

Date In: 27/04/2022 13:04	Job description	Date & Time Completed	Done by
Ref No: 113A/C7/22003967/Y	SAS e-filing		
Veh No: PC 2738L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 27/04/2022 06:45	i-Motor Claim Form		
OD: TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-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: 6B58K	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

NA2201130	Invoice Preparation Checklist	Am't (\$) In 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		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
C Checked by (Engr-In-Charge):	*N3: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TE (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
t. 1:	Invoice dated	Fee Charged	
t. 2 / 3:	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	27/04/2022 13:04 (SGT)
Date of Accident	27/04/2022 06:45 (SGT)
Exact Location of Accident	20 Benoi Cres, Singapore 629983
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC2738L
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	YZ TRANSPORT SERVICES
Company Reg No	5XXXX806J
Email Address	yztransportservice@gmail.com
Mobile Phone No	(Phone) +65-90884418
Alternative Phone No	+65-90884418

### VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	LT134P
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	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMB1SNA00009772100
Cover Note Number	-

### DRIVER

Name of Driver	DAVID SIM HAI CHEOK
NRIC No	SXXXX298A

Date Of Birth	19/09/1960
Occupation	Outdoor
Date Of Driving Pass	03/01/1984
Driving experience	38 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90884418
Alt. Phone Number	-
Email Address	yztransportservice@gmail.com
Address	BLK 208 BOON LAY PLACE #09-169
Address complement	-
Postcode	640208
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 - Major/Minor Rd
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	GBB528K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

Postcode	-
Insurance Company Name	Great American Insurance Company
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. This form must be completed by the Policyholder and/or the Authorised Person.
3. Information provided must be as truthful and accurate as possible. Any willful 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 insured companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the FIA Towards 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 lodging 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 be permitted to collect, use and 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 insurers) 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 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 to me;
  - (iv) administering my claims (including the making of correspondence, statements, surveys, 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 be 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 mediating, investigating, handling or managing fraud;
  - (ii) regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
  - (iii) for complying with requirements under any regulations, laws or court orders.

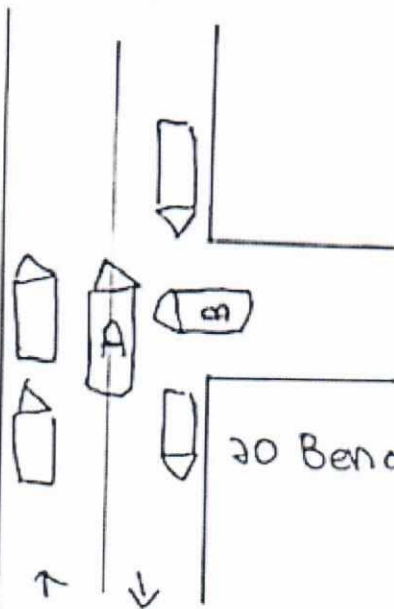
Policyholder's Signature  
Date & Time

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

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

SKETCH PLAN

A-PC 2738L  
B-GBB 528K.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 27/4/2022 around 0645hrs, I was driving my Bus 20 Benoi Crescent. My Bus was travelling straight, I saw veh B GBB 528K exit from 20 Benoi Crescent. I quickly horn veh B. veh B still exit and brush against my right side portion.

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

Resolving Centre Personnel's Signature  
Name  
NRIC/TIN No.



Road surface: Wet / Dry

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: GBD 528L

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: G.A

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: PC2738L

Owner contact no: 9088 4418

Date of accident: 27/4/2021

Location of accident: 20 Boro Crescent

Time of accident: 0645 hrs

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

Email Address: tztransportservice@gmail.com



Motor Bus

MZ601

N SN

AN0144A

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.

