NATIONAL Assessment Centre Services	(mit 1 Jan 22)	X10822C	G0003)
Date in: 10 (2002) 15:30 Jeb description		Date & Time Con	ubleten Do	ne pi.
ReINO: NOR (17)201/401/ SAS estilling			4 .	a to the second program of the transfer
Vali No. PD. 12VV	Phrs, ACC 26m)			1
D.O.A: 1412 DD TO TO 1-Motor Clair	n Form	1		4
OD The Reporting Only 1-Motor W/O	(White: OD this,	77 (100a)		
i-Photo Uplo	aded		-	
TP Insurer: Assessment/Su	evey Report			
	y Fax/ Hand to	Owner/Whap		
Preferred Wksp / INC Assign Wkap / QW: (Tel:	Fax:	7
To Panticulars Veli Noi SLC937/1	, INC()/Non-INC()	
Owner / Driver: (Tel:	γ	الممسير
Policy No: () Period: ()	Cover Type: (>	W. S. Sandallander and Co.
Confirmed by : '(Dater	Times	γ	
Insured/Driver Liability: (%) [Note-Ust Status (V		34, F: 21.79%.	F: 80-190%)	and the same of the same
Year of Registration: () Warrenty: YES ()/ NO (
Excess: (\$) Londing: \$1,000()/\$2,000	A STATE OF THE PARTY OF THE PAR			
General Remarks St.			12 . (A	4 1
() Walk-In Customar : Customers information strictly Cor	nfidential & Sur	aly 110 rafer of s	epairer.	-
() Total Luss Cust ; to e-mail Insurer URGENTLY.		-	THE PROPERTY OF REAL PROPERTY AND ADDRESS OF THE PERSON ADDRESS	CONTRACTOR OF THE PERSON OF TH
Drive-ln()/ToweJ-In(); Invoice: YES()/N	(O () To	rwing Co. ()
Remarks: P. AUNG Editing: 6788(6615)		Deteck (Time Con	ple vide vide vide	neby
1) Apply for Transport Allowance ()/ Courtesy Car (>			
2) QC Check / Post Repair Inspection ()	******************************			d towns of the same of the sam
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	1		1
Injury 1	ran manualitismy attendance mount on			
One Tunit Aguions (St. 1922)	SERVER STORY	3 . Y SW 1740		A CAMPAGE TO
	V A STANDARD TO THE	-	***************************************	
	- N			

				NASALII
XH2203.495"	Invoice Prep	aration Checiti		mark a direct di
hijmanijs Barticultur. iž gadogade († 1617. žagobajo stalaciji)		Reserving (330); ()/(130);	3NC (\$50)	
river/Owner:	3) TF: Towing Fo	11	\$40/\$45 \$130	
The second state of the second	4) PT: Fellow-Ti	rough Survey (Expury	(ey) \$30	
entact No:	6) TR: Re-laspes	dia 150 Only Cref	373	4-10 - 101 - 1
nmaged Fortion: Fixed.	T) N1 : Has DA		5140	
	gp.	makes the sales are a second to be a second	55	
C Checked by (Engr-In-Charge):	Ne: Repair C		310)	
na ronti Commento	N7; Fen Rap	air Isapestion Isat Cuesas Geordinesi	515 on 51	
no tor C Commence series and a series was a series we	TP (NAI): TP	(Non-INC) against IN	<u>c</u> 310	
The state of the s	(avoice dated	P.	e Charges	E489283
1.2/3:		Ľ.	. Channel State	NOV



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.

4. The issue and acceptance or this porm by insurance companies is not an admission of policy hability or the part of the median section of Singapore (GIA) for archiving and that copies of this report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance and that copies of this report will, for a fee, be made available upon application by interested parties.

Association of Singapore (GIA) for archiving and that copies of the report being made available aforesaid.

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 16/12/2022 15:30 (SGT) Reported by Date of Accident 14/12/2022 07:45 (SGT) **Exact Location of Accident** Clementi Ave 6, Singapore Additional Location Information TOWARDS PIE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Employment

No - Claiming third party

Vehicle Registration Number PD125M

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner WU LI TRANSPORT SERVICES Company Reg No 5XXXX315K **Email Address** connect3winnie@gmail.com Mobile Phone No. (Phone) +65-90178473 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Scania Model KIB4X2 12L Variant Exact purpose for which vehicle was being used at time of

accident Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Bus Transmission Auto CC 11705

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd. DMB1SNW00011272200

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

MOHAMAD NAWAWI BIN REDUAN SXXXX896B 08/10/1988 Outdoor

Date Of Driving Pass	11/08/2010	
Driving experience	12 YEARS AND 4 MONTHS	
Gender	Male	
Mobile Number		
Alt. Phone Number	(Phone) +65-92343005	
Email Address		
Address	connect3winnie@gmail.com	
	BLK 77 BEDOK NORTH ROAD #14	-202
Address complement Postcode	I	
	460077	
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 Deliver	-	
Insurance Company of Other Vehicle Owned by Driver	-	
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident	0.1.0	
Weather Conditions	Side Swipe	
	Clear	
Road Surface	Wet	
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?		
Was any injured conveyed to hospital by ambulance?	No	
Was any other vehicle or property damaged?		
	Yes	
Number of Passengers (Including Driver)	35	
Has the driver been approached by unknown person(s)	Na	
soliciting/offering accident claims assistance? Translator's name	No	
Translator's ID	-	
Translator's phone number	-	
	-	
	-	
Original language used in the statement	8	
PASSENGER 1		
Name		
Name	UNKNOWN	
Gender	Male	
PASSENGER 2		
THOSE TOLK Z		
Name	UNKNOWN	
Gender	Male	
PASSENGER 3		
Name	UNKNOWN	
Gender	Male	
	ividie	
PASSENGER 4		
Name	1000000	
	UNKNOWN	
Gender	Female	
PASSENGER 5		
Name	UNKNOWN	
Gender	Female	
DASSENGED		
PASSENGER 6		
Name	UNKNOWN	
Gender	Female	
	, officials	
PASSENGER 7		
Name	UNKNOWN	
Gender	Female	
	CHIMA	

Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?

