

**NATIONAL Assessment Centre Services:** (wef 1 Jan 08) **SM08225 B0004**

Date In: 11/08/2022 17:52	Job description	Date & Time Completed	Done by
Ref No: N/A/C1722004504	SAS e-filing		
Veh No: PC 38966	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 27/04/2022 09:44	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: PC 6716Z INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % [Note-Bst. 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

**N/A2201262**

Claimant's Particulars:-	Invoice Preparation Checklist	Am (\$) Inc Bill	Am (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	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: 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	
	Invoice dated	Fee Charged	
auditors' Comments:-			
L 1:			
L 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 17:52 (SGT)
Date of Accident	27/04/2022 09:44 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAMPINES AVE 9/10 HEAVY VEHICLE CARPARK
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3896G
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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	+65-91460806

### VEHICLE PARTICULARS

Manufacturer	Golden Dragon
Model	XML6957J14B
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	9960

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMB1SNA000062722102
Cover Note Number	-

### DRIVER

Name of Driver	LIU KIEAN CHUON
NRIC No	SXXXX647G

Date Of Birth	16/11/1970
Occupation	Outdoor
Date Of Driving Pass	12/01/2011
Driving experience	11 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91460806
Alt. Phone Number	-
Email Address	william@aedge.com.sg
Address	BLK 356C ADMIRALTY DRIVE #09-116
Address complement	-
Postcode	753356
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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	PC6716Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	HALIM
Contact Number	(Phone) +65-87692885
Address	-
Address complement	-

Postcode .....	-
Insurance Company Name .....	China Taiping Insurance (Singapore) Pte. Ltd.
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 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 in copies of the report being made available aforesaid.
- 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:



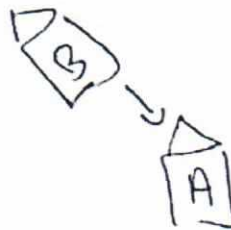
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NIC/TIN No.:

SKETCH PLAN

A-PC 3896G

B-PC 6716Z



Tampines Ave 9  
 § 10 Heavy  
 vehicle C.P.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 27/4/2022 around 0940hrs, My Bus PC3896G was Park  
 at Tampines Ave 9 § 10 Heavy veh car Park. My ex driver  
 Mr Foo called me mention that there is a note on  
 my front windscreen. Veh B PC6716Z reversed and  
 hit onto my Bus. I called Veh B driver and he admitted  
 he reversed and hit my Bus.

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:  
 NRIC/TIN No.:

Scanned with CamScanner

Road surface: Dry/Wet  
Weather conditions: 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 & employee

Witness (if any): yes/no

Witness name: \_\_\_\_\_

Witness hp: \_\_\_\_\_

Witness email (if any): \_\_\_\_\_

Witness add: \_\_\_\_\_

Witness IC no: \_\_\_\_\_

Third party veh number: PC 67162

Name of third party driver: HaLim

IC of third party driver: \_\_\_\_\_

HP of third party driver: 8769 2825

Address of third party driver: \_\_\_\_\_

Insured/Co name of third party vehicle: \_\_\_\_\_

Contact number of Insured/Co: \_\_\_\_\_

Insurance co of third party vehicle: China

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: \_\_\_\_\_

\_\_\_\_\_  
Male

\_\_\_\_\_  
Female

Connect3 client vehicle no: PC3896G

Owner contact no: 91460806

Email Address: William@Aedge.com.sg

Date of accident: 27/4/2022

Location of accident: Tompnes Ave to 9 & 10 heavy veh c. P.

Time of accident: 0944 hrs

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



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

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.

DMB1SNA00006272102

Engine No.: ISB67E5225822146510

Cha. No.: LL39ECDH6FA011477

1. Index Mark and Registration  
Number of Vehicle

PC3896G

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. : MAYBANK 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

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

The owner and vehicle particulars for Vehicle No. PC3896G as at 14 Sep 2015 are as follows:

1. Name	: AEDGE HOLDINGS PTE LTD
2. Identification No. Type	: Company
3. Identification No.	: 200509323E
4. Place Of Passport Issue	: -
5. Vehicle No.	: PC3896G
6. Previous Vehicle No.	: -
7. Effective Date of Ownership	: 03 Aug 2015
8. Original Registration Date	: 03 Aug 2015
9. First Registration Date	: 03 Aug 2015
10. Vehicle Type	: Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus
11. Vehicle Scheme	: Public Service Vehicle (Others)
12. Attachment 1	: Air-Conditioned
13. Attachment 2	: -
14. Attachment 3	: -
15. Vehicle Make	: GOLDEN DRAGON
16. Vehicle Model	: XML6957J14B
17. Year of Manufacture	: 2015
18. Primary Colour	: Multi-Colour
19. Secondary Colour	: -
20. Passenger Capacity	: 59
21. Chassis/Trailer Chassis No.	: LL3BECDH6FA011477
22. Propellant	: Diesel
23. Engine No./Motor No.	: ISB67E5225B22146510
24. Engine Capacity(cc)/Power Rating(kW)	: 6,690.0
25. Unladen Weight(kg)	: 9960
26. Maximum Laden Weight(kg)	: 13700
27. Open Market Value	: \$94,595.00
28. PARF Eligibility	: No
29. PARF Eligibility Expiry Date	: -
30. Minimum PARF Benefit	: -
31. No. of Transfers	: 0
32. IU Label No.	: 2050103404
33. COE No.	: 2015080105000277G
34. COE Expiry Date	: 02 Aug 2025
35. COE Category	: C - Goods Vehicle & Bus
36. Quota Premium/Prevailing Quota Premium	: \$50,001.00
37. Actual Quota Premium/PQP Paid	: \$50,001.00
38. Actual ARF Paid	: \$4,730.00
39. CO2 Emission(g/km)	: -
40. Actual CEVS Rebate Utilised	: -
41. CEVS Surcharge Paid	: -
42. Actual Green Vehicle Rebate Utilised	: -
43. Vehicle Lifespan Expiry Date	: 02 Aug 2035
44. Road Tax Amount	: \$0.00
45. Road Tax Start Date	: 03 Aug 2015
46. Road Tax End Date	: 02 Feb 2016
47. Remarks	: To renew the COE, the Prevailing Quota Premium payable is that of Category C.