

NATION 17 Assessment Centre Services

SN08223V0005

| | | | |
|-------------------------------|--|------------------------|----------|
| Date In: 21/03/2022 18:03 | Job description: SAS e-filing | Time & Time Completed: | Done by: |
| Ref No: N/A/C17/2008029/4 | E-mail (within 2hrs. After 2hrs): | | |
| Veh No: PC 7821X | i-Motor Claim Form | | |
| Doc A: 30/03/2022 17:10 | i-Motor W/O (within 24 hrs. 1P 4hrs) | | |
| TP Insurer: TP Reporting Only | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: GBL3983G | 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 |
|-----------|---------|
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| | | | |
|---------------------------------|---|-----------------------|-----------------------|
| NA2200866 | Invoice Preparation Checklist | Am't (\$) 1st Bill | Am't (\$) Add Bill |
| Claimant's Particulars :- | 1) AR: Accident Reporting (\$30) | | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100), INC (\$80) | | |
| 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) \$10 | | |
| Auditors' Comments :- | For claiming against INC Only (wef 10 Jan 2015) | | |
| Cat 1: | 6) TR: Re-inspection \$75 | | |
| Cat 2 / 3: | 7) N1: Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | ON: | | |
| | * 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 (N4: INC) against INC \$20 | | |
| | 9) N12: Idac 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 GIACC 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 | 31/03/2022 18:03 (SGT) |
| Date of Accident | 30/03/2022 17:10 (SGT) |
| Exact Location of Accident | 100 Sembawang Dr, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------------------|
| Vehicle Registration Number | PC7821X |
| INSURED/POLICYHOLDER | |
| Is company? | Yes |
| Name Of Registered Owner | NLS TRANSPORT SERVICES PTE. LTD. |
| Company Reg No | 2XXXXX299K |
| Email Address | enquiry@nlstransportservices.com.sg |
| Mobile Phone No | (Phone) +65-93838450 |
| Alternative Phone No | +65-81327979 |

VEHICLE PARTICULARS

| | |
|--|---------------------|
| Manufacturer | Toyota |
| Model | Coaster |
| 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 | Manual |
| CC | 4009 |

INSURANCE COMPANY

| | |
|---------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Type of Coverage | ThirdPartyFireTheft |
| Fleet Policy | No |
| Policy Number | DMB1SNW00004172200 |
| Cover Note Number | - |

DRIVER

| | |
|-----------------|----------------|
| Name of Driver | HOY CHOON YEAN |
| Passport No/FIN | FXXXX999R |

| | |
|--|-------------------------------------|
| Date Of Birth | 11/08/1979 |
| Occupation | Outdoor |
| Date Of Driving Pass | 02/09/2021 |
| Driving experience | 6 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-81327979 |
| Alt. Phone Number | - |
| Email Address | enquiry@nlstransportservices.com.sg |
| Address | BLK 231 COMPASSVALE WALK #04-450 |
| Address complement | - |
| Postcode | 540231 |
| 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 on collision |
| 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) | 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 | GBL3983G |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |

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.

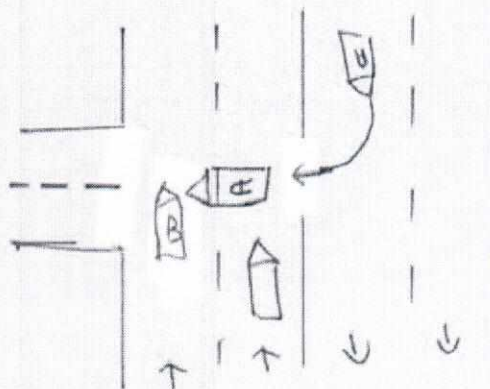
X 
Policyholder's Signature
Date & Time: 


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


Reporting Centre Personnel's Signature
Name: 21/03/2022
NRIC/FIN No.:

A - PC7821X.

B - GBL39836



100 Sembawang Drive.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 30/3/2022 around 1710hrs, I was driving my Bus PC7821X along 100 Sembawang Drive. When I was making a right turn, veh B GBL39836 travel on the oppsite direction and collided onto my bus front portion.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:



[Signature]

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

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

31/03/2022

Road surface: Dry / Wet
Weather condition: Clear / Raining
Speed: _____

Usage of veh during of accident:

Does driver own a vehicle: yes/no
if yes, veh number plate: _____
veh insurance co: _____

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

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: GBL 39836
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: PC 78212
Owner contact no: 93838450
Date of accident: 30/5/2022
Location of accident: 100 Sembawang Dr
Time of accident: 1710hrs.
Any Injury: yes /no (if yes, must have police report)

Email Address: enquiry@nls transport services. com .sg.



