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To Pendeulars: Yeli Noi SG 11949	. 180() DM-46K)() '	
Owner / Driver: (Policy No: () Period: (Tel:)
Confirmed by 1 (CoverType: (>
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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.

Application of the second

- 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 27/02/2023 17:12 (SGT) Reported by Driver Date of Accident 25/02/2023 18:50 (SGT) **Exact Location of Accident** TPE, Singapore Additional Location Information TOWARDS PUNGGOL ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Higer

Vehicle Registration Number CB6553K

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner HENG BUS TRANSPORT Company Reg No 2XXXX700K **Email Address** hengbus@singnet.com.sg Mobile Phone No (Phone) +65-87932780 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model KLQ6109Q Variant Exact purpose for which vehicle was being used at time of Employment Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Bus Transmission Auto CC 6692

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMB1SNW00012612201

DRIVER

Name of Driver LIU CHANG Passport No/FIN GXXXX069P Date Of Birth 04/10/1987 Occupation Outdoor

Date Of Driving Pass	08/09/2009
Driving experience	13 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87932780
Alt. Phone Number	-
Email Address	hengbus@singnet.com.sg
	BLK 21 CHAI CHEE ROAD #03-444
	BER 21 CHAI CHEE NOAD #00-11-1
Address complement	-
Postcode	461021
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	
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?	
Translator's name	
Translator's ID	
Translator's phone number	
Translator's email	
Original language used in the statement	•
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	
n yes, against whom:	
CIRCUMSTANCES OF ACCIDENT	
DI FACE DEFED TO ATTACHMENT AND STATEMENT	
PLEASE REFER TO ATTACHMENT AND STATEMENT	
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	WITH OWNER
DETAILS OF OTHE	ER VEHICLE PROPERTY 1
DETAILS OF OTHE	
Vehicle Registration Number	SG1194E
Vehicle Manufacturer	=
Vehicle Model	_
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Bus
Name of Driver	543
INGINE OF DITYET	元 公

-67		
	Accident	report SN08232R0009

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 GA 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")

EFAR W

- (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 &

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

Witnessed by Reporting Centre

Personnel

PMACET MEMIL

Sketch Plan

	Please	refer	to atto	uhed	stateme	wt and	stetch	plan.	
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IWe 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

Accident Date: 25/02/2023

Accident Time: 18:50 Hr

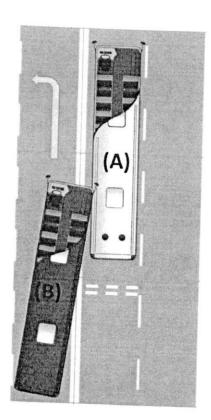
Location: TPE towards Punggol Road

Vehicle:

A) CB 6553 K

B) SG 1194 E

On 25/02/2023, at around 6.50pm, I was driving my company bus CB 6552 K at TPE towards Punggol Road. I was moving straight on the bus lane. After I passed by the stop line, suddenly I felt an impact from the side. I immediately stop the bus and get off to check the condition. I saw a bus SG 1194 E changed lane and collided onto my left rear side body portion of my vehicle.



