

NATIONAL Assessment Centre Services:

(wef 1 Jan'08)

200228/10001

Date In: 17/08/2022 12:33

Ref No: N/A/CTI22007851/4

Veh No: CB 7371L

D.O.A: 11/08/2022 15:30

OD / TP / Reporting Only

TP Insurer:

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (with 3 hrs, ABC 2 hrs)		
1-Motor Claim Form		
1-Motor W/O (with 3 hrs, ABC 2 hrs)		
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: BARRIER

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:

(Inc hotline: 6788 5616)

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/A2002/191

Invoice Preparation Checklist:

1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$80)
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 2005)	
6) TR: Re-inspection	\$75
7) NI: Idao DA + SMRT Survey	\$160
8) NTUC Additional Services:	
ON:	
*N3: Courtesy Car / Tpl Allowance	\$5
*N6: Repair Co-ordination	\$10
*N7: Post Repair Inspection	\$25
*N8: DV / Collect Excess Coordination	\$5
TE (N11): TP (Non INC) against INC	\$20
9) N12: Idao Mobile	\$0

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

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

Auditors' Comments:

L. I:

L. 2/3:

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	17/08/2022 12:33 (SGT)
Reported by	Driver
Date of Accident	11/08/2022 15:30 (SGT)
Exact Location of Accident	Chuan Ln, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB7371L
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	HUP HOE COACH SERVICE
Company Reg No	5XXXX439J
Email Address	hj_tptsvc@yahoo.com.sg
Mobile Phone No	(Phone) +65-81007676
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Golden Dragon
Model	XML6770J18
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	3759

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00003092206

DRIVER

Name of Driver	TAN BAN HENG, HARRY (CHEN WANXING, HARRY)
NRIC No	SXXXX391C
Date Of Birth	09/01/1976
Occupation	Outdoor

Date Of Driving Pass	03/12/1997
Driving experience	24 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81007676
Alt. Phone Number	-
Email Address	hj_tptsvc@yahoo.com.sg
Address	BLK 135 BEDOK NORTH STREET 2 #06-123
Address complement	-
Postcode	460135
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 Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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)	5
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	Female

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Male

PASSENGER 4

Name	UNKNOWN
Gender	Male

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	-
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	CARPARK BARRIER
No. Of Passenger (Including Driver)	-

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 willful 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.

B. 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 be 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' law 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;
 - (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' law yers/law firms 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 their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

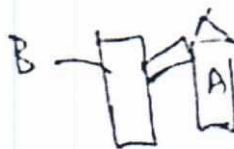


Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



Chuan Lone.

A - CB7371L

B - Car Park
Barrier

Describe Circumstances of the Accident

ON 11/8/2022 around 1530hrs, I was driving my BUS CB7371L along Chuay Lane. My bus was about to exit the Car Park. The front vehicle pass through the Barrier, I went Forward, suddenly the Barrier hit into my bus front wind screen.

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

17/08/2022
Witnessed by Reporting Centre Personnel

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: Employer & Employer

Witness (if any): yes/no

Witness name:

Witness hp:

Witness email (if any):

Witness add:

Witness IC no:

Third party veh number: Car Port Barrier

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: 5

3 Male

1 Female

Connect3 client vehicle no: CB 7371L

Owner contact no:

Email Address: HJ_tstsvc@yahoo.com.sg

Date of accident: 11/8/2022

Location of accident: Chuan Lane C.P Barrier

Time of accident: 15:30hrs

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

**CERTIFICATE OF INSURANCE**

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1950
 Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third-Party Risks) Rules, 1950 (Malaysia)

AN0560A

Cov. Type C

CERTIFICATE No

DMB1SNW00003092206

Engine No: ISF38S514189089470

Chs. No. LL3ADADEXDA001217

1. Index Mark and Registration
 Number of Vehicle

CB7371L

AUTOSAFE

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

26/02/2022
 (00:00:00)

Excess Sect. I S\$2,000.00

Excess Sect. II S\$1,000.00

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

25/02/2023

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. SINGAPURA FINANCE 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 Officer

Authorised Signatory

Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle No.

CB7371L

Make / Model

GOLDEN DRAGON / XML6770J18

Vehicle Type :

S20 - School Transport Bus/Coach/Minibus

Vehicle Attachment 1 :

Air-Conditioned

Vehicle Scheme :

School Bus with AWC

Chassis No. :

LL3ADADEXDA001217

Propellant :

Diesel

Engine No. :

ISF38S514189069470

Motor No. :

-

Engine Capacity :

3759 cc

Power Rating :

-

Maximum Power Output :

-

Maximum Laden Weight :

7800 kg

Unladen Weight :

5000 kg

Year Of Manufacture :

2013

Original Registration Date :

26 Feb 2014

Lifespan Expiry Date :

25 Feb 2034

COE Category :

-

Road Tax Expiry Date :

25 Feb 2023

PARF Eligibility Expiry Date :

-

Inspection Due Date :

25 Feb 2023

Intended Transfer Date :

16 Aug 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
---------------	---------

Print

Save as PDF

Copy as Text

OK ➔