

NATIONAL Assessment Centre Services:

Date In: 23/08/2022 15:06
 Ref No: NHA/1122008059/1
 Veh No: PC 3499U
 D.O.A: 23/08/2022 01:50

[w/ 1 JSA08]

SNIP228V0002

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (with 3 hrs, 100 hrs)		
I-Motor Claim Form		
I-Motor W/O (with 3 hrs, 100 hrs)		
I-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax/Hand to Owner/Wksp		

TP Insurer:

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SAIC 8458A

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:

1) Call Centre (6788 6610)

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 Action:

Claimant's Particulars	Invoice Preparation Charge	Initial	Final
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100)		
Damaged Portion:	3) TF: Towing Fee (\$10/\$45)		
C Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey (\$120)		
	5) PT: Follow-Through Survey (Post Repair) (\$30)		
	For claiming against INC Only (w/ 1 JSA08)		
	6) TR: Re-inspection (\$75)		
	7) NI: Idm DA + SMRT Survey (\$160)		
	8) NTUC Additional Services:		
	ON:		
	NI: Courtesy Car / Tpl Allowance (\$5)		
	NI: Repair Coordination (\$10)		
	NI: Post Repair Inspection (\$25)		
	NI: DV / Collect Excess Coordination (\$5)		
	TP (NI) / TP (w/ INC) against INC (\$20)		
	9) NI2: Use Mobile (\$0)		
	Invoice dated	File Charged	
	Invoice dated	File Charged	

NA202223

C Checked by (Engr-In-Charge):

Auditors Comments:

1/1

1/2/3:

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	23/08/2022 15:06 (SGT)
Reported by	Driver
Date of Accident	23/08/2022 07:50 (SGT)
Exact Location of Accident	Tampines Ave 4, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3499U
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	AEDGE HOLDINGS PTE. LTD.
Company Reg No	XXXXXX323E
Email Address	william@aedge.com.sg
Mobile Phone No	(Phone) +65-91460806
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yutong
Model	Zk6107he
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	Auto
CC	6690

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNA00009072203

DRIVER

Name of Driver	SULAIMAN BIN ABDULLAH
NRIC No	SXXXX116J
Date Of Birth	14/04/1966
Occupation	Outdoor

Date Of Driving Pass	13/05/2009
Driving experience	13 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90373224
Alt. Phone Number	-
Email Address	william@aedge.com.sg
Address	BLK 18 CANTONMENT CLOSE #04-65
Address complement	-
Postcode	080018
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	Side Swipe
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)	23
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? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC8458A
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Taxi
 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 CAI Accidents Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will be a fee for made available upon application by interested parties.
7. By the completion 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 elsewhere.

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' lawyers/law firms, the Library 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 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, 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 claim.
 (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/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 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 used outside of Singapore, for one or more of the above purposes.


Policyholder's Signature / Date & Time

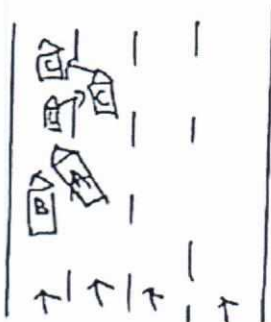
Sketch Plan


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


Witnessed by Reporting Centre Personnel

A - PC 3499U

B - SHC 8458VA



Tampines Ave 4

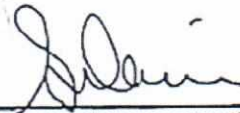
Describe Circumstances of the Accident


On 23/8/2022 around 0750hrs, I was driving my bus PC 54221 along Tampines Ave 4. There is a unknown car in front of my bus. Since left and since right, I saw the car on the 2nd lane. I quickly signal to the left, I filter to the left, the unknown car also filter to the left lane and slowed down. Suddenly I felt an impact from the left front portion. Van B-SAC 8458A brush against my bus front left portion.

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

 23/08/2022
Witnessed by Reporting Centre
Witnessed

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: SAC 8458A.

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: 23

10 Male

12 Female

Connect3 client vehicle no: PC 3495U.

Owner contact no: 9146 0806

Email Address: William@Aroge.com.sg.

Date of accident: 23/8/2022

Location of accident: Tampines Ave 4

Time of accident: 0750hrs

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

Motor Bus

MZ601

R SN

BR0120A

Cov. Type: C

CERTIFICATE OF INSURANCEMotor 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.: ISB67E525022139595

Cha. No.: LZYTBTD67E1053081

1. Index Mark and Registration
Number of Vehicle

PC3499U

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 Enactment01/06/2022
(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

* 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

> [Back to OneMotoring](#)

Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle No.

PC3499U

Make / Model

YUTONG / ZK6107H A

Vehicle Type :

Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus

Vehicle Attachment 1 :

Air-Conditioned

Vehicle Scheme :

Public Service Vehicle (Others)

Chassis No. :

LZYTBD67E1053081

Propellant :

Diesel

Engine No. :

ISB67E525022139595

Motor No. :

-

Engine Capacity :

6690 cc

Power Rating :

-

Maximum Power Output :

-

Maximum Laden Weight :

16500 kg

Unladen Weight :

11100 kg

Year Of Manufacture :

2014

Original Registration Date :

26 Mar 2015

Lifespan Expiry Date :

25 Mar 2035

COE Category :

C - Goods Vehicle & Bus

PQP Paid :

\$17,521.00

COE Expiry Date :

25 Mar 2025

Road Tax Expiry Date :

25 Sep 2022

PARF Eligibility Expiry Date :

-

Inspection Due Date :

25 Mar 2023

Intended Transfer Date :

23 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
Road Tax Renewal - 6 months (26 Sep 2022 to 25 Mar 2023)	\$495.00
Road Tax Renewal - 12 months (26 Sep 2022 to 25 Sep 2023)	\$1,345.00

Message

The fees above do not include any late road tax fees, which apply if road tax or lay-up has expired. You can use the digital service Enquire Road Tax Payable to check if there are any late road tax fees. Any road tax that has been paid for the vehicle will be transferred to the next owner.

This vehicle has a road tax Over Payment of \$355.00. This Over Payment may be used to offset Road Tax payable and Transfer Fees respectively, where applicable.

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