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Bus

MZ601

N SN

AN0740A

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. | DMB1SNW00004172200 | Engine No.: N04CUH11627 | Cha. No.: JTGEPS38806000053 |
| 1. Index Mark and Registration Number of Vehicle | PC7821X | | |
| 2. Name of Policy Holder | NLS TRANSPORT SERVICES PTE. LTD. | | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment | 19/03/2022 (00:00:00) | Excess Sect. II | S\$1,500.00 |
| 4. Date of Expiry of Insurance | 18/03/2023 | | |
| 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. | | |

* 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: TATCO ENTERPRISE
Authorised Officer

杨亚美
Authorised Signatory

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

☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com

達高企業
TATCO ENTERPRISE
250/252 JALAN KAYU
SINGAPORE 799475/78
TEL: 6482 0153 FAX: 6481 1903

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport /Company Cert No.: 201816299K
 Owner ID Type: Company
 Owner Name: NLS TRANSPORT SERVICES PTE. LTD.
 Registered Address: APT BLK 231 COMPASSVALE WALK #04-450 SINGAPORE 540231
 Mailing Address: -
 Birth Date: -

Vehicle Particulars

Vehicle No.: PC7821X
 Previous Vehicle No.: -
 Effective Date of Ownership: 30 Apr 2019
 Original Regn Date: 19 Mar 2010
 Registration Date: 19 Mar 2010
 Year of Manufacture: 2009
 Vehicle Type: Private Hire (Chauffeur) Bus/Coach/Minibus
 Vehicle Scheme: Public Service Vehicle (Others)
 Vehicle Attachment 1: Air-Conditioned
 Vehicle Attachment 2: -
 Vehicle Attachment 3: -
 Vehicle Make: TOYOTA
 Vehicle Model: COASTER SUPER LWB
 Primary Colour: White
 Secondary Colour: -
 Passenger Capacity: 23
 Chassis No.: JTGE538806000053
 Engine No.: N04CUH11627
 Engine Capacity /Power Rating: 4009 cc / -
 Maximum Power Output: -
 Propellant: Diesel

| | |
|--|-----------------------------------|
| Max Unladen Weight: | 3720 kg |
| Maximum Laden Weight: | 5600 kg |
| Open Market Value: | \$80,387.00 |
| PARF Eligibility: | No |
| PARF Eligibility Expiry Date: | - |
| Minimum PARF Benefit: | - |
| No. of Transfers: | 4 |
| IU Label No.: | 1550238521 |
| COE No.: | 2010030105000155M |
| COE Expiry Date: | 18 Mar 2020 |
| COE Category: | C - Goods Vehicle & Bus |
| COE Registration Category: | C - Goods Vehicle & Bus |
| Quota Premium (QP) / Prevailing Quota Premium: | \$21,390.00 / - |
| Actual QP Paid: | \$21,390.00 |
| QP (Regn Cat): | \$21,390.00 |
| OPC Cash Rebate Eligibility: | No |
| QP during COE Bidding Exercise: | \$21,390.00 |
| Additional Registration Fee Rate: | 5.00 % |
| Actual ARF Paid: | \$4,020.00 |
| Vehicle Lifespan Expiry Date: | 18 Mar 2030 |
| CO2 Emission: | - |
| CO Emission: | - |
| HC Emission: | - |
| NOx Emission: | - |
| PM Emission: | - |
| Message: | This is a public service vehicle. |

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

HOY CHOON YEAN

11 Aug 1979

24 May 2018

22.06.2023

F8238999R

0028061850

8132 7979.

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

| Class | Vehicle Class | Effective Date |
|---------|--|----------------|
| Class 1 | Motorcycles < 350cc / Electric Motorcycles < 15kW | 25 Jun 2001 |
| Class 2 | Ambulances / Motor cars < 3500cc / with a gross weight, exclusive of the driver, motor vehicles < 2500kg | 02 Sep 2011 |
| Class 4 | Heavy motor cars and motor tractors > 2500kg | 02 Sep 2021 |

S / No 9000392984

F8238999R

NP 428A

Licence No: F8238999R