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?

Was there any video captured by Car Camera?

Yes

Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC9371L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	~
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Company of the Compan
Contact Number	-
Address	_
Address complement	-
Postcode	-
Insurance Company Name	Income Insurance Limited
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 Authorised 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.
- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' 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/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

A-PDID

A-PDID

B-SLC93

AIR Clement Ave 6

AIR Tuds PIE

scribe Circumstances of the Accident	1
n 14(12) 2022 around 0745 hrs. I was driving my Bus PD 125 re 6 Trads PIF. When reaching the merge land, Suddenly 1 the right Front portion, Veh B SLE 9371 L Squeeze in 1 th outomy Bus.	T FOTT CHIMENT
the relationship the mage law, supplement	to the tan import
1 the right rout portion, VEN D SHE 93 11 L Squeece in	to my lay and
IH outomy bus.	
claration	

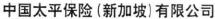
I/We declare the foregoing particulars are true in every respect.

Policyholder Time

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

Witnessed by Reporting Centre Personnel

Road surface: Dry / Wet	Usage of veh during of accident:
Weather condition: Clear / Raining	
Speed:	
	Driver IC:
Does driver own a vehicle: yes /no	Driver Name :
if yes, veh number plate:	Driver Pass date :
veh insurance co:	Drver Birth date :
Relationship with insured: Employer 5 Employer	
Witness (if any): yes/no	
Witness name:	
Witness name:	
Witness email (if any):	
Witness add:	
Witness IC no:	
Third party veh number: SLC 9371L	
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: NTUC	
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: 35	Male
15	Female
Connect3 client vehicle no: PDI3SM	1 Citiale
0	Address: (martiliania @ cuel (ass
Date of accident: 14/3/22	Address: (anneckswimmie @ gorgil.com
Location of accident: Clement, Ave 6 Twds PIE	
Time of accident: 0745 Ws .	
Any Injury: yes /no (if yes, must have police report)	



CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

Motor Bus

MZ601

SN

AN0580A

Cov. Type:F

CERTIFICATE OF INSURANCE

otor 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.

DMB1SNW00011272200

Engine No.: 6408507

Cha. No.:YS2K4X20001863107

1. Index Mark and Registration

PD125M

Number of Vehicle 2. Name of Policy Holder

WULLTRANSPORT SERVICES

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

30/06/2022 (09:31:47)

Excess Sect. II

\$\$1,000.00

4. Date of Expiry of Insurance

29/06/2023

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.: YONG KHIONG CREDIT 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:

ODD Authorised

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



Vehicle Registration Details

Vehicle No. PD125M	Make/ Model SCANIA/KIB4X2 12L MT ABS TURBO 19T	Vehicle Scheme Public Service Vehicle (Others)
Current Propellant Diesel	Chassis No. YS2K4X20001863107	Vehicle Type Private Hire (Chauffeur) Bus/Coach /Minibus

Owner's Details

Owner Name:

Owner ID Type:

WU LI TRANSPORT SERVICES

Business

NRIC/Passport/Company Cert No.:

Registered Address

53287315K

APT BLK 669 WOODLANDS RING ROAD #09-375 SINGAPORE 730669

#09-373 31NGAPORE

Mailing Address:

Birth Date

Registration Details

Previous Vehicle No.:

Effective Date of Ownership:

30 Jun 2022

Original Registration Date:

Registration Date:

03 Aug 2009

03 Aug 2009

No. of Transfers:

IU Label No.:

7

2050109949

Vehicle Specifications

Engine No.:

Chassis No.:

6408507

YS2K4X20001863107

Year of Manufacture:

Primary Colour:

2008

Multicolor

Secondary Colour:	Passenger Capacity: 51
Engine Capacity / Power Rating : 11705 cc / -	Maximum Power Output:
Max Unladen Weight: 14060 kg	Maximum Laden Weight: 19000 kg
Vehicle Attachment 1: Air-Conditioned	Vehicle Attachment 2:
Vehicle Attachment 3:	
Additional Registration Fee (ARF) and COE Informati	on
Open Market Value: \$157,227.00	Additional Registration Fee Rate: 5.00 %
Actual ARF Paid: \$7,862.00	Vehicle Lifespan Expiry Date: 02 Aug 2029
OPC Cash Rebate Eligibility:	QP during COE Bidding Exercise: \$7,600.00
COE No.: 2009060105000250H	COE Expiry Date: 31 May 2029
COE Category: C - Goods Vehicle & Bus	COE Registration Category: C - Goods Vehicle & Bus
Quota Premium (QP) / Prevailing Quota Premium: \$7,600.00 / -	PQP Paid \$27,819.00
QP (Regn Cat): \$7,600.00	
PARF Rebate Details	
PARF Eligibility:	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 30 Jun 2022 10:03:25

Copyright © Land Transport Authority of Singapore 2022