

NATIONAL Assessment Centre Services: [wef 1 Jan 2005] **SUC 22210008**

Date In: 01/08/2022 15:05	Job description	Date & Time Completed	Done by
Ref No: XBA 0722007284/Y	SAS e-filing		
Veh No: PC 3279M	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 13/07/2022 12:15	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: **SUC 2732A** 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: (T/C Hotline: 6788 6616)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Actions	Date & Time Completed	Done by

NA 2202041

Claimant's Particulars	Invoice Preparation Checklist	Amount	Paid
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100); R/C (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
C Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
A.I:	For claiming against INC Only (wef 10 Jan 2005)		
2/3:	6) TR: Re-inspection \$75		
	7) N1: Idio DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N3: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TE (N11): TP (w/in INC) against INC \$20		
	9) N12: Idio Mobile \$30		
	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 Actual 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	01/08/2022 15:05 (SGT)
Reported by	Both
Date of Accident	13/07/2022 12:15 (SGT)
Exact Location of Accident	9 Hougang Ave 8, Singapore 538784
Additional Location Information	XIN MIN PRIMARY SCHOOL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3279M
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	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.
Policy Number / Cover Note Number	DMB1SNA00009072203

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 AND 2 MONTHS
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 Parked Vehicle
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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	-

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	SLC2732A
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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2. This Form must be completed by the Policyholder and/or the Authorized Person.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to void the 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 GAA Insurance Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will be a long time available upon application by interested parties.
7. By the submission 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 if required.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that

- (a) My insurer, my co-insurer and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data (personal information not out of 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' law firm(s), the Ministry of Transport 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 claim, including the settlement of the claim and any necessary investigations relating to the claim;
 - (ii) investigating the accident and/or my claim;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claim (including the making of correspondence, statements, notices, 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 and packages) and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claim.
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law firm(s), may be 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 be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including law firms, law firms), which may be used outside of Singapore, for one or more of the above purposes.

Policyholder's Signature / Date & Time

Sketch Plan



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

 01/08/2022
Witnessed by Reporting Centre Personnel

A-PC 3279M.

B-SLC 27 32A



Sin Min Pri School.


Describe Circumstances of the Accident


ON 13/7/2022 around 12:15 hrs, I was driving my PMS PC 2273M
at Xin Min Pn. School. When exit the parking lot, I brush against
Veh B SLC 5732A.

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

 01/08/2022
Witnessed by Reporting Officer
Personal

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: SLC 2732A
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: 1

____ Male
____ Female

Connect3 client vehicle no: PC3279M
Owner contact no: 9146 0806
Date of accident: 13/7/2022
Location of accident: Xin Min Pri Sch
Time of accident: 1215
Any Injury: yes / no (if yes, must have police report)

Email Address: William @ Aedge.com.sg

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.	DMB1SNA00009072203	Engine No.: ISB67E525022132017	Cha. No.: LZYTBD62E1028573
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	01/06/2022 (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	31/05/2023		
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 <small>* 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.</small>			

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.

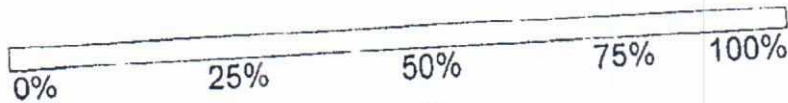
Issued By: Tan Jia Hwei
Authorised Officer

Authorised Signatory

Register New Vehicle

Page 1 of 2

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

Ju: 2050099843

Transaction Details

Business Transaction Ref. No.:	201501061818255351
Business Transaction Date:	06 Jan 2015
Business Transaction Time:	18:18:18
Message	