business Transaction Reference No. is 20160621113707704973.

2. The following are the key owner and vehicle particulars for the vehicle. The full particulars are given at Annex A. Please check and ensure that the details are correct.

1. Name	: DYNACLE TRANSPORTATION AND WORKSHOP PTE LTD
2. Identification No. Type	: Company
3. Identification No.	: 201407894G
4. Place Of Passport Issue	: -
5. Vehicle No.	: CB7774H
6. Vehicle Type	: S20 - School Transport Bus/Coach/Minibus
7. Vehicle Scheme	: School Bus with AWC
8. Vehicle Make Description	: MITSUBISHI
9. Vehicle Model	: BE639JRMHDEA
10. Remarks	: The vehicle will be de-registered upon reaching its statutory lifespan on 28 Sep 2026.

**Annex A**

Transaction ref 20160621113707704973

The owner and vehicle particulars for Vehicle No. CB7774H as at 21 Jun 2016 are as follows:

1. Name	: DYNACLE TRANSPORTATION AND WORKSHOP PTE LTD
2. Identification No. Type	: Company
3. Identification No.	: 201407894G
4. Place Of Passport Issue	: -
5. Vehicle No.	: CB7774H
6. Previous Vehicle No.	: PA6546H
7. Effective Date of Ownership	: 15 Feb 2016
8. Original Registration Date	: 29 Sep 2006
9. First Registration Date	: 29 Sep 2006
10. Vehicle Type	: S20 - School Transport Bus/Coach/Minibus
11. Vehicle Scheme	: School Bus with AWC
12. Attachment 1	: Air-Conditioned
13. Attachment 2	: -
14. Attachment 3	: -
15. Vehicle Make Description	: MITSUBISHI
16. Vehicle Model	: BE639JRMHDEA
17. Year of Manufacture	: 2006
18. Primary Colour	: White
19. Secondary Colour	: -
20. Passenger Capacity	: 23
21. Chassis/Trailer Chassis No.	: BE639JD00370 / -
22. Propellant	: Diesel
23. Engine No./Motor No.	: 4D34K92309 / -
24. Engine Capacity(cc)/Power Rating(kW)	: 3908 / -
25. Maximum Power Output(kW/bhp)	: - / -
26. Unladen Weight(kg)	: 3795

# Annex A

Transaction ref 20160621113707704973

The owner and vehicle particulars for Vehicle No. CB7774H as at 21 Jun 2016 are as follows:

27. Maximum Laden Weight(kg)	: 6100
28. Open Market Value	: \$59,849.00
29. PARF Eligibility	: No
30. PARF Eligibility Expiry Date	: -
31. Minimum PARF Benefit	: -
32. No. of Transfers	: 3
33. IU Label No.	: 1550155171
34. COE No.	: -
35. COE Expiry Date	: -
36. COE Category	: -
37. Quota Premium/Prevailing Quota Premium	: -
38. Actual Quota Premium/PQP Paid	: -
39. Actual ARF Paid	: \$2,993.00
40. CO2 Emission(g/km)	: -
41. Actual CEVS Rebate Utilised	: -
42. CEVS Surcharge Paid	: -
43. Actual Green Vehicle Rebate Utilised	: -
44. Vehicle Lifespan Expiry Date	: 28 Sep 2026
45. Nett Road Tax Amount	: \$4.00
46. Road Tax Start Date	: 21 Jun 2016
47. Road Tax End Date	: 28 Sep 2016
48. Remarks	: The vehicle will be de-registered upon reaching its statutory lifespan on 28 Sep 2026.

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

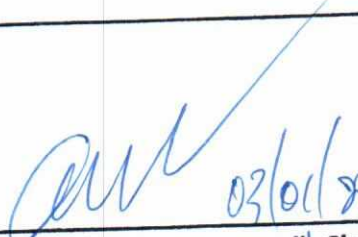
Original Report No: SUC82130004 Vehicle Registration No: CB7744  
Name (as shown in NRIC): Muhammad Feroous Bin Abdul Rahman NRIC/FIN/Passport No: SXXXX76  
(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 97558714  
Email Address: \_\_\_\_\_  
Date of Accident: 31/10/2021 Time of Accident: 16:10  
Place of Accident: Tuas Road Roundabout  
Insurance Company: Citina Insurance

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Location of Accident is Tuas Road Roundabout S'pore

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

 03/11/2021  
Reporting Centre Personnel's Signature  
Name: Rohit Kumar  
NRIC/FIN No.: \_\_\_\_\_  
Date: