

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 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.
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 19/01/2022 10:00 (SGT)
Date of Accident 18/01/2022 16:10 (SGT)
Exact Location of Accident Singapore
Additional Location Information TUAS SOUTH AVENUE 3 & TUAS SOUTH AVENUE 2 JUNCTION
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC5108K

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner RUI FENG CHARTERED PTE LTD
Company Reg No
Email Address
Mobile Phone No (Phone)
Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota
Model Coaster
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 Manual
CC 4000

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number 5108850803-02
Cover Note Number

DRIVER

Name of Driver YEO KOK CHENG
NRIC No

Date Of Birth [REDACTED]
 Occupation Outdoor
 Date Of Driving Pass 17/11/1995
 Driving experience 26 YEARS AND 2 MONTHS
 Gender Male
 Mobile Number (Phone) [REDACTED]
 Alt. Phone Number -
 Email Address [REDACTED]
 Address [REDACTED]
 Address complement -
 Postcode [REDACTED]
 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) 1
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

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

I WAS TRAVELLING ON THE SAID LOCATION & SAW THAT THE TRAFFIC LIGHT WAS RED. I STOPPED MY VEHICLE & A FEW MOMENTS LATER A BUS HIT ME FROM THE REAR. NOBODY IS INJURED & WE TAKE PHOTOS & EXCHANGE PARTICULARS

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 ADVISE OI TO SUBMIT TO MOTORVIDEO@INCOME.COM.SG
 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number PA8801H
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Bus
 Name of Driver TAN WEI LONG
 Passport No/FIN [REDACTED]

Contact Number (Phone) [REDACTED]
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) 1

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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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time: 19/01/2022

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

Reporting Centre Personnel's Signature
Name: GARDARI
NRIC/FIN No.: J493941











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ACCIDENT STATEMENT

Date of Submission 19/01/2022 15:51 (SGT)
Date of Accident 18/01/2022 16:34 (SGT)
Exact Location of Accident Near 81 Tuas Bay Dr, Singapore 637308
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PA8801H

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner WESTPOINT TRANSIT PTE LTD

VEHICLE PARTICULARS

Manufacturer King Long
Model XMQ6118K
Variant -
Vehicle Category Bus
Transmission Manual
CC 8900

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number DMB1SNA00013852000
Cover Note Number -

DRIVER

Name of Driver TAN WEI LONG
Passport No/FIN G6933551P
Address 185 BOON LAY AVE #07-144
Address complement -
Postcode 640185
Does Driver Own Other Vehicles? No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collision - Head to Rear
Weather Conditions Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
Was anybody injured in the Accident? No
Was any other vehicle or property damaged? Yes
Number of Passengers (Including Driver) 1

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? No
Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number PC5108K
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Bus
Name of Driver -
Insurance Company Name -

SKETCH PLAN

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- (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.



Policyholder's Signature / Date & Time

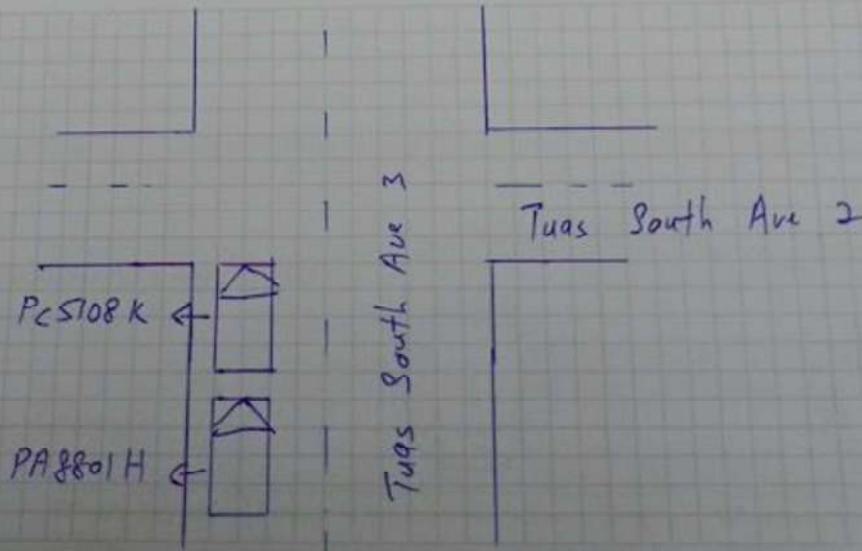


Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to statement attached (provided by customer's office)

Lined area for describing the accident circumstances.

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 Reporting Centre Personnel

**WESTPOINT TRANSIT PTE LTD
(DRIVER) Investigation Report**

Incident Date / 事发日期: 18th Jan 2022 Ref. No / 编号: ACC-22/01/003
 Driver's Name / 司机姓名: TAN WEI LONG Bus No / 车牌号码: PH 8301H
 Complainant / 投诉人: _____ Investigator / 调查员: PATR

Route / 路线: TUAS AVE 3

Incident / 事件详情: ON 18th Jan 2022 @ 4:34 PM TAN WEI LONG CALLED TO
INFORM THAT HE MET WITH AN ACCIDENT ALONG TUAS AVE 3 ON THE WAY
TO PERFORM PLS TRIP

Driver's Statement / 司机口供:

I WAS DRIVING ALONG TUAS AVE 3 WHEN APPROACHING TRAFFIC LIGHT
JUNCTION. I COULDN'T STOP IN TIME DUE TO STRONG SUNLIGHT
WHICH CAUSES A SLIGHT BLUR VISION THUS COLLIDING WITH A MINI
BUS REAR. NO ONE WAS INJURED, JUST SLIGHT DAMAGE TO MY
VEHICLE FRONT AND A FLATTEN REAR FOR THE MINI BUS.

Investigation / 调查结果: AFTER INVESTIGATION, CCTV FOOTAGE WAS CAPTURED
AND AS DESCRIBED, COLLIDING INTO REAR OF MINI VAN @ TRAFFIC LIGHT
JUNCTION WITHOUT STOPPING

Driver's Signature / Date: A 19/01/2022 Investigation Officer's Signature: _____

<u>REMARKS</u>	
Mr. Lee:	_____ _____ _____
Mrs. Lee:	_____ _____ _____















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

Motor Bus

M2601
N SN
AN0661A
Cov Type F

CERTIFICATE OF INSURANCE
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1990
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1999 (Malaysia)

CERTIFICATE No	DMB18NA00013862000	Engine No. 21543955 Chs. No. LA6R1H5G39B101361
1. Index Mark and Registration Number of Vehicle	PA8801H	AUTOSAFE *****
2. Name of Policy Holder	WESTPOINT TRANSIT PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	01/12/2020 (00 00 00)	Excess Sect. II S\$3,000.00
4. Date of Expiry of Insurance	30/11/2021	
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: Zhong YueQiang
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

S K AUTO CONSULTANTS

Invoice

Bill To: RUI FENG CHARTERED PTE LTD
C/o CROWN ASIA BUS BUILDER PTE LTD
44 SUNGEI KADUT AVENUE
Singapore 729667

Invoice No:	2022176
Date:	06/20/2022
Our Ref	TP/022/0176SK

Description	Amount (S\$)
PARTICULARS	
Vehicle Registration No. : PC 5108 K	950.00
Date of Accident : 18/01/2022	
Date of Inspection : 19/01/2022	
SERVICES:	
Assessment with report (inclusive of transport charges and photographs etc)	
Total	950.00
Balance Due	950.00

We would appreciate your cheque crossed and made payable to:
S K AUTO CONSULTANTS



Authorized Signature

S K AUTO CONSULTANTS

AUTOMOBILE ASSESSMENT REPORT

Page No. 1

Our Reference: TP/022/0176SK

Your Reference: TBA

Date: 06/20/2022

TO: RUI FENG CHARTERED PTE LTD
C/o CROWN ASIA BUS BUILDER PTE LTD
44 SUNGEI KADUT AVENUE
Singapore 729667

Assessment of Vehicle No : PC 5108 K

Date of Accident :18/01/2022

Date of Inspection : 19/01/2022

We have carried out a physical assessment of PC 5108 K at Crown Asia Bus Builder Pte Ltd according to your instructions on 19/01/2022 and are pleased to submit our report as follows;

1.VEHICLE PARTICULARS

Registration No.	:	PC 5108 K
Make & Model	:	TOYOTA COASTER 23 SEATER
Year of Registration	:	07/29/2016
Engine Capacity (cc)	:	4009
Chassis No.	:	JTGEP538706001355
Engine No.	:	N04CUH19832
Colour	:	White
Mileage (km)	:	360423

2.VEHICLE CONDITION

Body Paint:	:	Good
Steering	:	Serviceable
Foot Brake	:	Serviceable
Parking Brake	:	Serviceable

3.TYRE PARTICULARS & CONDITION

Front

RH Make/Size	:	LINGLONG 215/75 R17.5
LH Make/Size	:	LINGLONG 215/75 R17.5

Rear

RH Make/Size	:	LINGLONG 215/75 R17.5
LH Make/Size	:	LINGLONG 215/75 R17.5

Note: % denotes the remaining percentage of the tyre

S K AUTO CONSULTANTS

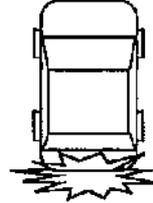
Page No. 2

Our Reference TP/022/0176SK
Vehicle No. PC 5108 K

4. DESCRIPTION OF DAMAGE

At the time of inspection observed that this vehicle had sustained damages to the Rear portion

Please see attached schedule for details.



Estimated Amount : S\$43,670
Adjusted Amount : S\$31,300
Estimated Repair Days : 25 days

Pursuant to your instruction, we have **NOT AUTHORIZED** repair.
The assessment was conducted on a "**Without Prejudice**" basis.

If we are not notified of anything to the contrary within **14 Days** from the date hereof, this report shall be treated as correct

Disclaimer

This report is intended for the exclusive use of the addressee solely in relation to the loss occurrence in which the assessed vehicle is involved. No liability or responsibility whatsoever shall be held by **S K AUTO CONSULTANTS** for any reliance on this report by any third party.

S K AUTO CONSULTANTS

Our Reference TP/022/0176SK
 Vehicle No. PC 5108 K

QTY	DESCRIPTION	CONDITION	REPAIRER'S ESTIMATE(S\$)	OUR ASSESSMENT(S\$)
<u>PARTS (LIST ITEMS)</u>				
1	Rear bumper	Distored	1450.00	1450.00
1	Rear bumper reinforcement beam	Distored	850.00	850.00
2	LHS & RHS rear taillamp @800	Cracked	1600.00	1600.00
1	Rear RHS door	Dented	2700.00	2700.00
1	Rear LHS door	Damaged	2900.00	2900.00
1	Rear LHS door number plate lamp assy	Damaged	230.00	230.00
1	Rear LHS door black garnish	Distored	180.00	180.00
1	Rear LHS taillamp panel	Dented	1800.00	1800.00
2	Rear LHS airduct garnish @120	Distored	240.00	240.00
1	Rear LHS airduct garnish cover	Missing	210.00	210.00
1	Rear RHS taillamp panel	Dented	1800.00	1800.00
1	Rear RHS airduct garnish cover	Distored	210.00	210.00
4	Rear RHS & LHS door hinge @80	Bented	320.00	320.00
1	Rear LHS door handle cover	Distored	160.00	160.00
2	RHS & LHS rear panel 1 @800	Distored	1600.00	1600.00
2	RHS & LHS rear panel 2 @400	Distored	800.00	800.00
2	RHS & LHS rear panel 3 @1800	Distored	3600.00	3600.00
2	Roof top LHS & RHS inner carpet @850	Distored	1700.00	1700.00
1	Rear floor panel	Distored	1800.00	1800.00
2	RHS & LHS support beam @800	Distored	1600.00	1600.00
2	RHS & LHS rear corner inner panel @600	Distored	1200.00	1200.00
1	Rear end panel	Distored	850.00	850.00
			27800.00	27800.00
		less 10%	2780.00	2780.00
			25020.00	25020.00
SPECIAL NETT ITEMS				
6	Rear LHS and RHS glass moulding @120	Necessary	720.00	720.00
1	Rear floor wooden plank	Necessary	600.00	600.00
1	60KM/H sticker	Necessary	15.00	15.00
1	Rear number plate	Bented	45.00	45.00
6	Rear LHS and RHS glass sealant @120	Necessary	720.00	720.00
	Total Parts		27120.00	27120.00