- A) CB 6552 K
- B) SG 1194 E

Jn/

Liu Chang

DM 27/02/2023

Send/Fax to:	SINGAPORE ACCIL	Submitted:	:	
	BASIC INFO			Francisco de la companya del companya de la companya del companya de la companya
Date of Accident:	25 02/2023	Time of Accident:	1 18	· 50 Hr
Exact Location:	The second secon	INGTO ROAD	1 10	70 11
		4.504 01		
V-Li-L-Di-44iN	DETAILS OF C		1 -1	/ 119
Vehicle Registration No.	OB 6553 K	NRIC / FIN / Passport no:	1 26	611700K
Name of Registered Owner:	Heng Bus Transpo			
Owner's Email:	hengbus@singne			
Owner's Address:	335 Kembawang (Close #04-459 Singu		
Vehicle Make:	Higer	Vehicle Model:	, Kr(26109Q
Engine Capacitty (cc):	669200	Transmission:		Auto/ Manual
Type of Claim:	Own Damage / Third Par			
Vehicle Category:	Private / Commercial / Mo	torcycle / Private Hire		
Name of Insurance Co:	China Taiping			
Type of Policy:	The second secon	arty / Third Party, Fire & Thet	ft	
Policy Number:	DMB 12 N M 000 1 2/21	2701		
	DRI	VER		
Name of Driver:	Liu Chang		CAPPING AND	same as
NRIC / FIN / Passport no:	G8034069P	Date of Birth:	TOU	110/1987
Occupation:	Indoor (Outdoor)	Driving Pass Date:		109/2009
Contact Number:	87932780	Gender:	-	e)/ Female
Address:	BIK 21 Chai Chee			Dore 461021
Relationship with Owner:	Owner Employee Spous		11 200	DUTC 101001
Translater Name:	Сприодосторово	Translater NRIC:	Т	
Translater Contact no:		Translater email:	+	
	GENERAL INFORMATI	ON OF THE ACCIDENT		the second section of the second
Type of Collision:	Chain collision (Side Swip			Pages Miller Joseph St. C. Saggill on J. D.
Weather Condition:	Clear Raining / Others:	Road Surface:	(Dn)	Wet
Video available:	Yes/No	Road Surface.	Lily	vvei
Was anybody injured?	Yes (No)	Police Report Made?	Vec	(No)
No. of passenger onboard (in		Tonce report made:	103	VIVO
	oldaling divery. O	1		
	DETAILS OF O	THER VEHICLE	13.84%	
	Vehicle 1	Vehicle 2	100000	Vehicle 3
Vehicle Registration No:	SG 1194 E	V GIII CIG Z	-	v Grilicie 3
Vehicle Make / Model:	391196		+	
Name of Driver:	-		+	
		4	100	
NRIC / FIN / Passport no:	<u> </u>		+	

	DETAILS OF	OTHER VEHICLE	
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	SG 1194 E		
Vehicle Make / Model:			
Name of Driver:	-		
NRIC / FIN / Passport no:			
Contact Number:	_		
Name of Insurance Co:			
	DETAILS	OF WITNESS	
Name:		Contact Info:	

	DETAILS OF INJU	JRED PERSON	
	Person 1	Person 2	Person 3
Name / in which vehicle?:			

Driver's Declaration: I declare that the Information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or innaccurate information that are submitted.

Signature of Driver

Date and time

Motor Bus

MZ601

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)

R SN AN0707B

Cov. Type:F

CERTIFICATE No.

DMB1SNW00012612201

Engine No.: ISBE430021930909 Cha. No.:LKLR1FSJ1AB535492

Index Mark and Registration

CB6553K

Number of Vehicle

2. Name of Policy Holder

HENG BUS TRANSPORT

 Effective date of the Commencement of 30/07/2022 Insurance for the purposes of the Regulations, (00:00:00) Ordinance or Enactment

30/07/2022

Excess Sect. II

S\$1,000.00

4. Date of Expiry of Insurance

29/07/2023

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: KHC HOLDINGS 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

Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle No. CB6553K Make/Model HIGER / KLQ6109Q

Vehicle Type:

S20 - School Transport Bus/Coach/Minibus

Vehicle Scheme:

School Bus with AWC

Propellant:

Diesel

Motor No.:

Power Rating:

•

Maximum Laden Weight:

16000 kg

Year Of Manufacture:

2010

Lifespan Expiry Date:

29 Jul 2030

Road Tax Expiry Date:

29 Jul 2023

Inspection Due Date:

29 Jul 2023

CO2 Emission:

CO Emission :

NOx Emission:

Vehicle Attachment 1:

Air-Conditioned

Chassis No.:

LKLR1FSJ1AB535492

Engine No.:

ISBE430021930909

Engine Capacity:

6692 cc

Maximum Power Output:

•

Unladen Weight:

11960 kg

Original Registration Date:

30 Jul 2010

COE Category:

•

PARF Eligibility Expiry Date :

-

Intended Transfer Date:

28 Feb 2023

CEV/VES Rebate Utilised Amount:

-

HC Emission:

-

PM Emission:

-

Fees To Be Paid For Transfer