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	hoto Uploaded		!	1808 100	
11 Idistret.	essment/Survey Report	-			
	't Report by Fax / Hand to	o Owner(M)	(81)		
Professed Wksp / INC Assign Wksp / QW: (TP Particulars: Veh No: 020 5)	000	Tel:	fax:)
TP Particulars: Veh No: 838 5) Owner / Driver: (INC ()/Non-l	NC()	The section of the se	erre s. d speciale réceives des desser- en -
Policy No: () Period (***************************************	Tel:	74		
Confirmed by : (Date:	Cover Typ	Tine:		
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() Total Loss Case : to e-mail Insurer URG	ENTLY.				
Drive-In () / Towed-In (); Invoice: YES ()/NO();T	owing Co.	Marie and the second of the desire of second	in kyrani dhakapa (Ap. 1840).)
Remarks;- (INC horline: 6788 6616)	Phys. Bightton or than	Date&Tim	e Completed	Done	by
Apply for Transport Allowance ()/ Courtesy	Car()				
2) QC Check / Post Repair Inspection	()	THE STATE OF THE S	the same of the sa	tan ujano (dilimba ant tor	
3) Upload Resurvey Photo [Repair Cost > \$3000]	()				
Injury:					
Date/Time Actions					De goddinood (Cone art.
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X/A 2200 [1]	Invoice Pre		neckast .	lat Bill	Add Bill
Claimant's Particulars :-	2) DA : Damage	Assessment (S	(100); INC (\$30)		
Driver/Owner:	3) TF : Towing I 4) FT : Follow-T	hrough Survey	\$40/\$4 \$12		
Contact No:	5) eT : Fullow-T		(Resurvey) \$3 y (wef 10 Jun 2005)	10	and the second second second second second
Damaged Portion:	6) TR : Re-inspe 7) N1 : Idae DA	ction ,			:
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QC Checked by (Engr-In-Charge):		Cor/Tpt Allo	the second rate of the second second section in the second	3	
Auditors' Comments :-	*No: Repair C *N7: Fost Rep	la-ordination mir laspection	\$1 S2		
Cat. 1:		llect Excess Co. (Non INC) ago	The state of the s	20	
AL 2/3:	9) N12: Idia Mo		3	(4)	PRESENT MAIN
www.co.t.c.fid	Involve dated		Fee Charged Fee Charged	INCOME.	
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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 witholding 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
Date of Accident
Exact Location of Accident
Additional Location Information
Country/State of Loss

12/01/2022 11:39 (SGT) 12/01/2022 06:50 (SGT) Ang Mo Kio Ave 9, Singapore JUNCTION ANG MO KIO AVENUE 6 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

PA7416T

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Yes
THE BUSLINE CONNECTION
5XXXX043C
kopi323@gmail.com
(Phone) +65-91131010
+65-91131010

VEHICLE PARTICULARS

Manufacturer

Alternative Phone No

Model
Variant
Exact purpose for which vehicle was being used at time of accident
Are you claiming under your own insurance policy for repair to your vehicle?
Vehicle Category
Transmission

King Long XMQ6900K

Employment

No - Reporting only Bus Manual

6700

INSURANCE COMPANY

Cover Note Number

Name of Insurance Company Type of Coverage Fleet Policy Policy Number

China Taiping Insurance (Singapore) Pte. Ltd. ThirdPartyFireTheft

No

DMB1SNW00017542106

DRIVER

CC

Name of Driver

LEE KOON POI SXXXX171Z

* Date Of Birth	04/40/4050
Occupation	01/10/1953
- Date Of Driving Pass	Outdoor
Driving experience	17/07/1984
Gender	37 YEARS AND 6 MONTHS
Mobile Number	Male
Alt. Phone Number	(Phone) +65-91131010
Email Address	•
Address	kopi323@gmail.com
Address complement	BLK 323 SERANGOON AVENUE 3 #09-232
Postanda	
	550323
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	110
	-
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Towns of A. C. C.	
Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry
	5.9
OTHER INFORMATION	
The state of the s	
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)	PGT
Has the driver been approached by unknown person(s)	1
soliciting/offering accident claims assistance?	No
g account didinio desistance :	No
DETAIL C OF DOLLOF 4 OTION	
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-
SO & SO E SE SECOND PROPERTY CONTRACTOR SECOND PROPERTY SECOND	•
CIDCUMOTANIOSO OS ACOUSTA	
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
711 (10)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No
DETAILS OF STUES	
DETAILS OF OTHER	VEHICLE PROPERTY 1
10 Marie 2 177	
Vehicle Registration Number	SBS5232R
Vehicle Manufacturer	
Vehicle Model	
Vehicle Variant	
Vehicle Colour	-
Vehicle Category	- D
Name of Driver	Bus
Contact Number	•
Address	•
Address complement	-
, was 655 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 artificent to speed up the claims process
- 2. This form must be completed by the Policyholder and for the Authorised Differ
- Information provided must be as Institutional accurate as possible. Any welful misrepresentation or withholding of material facts may allow insurance companies to graphic policy liability.
- 4. The lieue and acceptance of this form by incurance companies is not an admission of policy hability on the part of the insurance companies.
- 5 Any false reporting may be referred to the Police for Investigation.
- G. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for arthlying and that copies of this report will for a fee be made available upon application by interested parties.
- 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.
- B. Consent under the Personal Data Protection Act (PDPA)

I understand, attnowledge, 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 the or possessed by my impure (soffectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured webicle(s) involved in this accident (all insurer(s) who have insured webicle(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 :
 - 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 invoice 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 daims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' bayers/law firms, may/are permitted to collect, use, disclose end/or process my Personal information for one or more of the above Purposes, and
- (r) my Personal information may/can be disclosed by any of the insurers and/or GIA to their shird party sends 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.