S K AUTO CONSULTANTS

Page No. 4

Our Reference TP/022/0176SK

Vehicle No. PC 5108 K

S/N	DESCRIPTION	REPAIRER'S ESTIMATE (S\$)	OUR ASSESSMENT (S\$)
	LABOUR		
1	To remove the affected parts & fittings to commence repairs; replace damaged parts & components	8000.00	5000.00
2	To supply paint materials, expandable items & putty, respray paint on parts replaced	6000.00	5000.00
3	To check electrical wiring at damage areas	300.00	250.00
4	To remove and refix 2 door components	300.00	240.00
5	To remove and refix 2 door glass	300.00	240.00
6	To remove and refix 4 side window glass	800.00	600.00
7	To repair RHS chassis member beam	450.00	400.00
8	To perform anti rust treatment on affected areas	400.00	350.00
	Labour Total :	16550.00	12080.00
	TOTAL (PARTS & LABOUR):	43670.00	39200.00

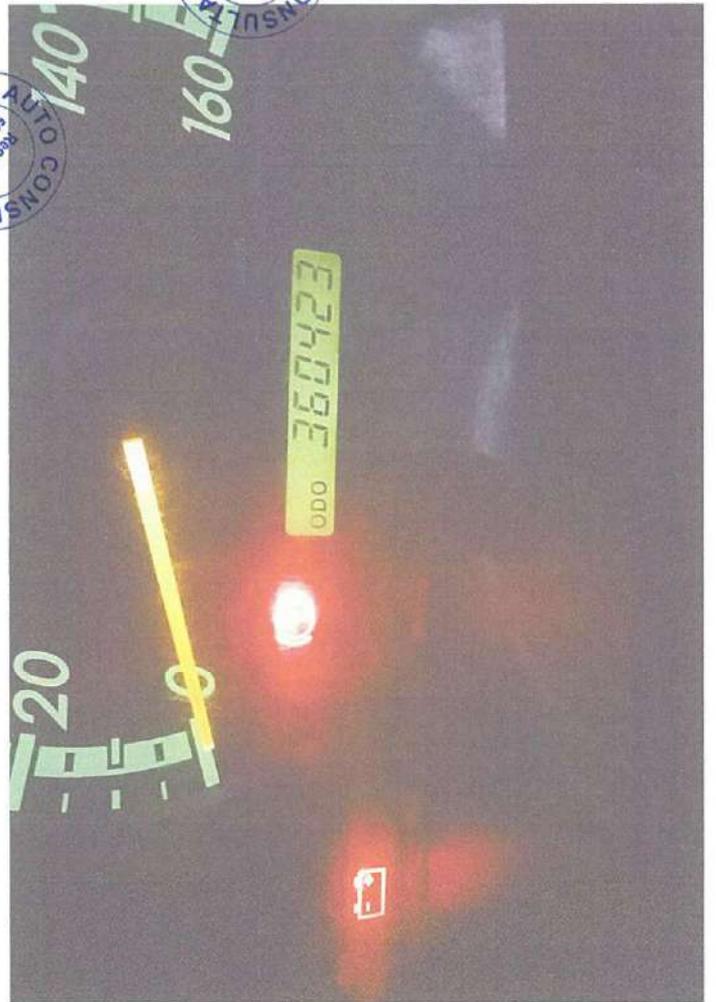
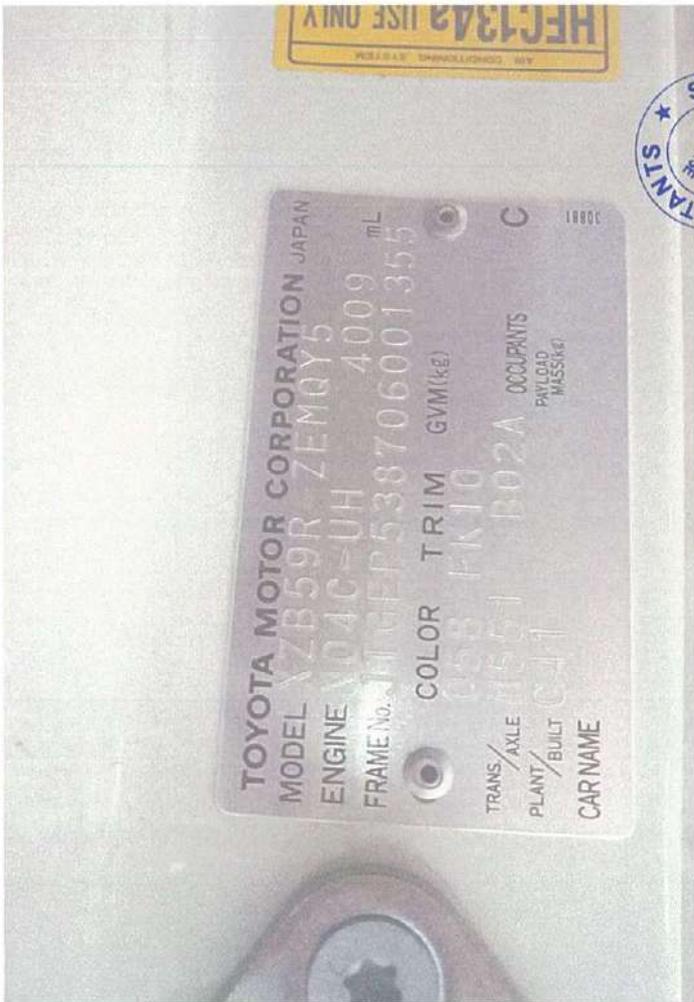
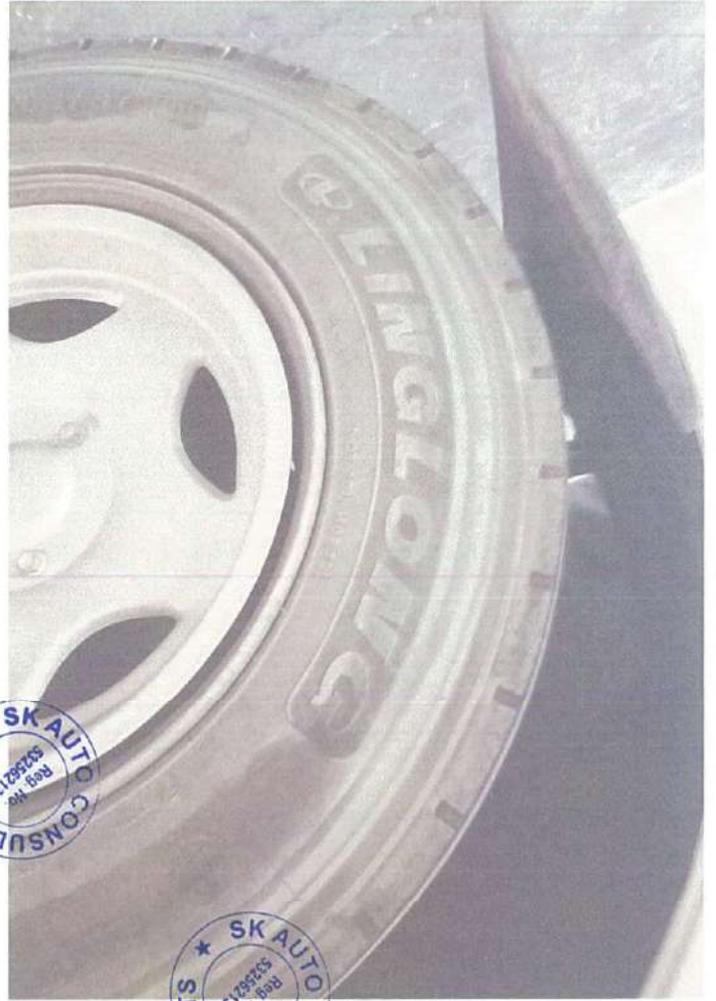
Note: (For Lump Sum Repair)

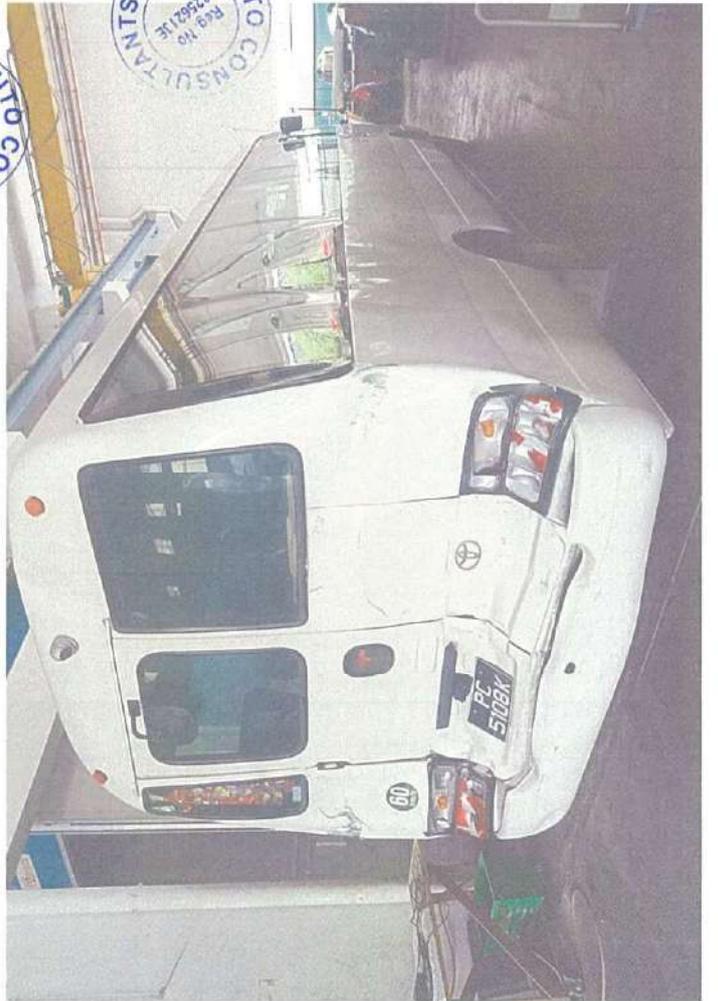
The workshop has agreed to undertake the repair on a Lump Sum Basis, and/or the use of ex stock/reconditioned parts whichever is possible (having taken into consideration to repair instead of replacements.

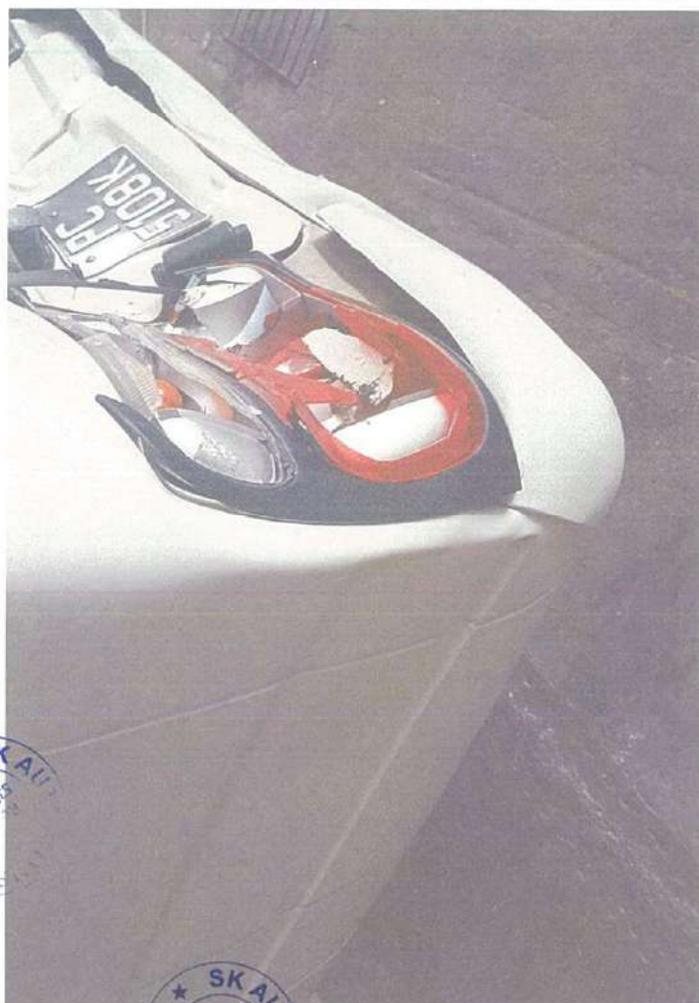
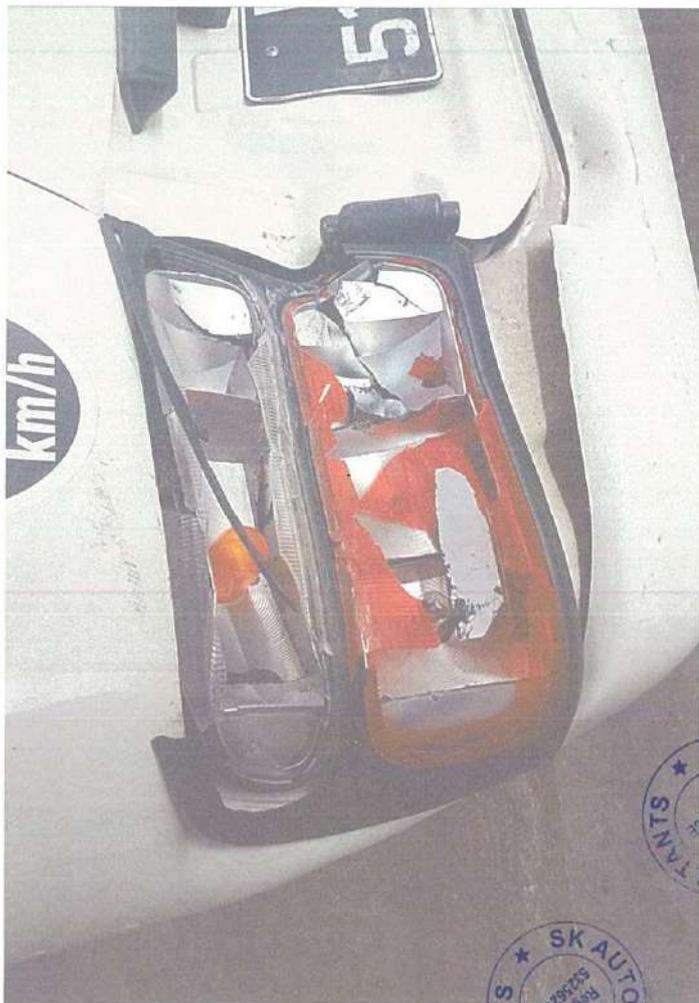
The final adjusted Lump Sum contract amount is S\$31,300/-

