

# NATIONAL Assessment Centre Services:

(wef 1 Jan 2002)

SALE 22640002

Date In: 30/06/2002 17:12	Job description	Date & Time Completed	Done by
Ref No: 138/C1/220062644	SAS e-filing		
Veh No: PC 6378U	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 23/06/2002 18:50	1-Motor Claim Form		
OD : TP / Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	1-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: SY 48665	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: (If C 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

NA2201802

Claimant's Particulars:	Invoice Preparation Checklist:	Am (S)	Am (S)
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) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2002)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
C. Checked by (Engi-In-Charge):	*N3: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
auditors' comments:	*N8: DV / Collect Excess Coordination \$5		
1.1:	TP (N11): TP (Inc INC) against INC \$20		
1.2/3:	9) N12: Idao Mobile \$0		
	Invoice dated	Fee Charged	
	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	30/06/2022 17:12 (SGT)
Reported by	Driver
Date of Accident	23/06/2022 18:40 (SGT)
Exact Location of Accident	Dunearn Rd, Singapore
Additional Location Information	TRAFFIC LIGHT JUNCTION
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6378U
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	-

## VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Rosa
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	2998

## INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNA00009052203

## DRIVER

Name of Driver	ONG WEE YIONG
NRIC No	SXXXX081E
Date Of Birth	03/04/1961
Occupation	Outdoor

Date Of Driving Pass	22/01/1998
Driving experience	24 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85116118
Alt. Phone Number	-
Email Address	william@aedge.com.sg
Address	BLK 523 BEDOK NORTH STREET 3 #12-338
Address complement	-
Postcode	460523
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	Raining
Road Surface	Wet

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)	26
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Male

PASSENGER 4

Name	UNKNOWN
Gender	Female

PASSENGER 5

Name	UNKNOWN
Gender	Female

PASSENGER 6

Name	UNKNOWN
Gender	Female

PASSENGER 7

Name	UNKNOWN
Gender	Female

#### \* 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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJY4866S  
 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

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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 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

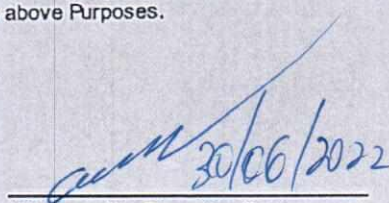
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

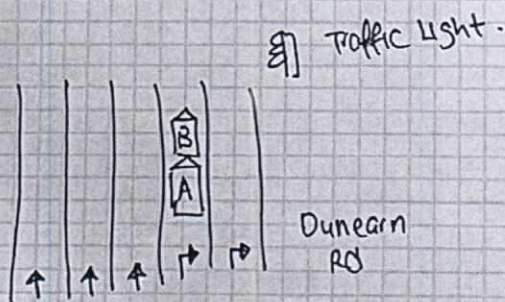


Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

### Sketch Plan



A - PC6378R

B - SJT 4866S.



**Describe Circumstances of the Accident**

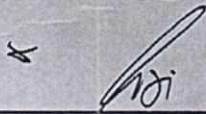
On 23/06/2022 @ 18:40hrs, I was driving my bus PC6378R along Dunearn Road  
x as my bus was approaching the traffic light junction, the traffic light  
turn red x upon seeing I apply my brakes but as the road was wet x  
slippery my bus did not manage to stop fully in time x hit onto a  
car SJY 486GS.

**Declaration**

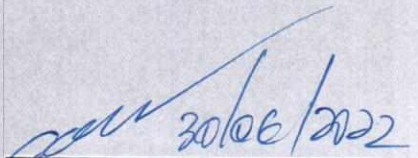
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time



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



30/06/2022

Witnessed by Reporting Centre  
Personnel



Road surface: Wet

Weather condition: Clear / Raining

Speed: \_\_\_\_\_

Usage of veh during of accident:

Driver IC:

Driver Name :

Driver Pass date :

Driver Birth date :

Does driver own a vehicle: yes / no

if yes, veh number plate:                     

veh insurance co:                     

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: SJY 4866S.

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:                     

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: 26 pax

13 Male

12 Female

Connect3 client vehicle no: PC 6378R.

Owner contact no: 9146 0806

Email Address: William@Aedge.com.sg.

Date of accident: 23/06/2022

Location of accident: Dunearn Rd Traffic light junction.

Time of accident: 18:40hrs

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

Driver HP: 8511-6118.





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.

DMB1SNA00009052203

Engine No.: 4P10C62252

Cha. No.:BE641JK30410

1. Index Mark and Registration  
Number of Vehicle

PC6378R

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

01/06/2022  
(00:00:00)

Excess Sect. I.    \$S\$2,000.00

Excess Sect. II    \$S\$2,000.00

EX ON WINDSCREEN.    \$S\$100.00

4. Date of Expiry of Insurance

31/05/2023

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:

Tan Jia Hwei

Authorised Officer

Authorised Signatory



Vehicle No.

PC6378R

:

## Vehicle Details

Vehicle  
Type :

Private Hire (Chauffeur)  
Bus/Coach/Minibus

Vehicle  
Scheme :

Public Service Vehicle  
(Others)

Vehicle  
Attachment  
1 :

Air-Conditioned

Make /  
Model :

mitsubishi / ROSA BUS  
BE641JRMDEB

Primary  
Colour :

White

Year of  
Manufacture

2017



Year of Manufacture :	2017	
Maximum Laden Weight :	6040 kg	
Unladen Weight :	4040 kg	
No. Of Axles :	2	
Engine No. :	4P10C62252	
Chassis No. :	BE641JK30410	
Engine Capacity :	2998 cc	



Engine Capacity :	2998 cc	
Maximum Power Output :	-	
IU Label No. :	1550309968	
Propellant :	Diesel	
Passenger Capacity :	24	
Original Registration Date :	11 Dec 2017	
First Registration Date :	11 Dec 2017	



Additional Registration Fee Rate :	5.00 %	
Actual ARF Paid :	\$3,529.00	
PARF Eligibility :	No	
Minimum PARF Benefit :	-	
COE No.:	2017120105000116E	
COE Category :	C - Goods Vehicle & Bus	
COE	10 Dec 2027	



Expiry  
Date :

Lifespan  
Expiry  
Date :

10 Dec 2037

Quota  
Premium  
(QP) :

\$58,036.00

QP Paid :

\$58,036.00

OPC Cash  
Rebate  
Eligibility :

No

QP during  
COE  
Bidding  
Exercise :

\$58,036.00



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SV0822640002 Vehicle Registration No: PC 63784  
Name (as shown in NRIC): ONG WEE YOUNG NRIC/FIN/Passport No: SVXXX 081E  
(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 85116118  
Email Address: \_\_\_\_\_  
Date of Accident: 28/06/2022 Time of Accident: 18:40  
Place of Accident: \_\_\_\_\_  
Insurance Company: CHIA TAI PING

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

To INQUIRE TIP VEHICLE NUMBER SVY4866S

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

30/06/2022  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: