

NATIONAL Assessment Centre Services: (wef 1 Jan'08) **SN08225 R0003**

Date in: 27/05/2022 12:42	Job description	Date & Time Completed	Done by
Ref No: N/A/C/22005071/y	SAS e-filing		
Veh No: P2 808K	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 26/05/2022 18:19	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: **ELECTRIC BIKE** 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	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/A220/434

Claimant's Particulars	Invoice Preparation Checklist	Engr (S)	Engr (D)
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 2009)		
	6) TR: Re-inspection \$75		
	7) N1: Idno 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 (N11 INC) against INC \$20		
	9) N12: Idno Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

C. Checked by (Engr-In-Charge): _____

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	27/05/2022 12:42 (SGT)
Date of Accident	26/05/2022 18:19 (SGT)
Exact Location of Accident	Bukit Batok West Ave 2, Singapore
Additional Location Information	BUS STOP 43471
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PZ808K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	YZ TRANSPORT SERVICE
Company Reg No	5XXXX806J
Email Address	yztransportservice@gmail.com
Mobile Phone No	(Phone) +65-90884418
Alternative Phone No	+65-90884418

VEHICLE PARTICULARS

Manufacturer	Scania
Model	KIB4X2
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	11705

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	WONG YOW ZHONG (HUANG YAOZHANG)
NRIC No	SXXXX059H

Date Of Birth	31/10/1983
Occupation	Outdoor
Date Of Driving Pass	31/05/2021
Driving experience	1 YEAR
Gender	Male
Mobile Number	(Phone) +65-90884418
Alt. Phone Number	-
Email Address	yztransportservice@gmail.com
Address	BLK 268 BUKIT BATOK EAST AVENUE 4 #11-248
Address complement	-
Postcode	650268
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 to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	23
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/20220527/7004

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	17689
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	ELECTRIC-BIKE
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN RIDER
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	17689
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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 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/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 the 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.



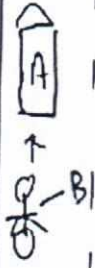
Policyholder's Signature
Date & Time

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

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

SKETCH PLAN

Bus Stop (42471)



Bulwer Bator WSP
Ave 2.

A - PZ808 &
B - E-bike (17689)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police Report T/20220527/7004

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.

7/05/2022



**SINGAPORE
POLICE FORCE**



T/20220527/7004

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

1 of 3

Report No. T/20220527/7004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/05/2022 10:08		Vide Report No.: J/20220520/0101		Station Diary No.:	
Informant's Particulars					
Name of Informant: WONG YOW ZHONG			Address: 268 BUKIT BATOK EAST AVENUE 4 #11-248 SINGAPORE 650268		
ID Type / ID No.: NRIC NO / S8335059H			Contact No.: Home/Office: Mobile: 90884418		
Nationality: SINGAPORE CITIZEN			Email: YZTRANSPORTSERVICE@GMAIL.COM		
Sex: Male	Age: 38	Date of Birth: 31/10/1983	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/05/2022 18:20	Type of Location: BUS STOP
Location: BUKIT BATOK WEST AVENUE 2				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
PZ808K	Van					0
	Power-assisted Bicycle					0



**SINGAPORE
POLICE FORCE**

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



T/20220527/7004

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Report No. T/20220527/7004

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WONG YOW ZHONG	ID No.	S8335059H
Related Vehicle	PZ808K (Van)	Contact No.	90884418
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
Rider			
Name	Unknown Rider	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 26/5/2022 AROUND 1819HRS, MY BUS PZ8080K WAS STATIONARY AT THE BUS STOP (43471) BUKIT BATOK WEST AVE 2, ALIGHTING MY PASSENGERS. SUDDENLY I FELT AN IMPACT FROM THE REAR, ELECTRIC BIKE (17689) COLIDED ONTO MY BUS REAR PORTION. I CHECKED WITH ALL MY PASSENGER THEY ARE ALRIGHT. THE ELECTRIC BIKE (17689) RIDER SEEN TO BE SUBCONSCIOUS. SO I CALLED POLICE AND 1 OF THE WITNESS CALLED AMBULANCE. THE ELECTRIC BIKE (17689) RIDER CONVERY TO HOSPITAL.
I AM UNABLE TO UPLOAD THE PHOTOS TAKEN AT THE TIME OF ACCIDENT



**SINGAPORE
POLICE FORCE**

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



T/20220527/7004

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Report No. T/20220527/7004

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/05/2022 10:08
Officer In Charge Of Case: TP / TPB / MUHAMMAD SYAKIR BIN ADANAN Contact No.: 65476236	Classification Of Case:

NP168

Road surface: 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: E-bike (17689)
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: 23

12 Male
10 Female

Connect3 client vehicle no: P2 808K

Owner contact no: 9088 4418

Email Address: Y2transportservice@gmail.com

Date of accident: 26/5/2022

Location of accident: Bulat Batok West Ave 2 (Bus stop 43471)

Time of accident: 18:19hrs.

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



Motor Bus

MZ601

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)

N SN

AN0144A

Cov. Type:C

CERTIFICATE No.

DMB1SNA00009772100

Engine No.: 6340620

Cha. No.:YS2K4X20001858453

1. Index Mark and Registration
Number of Vehicle

PZ808K

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

> Back to OneMotoring

Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle No.

PZ808K

Make / Model

SCANIA / KIB4X2 MANUAL TURBO ABS

Vehicle Type :

Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus

Vehicle Attachment 1 :

Air-Conditioned

Vehicle Scheme :

Public Service Vehicle (Others)

Chassis No. :

YS2K4X20001858453

Propellant :

Diesel

Engine No. :

6340620

Motor No. :

-

Engine Capacity :

11705 cc

Power Rating :

-

Maximum Power Output :

-

Maximum Laden Weight :

19000 kg

Unladen Weight :

12500 kg

Year Of Manufacture :

2007

Original Registration Date :

28 Dec 2007

Lifespan Expiry Date :

27 Dec 2027

COE Category :

C - Goods Vehicle & Bus

PQP Paid :

\$45,915.00

COE Expiry Date :

30 Nov 2027

Road Tax Expiry Date :

27 Jun 2022

PARF Eligibility Expiry Date :

-

Inspection Due Date :

27 Dec 2022

Intended Transfer Date :

27 May 2022

CO2 Emission :

-

CEV/VES Rebate Utilised Amount :

-

CO Emission :

-

HC Emission :

-

NOx Emission :

-
PM Emission :
-

Fees To Be Paid For Transfer

Transfer Fees	\$25.00
Road Tax Renewal - 12 months (28 Jun 2022 to 27 Dec 2022)	\$562.00

Message

The fees above do not include any late road tax fees, which apply if road tax or lay-up has expired. You can use the digital service Enquire Road Tax Payable to check if there are any late road tax fees. Any road tax that has been paid for the vehicle will be transferred to the next owner.

This vehicle has a road tax Over Payment of \$594.00. This Over Payment may be used to offset Road Tax payable and Transfer Fees respectively, where applicable.

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