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Ref No: XIBA/C71220069941	SAS e-filing	, .	,			7
Veh No: (B 8231K.	E-mail (within shris, Alc:	2hrs)			. ** **	
	I-Motor Claim Form					,
	I-Motor YY/O (Within:		4lirs)	, ,		
OD in TR / Renorma Only .	I-Photo Uploaded.					
•	Assessment/Survey Re	port .				
	Ass't Report by Fax/		wner/Wks	2		
Preferred Wksp / INC Assign Wksp / QW: (			Tel:		Fax:	.)
TP Panticulars: Yeh No: SBB	WOOR.	INC(,	J/Non-Ti	C().	,	
Owner / Driver: (	proof.		Tel:	٠,	)	
Policy No: ( · · ) Period	:(	) (	Cover Type	: (	)	·
Folicy (40.)	Date		· Ti		)	•
Insured/Driver Liability: ( %) [Not	e-Ést. Status (WO):	N: 0-20%	6; P: 21-7	9%: ·F: 80	-100%]	
	manty: YES ( )/N	10(,)				<u> </u>
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( ) Walk-In Customer : Customer's inform	ation strictly Confider	itlal & Stri	ctly NO rate	er of repair	žI.	
( . ) Total Loss Case : to e-mail Insurer	OKCENITI.					)
Drive-In ( )/Towed-In ( ,); Invoice:	Y应5( )/ NO(.	); To	wing Co:	100000		
Remarks: (INC horline: 6788 5616)			Date&T#7	ie Compet	da parasynt	Your Joh
1) Apply for Transfort Allowance ( ) / Co	urtesy Car ( )	,				
2) QC Check/ Post Repair Inspection	(, ')					
3) Upload Resurvey Photo [Repair Cost > \$30	( )			····	<u> </u>	TO SEC.
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)river/Owner:		10 11	w.Through Su	PURN (BUSSULVE)	330	
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C Checked by (Engr-In-Charge);		WNO: Bor	air Co-ordinat t Repair Inspe	ion	\$10 \$25	
artitors Comments		+ N3: DY	/Collect Excee	ss Coordinatio	11 \$5	
AND THE PERSON AND PROPERTY OF SAME AND	California mana a di Lamana	TP (N11	): TP (Hina IN	C) against INC	30	
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t, 2/3;		Involce de		Fz	e Charged	
12						

SN08227M0001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 22/07/2022 14:33 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (22/07/2022 14:33 (SGT))



# **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 witholding of material facts may allow insurance companies to repudiate

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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

22/07/2022 14:33 (SGT) Driver 18/07/2022 09:10 (SGT) Penang Rd, Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

CB8231K

Singapore

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No

Yes READY GO TRADING 5XXXX672K connect3lau@gmail.com (Phone) +65-88535273

VEHICLE PARTICULARS

Alternative Phone No

Manufacturer Model

Variant

Exact purpose for which vehicle was being used at time of

accident Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission

CC

Mitsubishi BE639JRMHDEA

Employment

No - Reporting only Bus

Manual 3908

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd. DMB1SNW00011532102

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

LEE KOK KENG SXXXX807Z 07/07/1953 Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number	13/04/1978 44 YEARS AND 3 MONTHS Male
Alt. Phone Number	(Phone) +65-88535273
Email Address	- connectOless@II
Address	connect3lau@gmail.com
Address complement	BLK 112 ANG MO KIO AVENUE 4#07-317
Postcode	-
Is the driver the policyholder?	560112
If No, Relationship of the Driver with the Insured	No
Does Driver Own Other Vehicles?	Employee
Vehicle Registration Number of Other Vehicle Owned by Driver	No
Dilver	_
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry
	,,
OTHER INFORMATION	
Was any foreign vehicle involved in the	270
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) Has the driver been approached by unknown person(s)	13
soliciting/offering accident claims assistance?	No
Translator's name	NO
Translator's ID	
Translator's phone number	
Translator's email	2
Original language used in the statement	<u>교</u>
PASSENGER 1	
Name	LINUCALONAL
Gender	UNKNOWN
PASSENGER 2	Female
Name	
The state of the s	UNKNOWN
Gender	Female
PASSENGER 3	
Name	UNKNOWN
Gender	Female
PASSENGER 4	
Name	UNKNOWN
Gender	Female
	renale
PASSENGER 5	
Name	UNKNOWN
Gender	Female
	remale
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? Was there any video captured by Car Camera?