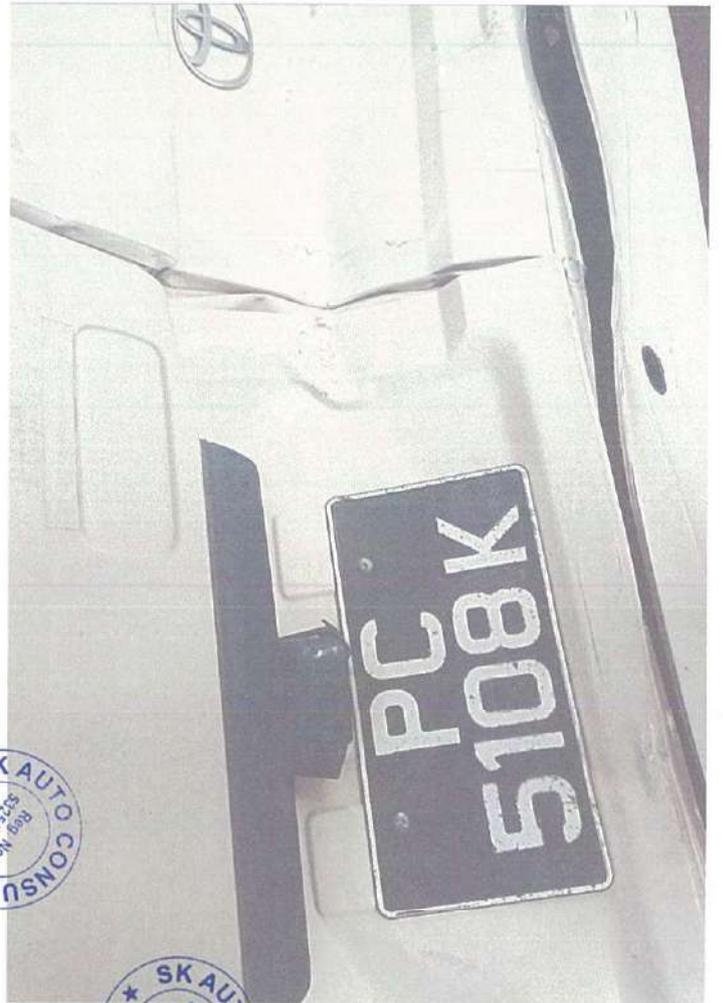
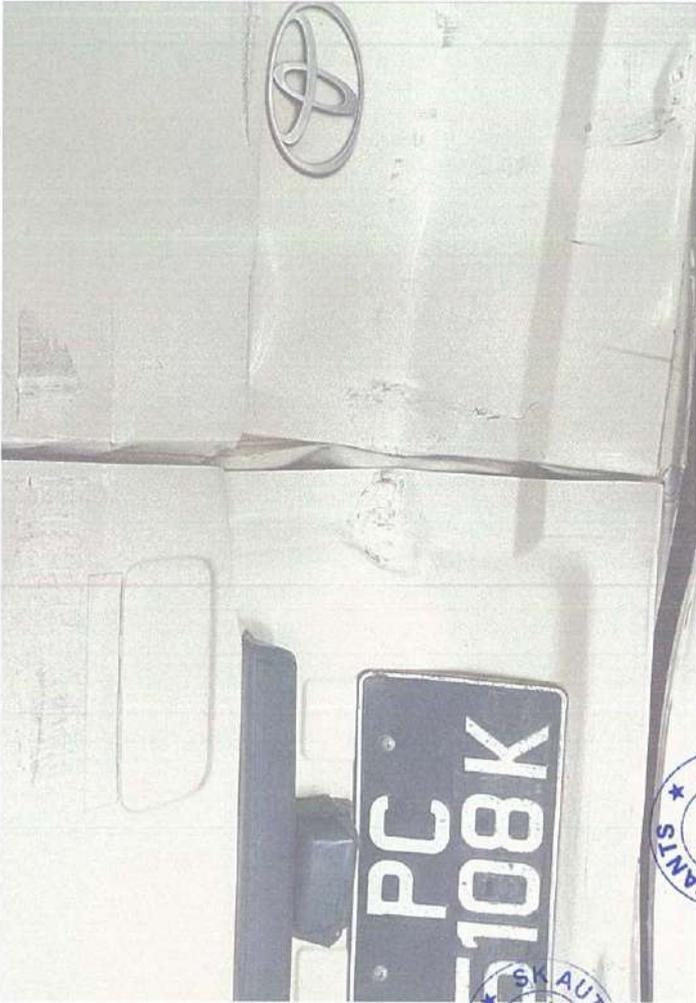


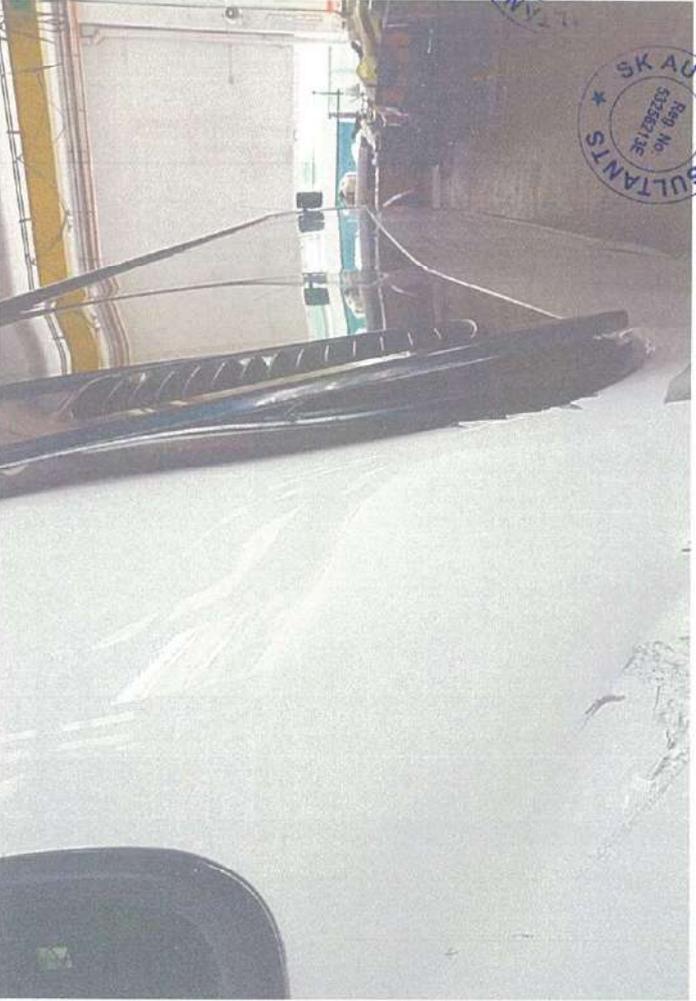
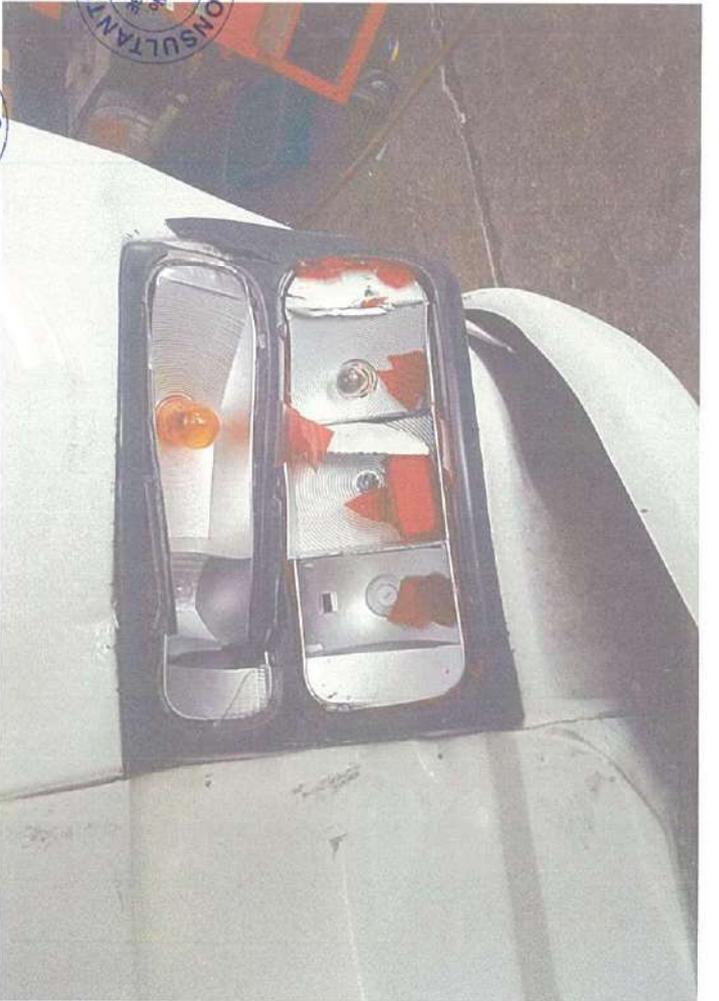
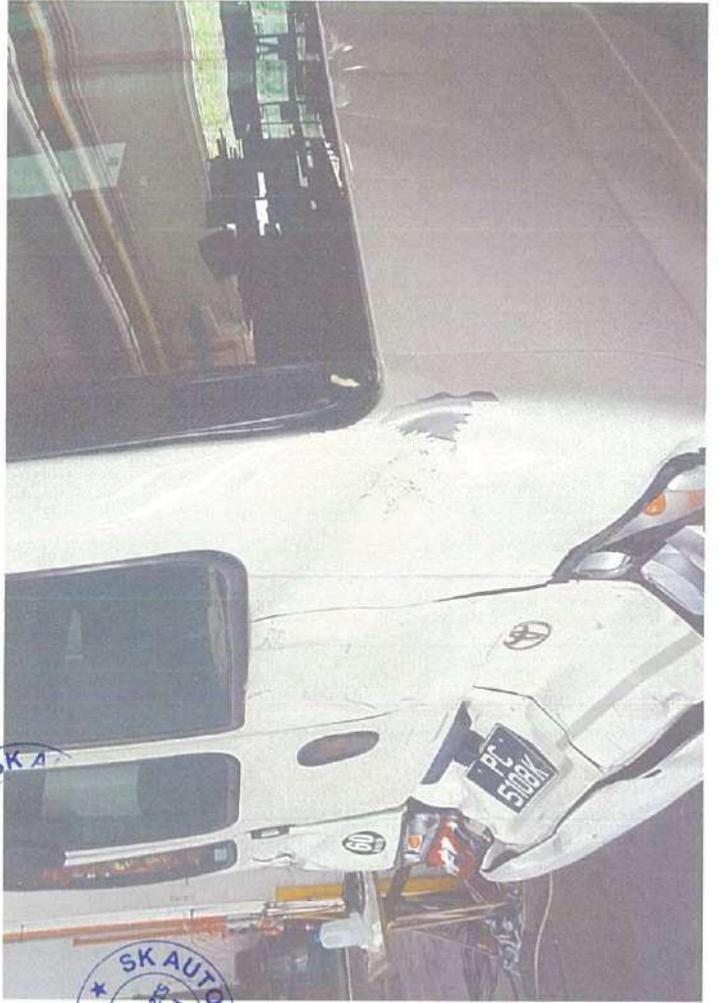
John Low
Motor Surveyor











