

NATIONAL Assessment Centre Services

5108221P0005

Date In: 25/1/22 17:38	Job description	Date & Time Completed	Done by
Ref No: NBA/CT122000893/1	SAS e-filing	✓	
Veh No: PC3474R	E-mail (within 3hrs. At: 2hrs)		
DOA: 25/1/22 09:50	I-Motor Claim Form		
TP Reporting Only	I-Motor W/O (Within 10 hrs. 10 hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner (VRSN)		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: PC1889R	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: 21-70%; 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 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

NA2200425	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	Claimant's Particulars:	1) AR: Accident Reporting (\$30)	1st Bill	Add Bill
	Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
	Contact No:	3) TF: Towing Fee \$40/\$45		
	Damaged Portion:	4) FT: Follow-Through Survey \$120		
	QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
	Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2015)		
	Cat. 1:	6) TR: Re-inspection \$75		
	Cat. 2 / 3:	7) NI: Inc DA + SMRT Survey \$160		
		8) NTUC Additional Services:-		
	9) NI: DV / Collect Excess Coordination \$5			
	10) NI: TP (Non INC) against INC \$20			
	11) NI: Blue Mobile \$0			
	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		

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	25/01/2022 17:38 (SGT)
Date of Accident	25/01/2022 07:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3474R
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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	(Office) +65-91460806

VEHICLE PARTICULARS

Manufacturer	Yutong
Model	Zk6107h
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
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	KOH KIAH HENG
NRIC No	SXXXX964I

Date Of Birth	31/10/1961
Occupation	Outdoor
Date Of Driving Pass	15/04/1985
Driving experience	36 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96779960
Alt. Phone Number	-
Email Address	WILLIAM@AEDGE.COM.SG
Address	BLK 872 WOODLANDS ST 81
Address complement	#03-278
Postcode	730872
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	11
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Male

PASSENGER 4

Name	UNKNOWN
Gender	Male

PASSENGER 5

Name	UNKNOWN
Gender	Male

PASSENGER 6

Name	UNKNOWN
Gender	Male

PASSENGER 7

Name	UNKNOWN
Gender	Male

PASSENGER 8

Name	UNKNOWN
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Gender	Male
PASSENGER 9	
Name	UNKNOWN
Gender	Female
PASSENGER 10	
Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO: T/20220125/7006

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	PC1889R
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLB6458X
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	GX4781T
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	PC1889R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

PIE Twos
Tuas.



A - PC3474R

B - PC 1889 R

C-SLB 64582

D-6x47815

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police Report

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:	
NR/C/TIN No.:	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 aforeaid.

B. 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:
NRIC/TIN No.:



SINGAPORE POLICE FORCE



T/20220125/7006

1 of 3

Report No. T/20220125/7006

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/01/2022 11:47	Vide Report No.: J/20220125/0038	Station Diary No.:
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Informant's Particulars

Name of Informant: KOH KIAH HENG			Address: 872 WOODLANDS STREET 81 #03-278 SINGAPORE 730872		
ID Type / ID No.: NRIC NO / S1492964I			Contact No.: Home/Office: Mobile: 96779960		
Nationality: SINGAPORE CITIZEN			Email: KOHKIAHHENG@GMAIL.COM		
Sex: Male	Age: 60	Date of Birth: 31/10/1961	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/01/2022 07:50	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GX4781T	Van					0
PC1889R	Bus/Coach/Mi nibus					0
PC3474R	Van					0
SLB6458X	Car					0



**SINGAPORE
POLICE FORCE**



T/20220125/7006

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20220125/7006

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	PC1889R (Bus/Coach/Minibus)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Driver			
Name	KOH KIAH HENG	ID No.	S1492964I
Related Vehicle	PC3474R (Van)	Contact No.	96779960
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

ON 25/01/2022 AROUND 0750HRS, I WAS DRIVING MY BUS PC3474R ALONG PIE TWDS TUAS. 1ST VEH GX4781T BREAKDOWN ON THE 2ND LAND, 2ND VEH SLB6458X AND 3RD VEH PC1889R SLOW DOWN, I FOLLOW SUIT BUT I CANNOT STOP IN TIME AND COLLIDED ONTO THE 3RD VEH DUE TO THE MPACT 3RD VEH MOVE FORWARD AND HIT ONTO 2ND VEH AND 1ST VEH. TOTAL THERE ARE 4 VEH INVOLVED IN THE ACCIDENT. 3RD VEH PC1889R PASSENGERS WAS INJURE AND CONVEY TO HOSPITAL.



**SINGAPORE
POLICE FORCE**



T/20220125/7006

3 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No 65470000

Report No T/20220125/7006

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
CHONG GUAN FATT
Contact No.: 65476083

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
25/01/2022 11:47

Classification Of Case:

NP168

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: Employee / Employer
Witness (if any): yes / no
Witness name: _____
Witness hp: _____
Witness email (if any): _____
Witness add: _____
Witness IC no: _____

Third party veh number: GZ47817, SLB64582, PC1889R
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: 10 ubi Ave 3.
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: 11

8 Male
2 Female

Connect3 client vehicle no: PC3474R
Owner contact no: 9146 0806
Date of accident: 25/01/2002
Location of accident: PIE Twds Tuas
Time of accident : 0750hrs
Any Injury: yes / no (if yes, must have police report)

Driver : 96779960

Usage of veh during of accident:

Driver IC:
Driver Name :
Driver Pass date :
Driver Birth date :

Email Address: William @ Aedge.com.sg

Aedge holdings Pte Ltd 200509323E
Yutong ZK6107H A
6690 cc



Motor Bus

MZ601

R SN

BR0120A

Cov. Type:C

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. DMB1SNA00006262102

Engine No.: ISB67E525022127512

Cha. No.: LZYTBD64E1024346

1. Index Mark and Registration
Number of Vehicle

PC3474R

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 Enactment

01/06/2021
(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