

ASS. REC. BY:

Steve

CS3/CTI 2/27/252/EVC

ASSIGNMENT

From:

PRS

Date:

Veh No:

PC 5988L

Yr Regn:

3/3/17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

15024 LT434P

c.c.

7790

Colour:

Mauve

A/C:

Insured / Std / NI / N

Sp. Reading

254062

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

JALLT434P6700064

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Locked / Burnt or

Brake: Inorder / Jammed / Locked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

11R22.5

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Pirelli

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

3216/21

O.O.I.

2/7/21

Survey held at

FTL Auto

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear RH; Fm LH

The U/C / Chassis frame / Body Structure affected due to collision

Insured: XD 6424R

Policy No. DMCVSNA00117192000

Claims No. SNM21D203676/C02/THAMYL

Sum Insured:

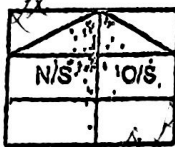
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

SIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Cum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time

Action / Instruction

MK-180K

repair range \$130K - \$140K

50 rep days

6/7/21

Submit PRS, repair range \$130,000-\$140,000

File/Time, File, Poss. to



: Prel. Report



: Final Report

File/Time, File Return to

6/7/21-Typist

Days Of Repair: 50

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Inve (\$



: Weekend (\$

S + RS, SI

Photos

Culture

TOTAL

Formal: PRS

File/Time, File, Poss. to

SC0K21710001 / Connect3
ENTRY DATE & TIME: 01/07/2021 15:05 (SGT)
SUBMITTED BY: Vivian
VERSION: 1 (01/07/2021 15:05 (SGT))

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 Authorized 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	01/07/2021 15:05 (SGT)
Date of Accident	30/06/2021 17:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LIM CHU KANG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC5988L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BKK TRAVEL PTE LTD
Company Reg No	2XXXXX387C
Email Address	BC@LONGLIM.COM
Mobile Phone No	(Phone) +65-90230917
Alternative Phone No	+65-90230917

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	LT434P
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	7790

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	CN116913
Cover Note Number	-

DRIVER

Name of Driver	WEI HONGDA
Passport No/FIN	GXXXX744R

Date Of Birth	07/03/1987
Occupation	Outdoor
Date Of Driving Pass	18/05/2018
Driving experience	3 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-83878792
Alt. Phone Number	-
Email Address	BC@LONGLIM.COM
Address	34 Jln Tari Piring
Address complement	-
Postcode	799187
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	Collided into Parked Vehicle
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?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT

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

Vehicle Registration Number	XD6424R
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. The form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to regulate 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 to the GfA Records Management Centre established by the General Insurance Association of Singapore (GfA) for archiving and that copies of this report will for a fee be made available upon application by interested parties
7. By the lodging of this report to the insurers, you have by consent to the archiving of this report at the centre and to copies of the report being made available abroad
8. Consent under the Personal Data Protection Act (PDPA)

I/We stand, acknowledge, agree and consent that

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GfA") 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 insurers (or have insured vehicles) involved in this accident (all insurers (or who have insured vehicles) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Ministry Authority of Singapore and any relevant government agency/authority (such as the police) for the purposes 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
 My compliance with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) A Insurers 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/are be disclosed by any of the Insurers and/or GfA to their third party service providers or agent (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 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

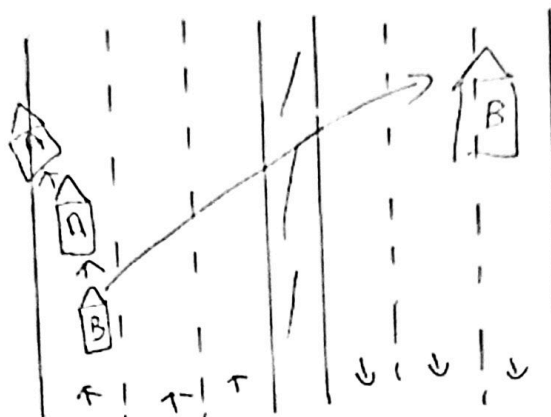


Driver's Signature
(If driver is not the policyholder)
Date & Time

Reporting Centre Personnel's Signature
Name
NRIC/ID No.



