

NATIONAL Assessment Centre Services:

(wef 1 Jan 08)

200822500002

Date In: 26/05/2022 17:24	Job description	Date & Time Completed	Done by
Ref No: N/A/C772200494/Y	SAS e-filing		
Veh No: PC 3279M	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 28/05/2022 13:20	i-Motor Claim Form		
OD : TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: CLUB GATE 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 5616) 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:

NA220/429

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

C Checked by (Engi-In-Charge):

Auditors' Comments:

1.1:

1.2/3:

Invoice Preparation Checklist

- | Item | Amount (\$) | Amount (\$) |
|---|-------------|-------------|
| 1) AR: Accident Reporting (\$30); | | |
| 2) DA: Damage Assessment (\$100); | INC (\$80) | |
| 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 2008) | | |
| 6) TR: Re-inspection | \$75 | |
| 7) N1: Idac DA + SMRT Survey | \$160 | |
| 8) NTUC Additional Services: | | |
| OD* | | |
| *N3: 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: Idac Mobile | \$30 | |

Invoice dated

Invoice dated

Fee Charged

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	26/05/2022 17:24 (SGT)
Date of Accident	25/05/2022 13:20 (SGT)
Exact Location of Accident	60 Tessensohn Rd, Singapore 217664
Additional Location Information	CLUB HOUSE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3279M
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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	+65-97585125

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?	No - Reporting only
Vehicle Category	Bus
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	DMB1SNA00006272102
Cover Note Number	-

DRIVER

Name of Driver	SHAMSUDIN BIN MAT DON
NRIC No	SXXXX157G

Date Of Birth	16/01/1961
Occupation	Outdoor
Date Of Driving Pass	21/05/2005
Driving experience	17 YEARS
Gender	Male
Mobile Number	(Phone) +65-97585125
Alt. Phone Number	-
Email Address	william@aedge.com.sg
Address	BLK 229 PASIR RIS ST 21 #02-36
Address complement	-
Postcode	510229
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	36
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN PAX
Gender	Male

PASSENGER 2

Name	UNKNOWN PAX
Gender	Male

PASSENGER 3

Name	UNKNOWN PAX
Gender	Male

PASSENGER 4

Name	UNKNOWN PAX
Gender	Female

PASSENGER 5

Name	UNKNOWN PAX
Gender	Female

PASSENGER 6

Name	UNKNOWN PAX
Gender	Female

PASSENGER 7

Name	UNKNOWN PAX
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 T/20220526/7022

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	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	CLUB GATE
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN PAX
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	PC3279M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	UNKNOWN PAX
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	PC3279M
Were seat belts worn?	Yes

Was this injured conveyed to hospital by ambulance?	No
INJURED 3	
Name of injured person	UNKNOWN PAX
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	PC3279M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 4	
Name of injured person	UNKNOWN PAX
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT IJURY
Injured person in which vehicle?	PC3279M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 repeal 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 aforeaid.
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.

Policyholder's Signature
Date & Time:



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

Reporting Centre Personnel's Signature
Name:
NRIC/TFN No.:

Scanned with CamScanner

SKETCH PLAN

A - PC 3279M

B - Gate



Tessensohn
Club House

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police Report T/20220526/7022

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:
NIC/TIN No.:

Scanned with CamScanner



SINGAPORE POLICE FORCE



T/20220526/7022

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

1 of 4

Report No. T/20220526/7022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/05/2022 13:38		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SHAMSUDIN BIN MAT DON		Address: 229 PASIR RIS STREET 21 #02-36 SINGAPORE 510229			
ID Type / ID No.: NRIC NO / S2180157G		Contact No.: Home/Office:		Mobile: 97585125	
Nationality: SINGAPORE CITIZEN		Email: william@aedge.com.sg			
Sex: Male	Age: 61	Date of Birth: 16/01/1961	Type of Informant: Driver		
Race: Malay		Language: English		Institution / School Name:	
Occupation:		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Government Property	Drink Drive: No	Date/Time of Accident: 25/05/2022 13:20	Type of Location: Roundabout
Location: TESSENSOHN ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
PC3279M	Van					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20220526/7022