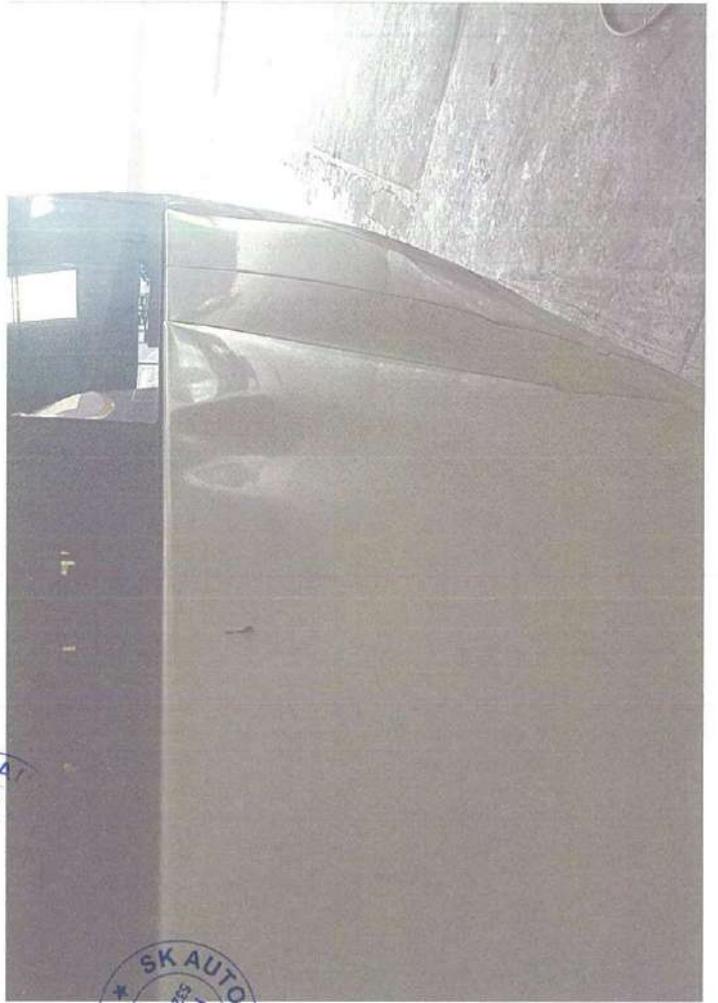
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SK AUTO CONSULTANTS
Reg No
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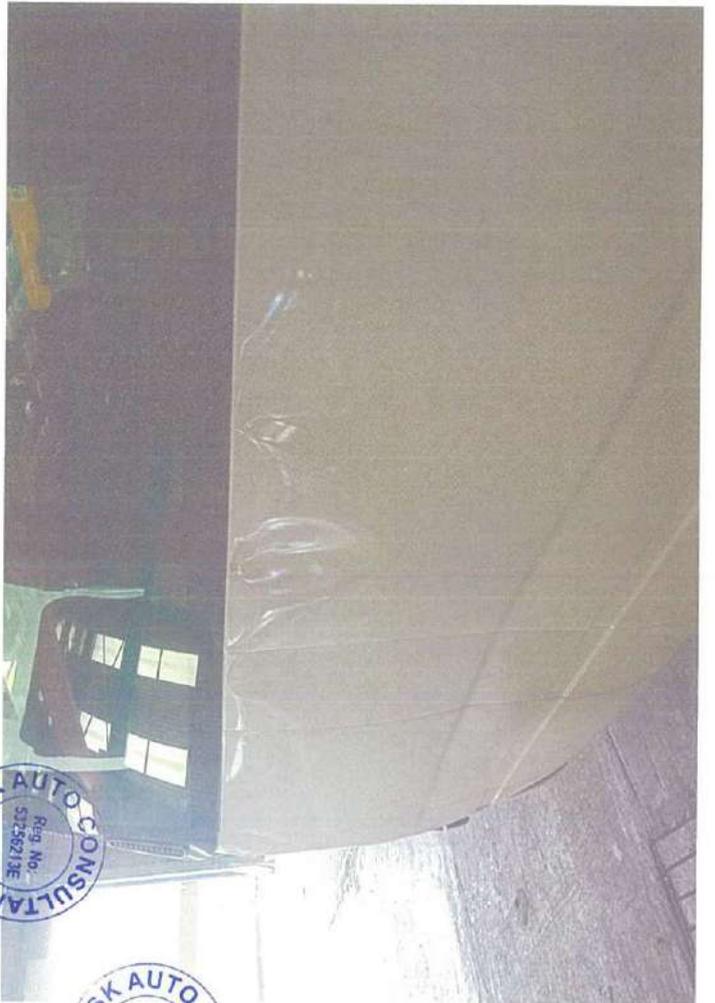


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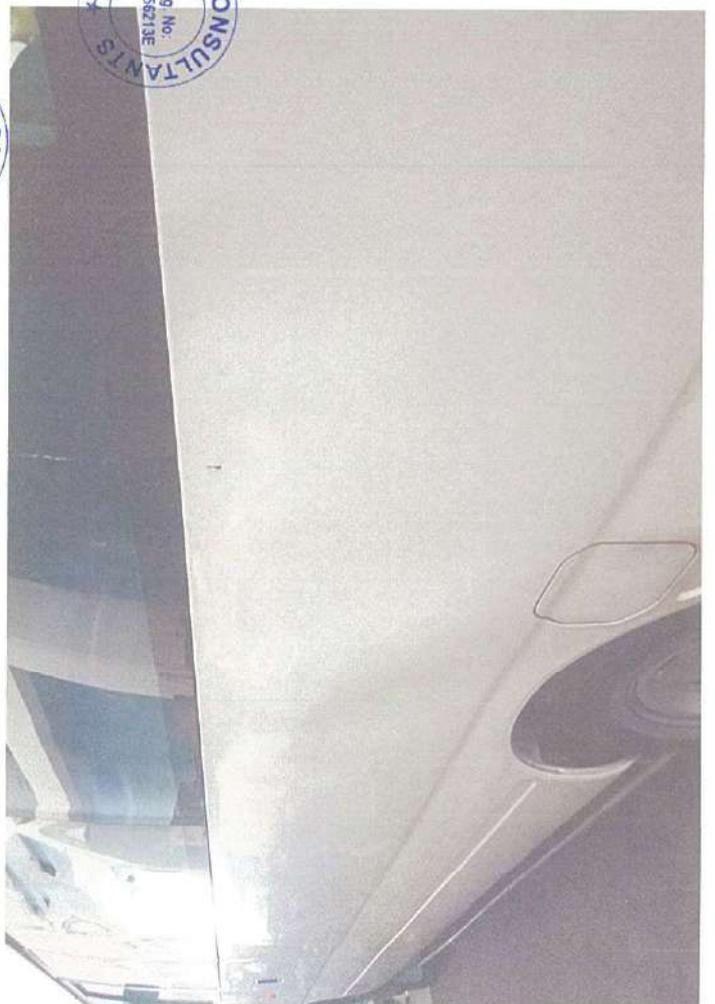
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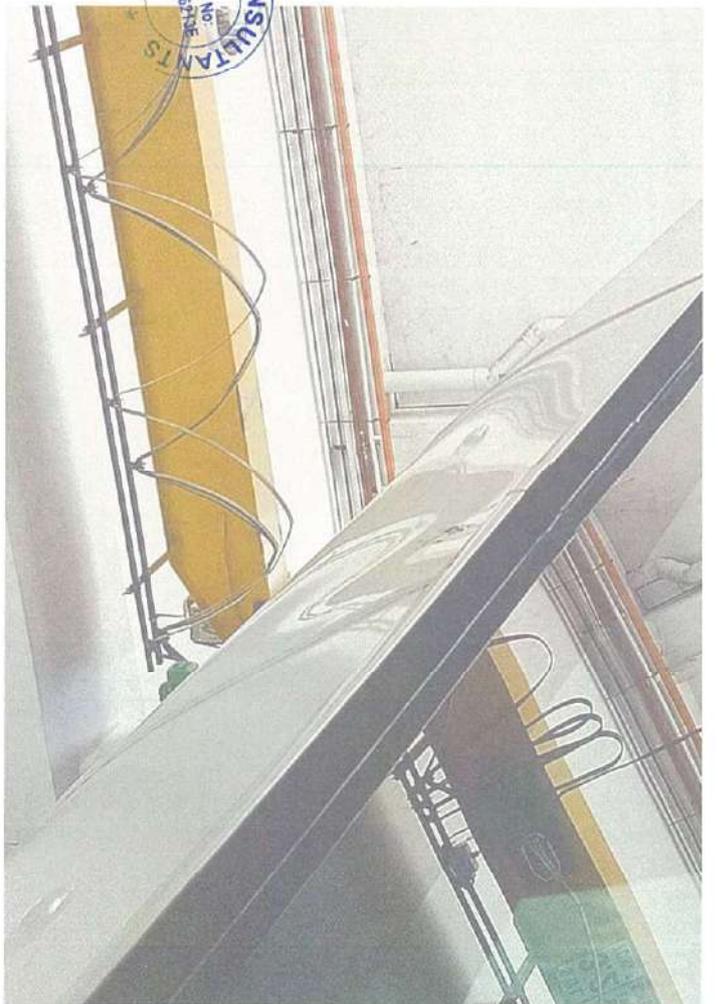
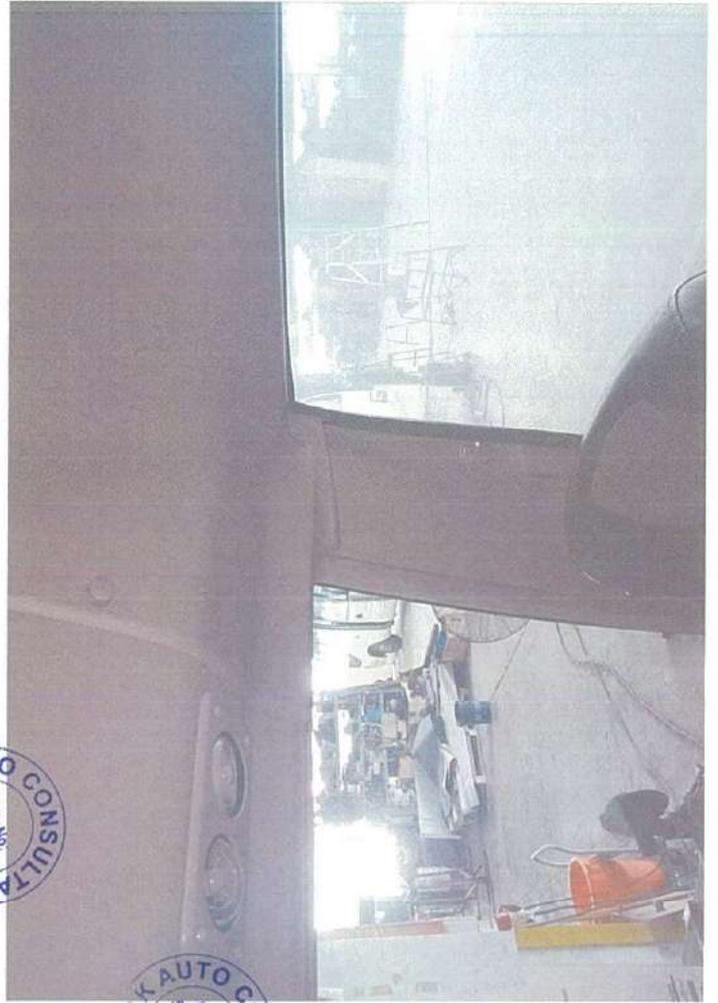
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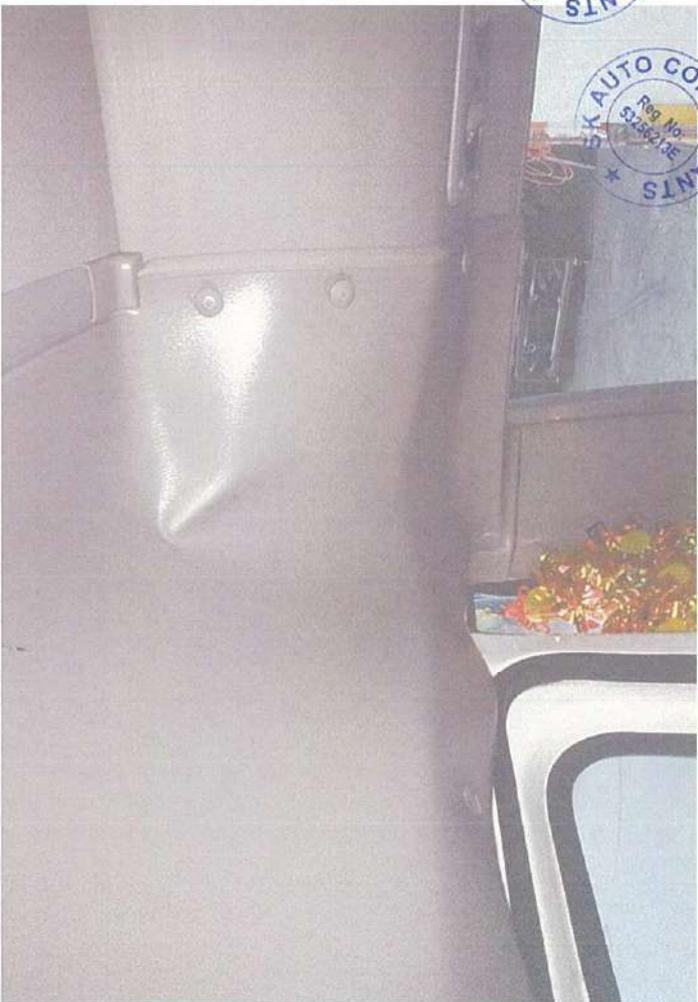


