NATIONAL Assessment Centre Services   SMOF22AK0004

Date In: 20/10/2022 16:06	Job description	Date & Time Completed	Done by
Ref No: NBA/C77220104224	SAS e-filing		
Veh No. PC4382K	E-mail (within 5hrs, A/C 2hrs)		
D.O.A: 19/10/2022 07:49	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: Fax:

TP Particulars: Veh No: PA6557B   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 0616)   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:

NA2202989

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

Checked by (Engr-In-Charge):

Comments:

Invoice Preparation Checklist

1) AR : Accident Reporting ($30)		
2) DA : Damage Assessment ($10 2%)	INC ($55)	
3) TF : Towing Fee	$[illegible]	
4) FT : Follow-Through Survey	$130	
5) FT : Follow-Through Survey (Resurvey)	$30	
6) TR : Re-inspection	$75	
7) NI : Non DA + SMRT Survey	$160	
8) NTUC Additional Fee		
OR		
*NS: Courtesy Car / Tpt Allowance	$5	
*NS: Repair Coordination	$[illegible]	
*NS: Post Repair Inspection	$[illegible]	
*NS: DV / Collect Excess Coordination	$[illegible]	
	$[illegible]	
	$[illegible]	
Invoice Date:	Fee Charges	

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 witholding 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	20/10/2022 16:06 (SGT)
Reported by	Driver
Date of Accident	19/10/2022 07:49 (SGT)
Exact Location of Accident	Jurong East, Singapore
Additional Location Information	PICK UP POINT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC4332K

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 - Claiming third party
Vehicle Category	Bus
Transmission	Auto
CC	6690

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNA00009062203

DRIVER

Name of Driver	TAN KUM CHEONG
NRIC No	SXXXX944B
Date Of Birth	25/07/1961
Occupation	Outdoor

Date Of Driving Pass	11/04/1983
Driving experience	39 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81020996
Alt. Phone Number	-
Email Address	william@aedge.com.sg
Address	BLK 40 CHOA CHU KANG STREET 64 #04-11
Address complement	-
Postcode	-
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	Collision - Head to Rear
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)	31
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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PA6557B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	AXA Insurance Pte Ltd
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 GIA's Accident Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will 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 thereafter.

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/are permitted to collect, use, disclose and/or process my personal data (personal information as defined in the PDPA) 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 Motor Industry Authority of Singapore and any relevant government agency's 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 investigation 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 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 and packages); and/or

(v) complying with any 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 the 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.

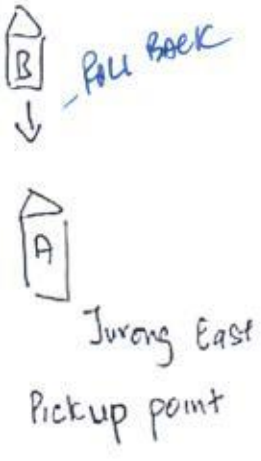
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

20/10/2022

Sketch Plan



A – PC 4333K

B – PA 6557 B.

Describe Circumstances of the Accident

On 19/10/2022 around 0749, I was driving my Bus PC4332E my Bus Stopped at Jurong East Pick up Point the Front Bus Veh B PA 6557B Suddenly rolled back and hit onto my Bus Front 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

Witnessed by Receiving Centre Personnel 20/10/2022

Road surface: Dry / Wet

Weather condition: Clear / Raining

Speed: _____

Usage of veh during of accident:

_____

Driver IC:

Driver Name :

Driver Pass date :

Drver Birth date :

Does driver own a vehicle: ~~yes~~/no

if yes, veh number plate: _____

veh insurance co: _____

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: PA6557B.

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: AXA

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: 31

15 Male

15 Female

Connect3 client vehicle no: PC4331F.

Owner contact no: 9146 0806

Email Address: William@Aedge.com.sg.

Date of accident: 19/10/2022

Location of accident: Jurong East Pick up Point

Time of accident : 7:49 hrs

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

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
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. DMB1SNA00009062203

Engine No.: ISB67E525022139572
Cha. No.:LZYTBTD61F1014150

1. Index Mark and Registration Number of Vehicle: PC4332K

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)

4. Date of Expiry of Insurance: 31/05/2023

Excess Sect I	S$3,000.00
Excess Sect II	S$3,000.00
EX ON WINDSCREEN	S$500.00

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.

杨亚美

Issued By: Tan Jia Hwei
Authorised Officer

Authorised Signatory

> Back to OneMotoring

Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle No.
PC4332K

Make / Model
YUTONG / ZK6107H AUTO

Vehicle Type :
Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus

Vehicle Attachment 1 :
Air-Conditioned

Vehicle Scheme :
Public Service Vehicle (Others)

Chassis No. :
LZYTBTD61F1014150

Propellant :
Diesel

Engine No. :
ISB67E525022139572

Motor No. :
-

Engine Capacity :
6690 cc

Power Rating :
-

Maximum Power Output :

-

Maximum Laden Weight :

16500 kg

Unladen Weight :

11120 kg

Year Of Manufacture :

2015

Original Registration Date :

18 Dec 2015

Lifespan Expiry Date :

17 Dec 2035

COE Category :

C - Goods Vehicle & Bus

Quota Premium :

$43,809.00

COE Expiry Date :

17 Dec 2025

Road Tax Expiry Date :

31 Jan 2023

PARF Eligibility Expiry Date :

-

Inspection Due Date :

31 Jan 2023

Intended Transfer Date :

20 Oct 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

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OK →