

NATIONAL Assessment Centre Services (all cases) **SNCR23A0001**

Date In: 10/03/2023 11:38	Job description	Date & Time Completed	Done by
Ref No: FBK 9341A	SAS e-filing		
Veh No: PC 6439L	E-mail (within 24hrs, A/C 2hrs)		
D.O.A: 10/03/2023 06:45	1-Motor Claim Form		
OD TP Reporting Only	1-Motor W/O (white: OD 2hrs, TP 10hrs)		
TP Insured	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whom		

Preferred Wksp / R/O Assign Wksp / QW: (	Tel: (	Fax: (
TP Participant: (	Yeh No: FBK 9341A	INC () / