

# NATIONAL Assessment Centre Services SN0822170001

Date In: 07/01/2022 09:58	Job Description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NPA/CTI22000217/N	E-mail (within 4hrs. AL 2hrs):		
Veh No: PC 5549X	1-Motor Claim Form		
DDA: 06/01/2022 16:10	1-Motor W/O (Within 14. 2hrs. 1P 4hrs)		
OD: TP / Reporting Only	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:
TP Particulars:	Veh No: SKW 3649H	INC ( ) / Non-INC ( )	
Owner / Driver: (		Tel:	
Policy No: (	Period (	Cover Type: (	
Confirmed by: (		Date:	Time:
Insured/Driver Liability: ( % ) [Note-Est-Status (WO): 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 of repairer.

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

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co. ( )

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

**Injury:** \_\_\_\_\_

Date/Time	Actions

<p><b>NA2200056</b></p> <p><b>Claimant's Particulars:-</b></p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p><b>Auditors' Comments:-</b></p> <p>Cat. 1:</p> <p>Cat. 2 / 3:</p>	<p><b>Invoice Preparation Checklist</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Am't (\$)</th> <th>Am't (\$)</th> </tr> <tr> <th></th> <th>1st Bill</th> <th>Add Bill</th> </tr> </thead> <tbody> <tr> <td>1) AR: Accident Reporting (\$30);</td> <td></td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100); INC (\$80)</td> <td></td> <td></td> </tr> <tr> <td>3) TF: Towing Fee \$40/\$45</td> <td></td> <td></td> </tr> <tr> <td>4) FT: Follow-Through Survey \$120</td> <td></td> <td></td> </tr> <tr> <td>5) FT: Follow-Through Survey (Resurvey) \$30</td> <td></td> <td></td> </tr> <tr> <td colspan="3">For claiming against INC Only (wef 10 Jan 2015)</td> </tr> <tr> <td>6) TR: Re-inspection \$75</td> <td></td> <td></td> </tr> <tr> <td>7) NI: Idac DA + SMRT Survey \$160</td> <td></td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:-</td> <td></td> <td></td> </tr> <tr> <td>  * N5: Courtesy Car / Tpt Allowance \$5</td> <td></td> <td></td> </tr> <tr> <td>  * N6: Repair Co-ordination \$10</td> <td></td> <td></td> </tr> <tr> <td>  * N7: Post Repair Inspection \$25</td> <td></td> <td></td> </tr> <tr> <td>  * N8: DV / Collect Excess Coordination \$5</td> <td></td> <td></td> </tr> <tr> <td>  TP (N11): TP (Non INC) against INC \$20</td> <td></td> <td></td> </tr> <tr> <td>9) N12: Idac Mobile \$30</td> <td></td> <td></td> </tr> </tbody> </table> <p>Invoice dated: Fee Charged: _____</p> <p>Invoice dated: Fee Charged: _____</p>		Am't (\$)	Am't (\$)		1st Bill	Add Bill	1) AR: Accident Reporting (\$30);			2) DA: Damage Assessment (\$100); INC (\$80)			3) TF: Towing Fee \$40/\$45			4) FT: Follow-Through Survey \$120			5) FT: Follow-Through Survey (Resurvey) \$30			For claiming against INC Only (wef 10 Jan 2015)			6) TR: Re-inspection \$75			7) NI: Idac DA + SMRT Survey \$160			8) NTUC Additional Services:-			* N5: Courtesy Car / Tpt Allowance \$5			* N6: Repair Co-ordination \$10			* N7: Post Repair Inspection \$25			* N8: DV / Collect Excess Coordination \$5			TP (N11): TP (Non INC) against INC \$20			9) N12: Idac Mobile \$30		
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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	07/01/2022 09:58 (SGT)
Date of Accident	06/01/2022 16:10 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	(BEFORE BRADDELL EXIT)
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC5549X
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AEDGE HOLDINGS PTE. LTD.
Company Reg No	2XXXXX323E
Email Address	william@aedge.com.sg
Mobile Phone No	(Phone) +65-91460806
Alternative Phone No	+65-92306733

### VEHICLE PARTICULARS

Manufacturer	Yutong
Model	Zk6107he
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	Auto
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	SAVARIMUTHU SURAIRAJ
Passport No/FIN	FXXXX039R