DMB1SNA00009772100

Engine No.: 6HK1454676

Cha. No.: JALLT134P77000141

1. Index Mark and Registration  
Number of Vehicle

PC2738L

AUTOSAFE  
=====

2. Name of Policy Holder

YZ TRANSPORT SERVICE

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

05/08/2021  
(00:00:00)

Excess Sect I. S\$2,000.00

Excess Sect. II S\$1,500.00

EX ON WINDSCREEN. S\$100.00

4. Date of Expiry of Insurance

04/08/2022

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. : LIAN HONG PTE LTD

\* 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: \_\_\_\_\_  
Zhong YueQiang  
Authorised Officer

\_\_\_\_\_  
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



Transaction ref 20130713103021435800

The owner and vehicle particulars for Vehicle No. PC2738L as at 13 Jul 2013 are as follows:

1.	Name	: YZ TRANSPORT SERVICE
2.	Identification No. Type	: Business
3.	Identification No.	: 53187806J
4.	Place Of Passport Issue	: -
5.	Vehicle No.	: PC2738L
6.	Previous Vehicle No.	: -
7.	Effective Date of Ownership	: 13 Jul 2013
8.	Original Registration Date	: 21 Sep 2007
9.	First Registration Date	: 21 Sep 2007
10.	Vehicle Type	: D20 - Private Hire Bus/Coach/Minibus
11.	Vehicle Scheme	: Public Service Vehicle (Others)
12.	Attachment 1	: Air-Conditioned
13.	Attachment 2	: -
14.	Attachment 3	: -
15.	Vehicle Make	: ISUZU
16.	Vehicle Model	: LT134P
17.	Year of Manufacture	: 2007
18.	Primary Colour	: Multi-Colored
19.	Secondary Colour	: -
20.	Passenger Capacity	: 49
21.	Chassis/Trailer Chassis No.	: JALLT134P77000141 / -
22.	Propellant	: Diesel
23.	Engine No./Motor No.	: 6HK1454676 / -
24.	Engine Capacity(cc)/Power Rating(kw)	: 7790 / -
25.	Unladen Weight(kg)	: 10100
26.	Maximum Laden Weight(kg)	: 15200
27.	Open Market Value	: \$87,047.00
28.	PARF Eligibility	: No
29.	PARF Eligibility Expiry Date	: -
30.	Minimum PARF Benefit	: -
31.	No. of Transfers	: 1
32.	IU Label No.	: 2050055639
33.	COE No.	: 2007080105000020K
34.	COE Expiry Date	: 20 Sep 2017
35.	COE Category	: C - Goods Vehicle & Bus
36.	Quota Premium/Prevailing Quota Premium	: \$4,909.00
37.	Actual Quota Premium/PQP Paid	: \$4,909.00
38.	Actual ARF Paid	: \$0.00
39.	CO2 Emission(g/km)	: -
40.	Actual CEVS Rebate Utilised	: -
41.	CEVS Surcharge Paid	: -
42.	Actual Green Vehicle Rebate Utilised	: \$4,353.00
43.	Vehicle Lifespan Expiry Date	: 20 Sep 2027
44.	Nett Road Tax Amount	: -
45.	Road Tax Start Date	: -
46.	Road Tax End Date	: -
47.	Remarks	: To renew the COE, the Prevailing Quota Premium payable is that of Category C.

10 Sin Ming Drive Singapore 575701

Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

13 Jul 2013

Our ref 1307130401N013005000

YZ TRANSPORT SERVICE  
268 BUKIT BATOK EAST AVENUE 4  
#11-248  
SINGAPORE 650268

Dear Sir/Madam

**NOTIFICATION OF SUCCESSFUL VEHICLE CONVERSION FOR VEHICLE NO. PC2738L**

We are pleased to inform you that your vehicle, PC2738L, has been successfully converted from D20 - Private Hire Bus/Coach/Minibus / Bus Carrying School Children to D20 - Private Hire Bus/Coach/Minibus / Public Service Vehicle (Others) with effect from 13 Jul 2013. The Business Transaction Reference No. is 20130713103021435800.

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                     | : YZ TRANSPORT SERVICE  |
| 2. Identification No. Type  | : Business  |
| 3. Identification No.       | : 53187806J   |
| 4. Place Of Passport Issue  | : -   |
| 5. Vehicle No.              | : PC2738L   |
| 6. Vehicle Type             | : D20 - Private Hire<br>Bus/Coach/Minibus   |
| 7. Vehicle Scheme           | : Public Service Vehicle (Others)   |
| 8. Vehicle Make Description | : ISUZU   |
| 9. Vehicle Model            | : LT134P  |
| 10. Remarks                 | : To renew the COE, the Prevailing<br>Quota Premium payable is that of<br>Category C. |