The Bustine Cornection

The Bustine Connection

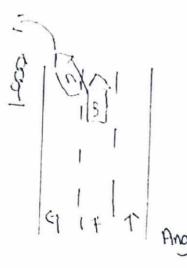
Policyholder's Signature
Date & Time

Driver's Signature (Il domer is not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

HINGTIN No.



B-SBS 5232R

Ang mo kio Ave 9 Ave 6.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 12 liloo 20	around closchys, I was	Atubus Mr. Bus PA 741	- T
along Ana Mot		1	
· J.		ull I was turning left	r, my
Bus righted again	ws-1 veh B SBS 5>32	B side mirror.	
0		5 200 1111101	
ECLARATION			
ive deciare the foregoing parti	culars are true in every respect.		
Bustine Connection	1 / The Rustin	0	1
	The Bustine	Correction	/
licyholder's Signature		AN 19/01	202
te & Time:	Oriver's Signature (If driver is not the policyholder)	Reporting Contre Personnel's Sign	hure /
province (1900april)	Date & Time:	Name:	1 mHa
	TOTAL STREET	NRIC/FIN No.:	MANA.

Road surface: Ory / Wet Weather condition: Clear / Raining	Usage of veh during of accident:
Speed:	
	Driver IC:
Does driver own a vehicle: yes/no	Driver Name :
if yes, veh number plate:	Driver Pass date :
veh insurance co:	Drver Birth date:
Relationship with insured: EMPlayer Remplayer Witness (if any): yes/no Witness name:	
Witness amail /if analy	
vvitness email (if any):	
Witness add:	
Witness IC no:	
Third party veh number: SRS 5332. 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 / repo	orting only) Male
Connect3 client vehicle no: PA74161. Owner contact no: 91131010 Date of accident: 1211 2022 Location of accident: 4 Angrow 120 Ave 9 X Ave 6. Time of accident: 065041	Address: Fopi 313 Quinail. Com



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

Motor Bus

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)

MZ601

SN

AN0580A Cov. Type:F

CERTIFICATE No.

DMB1SNW00017542106

Engine No.: 21783325

Cha. No.:LKLR1DSC17B201459

1. Index Mark and Registration

Number of Vehicle

PA7416T

AUTOSAFE

2. Name of Policy Holder

THE BUSLINE CONNECTION

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

29/12/2021

Excess Sect. I -Fire & Theft .

\$\$1,000.00

(00:00:00)

Excess Sect. II

\$\$1,500.00

Date of Expiry of Insurance

28/12/2022

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 Provided the 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. 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.: TATCO CREDIT 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:

ODDS & EVEN Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) 希 3 Anson Road #16-00 Springleaf Tower Singapore 079909

© 6389 6111

6222 1033

www.sg.cntaiping.com

Transaction ref 20170726165332546533

The owner and vehicle particulars for Vehicle No. PA7416T as at 26 Jul 2017 are as follows:

1. Name : THE BUSLINE CONNECTION 2. Identification No. Type : Business 3. Identification No. : 52856043C 4. Place Of Passport Issue : -5. Vehicle No. .: PA7416T 6. Previous Vehicle No. : -7. Effective Date of Ownership : 26 Jul 2017 Original Registration Date : 29 Dec 2007 9. First Registration Date : 29 Dcc 2007 10. Vehicle Type : Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus 11. Vehicle Scheme : Public Service Vehicle (Others) 12. Attachment 1 : Air-Conditioned 13. Attachment 2 : -14. Attachment 3 15. Vehicle Make : KING LONG 16. Vehicle Model : XMQ6900K -17. Year of Manufacture : 2007 18. Primary Colour : White 19. Secondary Colour : -20. Passenger Capacity : 41 21. Chassis/Trailer Chassis No. : LKLRIDSC17B201459 / -22. Propellant : Dicsel 23. Engine No./Motor No. : 21783325 / -24. Engine Capacity(cc)/Power Rating(kW) : 6700 / -25. Maximum Power Output(kW/bhp) :-/-26. Unladen Weight(kg) : 8540

> 地方介作を入作用公司 TATCO CREDIT FIELTO

Transaction ref 20200116174026743870

Please check that the owner and vehicle details are correct:

33. IU Label No.	: 1042822634
34. COE No.	: 2010010105000146M
 COE Expiry Date 	: 26 Jan 2020
COE Category	: C - Goods Vehicle & Bus
 Quota Premium/Prevailing Quota Premium 	: \$18,289.00 / -
38. Actual Quota Premium/PQP Paid	: \$18,289.00
39. Actual ARF Paid	: \$1,249.00
40. CO2 Emission(g/km)	:-
41. CO Emission(g/km)	:-
42. HC Emission(g/km)	:-
43. NOx Emission(g/km)	
44. PM Emission(mg/km)	:-
45. Actual CEVS/VES Rebate Utilised	:-
 CEVS/VES Surcharge Paid 	:-
47. Actual Green Vehicle Rebate Utilised	:-
48. Vehicle Lifespan Expiry Date	: 26 Jan 2030
49. Road Tax Amount	: \$0.00
50. Road Tax Start Date	: 20 Jan 2020
51. Road Tax End Date	: 26 Jan 2020
52. Remarks	:-