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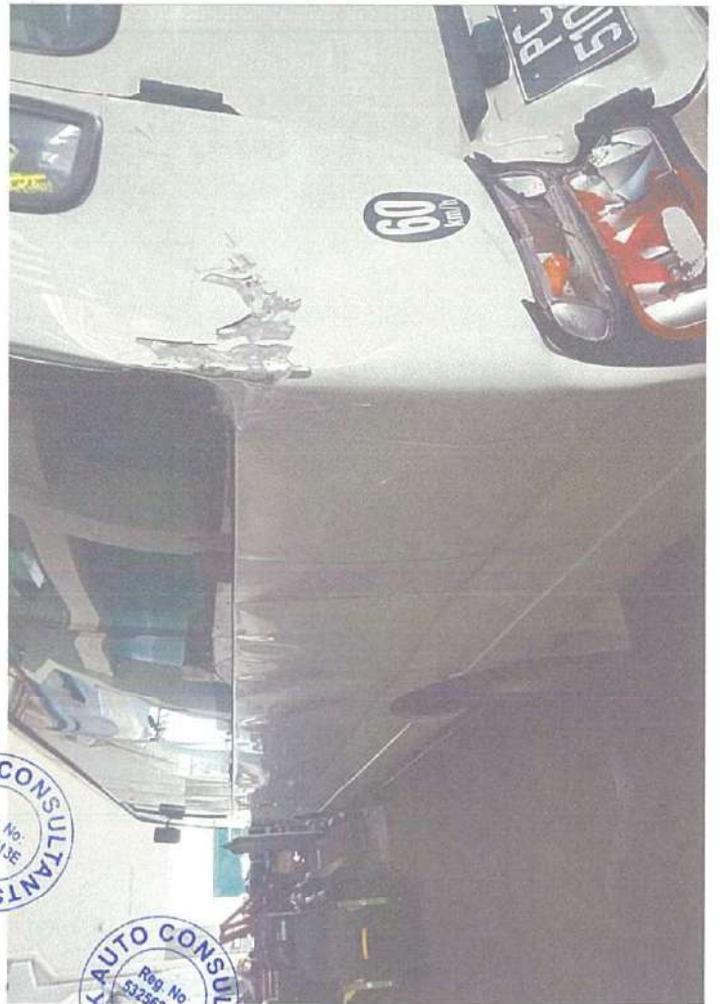
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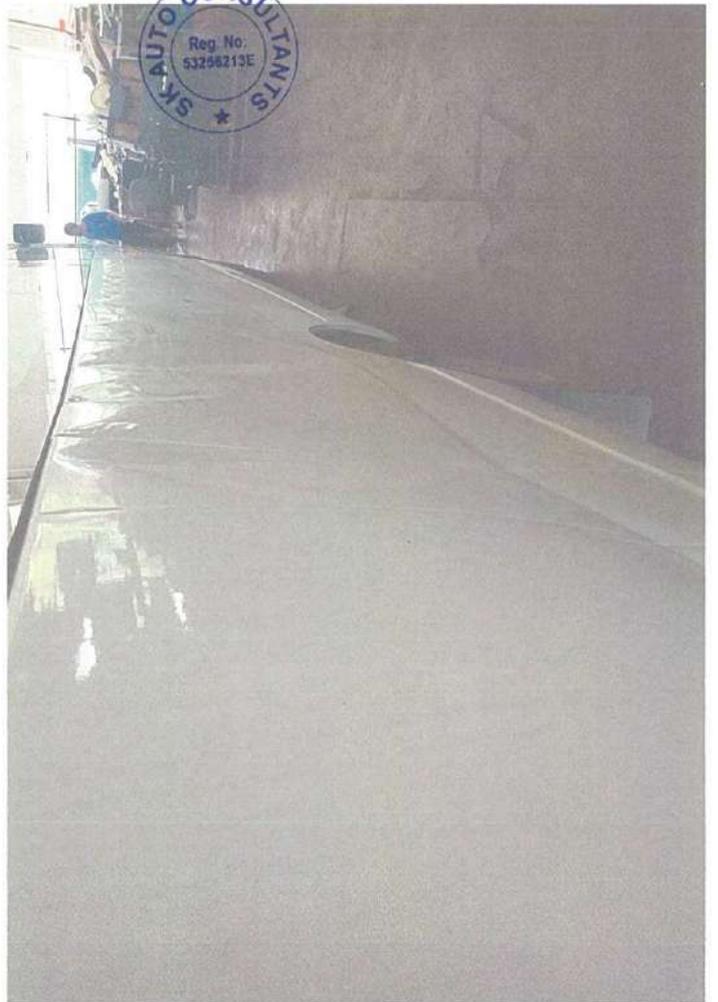
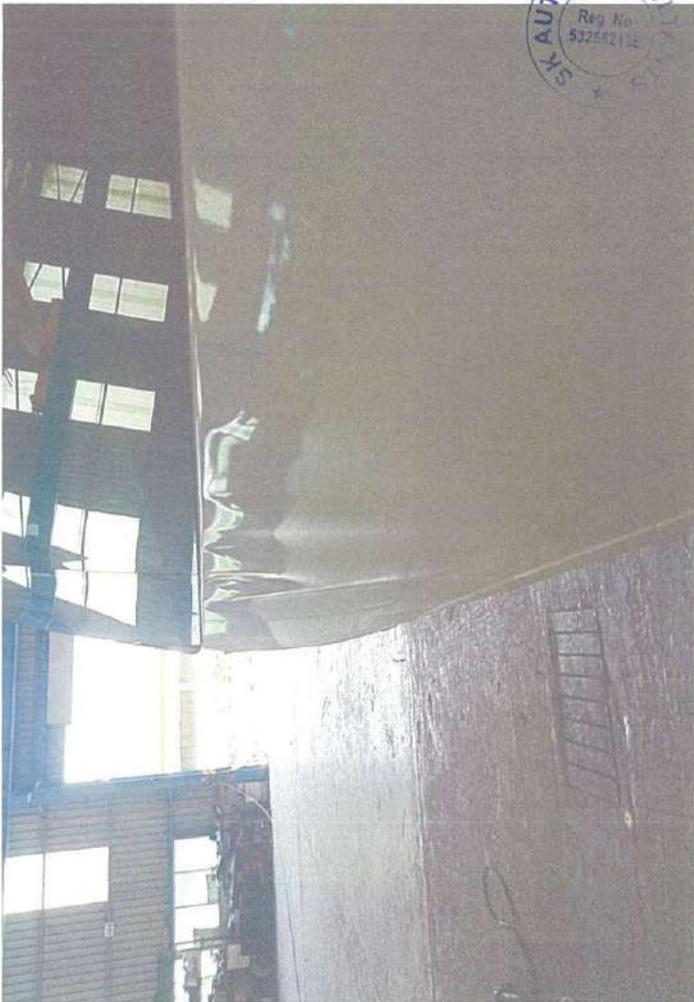
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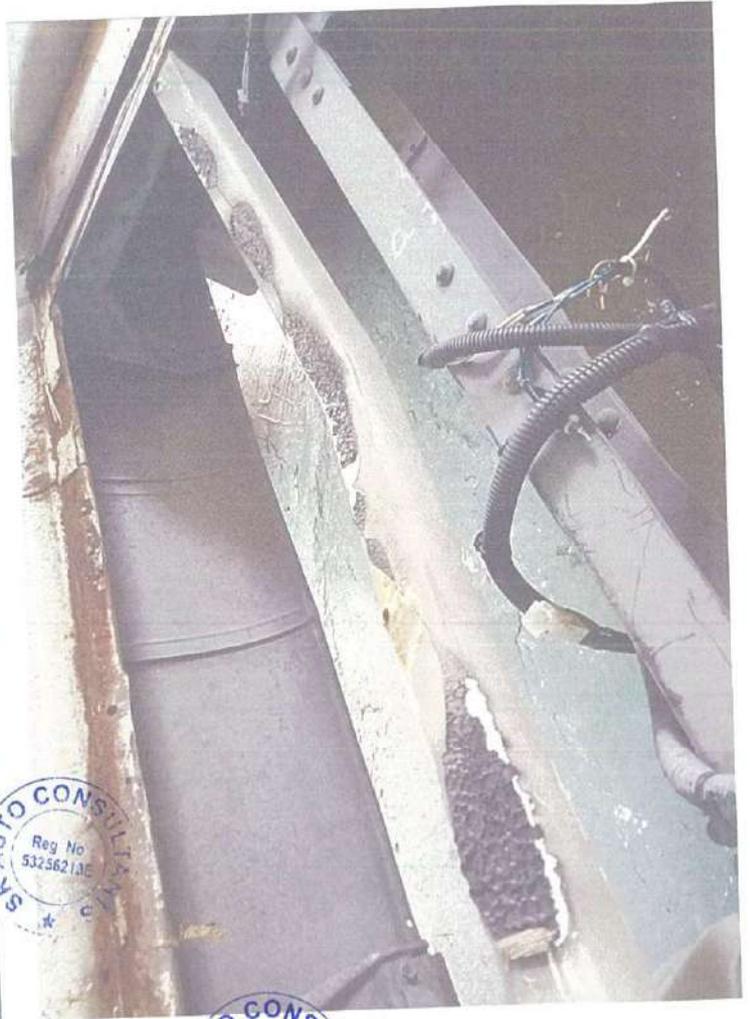


