

NATIONAL Assessment Centre Services: (wef 1 Jan'08) <b>SN108225 P0001</b>			
Date In: <b>11/05/2022 12:24</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/C722004602/4</b>	SAS e-filing		
Veh No: <b>CB7755M</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>10/05/2022 17:50</b>	i-Motor Claim Form		
OD <b>TP</b> / 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: <b>S4X 2203J</b>	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

<b>NA2201256</b>	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
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 2003)			
	6) TR: Re-inspection \$75			
	7) N1: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD*			
	*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 (Non INC) against INC \$20			
	9) N12: Idao Mobile \$0			
C Checked by (Engr-In-Charge):	Invoice dated	Fee Charged		
Auditors' Comments:-	Invoice dated	Fee Charged		
1.1:				
2.2/3:				



## 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	11/05/2022 12:21 (SGT)
Date of Accident	10/05/2022 17:50 (SGT)
Exact Location of Accident	Newton Rd, Singapore
Additional Location Information	TOWARDS THOMSON ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB7755M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	HENG HUAT BUS TRANSPORT
Company Reg No	5XXXX996W
Email Address	jackson-leong@hotmail.com
Mobile Phone No	(Phone) +65-97890926
Alternative Phone No	+65-97890926

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Auto
CC	2982

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMB1SNW00018212100
Cover Note Number	-

### DRIVER

Name of Driver	TOH SOON WHATT
NRIC No	SXXXX972F

Date Of Birth	10/08/1950
Occupation	Outdoor
Date Of Driving Pass	15/07/1997
Driving experience	24 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97890926
Alt. Phone Number	-
Email Address	jackson-leong@hotmail.com
Address	BLK 540 ANG MO KIO AVENUE 10 #03-2400
Address complement	-
Postcode	560540
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	Side Swipe
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	SGX2203J
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) ..... -



## SKETCH PLAN

### IMPORTANT NOTICE

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

#### 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.

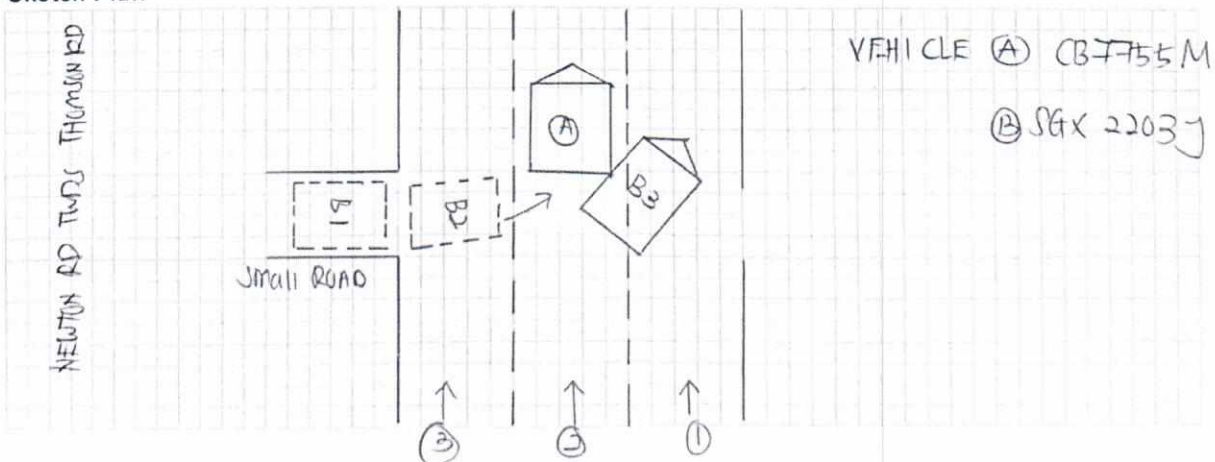


Policyholder's Signature / Date & Time

x *[Signature]*  
Driver's Signature (If driver is not the policyholder) / Date & Time

*[Signature]* 11/05/2022  
Witnessed by Reporting Centre Personnel

#### Sketch Plan



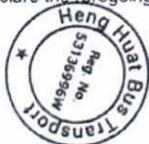
Describe Circumstances of the Accident

ON THE STATEMENT DATE & TIME, I'M DRIVING MY VEHICLE (A)  
CB 7755 M TRAVELLING ALONG NEWTON RD TOWDS TO THOMSON RD, I'M ON MY  
WAY TO GO STRAIGHT ON LANE 2, SUDDENLY A VEHICLE (B) SGX 2203J  
CAME OUT FROM LEFT SIDE SMALL RD AND FROM LANE 3 WANNA CUT LAHIE TO  
LANE 1 & HIT ONTO THE RIGHT REAR OF MY VEHICLE, MY VEHICLE WAS  
DAMAGED.

VEHICLE (A) CB 7755 M  
(B) SGX 2203J.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]* 11/05/2022  
Witnessed by Reporting Centre Personnel

Date of Accident : 10/6/2022 Accident Time: 1750HRS (24-HR-Format)  
Accident Place : NEWTON RD TWDS THOMPSON RD.  
Vehicle No. (Car Plate No.) : C27755M Make/Model: TOYOTA HIACE  
Insurance Company : CHINA TAIPING Policy No: BMR1SNW00018212100  
Owner or Company Name / IC No. : HENG HUAT BUS TRANSPORT. (53136996W).  
Owner or Company Contact No. : 9789 0926 Owner's Hp — Company Tel —  
DRIVER'S Name / IC No. : TOH S66N WHAT (S0675972F).  
DRIVER'S Date Of Birth : 10/8/1940 DRIVER'S License Pass Date 15/7/1997.  
Relationship of Owner & Driver : Spouse \ Parent \ Children \ Sibling \ Employee \ Others: —  
DRIVER'S Address : BLK 540 ANG MO KIO AVE 10 # 03-2400 S/560540  
DRIVER'S Contact No. / Alt No. : 1) 9789 0926 2) —  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : JACKSON - LEONG @ HOTMAIL.COM  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 01  
  
Was there any video Captured by car camera: YES (NO)  
Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose  
Any Injury (If YES, Pls state): NO

**Other Party Driver's Particular (if any)**

Vehicle. No: (B) 5GX 2203 J.	Vehicle. No: _____
Vehicle Make \Model: _____	Vehicle Make \Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

• NEW – Passenger's name & gender:



Motor Bus

M2691

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, 1987  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1999 (Malaysia)

CERTIFICATE No.

DMB1SNW00016212100

Engine No.: 1KD2599519

Chassis No.: KDH2230027478

1. Index Mark and Registration  
Number of Vehicle

CB7755M

2. Name of Policy Holder

HENG HUAT BUS TRANSPORT

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment31/12/2021  
(00:00:00)

Excess Sect. II S\$1,500.00

4. Date of Expiry of Insurance

30/12/2022

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 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

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.entaiping.com