

**NATIONAL Assessment Centre Services** (Ref: 12-002) **SN0822AA0002**

Date In: 10/10/2022 15:19	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: N301122009664	E-mail (within 3hrs, A/C 3hrs)		
Veh No: CB 1508Z	1-Motor Claim Form		
D.O.A: 03/10/2022 09:45	1-Motor W/O (Within 30 mins, A/C 3hrs)		
OD: (TP) Reporting Only	1-Photo Uploaded		
TP Input:	Assessment/Survey Report		
	Ass't Report by Fax: Hand to Owner/VWAG		

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

TP Particulars: ( ) Veh No: **SNAS2157** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured Driver Liability: ( ) % (Note: List Status (WO): N: 0-2014 P: 21-79% R: 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 repairs.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Tow-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Cost: ( )

Remarks: ( ) (IN's Hotline: 6788 6618) Date & Time Completed: ( ) Done by: ( )

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

2) QO Check / Post Repair Inspection ( )

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

Injury: ( )

Date: ( ) Time: ( ) Action: ( )

**NA2202878**

Informant's Particulars: ( )

Owner: ( )

Contact No: ( )

Damaged Portion: ( )

Invoice Preparation Checklist			
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100) INC (\$50)			
3) TP: Towing Fee	\$10/\$40		
4) PT: Follow-Through Survey	\$10		
5) PT: Follow-Through Survey (Rearview)	\$10		
Resurvey Fee (if repair cost > \$3000, Inc 10/10/2021)			
6) TR: Re-survey	\$70		
7) NI: NI side DA + SMPT Survey	\$160		
8) NTUC Additional Towing			
QTY			
*NI: Courtesy Car / Transport Allowance	\$5		
*NI: Repair Coordination	\$10		
*NI: Post Repair Inspection	\$10		
*NI: DV / Collect Excess Coordination	\$5		
*TP: TP Input INC against INC	\$10		
*TP: Towing Fee	\$10		
Excess Value			
TP Charges			

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

Comments: ( )

12/1



## 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	10/10/2022 15:19 (SGT)
Reported by	Driver
Date of Accident	03/10/2022 09:45 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS JURONG BEFORE EXIT 31
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB7503Z
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TAN BUS TRANSPORT
Company Reg No	5XXXX308C
Email Address	tan.bus.transport@gmail.com
Mobile Phone No	(Phone) +65-80383242
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Urvan
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	2953

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00003252200

### DRIVER

Name of Driver	BI GUANGJUN
Passport No/FIN	GXXXX276M
Date Of Birth	20/01/1979
Occupation	Outdoor

Date Of Driving Pass	31/10/2014
Driving experience	8 YEARS
Gender	Male
Mobile Number	(Phone) +65-80383242
Alt. Phone Number	-
Email Address	tan.bus.transport@gmail.com
Address	BLK 117 BEDOK NORTH ROAD #08-219
Address complement	-
Postcode	460117
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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 AND ATTACHMENT

##### 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	SNA5215T
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)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
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	-
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	UNKNOWN
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

### 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.



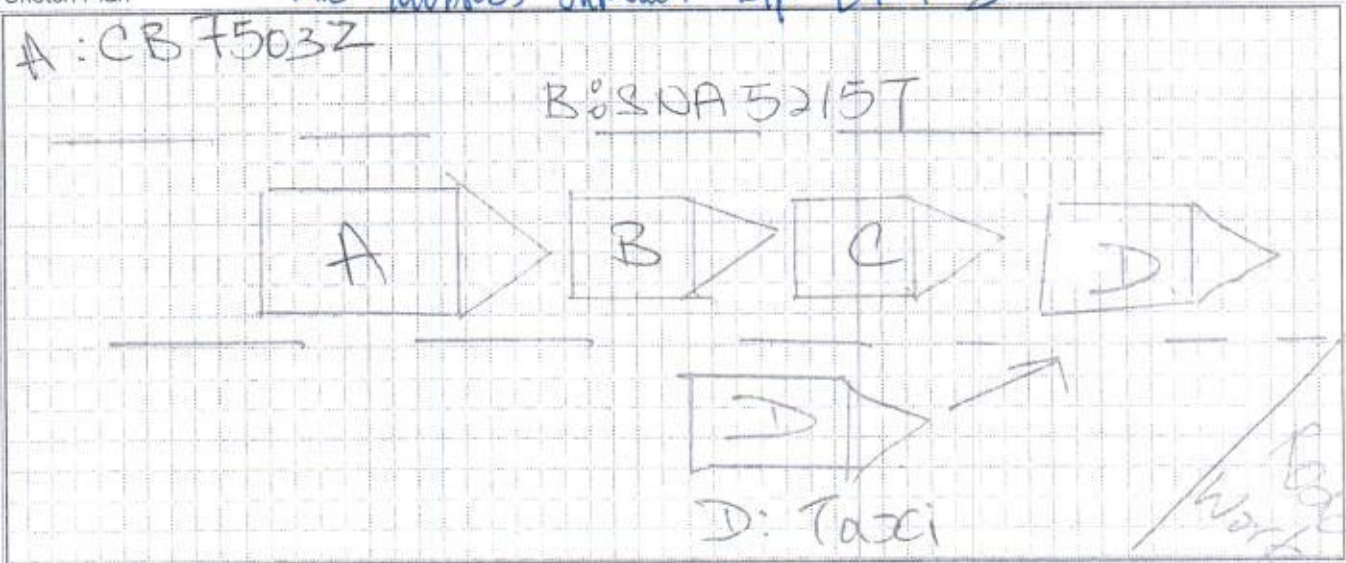
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan

PIE TOWARDS JERONG BLF EX17 31



Describe Circumstance of the Accident

Refer to my statement attached.