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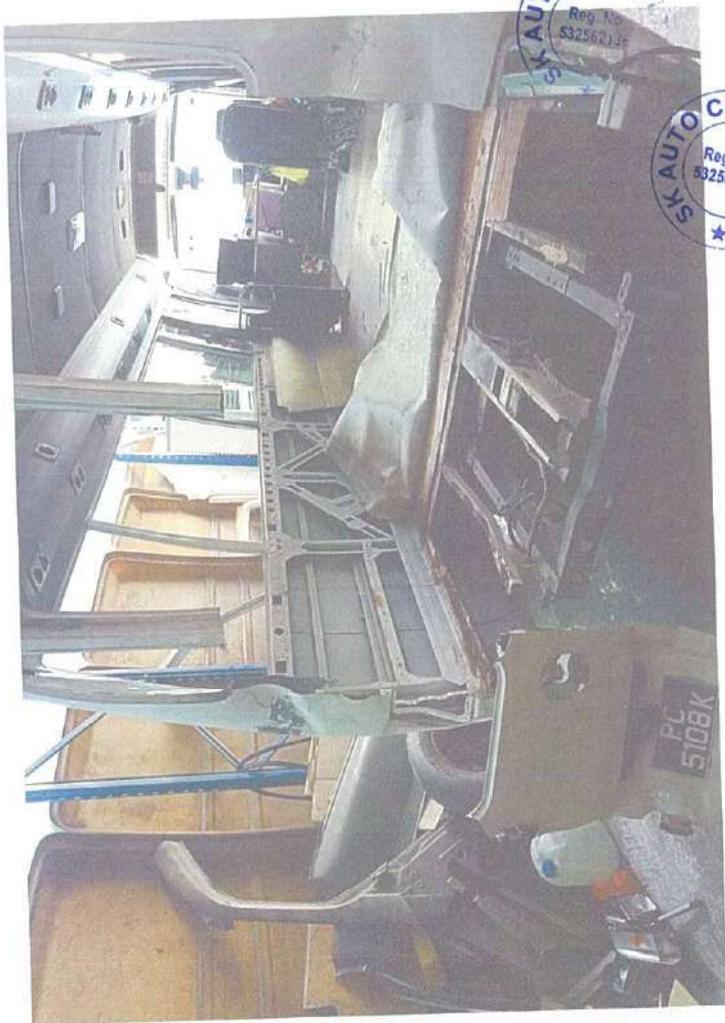
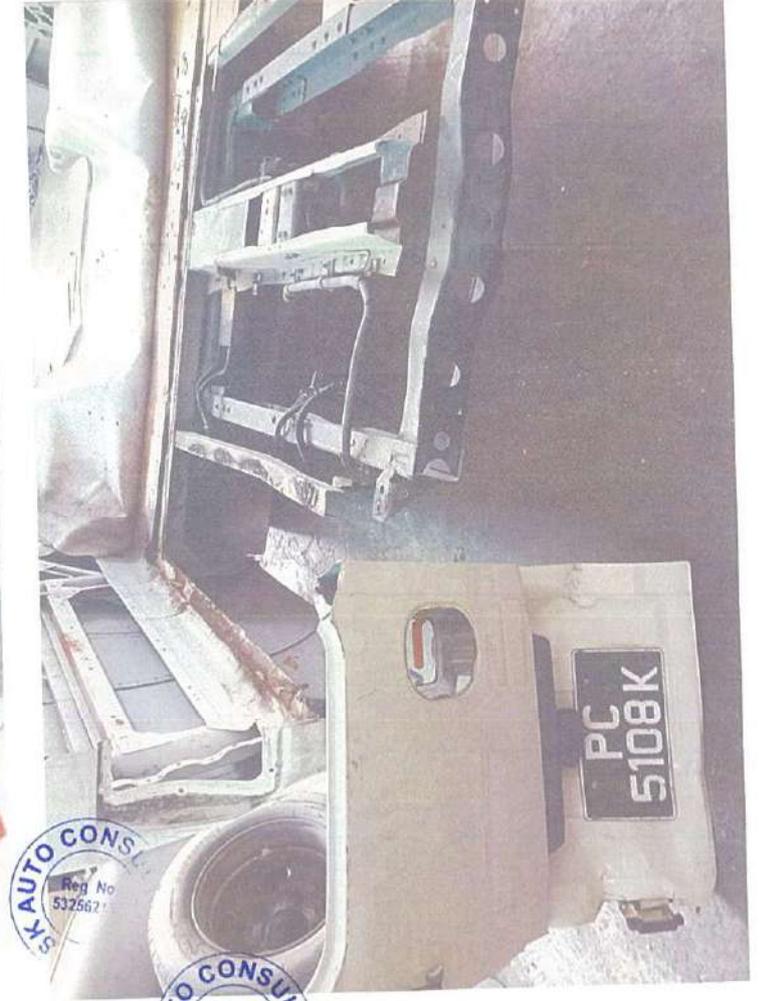
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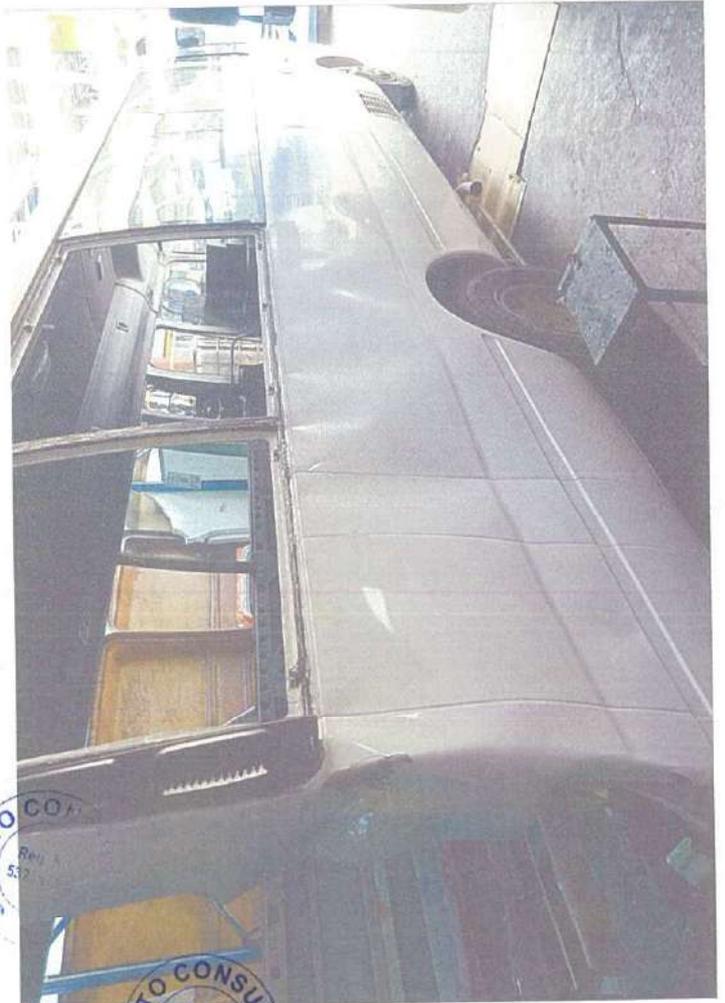


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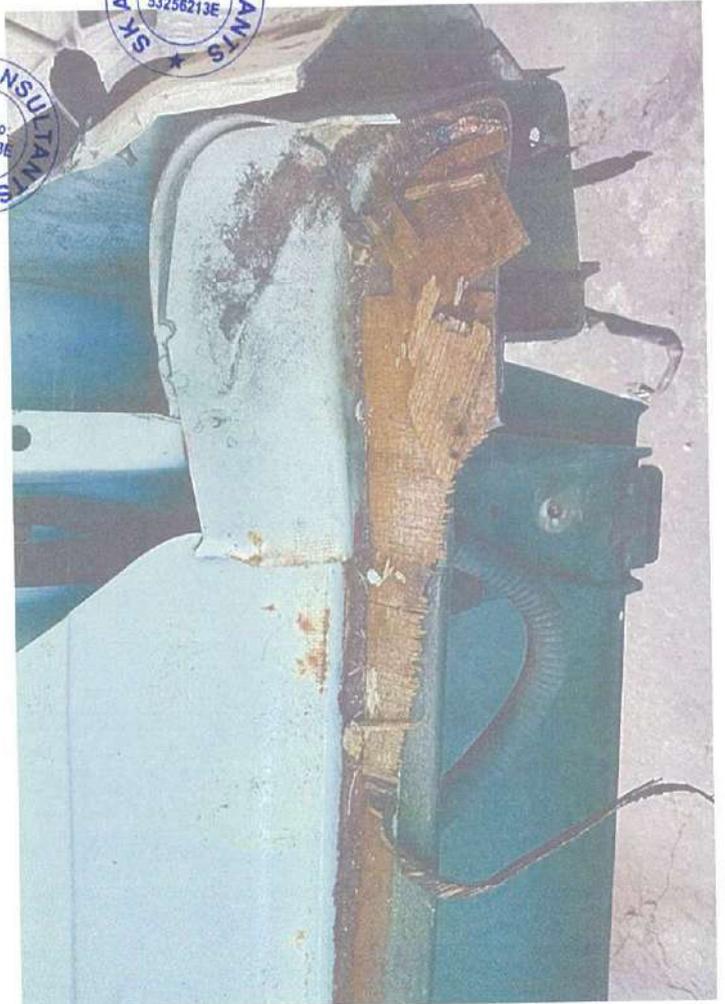


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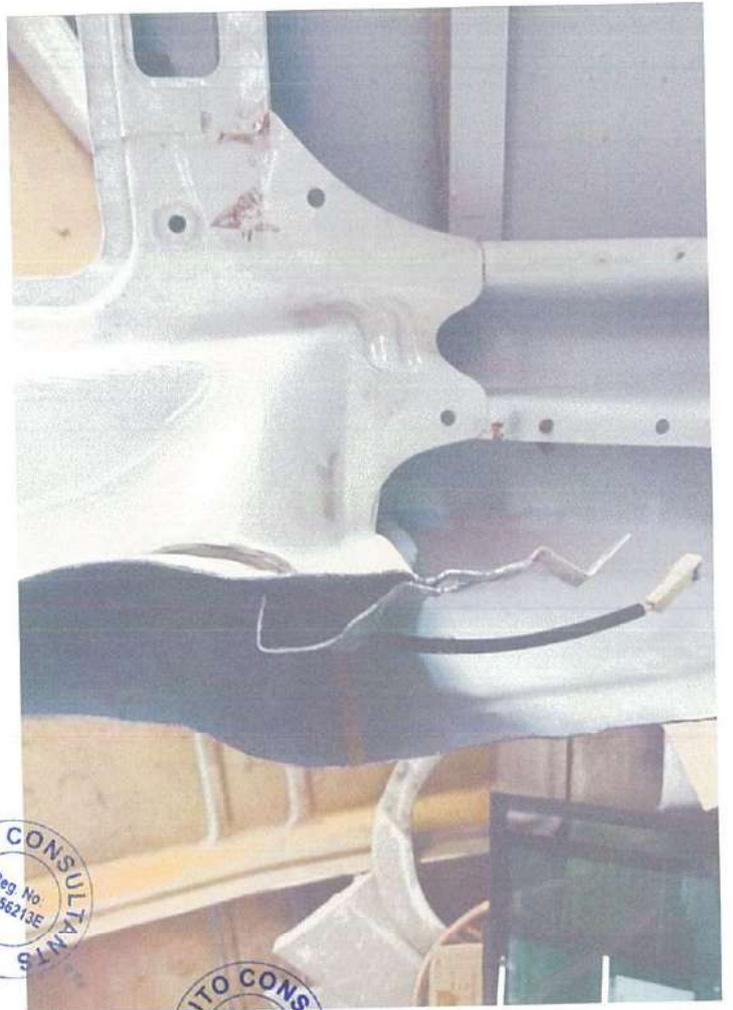
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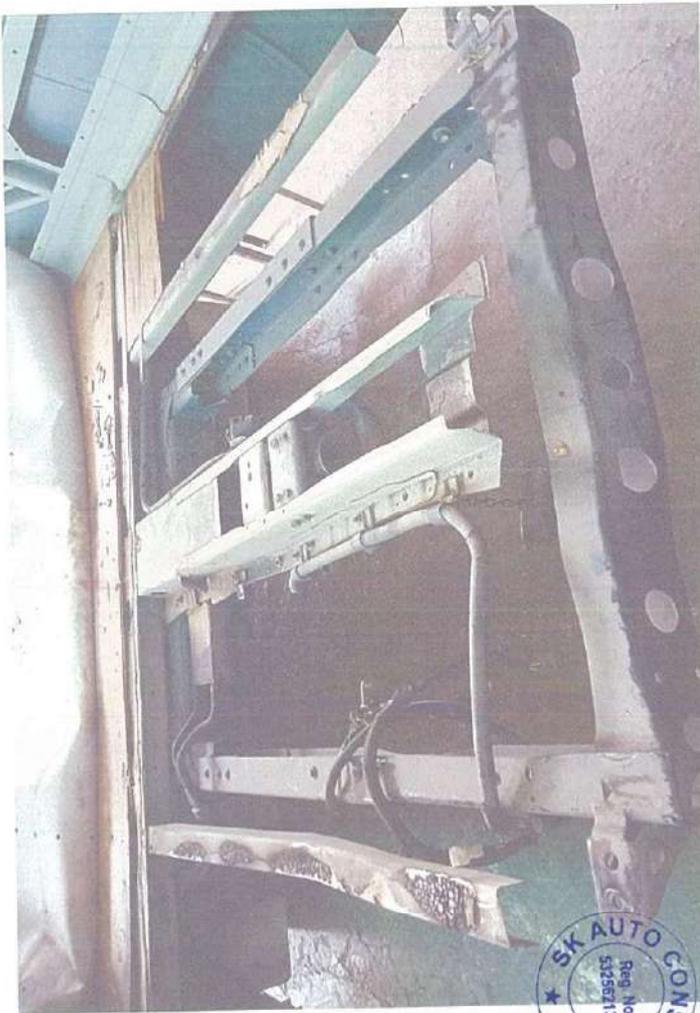