Date Of Birth	12/12/1970
Occupation	Outdoor
Date Of Driving Pass	27/01/2014
Driving experience	8 YEARS
Gender	Male
Mobile Number	(Phone) +65-92306733
Alt. Phone Number	-
Email Address	william@aedge.com.sg
Address	4009 ANG MO KIO AVENUE 10 #04-33
Address complement	TECHPLACE 1
Postcode	569738
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	SKW3649H
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

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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:

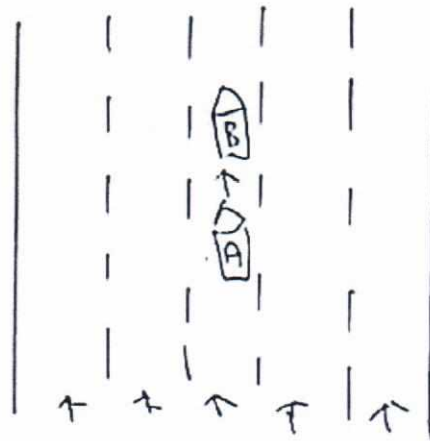


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NIC/TIN No.:

SKETCH PLAN

A- PC 5549X  
B- SKW 3649H



CTE Before  
Braddell Exit.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6/1/2022 around 16:10 hrs, I was driving my bus PC 5549X along CTE (Before Braddell Exit). Veh B SKW 3649H suddenly jam brake. I cannot stop in time and collided onto the rear portion of veh B.

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:  
NIC/TIN No.:

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: SRW 3649H

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: PC5549X

Owner contact no: 9146 0806

Date of accident: 6/1/2022

Location of accident: CTE (Before Braddell Exit)

Time of accident: 16:10hrs

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

Usage of veh during of accident:

Driver IC:

Driver Name :

Driver Pass date :

Driver Birth date :

Email Address: William @ Aedge . com .



Motor Bus

MZ601

R SN

BR0120A

Cov. Type: C

**CERTIFICATE OF INSURANCE**Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169)  
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.: ISB67E52502226076

Cha. No.: LZYTBTD69G1051822

1. Index Mark and Registration  
Number of Vehicle

PC5549X

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 Enactment01/06/2021  
(00:00:00)

Excess Sect. I. S\$3,000.00

Excess Sect. II S\$3,000.00

EX ON WINDSCREEN, S\$500.00

4. Date of Expiry of Insurance

31/05/2022

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. : DBS BANK 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: Gan Li Jia Jesca

Authorised Officer

Authorised Signatory



10 Sin Ming Drive Singapore 575701  
Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

Our ref 2112160101N020280290

21 Dec 2016

AEDGE HOLDINGS PTE. LTD.  
4009 ANG MO KIO AVENUE 10  
#04-33  
TECHPLACE 1  
SINGAPORE 569738



Dear Sir/Madam

**NOTIFICATION ON REGISTRATION OF VEHICLE AND ROAD TAX  
(PLEASE DISPLAY THE ENCLOSED ROAD TAX DISC ON YOUR VEHICLE  
WINDSCREEN)**

We wish to inform you that you have successfully registered vehicle PC5549X on 21 Dec 2016. The Business Transaction Reference No. is 20161221164335211873. **Enclosed is a validated road tax disc for the vehicle. Please display the said disc on your vehicle windscreen.**

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                    | : AEDGE HOLDINGS PTE. LTD.  |
| 2.  | Identification No. Type | : Company   |
| 3.  | Identification No.      | : 200509323E  |
| 4.  | Place Of Passport Issue | : -   |
| 5.  | Registered Address      | : 4009 ANG MO KIO AVENUE 10<br>#04-33<br>TECHPLACE 1<br>SINGAPORE 569738  |
| 6.  | Mailing Address         | : -   |
| 7.  | Vehicle No.             | : PC5549X   |
| 8.  | Vehicle Type            | : Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus  |
| 9.  | Vehicle Scheme          | : Public Service Vehicle (Others)   |
| 10. | Vehicle Make            | : YUTONG  |
| 11. | Vehicle Model           | : ZK6107HE AUTO   |
| 12. | Remarks                 | : This is a public service vehicle.<br>To renew the COE, the Prevailing Quota Premium payable<br>is that of Category C. |