Was there any video captured by Car Camera?

Yes / No

Has the driver been approached by unknown person(s) ?

Yes / No

Number of Passengers (Including Driver)?

NIL

Name

Gender:

Name

Gender:

Name

Gender:

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Accident Date: 03/10/2022  
Accident Time: 0945 hours  
Accident Location: PIE towards Jurong before exit 31  
Vehicle No: (A) CB 7503 Z  
(B) SNA52157  
(C) unknown,  
(D) Taxi

On 3/10/2022 at 9:45am, I was driving my vehicle no: CB 7503 Z along PIE towards Jurong before exit 31.

I was driving in the 2<sup>nd</sup> lane. There was road work somewhere ahead in lane 1. Suddenly, vehicle D (Taxi) cut into lane 2 from lane 1 in front of Vehicle C and immediately jammed his brake. I cannot stop in time. I collided into Vehicle B.

There was a traffic police that drove by, he asked us to exchange particulars and he arranged for my vehicle to be towed away and inform us to leave the scene as nobody was injured.

Due to other personal matters that have engaged me with the police on the 4/10/22 and 5/10/22, I was delayed in informing my insurance about this accident.



Bi Guan Jun

guan 10/10/2022



Send/Fax to: \_\_\_\_\_

Submitted: \_\_\_\_\_

## SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION	
Date of Accident:	03/10/2022
Time of Accident:	0945 am
Exact Location:	PIC Towards Jurong before exit 31

DETAILS OF OWN VEHICLE	
Vehicle Registration No.	CB 7503 Z
NRIC / FIN / Passport no:	53068308 C
Name of Registered Owner:	Tan Bus Transport
Owner's Email:	tan.bus.transport@gmail.com
Owner's Address:	117 Bedok North Road #08-219 Fengshan Precinct (A60117)
Vehicle Make:	Nissan
Vehicle Model:	Urvan 3.0M
Engine Capacity (cc):	2953
Transmission:	Auto / Manual
Type of Claim:	Own Damage / Third Party / Reporting Only
Vehicle Category:	Private / Commercial / Motorcycle / Private Hire
Name of Insurance Co:	China Tai Ping
Type of Policy:	Comprehensive / Third Party / Third Party, Fire & Theft
Policy Number:	DMB18NW00003252200

DRIVER	
Name of Driver:	Bi Guang Jun
NRIC / FIN / Passport no:	G3031276 M
Date of Birth:	20/1/1979
Occupation:	Indoor / Outdoor
Driving Pass Date:	31/10/2014
Contact Number:	80383242
Gender:	Male / Female
Address:	117 Bedok North Road #08-219 (A60117)
Relationship with Owner:	Owner / Employee / Spouse / Child / Hirer / Other:
Translator Name:	
Translator NRIC:	
Translator Contact no:	
Translator email:	

GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision:	Chain collision / Side Swipe / Front to Rear / Others:
Weather Condition:	Clear / Raining / Others:
Road Surface:	Dry / Wet
Video available:	Yes / No
Was anybody injured?	Yes / No
Police Report Made?	Yes / No
No. of passenger onboard (including driver):	01

DETAILS OF OTHER VEHICLE			
	Vehicle 1 (B)	Vehicle 2 (C)	Vehicle 3 (D)
Vehicle Registration No:	SNA 5215 T	unknown	TAXI
Vehicle Make / Model:			
Name of Driver:			
NRIC / FIN / Passport no:			
Contact Number:			
Name of Insurance Co:			

DETAILS OF WITNESS	
Name:	Contact Info:

DETAILS OF INJURED PERSON			
	Person 1	Person 2	Person 3
Name / in which vehicle?:			

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.

Signature of Driver: \_\_\_\_\_

Date and time: \_\_\_\_\_





中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Bus

MZ601

N SN

AN0580A

Cov. Type:F

### 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, 1959 (Malaysia)

CERTIFICATE No

DMB1SNW00003252200

Engine No.: ZD30046595

Cha. No.:JN1TG4E25Z0702310

1. Index Mark and Registration  
Number of Vehicle

CB7503Z

2. Name of Policy Holder

TAN BUS TRANSPORT

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

22/02/2022  
(00:00:00)

Excess Sect. II SS750.00

4. Date of Expiry of Insurance

21/02/2023

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.

\* 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 & EVEN  
Authorised Officer

Authorised Signatory

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

☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com

## Enquire Vehicle Transfer Fee

### Vehicle Details

Vehicle No.  
**CB7503Z**

Make / Model  
**NISSAN / URVAN 3.0 M**

Vehicle Type :  
**S20 - School Transport Bus/Coach/Minibus**

Vehicle Scheme :  
**School Bus with AWC**

Propellant :  
**Diesel**

Motor No. :  
-

Power Rating :  
-

Maximum Laden Weight :  
**3100 kg**

Year Of Manufacture :  
**2005**

Lifespan Expiry Date :  
**19 Apr 2025**

Road Tax Expiry Date :  
**19 Oct 2022**

Inspection Due Date :  
**19 Oct 2022**

CO2 Emission :  
-

CO Emission :  
-

NOx Emission :  
-

Vehicle Attachment 1 :  
**Air-Conditioned**

Chassis No. :  
**JN1TG4E25Z0702310**

Engine No. :  
**ZD30046595**

Engine Capacity :  
**2953 cc**

Maximum Power Output :  
-

Unladen Weight :  
**1800 kg**

Original Registration Date :  
**20 Apr 2005**

COE Category :  
-

PARF Eligibility Expiry Date :  
-

Intended Transfer Date :  
**03 Oct 2022**

CEV/VES Rebate Utilised Amount :  
-

HC Emission :  
-

PM Emission :  
-

### Fees To Be Paid For Transfer