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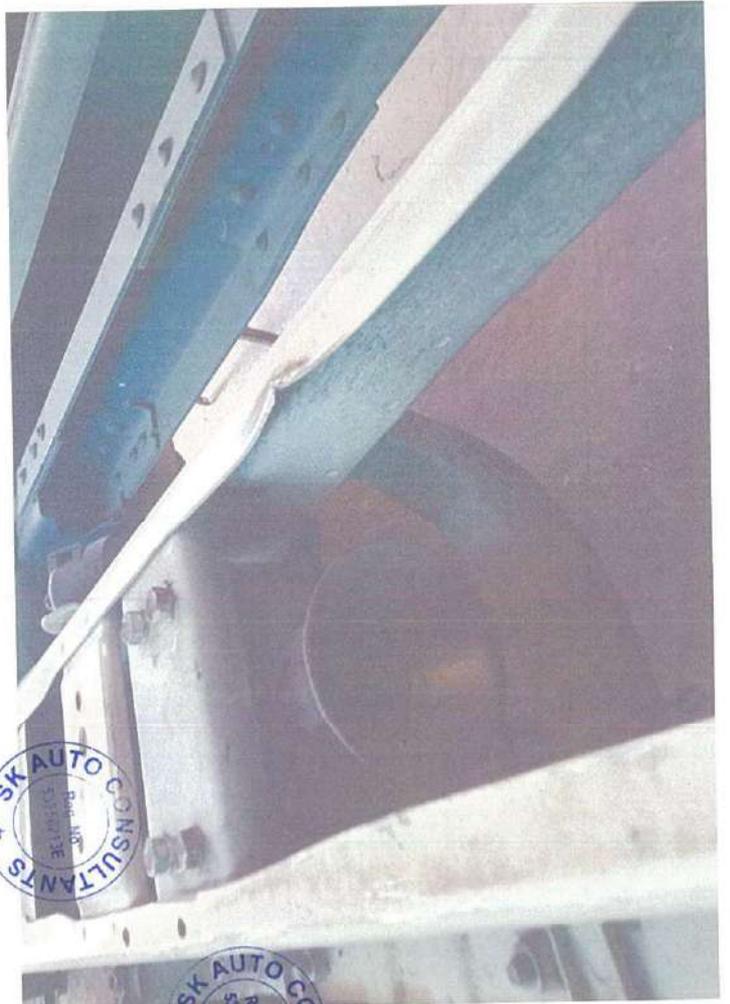
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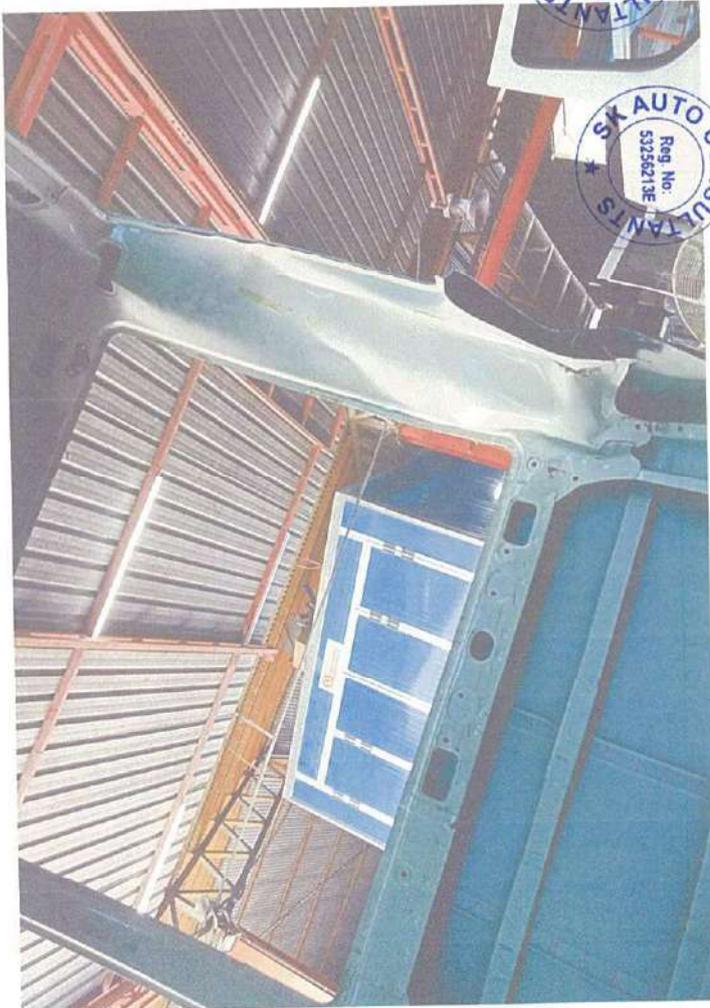


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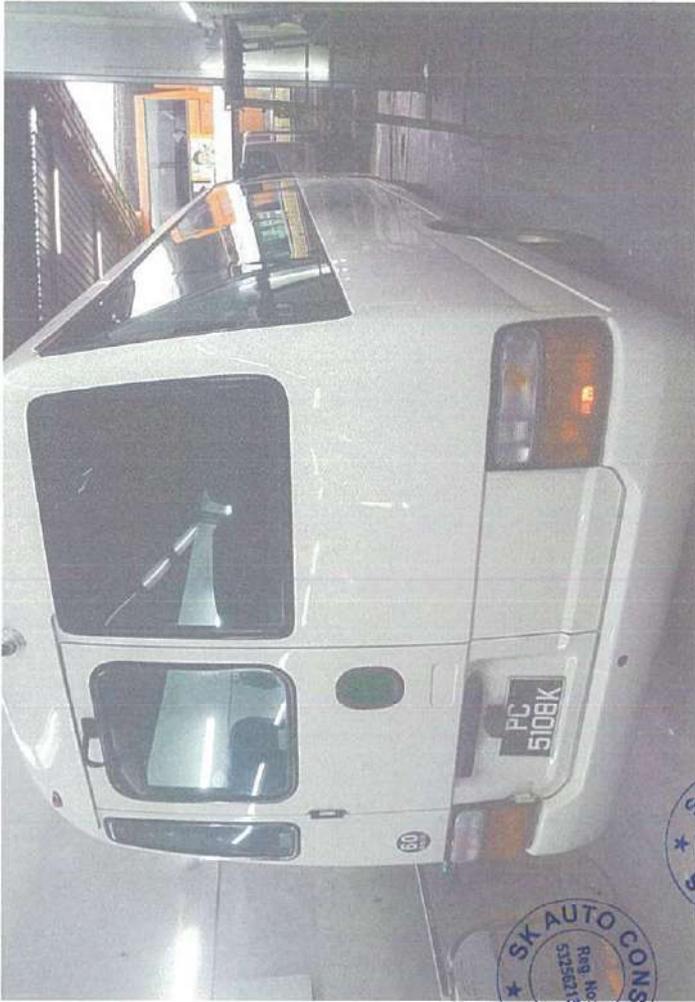


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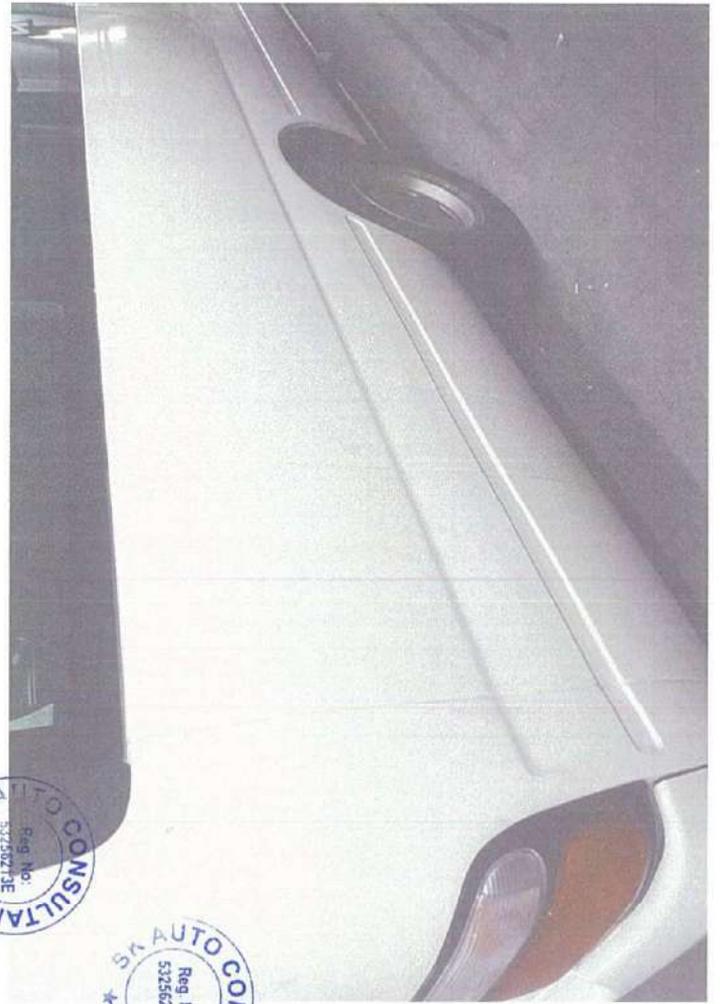


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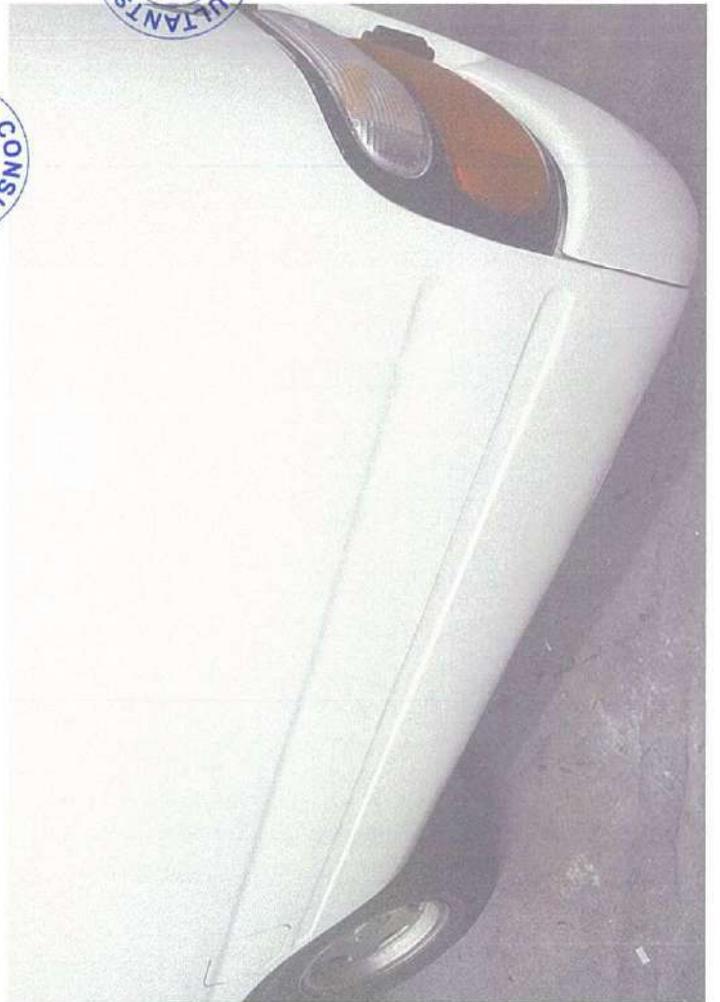
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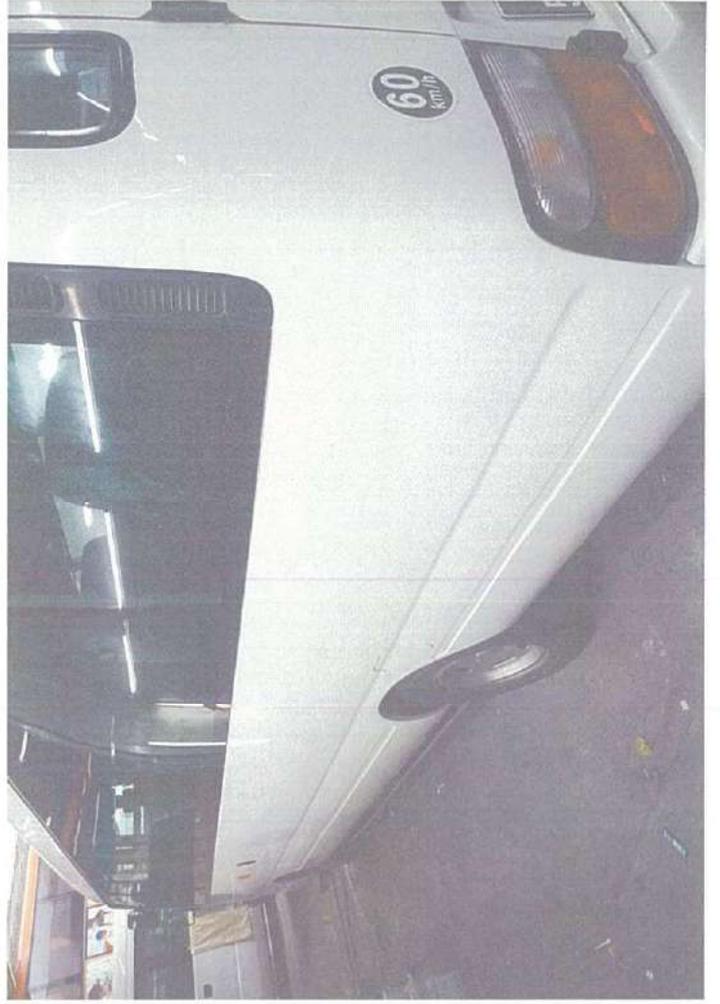
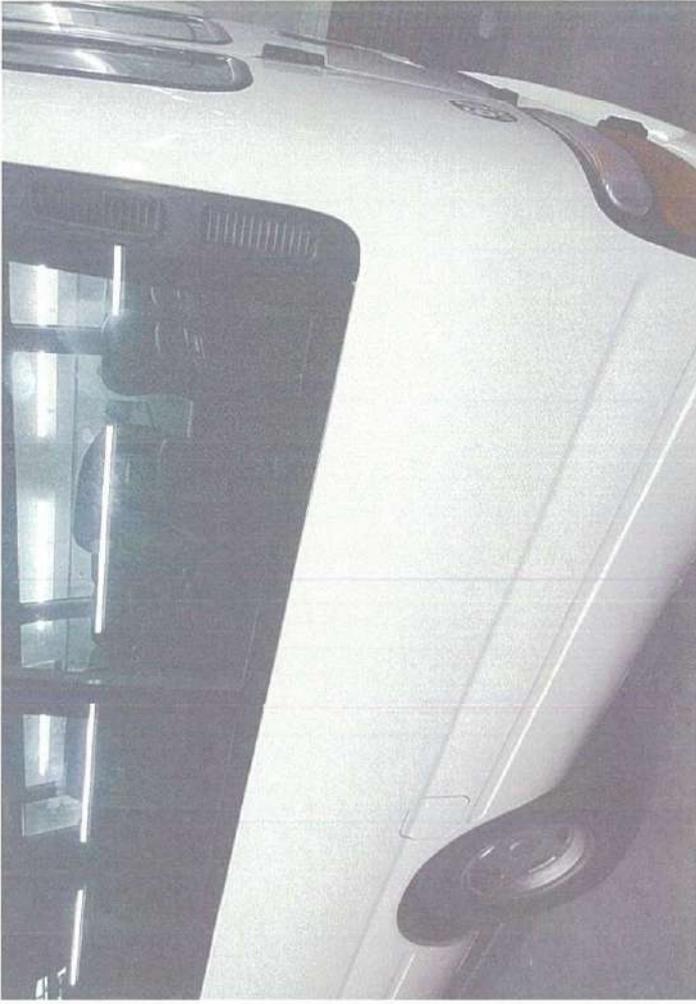
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SK AUTO CONSULTANTS
Reg No.
53256213E