Yes No

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer	SBS6400R
Vehicle Model	-
Vehicle Variant	<u>-</u>
Vehicle Colour	2.1
Vehicle Category	Bus
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

#### IMPORTANT NOTICE

- Pease report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 GM Records Management Centre established by the General Insurance Association of Singapore (GM) for archiving and that copies of this report will for a fee be unide available upon application by interested parties.
- 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)

Lunderstand, 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 (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers have yers/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;
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the milting 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/mill 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' tawyers/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 GM to their third party service providers or agents (including their lawyers/krw firms), which may be sited outside of Singapore, for one or more of the above Purposes.

READY GO TRADING 25 ELIAS ROAD 607-12 SINGAPORS 619831

Policyholder's Signature / Date &

Driver's Signature (# driver is not the policyholder) / Date & Temp

Penang Road

Witnessed by Reporting Centre Personnel

Sketch Plan

A-CB8231B

B-SBS 6400R.

Penaus Road. I S	round 0910his, Signall left, I Z felt an in against my	I was chert 4 part, Vel Paus.	here has	TO VELAN	CB8231	
Icfl . Suddenly 2	z felt an in	sport, vel	here has	TO VELAN	de 7 f.11	to to the
11 - 1		root, vel	AB SS	26400R	, dd yst	
and brush		Paus.				
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claration						
e declare the foregoing particula	ars are true in every res	pect				
	• 11	**************************************				
DY GO TRADING	0					
LIAS ROAD #07-12 NGAPORE 519931	-tee_					/
	J					//
cyholder's Signature / Date &	Druge Sont				MN 3	22/07/20
9	Driver's Signature (If & Time	ariver is not the p	policyholder) / [		ased by Pepon	trig Centre
				Perso	ornei	

Road surface: Dry / Wet Weather condition: Clear / Raining Speed	Usage of veh during of accident:
Does driver own a vehicle: yos/no	Driver IC:
	Driver Name
if yes, veh number plate:	Driver Pass date
termsurance co.	Drver Birth date :
Relationship with insured: Employee Ethologe	. /
Witness (if any): yes /no	
Witness name:	
Witness ho:	
Witness hp: Witness email (if any):	
Witness add:	
Witness add:	
The state of the s	
Third party veh number: SBS 6400R	
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 dan	nage / teporting only
No of Pax:	Male
20.02210	(2 Female
Connect3 client vehicle no: CB & 3 1B.	
Owner contact no:	Email Address: Connect 3 Law Damail.com
Date of accident: 18/7/2022 .	
Location of accident: Penang Road.	
Time of accident: 09/0/rs.	
Any Injury: yes /no ( if yes, must have police report)	



# 中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

Motor Bus

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)

MZ601

SN

AN0580A

Cov. Type:F

CERTIFICATE No.

DMB1SNW00011532102

Engine No.: 4D34K91881

Index Mark and Registration

CB8231B

Cha. No.:BE639JD00356

Number of Vehicle

2. Name of Policy Holder

READY GO TRADING

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

23/09/2021 (00:00:00)

Excess Sect. II

\$\$1,000.00

4. Date of Expiry of Insurance

22/09/2022

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.: TATCO CREDIT 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:

ODDS Authorised

**Authorised Signatory** 

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

© 6389 6111

6222 1033

www.sg.cntaiping.com



### Annex

# Transaction ref 20191031113411472339

# Please check that the owner and vehicle details are correct:

1.	Name	: READY.GO TRADING
2.	Identification No. Type	: Business
3.	Identification No.	: 52974672K
4.	Country/Region	:
5.	Vehicle Registration No.	CB8231B
6.	Previous Vehicle Registration No.	: PC8466G
7.	Effective Date of Ownership	.23 Scp 2019
8.	Original Registration Date	: 20 Scp 2006
9.	First Registration Date	: 20 Sep 2006
10.	Vehicle Type	: S20 - School Transport Bus/Coach/Minibus
11.	Vehicle Scheme	: School Bus with AWC
12.	Attachment 1	: Air-Conditioned
13.	Attachment 2	:-
14.	Attachment 3	;-
15.	Vehicle Make Description	: MITSUBISHI
16.	Vehicle Model	: BE639JRMHDEA
17.	Year of Manufacture	: 2006
18.	Primary Colour	: White
19.	Secondary Colour	:-
20.	Passenger Capacity	: 23
21.	Chassis/Trailer Chassis No.	: BE639JD00356/-
22.	Propellant	: Diesel
23.	Engine No./Motor No.	: 4D34K91881 /-
24.	Engine Capacity(cc)/Power Rating(kW)	: 3908 / -
25.	Maximum Power Output(kW/bhp)	:-/-
26.	Unladen Weight(kg)	: 4120
27.	Maximum Laden Weight(kg)	: 6100
28.	Open Market Value	: \$59,849.00
29.	PARF Eligibility	: No
30.	PARF Eligibility Expiry Date	:-
31.	Minimum PARF Benefit	:-
32.	No. of Transfers	:3