SKETCH PLAN



A - PC5988L

B - XDE424R

Lim Chu Kang Road.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police report.

DECLARATION

I/We declare the foregoing particulars are true in every respect

Policeholder's signature
Date & Time



Driver's signature
(If driver is not the policeholder)
Date & Time

X 魏宏达

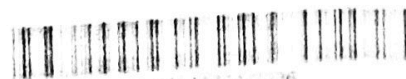
Reporting Centre Person
Name
NR/S/ID No

A





**SINGAPORE
POLICE FORCE**



T/20210731/2036

1 of 3

Police Station Of Origin:
Yishun North N.P.C.
31 Yishun Central SINGAPORE 768827
Tel No. 1800-8529999

Report No. T/20210731/2036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
01/07/2021 12:15

Video Report No.:
J/20210630/0078

Station Diary No.:
47

Informant's Particulars

Name of Informant WEI HONGDA			Address 63 JALAN SENANG SINGAPORE 418352	
ID Type / ID No. FIN NO / G5017744R			Contact No. Home/Office	Mobile 83878792
Nationality CHINESE			Email	
Sex Male	Age 34	Date of Birth 07/03/1987	Type of Informant Driver	
Race Chinese			Language Mandarin	Institution / School Name
Occupation Bus driver			Driving Licence Information Class 3.4	Date of Expiry

General Information of the Accident

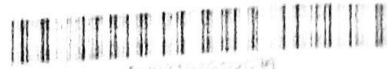
Type of Accident	Non-Injury	Drink Drive No	Date/Time of Accident 30/06/2021 17:30	Type of Location Straight Road
Location LIM CHU KANG ROAD				
Weather Clear		Road Surface Dry	Road Speed Limit	
Traffic Flow Two Way		Traffic Control Not Controlled	Traffic Volume Light	
Type of Collision Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC5988L	Bus/Coach/Mi nibus				Seriously Damaged	0
XD6424R	Truck				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



1/20210701/2036

2 of 3

Report No: T120210701/2036

Police Station Of Origin

Yishun North N P C

31 Yishun Central SINGAPORE 768827

Tel No: 1800 8529999

CONTINUATION OF REPORT

Brief Details.

I am currently staying at Blk 253 Yishun Ring Road #10-1043 Singapore 760253.

On 30/06/2021 at about 5 30pm, I was driving my company private bus (PC 5988L) on the most left lane of a 3 lane road along Lim Chu Kang Road. I then stopped my vehicle at the roadside to check the map as I have to pick up passengers at nearby. I then turned on my hazard light. Shortly, a truck (XD6424P) from behind and collided onto the back of my bus. The bus then moved forward to the grass patch and hit onto the railing.

There were two passer-by came to assist us. They had called for the Police (J/20210630/0078) and the ambulance. No one was injured and no one was send to the hospital.

My back right side of the bus was badly damaged. The right front of the bus was damaged. The left bottom front was dislodged.

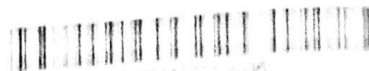
The front of the truck was badly damaged.

I was advised to lodge a Road Traffic Accident Report by the Traffic Police.



SINGAPORE POLICE FORCE

Police Station Of Origin
Yishun North N.P.C.
31 Yishun Central SINGAPORE 768827
Tel No 1800 8529999



1-20210701-2536

3 of 3

Report No. T/20210701-2536

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference

Signature Of Officer Recording The Report
L /
Sgt 3 KOH JIN BAO

Signature Of Informant

[Handwritten Signature]

Signature Of Interpreter
Not applicable

Date/Time
01/07/2021 12:15

Officer In Charge Of Case:
TP / GIA /
SI TAN JEOK LENG
Contact No 65476151

Classification Of Case

Authentication Stamp
166



Signature

SN 085

Singapore Police Force