SK AUTO CONSULTANTS
Reg No.
53256213E



Your Ref : PA 8801H
Our Ref : **PC 5108K/CA/jn/cl**
Date : 21 January 2021

Fax : **6538 3708**
Tel : **3152 0986**
Email : **jaga@kscgp.com**

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

BY EMAIL ONLY

DATE OF ACCIDENT: 18 JANUARY 2022

NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We are instructed by the owner of PC 5108K to notify you of a road traffic accident on 18 January 2022 at about 4.10 p.m. along Tuas South Avenue 3 and Tuas South Avenue 2 Junction, involving our client's vehicle registration number PC 5108K and vehicle registration number **PA 8801H**, which was insured by you at the material time. A copy of the Singapore accident statement is enclosed herein.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

NB. Any settlement or offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude client's driver/passenger from claiming injury-related damages arising from this accident.

Yours faithfully,

f CL

Enc.

Your Ref : SNM22D200494/C02
Our Ref : **PC 5108K/CA/jn/cl**
Date : 21 January 2022

Fax : **6538 3708**
Tel : **3152 0986**
Email : **jaga@kscgp.com**

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

BY EMAIL ONLY

DATE OF ACCIDENT: 18 JANUARY 2022

NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We refer to your email dated 21 January 2022.

Please be informed that our client is not agreeable to your proposed motor surveyors. Instead we propose you to choose a surveyor from our client's list of surveyors as appended below:-

S/No.	Name of Surveyor	Company Name
1.	John Low	S K Auto Consultants

Please be informed that if we do not hear from you within 2 working days from the date hereof, we will assume, as per the Protocol, that you have no objections to our list of motor surveyors. You will be deemed to have agreed to any of the above motor surveyors as a "single joint expert". We will inform you who the "single joint expert" is in due course.

If you object to our client's list of motor surveyors, we will accordingly inform the client to instruct his choice of motor surveyor to conduct the pre-repair survey. Also, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle failing which our client will commence repairs thereafter without any further notice or reference to you. Please be informed that the said vehicle can be surveyed / inspected at:

Address : **Crown Asia Bus Builder Pte Ltd**
44 Sungei Kadut Ave
Singapore 729667

Contact Person/Tel : Mr Jayden (Tel: 8751 1688/6966 0666/ 8688 9995)

Yours faithfully,

CL

Your Ref : SNM22D200494/C02

Our Ref : PC 5108K/CA/jn/cl

Date : 21 January 2022

Acknowledgement

This is to confirm that I _____ *[Full Name of Surveyor]* of _____ *[Surveyor's Company]* have completed as follows:-

(a) Pre- Repair Survey/Inspection on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(b) Pre- Repair Survey/Inspection (during dismantling) on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(c) Re-inspection of new replacement part (part by part) on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(d) Post – Repair Survey/Inspection on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:



RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Date of Request: 21/01/2022

Your Ref No: PC5108K/CA/jn/cl

Dear Sir/Madam,

Date of Accident: 18/01/2022 00:00 (SGT)

Vehicle No: PC5108K

Place of Accident: Near 81 Tuas Bay Dr, Singapore 637308

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (\$)	QTY	AMOUNT (\$)
PA8801H	Near 81 Tuas Bay Dr, Singapore 637308	(29.00)	1	(27.10)
GST Amount				(1.90)
Total Amount Due (GST Inclusive)				(29.00)

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.

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 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.
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 19/01/2022 15:51 (SGT)
Date of Accident 18/01/2022 16:34 (SGT)
Exact Location of Accident Near 81 Tuas Bay Dr, Singapore 637308
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PA8801H

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner WESTPOINT TRANSIT PTE LTD

VEHICLE PARTICULARS

Manufacturer King Long
Model XMQ6118K
Variant -
Vehicle Category Bus
Transmission Manual
CC 8900

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number DMB1SNA00013852000
Cover Note Number -

DRIVER

Name of Driver TAN WEI LONG
Passport No/FIN G6933551P
Address 185 BOON LAY AVE #07-144
Address complement -
Postcode 640185
Does Driver Own Other Vehicles? No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collision - Head to Rear
Weather Conditions Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
Was anybody injured in the Accident? No
Was any other vehicle or property damaged? Yes
Number of Passengers (Including Driver) 1

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? No
Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number PC5108K
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Bus
Name of Driver -
Insurance Company Name -

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 willful 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. 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' 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.



Policyholder's Signature / Date & Time

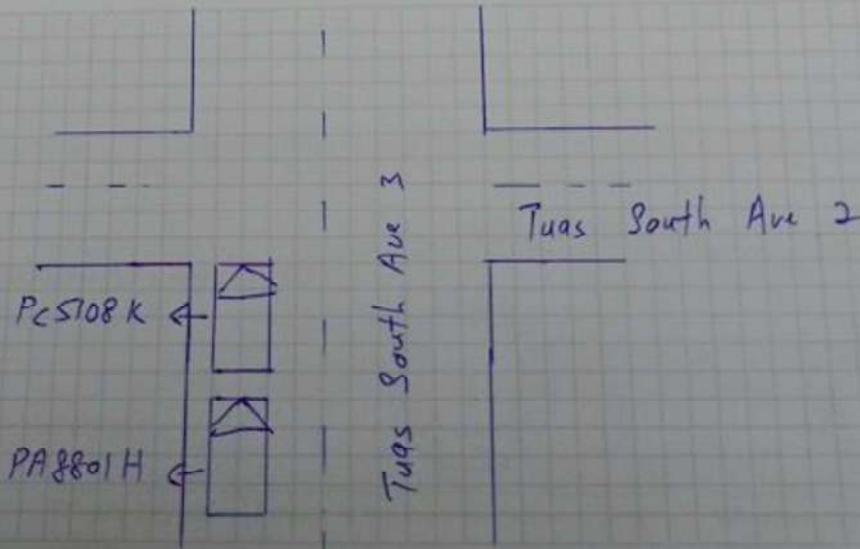


Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to statement attached (provided by customer's office)

Lined area for describing the accident circumstances.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Handwritten Signature]



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



Witnessed by Reporting Centre Personnel

**WESTPOINT TRANSIT PTE LTD
(DRIVER) Investigation Report**

Incident Date / 事发日期: 18th Jan 2022 Ref. No / 编号: ACC-22/01/003
 Driver's Name / 司机姓名: TAN WEI LONG Bus No / 车牌号码: PH 8301H
 Complainant / 投诉人: _____ Investigator / 调查员: PATR

Route / 路线: TUAS AVE 3

Incident / 事件详情: ON 18th Jan 2022 @ 4:34 PM TAN WEI LONG CALLED TO
INFORM THAT HE MET WITH AN ACCIDENT ALONG TUAS AVE 3 ON THE WAY
TO PERFORM PLS TRIP

Driver's Statement / 司机口供:

I WAS DRIVING ALONG TUAS AVE 3 WHEN APPROACHING TRAFFIC LIGHT
JUNCTION. I COULDN'T STOP IN TIME DUE TO STRONG SUNLIGHT
WHICH CAUSES A SLIGHT BLUR VISION THUS COLLIDING WITH A MINI
BUS REAR. NO ONE WAS INJURED, JUST SLIGHT DAMAGE TO MY
VEHICLE FRONT AND A FLATTEN REAR FOR THE MINI BUS.

Investigation / 调查结果: AFTER INVESTIGATION, CCTV FOOTAGE WAS CAPTURED
AND AS DESCRIBED, COLLIDING INTO REAR OF MINI VAN @ TRAFFIC LIGHT
JUNCTION WITHOUT STOPPING

Driver's Signature / Date: A 19/01/2022 Investigation Officer's Signature: _____

<u>REMARKS</u>	
Mr. Lee:	_____ _____ _____
Mrs. Lee:	_____ _____ _____















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

Motor Bus

M2601
N SN
AN0661A
Cov Type F

CERTIFICATE OF INSURANCE
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1990
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1999 (Malaysia)

CERTIFICATE No	DMB18NA00013852000	Engine No. 21543955 Chassis No. LA6R1H5G39B101361
1. Index Mark and Registration Number of Vehicle	PA8801H	AUTOSAFE *****
2. Name of Policy Holder	WESTPOINT TRANSIT PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	01/12/2020 (00 00 00)	Excess Sect. II S\$3,000.00
4. Date of Expiry of Insurance	30/11/2021	
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: Zhong YueQiang
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 Owner Details (As At 18 Jan 2022 / 16:10:00)

Vehicle Owner Details

Owner ID Type:

Company

Owner ID:

199005153R

Owner Name:

WESTPOINT TRANSIT PTE LTD

Registered Address Type:

**Private Residential (Condo Apt or House) /
Shopping / Office Complexes**

Registered Block/House No.:

2A

Registered Street Name:

SECOND CHIN BEE ROAD

Registered Unit No.:

-

Registered Building Name:

-

Registered Postal Code:

618781

Vehicle Insurance Details

Vehicle No.:

PA8801H

Make Description/Model:

KING LONG / XMQ6118K

Insurance Company Name:

**CHINA TAIPING INSURANCE (SINGAPORE)
PTE LTD**

Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 21 Jan 2022 / 13:19:40

Receipt Date/Time : 21 Jan 2022 / 13:19:13

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220121-001810

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - PA8801H As at 18 Jan 2022/16:10:00 Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD				
1	Insurance Enquiry - PA8801H Enquiry Fee 20220121131622593512	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
	512972XXXXXX5168	eNETS Credit Card		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.