3. You can login to LTA's e-Services@ONE.MOTORING (<http://www.onemotoring.com.sg>) to access a wide range of vehicle-related services using your NRIC number/FIN and SingPass. Firm and organisation can login to LTA's e-Services using User ID and Password or EASY. You can apply for your EASY account at <http://www.iras.gov.sg>. A separate Transaction PIN is required for the following transactions via the Internet or at our Electronic Service Agents. Please apply for your Transaction PIN before performing any of these transactions. Visit <http://www.onemotoring.com.sg> > **LTA Information & Guidelines > Transaction PIN & User Account** for more information about obtaining Transaction PIN and the documents needed (e.g. Board Resolution for company).

- a. Vehicle PIN - Transfer of Ownership and De-registration of Vehicle

- b. TCOE PIN - Transfer of TCOE (For Category C and E COE bid under individual)
- c. Rebate PIN - Transfer and Splitting of PARF/COE Rebate

4. All new In-vehicle Units (IUs) are covered by a 5-year warranty against manufacturer's defect.

5. Please contact our customer service officers on tel: 1800-CALL LTA (1800-2255 582) if you have any question.

Yours sincerely

NG LAY CHOO (MS)  
DEPUTY DIRECTOR, VRL SERVICE OPERATIONS  
VEHICLE SERVICES GROUP  
LAND TRANSPORT AUTHORITY

(This is a computer-generated notice that requires no signature.)

Transaction ref 20161221164335211873

The owner and vehicle particulars for Vehicle No. PC5549X as at 21 Dec 2016 are as follows:

1.	Name	: AEDGE HOLDINGS PTE. LTD.
2.	Identification No. Type	: Company
3.	Identification No.	: 200509323E
4.	Place Of Passport Issue	: -
5.	Registered Address	: 4009 ANG MO KIO AVENUE 10 #04-33 TECHPLACE 1 SINGAPORE 569738
6.	Mailing Address	: -
7.	Vehicle No.	: PC5549X
8.	Effective Date of Ownership	: 21 Dec 2016
9.	Original Registration Date	: 21 Dec 2016
10.	First Registration Date	: 21 Dec 2016
11.	Vehicle Type	: Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus
12.	Vehicle Scheme	: Public Service Vehicle (Others)
13.	Attachment 1	: Air-Conditioned
14.	Attachment 2	: -
15.	Attachment 3	: -
16.	Vehicle Make	: YUTONG
17.	Vehicle Model	: ZK6107HE AUTO
18.	Year of Manufacture	: 2016
19.	Primary Colour	: Multi-Colour
20.	Secondary Colour	: -
21.	Passenger Capacity	: 45
22.	Chassis/Trailer Chassis No.	: LZYTBT69G1051822 / -
23.	Propellant/Emission Standard	: Diesel / Euro V
24.	Engine No./Motor No.	: ISB67E525022226076 / -
25.	Engine Capacity(cc)/Power Rating(kW)	: 6690 / -
26.	Maximum Power Output(kW/bhp)	: - / -
27.	Unladen Weight(kg)	: 11140
28.	Maximum Laden Weight(kg)	: 15500
29.	Open Market Value	: \$113,498.00
30.	PARF Eligibility	: No
31.	PARF Eligibility Expiry Date	: -
32.	Minimum PARF Benefit	: \$0.00
33.	IU Label No.	: - 205 010 9296
34.	COE No.	: 2017010105000132C
35.	COE Expiry Date	: 20 Dec 2026
36.	COE Category	: C - Goods Vehicle & Bus
37.	Quota Premium/Prevailing Quota Premium	: \$51,209.00
38.	Actual Quota Premium/PQP Paid	: \$51,209.00
39.	Actual ARF Paid	: \$5,675.00
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	: 20 Dec 2036
45.	Road Tax Amount	: \$595.00
46.	Road Tax Start Date	: 21 Dec 2016
47.	Road Tax End Date	: 20 Jun 2017
48.	Remarks	: This is a public service vehicle. To renew the COE, the Prevailing Quota Premium payable is that of Category C.