

NATIONAL Assessment Centre Services (part 1 Jan 2021) **SV0832BSP0001**

Date In: 25/11/2022 11:28	Job description	Date & Time Completed	Done by
Ref No: XBA 699220/18564	SAS e-filing		
Veh No: CB 8506J	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 26/11/2022 16:01	I-Motor Claim Form		
OO: TR / Reporting Only	I-Motor W/O (Whins: QD 2hrs, TF 3hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whar		

Preferred Wksp / INC Assgn Wksp / GW: (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%, P: 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 repeler.

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

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: () (INC hotline: 6788 6015)

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date Turn: () Actions: ()

NA2203309 Injmnt's Particulars: Owner: Contact No: Damaged Portion: Checked by (Engr-In-Charge): Comments: L2/3:	Invoice Preparation Checklist:	
	1) AR: Accident Reporting (530)	
	2) DA: Damage Assessment (5100) INC (558)	
	3) TF: Towing Fee 540/540	
	4) FT: Follow-Through Survey 5100	
	5) PT: Follow-Through Survey (Resurvey) 530	
	6) TR: Re-inspection 571	
	7) NI: New DA + SMRT Survey 5140	
	8) NTUC Additional Services	
	*NI: Courtesy Car / Tol Allowance 55 *NI: Repair Coordination 510 *NI: Post Repair Inspection 520 *NI: DV / Collect Excess Coordination 51 *TP (NI): TP (Non-INC) against INC 510 *NI: 24hrs Mobile 50	Fee Charged 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	25/11/2022 11:29 (SGT)
Reported by	Driver
Date of Accident	24/11/2022 16:01 (SGT)
Exact Location of Accident	Sentosa Cove, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB8506J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HONG YUN BUS SERVICES PTE. LTD.
Company Reg No	2XXXXX457Z
Email Address	hongyunbus.services@outlook.sg
Mobile Phone No	(Phone) +65-96216653
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Golden Dragon
Model	XML6118E1A
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	Private car
Transmission	Auto
CC	8849

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00012002200

DRIVER

Name of Driver	WU TONG
Passport No/FIN	GXXXX928L
Date Of Birth	28/11/1979
Occupation	Outdoor



Date Of Driving Pass	15/04/2017
Driving experience	5 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-80381105
Alt. Phone Number	-
Email Address	hongyunbus.services@outlook.sg
Address	-
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	Hit by fallen tree / Other objects
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)	25
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
Reasons for not uploading a video of the accident FILE TOO BIG

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 BARRIER
No. Of Passenger (Including Driver) -

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claim process.
 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 misstatement of material facts may void insurance coverage to invalidate 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 Civil Insurance 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 acceptance 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 afterwards.
 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 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 firm, 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 RMI;
 - (iv) administering my claim, (including the making of correspondence, statements, invoices, requests or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the claim 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.
 (collectively the "Purposes")
 - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers law firm, 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 lawyers law firm), 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-CB85061



Sentosa Cove

B-Banner

Describe Circumstances of the Accident

On 24/11/2022 around 16:01 hrs, I was driving my bus along Sentosa Cove. When my bus reached the gantry, I waited for the barrier to open, when the barrier open, I proceed to ~~the~~ move forward. Suddenly I felt an impact from the right side. the gantry barrier hit onto my bus.

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

25/11/2022

Road surface: Dry / Wet

Weather condition: Clear / Raining

Speed: _____

Does driver own a vehicle: yes / no

if yes, veh number plate: _____

veh insurance co: _____

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: 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: 25

12 Male

13 Female

Connect3 client vehicle no: CB 85061

Owner contact no: 9621 6653

Date of accident: 24/11/2022

Location of accident: Sentosa Cove

Time of accident: 1601 hrs.

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

Usage of veh during of accident: _____

Driver IC: _____

Driver Name: _____

Driver Pass date: _____

Driver Birth date: _____

Email Address: Hongyun bus. Services @ outlook . sg



Motor Bus

MZ601

N SN

AN0735A

Cov. Type:F

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.

DMB1SNW00012002200

Engine No.: ISLE432021836856

Cha. No.: LFZBHC DK1BA001421

1. Index Mark and Registration
Number of Vehicle

CB8506J

2. Name of Policy Holder

HONG YUN BUS SERVICES PTE LTD

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

16/08/2022
(00:00:00)

Excess Sect. II S\$1,500.00

4. Date of Expiry of Insurance

15/08/2023

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.

* 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: SSTA INSURANCE AGENCY PTE LTD
Authorised Officer

Authorised Signatory

Vehicle Registration Details

Vehicle No. CB8506J	Make/ Model GOLDEN DRAGON /XML6118E1A	Vehicle Scheme School Bus with AWC
Current Propellant Diesel	Chassis No. LFZBHCDK1BA001421	Vehicle Type School Transport Bus /Coach/Minibus

Owner's Details

Owner Name:
HONG YUN BUS SERVICES PTE. LTD.

Owner ID Type:
Company

NRIC/Passport/Company Cert No.:
201433457Z

Registered Address
**APT BLK 120C RIVERVALE DRIVE #11-400
RIVERVALE GARDENS SINGAPORE 543120**

Mailing Address:
-

Birth Date
-

Registration Details

Previous Vehicle No.:
-

Effective Date of Ownership:
22 Apr 2015

Original Registration Date:
16 Aug 2011

Registration Date:
16 Aug 2011

No. of Transfers:
1

IU Label No.:
2050091633

Vehicle Specifications

Engine No.:
ISLE432021836856

Chassis No.:
LFZBHCDK1BA001421

Year of Manufacture:
2011

Primary Colour:
Multicolor

Secondary Colour:

-

Passenger Capacity:

49

Engine Capacity / Power Rating :

8849 cc / -

Maximum Power Output:

-

Max Unladen Weight:

11940 kg

Maximum Laden Weight:

16000 kg

Vehicle Attachment 1:

Air-Conditioned

Vehicle Attachment 2:

-

Vehicle Attachment 3:

-

Additional Registration Fee (ARF) and COE Information

Open Market Value:

\$121,903.00

Additional Registration Fee Rate:

5.00 %

Actual ARF Paid:

\$6,096.00

Vehicle Lifespan Expiry Date:

15 Aug 2031

OPC Cash Rebate Eligibility:

No

QP during COE Bidding Exercise:

-

COE No.:

-

PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

Minimum PARF Benefit:

-

Vehicle Emissions Details

CO2 Emission:

-

CO Emission:

-

HC Emission:

-

NOx Emission:

-

PM Emission:

-

Message:

This is a public service vehicle.

Printed on 15 Aug 2021 14:51:44

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