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

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Report No. T/20220526/7022

CONTINUATION OF REPORT

Driver				
Name	SHAMSUDIN BIN MAT DON		ID No.	S2180157G
Related Vehicle	PC3279M (Van)		Contact No.	97585125
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
Passenger				
Name	Unknown Passenger		ID No.	NIL
Related Vehicle	NIL		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	NIL
Passenger				
Name	Unknown Passenger		ID No.	NIL
Related Vehicle	NIL		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	NIL
Passenger				
Name	Unknown Passenger		ID No.	NIL
Related Vehicle	NIL		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



**SINGAPORE
POLICE FORCE**



T/20220526/7022

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

3 of 4

Report No. T/20220526/7022

CONTINUATION OF REPORT

Passenger			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	NIL	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

Brief Details.

ON 25/5/2022 AROUND 1320HRS, I WAS DRIVING MY BUS PC3279M ALONG TESSENSOHN CLUB HOUSE. WHILE EXITING THE GATE MY BUS COLLIDED ONTO THE GATE. THERE ARE A FEW STUDENT PARENTS BRING THEIR KIDS TO SEE DOCTOR. MY COMPANY ASK MY TO LODGE A POLICE REPORT.



**SINGAPORE
POLICE FORCE**



T/20220526/7022

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

4 of 4

Report No. T/20220526/7022

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 /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

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

Date/Time:
26/05/2022 13:38

Classification Of Case:

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

Third party veh number: Gate
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: 36

15 Male
20 Female

Connect3 client vehicle no: PC327AM
Owner contact no: 91460806
Date of accident: 25/5/2022
Location of accident: Tessen Sohn Club House
Time of accident: 1320hrs
Any Injury: yes / no (if yes, must have police report)

Email Address: William@Aedge.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

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.: ISB67E525022132017

Cha. No.: LZYTBTD62E1028573

1. Index Mark and Registration
Number of Vehicle

PC3279M

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

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

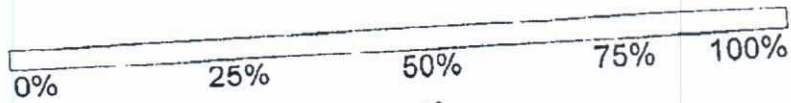
6389 6111

6222 1033

www.sg.cntaiping.com

Register New Vehicle

Text size + -



Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:	PC3279M	Vehicle Scheme:	Public Service Vehicle (Others)
Vehicle Type:	Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus		
Vehicle Attachment 1:	Air-Conditioned	Vehicle Attachment 3:	-
Vehicle Attachment 2:	-	Vehicle Model:	ZK6107H A
Vehicle Make:	YUTONG	Engine No.:	ISB67E525022132017
Chassis No.:	LZYTBD62E1028573	Trailer Chassis No.:	-
Motor No.:	-	Passenger Capacity:	45
Propellant:	Diesel	Power Rating:	-
Engine Capacity:	6690 cc		
Maximum Power Output:	-	Maximum Laden Weight:	16500 kg
Unladen Weight:	11120 kg	Secondary Colour:	-
Primary Colour:	Multi-Colored	Original Registration Date:	06 Jan 2015
First Registration Date:	06 Jan 2015	Open Market Value:	\$124,733.00
Manufacturing Year:	2014	Minimum PARF Benefit:	\$0.00
PARF Eligibility:	No	Additional Registration Fee Rate:	5.00%
No. of Transfers:	0		

Owner Particulars

Owner Name:	AEDGE HOLDINGS PTE. LTD
Owner ID Type:	Company
Owner ID:	200509323E
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.:	4009
Registered Street Name:	ANG MO KIO AVENUE 10
Registered Unit No.:	# 04 - 33
Registered Building Name:	-
Registered Postal Code:	569738
COE No. / Expiry Date:	2015010605000305R / 05 Jan 2025
COE Bid Category:	C - Goods Vehicle & Bus
PQP Paid:	\$9,574.00

Transaction Details

Business Transaction Ref. No.:	20150106181818255351
Business Transaction Date:	06 Jan 2015
Business Transaction Time:	18:18:18
Message	

Ju: 205 00 99843