

NATIONAL Assessment Centre Services: (wef 1 Jan'08) **240822740002**

Date In: 05/07/2022 11:57	Job description	Date & Time Completed	Done by
Ref No: NSA/112200037914	SAS e-filing		
Veh No: CB 7498E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 03/07/2022 16:05	1-Motor Claim Form		
OD: TP / Reporting Only	1-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: **SUM 2445B** 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	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

NA2201821

Claimant's Particulars	Invoice Preparation Checklist	Initial	Final
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 2009)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD:		
C Checked by (Engr-In-Charge):	*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: Idac Mobile 30		
	Invoice dated	Fax Charged	
	Invoice dated	Fax 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	05/07/2022 11:57 (SGT)
Reported by	Driver
Date of Accident	03/07/2022 16:05 (SGT)
Exact Location of Accident	Pioneer Rd North, Singapore
Additional Location Information	JUNCTION WITH BOON LAY WAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB7498E
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	HUP HOE COACH SERVICE
Company Reg No	5XXXX439J
Email Address	huphoecoach2@hotmail.com
Mobile Phone No	(Phone) +65-96881679
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Higer
Model	KLQ6728
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	3800

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00003102205

DRIVER

Name of Driver	CHIA KIAN TIONG
NRIC No	SXXXX523G
Date Of Birth	17/07/1963
Occupation	Indoor

Date Of Driving Pass	29/10/1983
Driving experience	38 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90685980
Alt. Phone Number	-
Email Address	cs8558cs@gmail.com
Address	BLK 34 UPPER CROSS STREET #20-134
Address complement	-
Postcode	050034
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 - Cross Junction
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?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	13
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	ELDERLY
Gender	Male

PASSENGER 2

Name	ELDERLY
Gender	Male

PASSENGER 3

Name	ELDERLY
Gender	Male

PASSENGER 4

Name	ELDERLY
Gender	Female

PASSENGER 5

Name	ELDERLY
Gender	Female

PASSENGER 6

Name	ELDERLY
Gender	Female

PASSENGER 7

Name	ELDERLY
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/20220704/7011

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	SLM2445B
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHIA KIAN TIONG
Gender	Male
Phone No	(Phone) +65-90685980
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	CB7498E
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 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 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

JUNCTION OF PASIR RO NORTH / BOON LAY WAY



A) CB7498E
B) SLN 2445B



SINGAPORE POLICE FORCE



T/20220704/7011

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

1 of 3

Report No. T/20220704/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/07/2022 11:25		Vide Report No.: J/20220703/0140		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHIA KIAN TIONG			Address: 34 UPPER CROSS STREET #20-134 SINGAPORE 050034		
ID Type / ID No.: NRIC NO / S1623523G			Contact No.: Home/Office: Mobile: 90685980		
Nationality: SINGAPORE CITIZEN			Email: kenheng2299@gmail.com		
Sex: Male	Age: 58	Date of Birth: 17/07/1963	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Bus Driver			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: 03/07/2022 16:05	Type of Location: X-Junction
Location: PIONEER ROAD NORTH				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
CB7498E	Van				Seriously Damaged	12
SLM2445B	Car				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220704/7011

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

2 of 3

Report No. T/20220704/7011

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHIA KIAN TIONG	ID No.	S1623523G
Related Vehicle	CB7498E (Van)	Contact No.	90685980
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	03/07/2022	Date	03/07/2022
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

I was traveling along Pioneer Road North towards AYE, while I'm reaching the Junction of Boon Lay Way, I slowed down and check before I enter into the junction, suddenly a car (SLM2445B) did not stop and check while making a right and collided onto my bus.

Traffic Police and Ambulance were on the accident scene.

I wish to mention there are 12 Passenger in my bus during the accident.

I feel pain at my body area after the accident, I went Mount Alvernia Hospital for treatment and was given 5days MC.



**SINGAPORE
POLICE FORCE**



T/20220704/7011

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

3 of 3

Report No. T/20220704/7011

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 /
MUHAMMAD AFIQ BIN RAHMAT
Contact No.: 65476171

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

Date/Time:
04/07/2022 11:25

Classification Of Case:

W

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 03/07/2022 (dd/mm/yy)

Time of Accident: 16:05 (24-HR-FORMAT)

Vehicle No.: CB7498E Vehicle Make & Model / Engine (cc): _____ Private Hire: (Y/N) (N)

Exact location of Accident: Junction of Pioneer Road North & Beoh Lay Way

Policyholder's Name / IC No.: HUP HOE COACH SERVICE ROC/UEN (Company) 52879439/5

Driver's Name / IC No.: Chun Kian Tiong S 16235236 (As Above) ☐

Driver's Contact No.: 9068 5480 Company Contact No / Owner Contact No: 96881679 LILIAN

Driver's Address: Blk 34 Upper Cross Street #20-134 SLO50034

Owner Email address: huphoecoach2@hotmail.com Insurance Company: _____

Driver Email address: CS8558CS@gmail.com

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☐ Private use / ☒ Work purpose

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

***No. of Passengers (Including Driver):** 13

*Passenger Name: _____ Gender: Male / Female x()

*Passenger Name: _____ Gender: Male / Female x()

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☒ Yes / ☐ No Remarks: With Traffic Police

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: Driver

Injuries Sustain: Body, Neck Injured Person in Which Vehicle: _____

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: Online

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SLM 244513

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____



中國人壽
CHINA TAIPING

中國人壽保險(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Bus

MZ601

CERTIFICATE OF INSURANCE

Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third Party Risks and Compensation) Rules, 1963
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

R SN

ANQ580A

Cov Type F

CERTIFICATE No

DMR1SNW00003102205

Engine No: ISF38S414189021877

Cha No: LK1 S1CS688A561932

1 Index Mark and Registration
Number of Vehicle

CB7498E

2 Name of Policy Holder

HUP HOE COACH SERVICE

3 Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

01/03/2022
(00:00:00)

Excess Sect II S\$3,000.00

4 Date of Expiry of Insurance

28/02/2023

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. BOARDINGHOUSE PTE. 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



Authorised Signature

Authorised Signatory