

NATIONAL Assessment Centre Services (Unit 1, 2nd Floor) **SA10823/70001**

Date In: 19/01/2023 11:06	Job description	Date & Time Completed	Done by
Ref No: NBR/17123000805/Y	SAS e-filing		
Veh No: PC-9992X	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 09/01/2023 07:10	1-Motor Claim Form		
OD: <input checked="" type="checkbox"/> Reporting Only	1-Motor W/O (within: OD 2hrs, TP 3hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whsp		

Preferred Wksp / INC Assgn Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: smy/860tc INC () / Non-INC () Tel: ()

Owner / Driver: ()

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 repair.

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

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

Remarks: () INC Hotline: 0788 6616 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: ()

MA2300093

Customer Particulars:	Invoice Preparation Checklist:	Amount / Paid (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$58)
Damaged Portion: ()	3) TP: Towing Fee (\$30/\$40)	
	4) PT: Follow-Through Survey (\$120)	
	5) FT: Follow-Through Survey (Resurvey) (\$50)	
	Excluding system INC Only (w/ef 10 Jan 2023)	
	6) TR: Re-inspection (\$75)	
	7) NI: Issue DA, P-SMRT Survey (\$140)	
	8) NTUC Additional Services:	
	QTY	
C Checked by (Engi-In-Charge):	*NS: Courtesy Car / Tot Allowance	\$5
	*NS: Repair Coordination	\$10
	*NT: Post Repair Inspection	\$25
	*NT: DV / Collect Excess Coordination	\$5
	*TP (NI): TP (NI) INC against INC	\$20
	*NI: 1 Day Mobile	10
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

L2/3:

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	10/01/2023 11:06 (SGT)
Reported by	Driver
Date of Accident	09/01/2023 07:10 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC9992X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TG TOUR PTE. LTD.
Company Reg No	2XXXXX697M
Email Address	accts2@tgtours.com
Mobile Phone No	(Phone) +65-90853935
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Sunlong
Model	Slk6110
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	6693

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00008632200

DRIVER

Name of Driver	SU DANGSHENG
Passport No/FIN	GXXXX378R
Date Of Birth	01/07/1986
Occupation	Outdoor

Date Of Driving Pass	10/07/2019
Driving experience	3 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90308222
Alt. Phone Number	-
Email Address	accts2@tgtours.com
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	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)	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	Male

PASSENGER 5

Name	UNKNOWN
Gender	Male

PASSENGER 6

Name	UNKNOWN
Gender	Male

PASSENGER 7

Name	UNKNOWN
Gender	Male

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

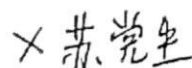
Vehicle Registration Number SMY8601C
 Vehicle Manufacturer Toyota
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver -
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -


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 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.

X 
Policyholder's Signature / Date & Time

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

 10/01/2023
Witnessed by Reporting Centre Personnel

Sketch Plan



A-PC99925.


B-SMY6601C

Describe Circumstances of the Accident

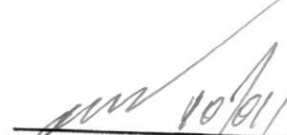
On 9/1/2023 around 07:00hrs, I was driving my bus PC 9992R along AF.
When the front vehicle slow down, I braked, my bus skid and swerved
into the right lane and brush against Veh B and 6610C.

Declaration

We declare the foregoing particulars are true in every respect.

X 
Policyholder's Signature / Date &
Time

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

 10/01/2023
Witnessed by Reporting Centre
Personnel

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: Employee / Employer
Witness (if any): yes / no
Witness name: _____
Witness hp: _____
Witness email (if any): _____
Witness add: _____
Witness IC no: _____

Third party veh number: SMY 601C
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

24 Male
- Female

Connect3 client vehicle no: PC99925
Owner contact no: 9085 3935
Date of accident: 01/11/2023
Location of accident: PIE
Time of accident: 0710hrs
Any Injury: yes / no (if yes, must have police report)

Email Address: 11oct52@TG-Tours.com



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

BR0057A

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.

DMB1SNW00008632200

Engine No.: ISBE430021971940

Cha. No.: LJMBGCDHXAS02344

1. Index Mark and Registration
Number of Vehicle

PC9992Y

2. Name of Policy Holder

TG TOURS PTE LTD

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

23/05/2022
(13:56:18)

Excess Sect. II S\$2,000.00

Excess Sect.II (Outside Singapore), S\$3,000.00

4. Date of Expiry of Insurance

22/05/2023

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.

* 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 INSURANCE BROKERS PTE LTD
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

Vehicle Registration Details

Vehicle No. PC9992Y	Make/ Model SUNLONG/SLK6110	Vehicle Scheme Public Service Vehicle (Others)
Current Propellant Diesel	Chassis No. LJMBGCDHXAAS02344	Vehicle Type Private Hire (Chauffeur) Bus/Coach /Minibus

Owner's Details

Owner Name:
TG TOURS PTE. LTD.

Owner ID Type:
Company

NRIC/Passport/Company Cert No.:
201008697M

Registered Address
**APT BLK 333 KRETA AYER ROAD #03-14
KRETA AYER HEIGHTS SINGAPORE 080333**

Mailing Address:
-

Birth Date
-

Registration Details

Previous Vehicle No.:
-

Effective Date of Ownership:
30 Jun 2017

Original Registration Date:
04 Aug 2011

Registration Date:
04 Aug 2011

No. of Transfers:
3

IU Label No.:
2050089117

Vehicle Specifications

Engine No.:
ISBE430021971940

Chassis No.:
LJMBGCDHXAAS02344

Year of Manufacture:

Primary Colour:
-

Secondary Colour:

-

Passenger Capacity:

49

Engine Capacity / Power Rating :

6693 cc / -

Maximum Power Output:

-

Max Unladen Weight:

12720 kg

Maximum Laden Weight:

17000 kg

Vehicle Attachment 1:

Air-Conditioned

Vehicle Attachment 2:

-

Vehicle Attachment 3:

-

Additional Registration Fee (ARF) and COE Information

Open Market Value:

\$111,963.00

Additional Registration Fee Rate:

5.00 %

Actual ARF Paid:

\$5,599.00

Vehicle Lifespan Expiry Date:

03 Aug 2031

OPC Cash Rebate Eligibility:

No

QP during COE Bidding Exercise:

\$32,590.00

COE No.:

2011080105000243E

COE Expiry Date:

31 Jul 2026

COE Category:

C - Goods Vehicle & Bus

COE Registration Category:

C - Goods Vehicle & Bus

Quota Premium (QP) / Prevailing Quota Premium :

\$32,590.00 / -

PQP Paid

\$19,904.00

QP (Regn Cat):

\$32,590.00

PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

Minimum PARF Benefit:

-

CO2 Emission:

-

CO Emission:

-

HC Emission:

-

NOx Emission:

-

PM Emission:

-

Message:

This is a public service vehicle.

Printed on 04 May 2022 17:36:21

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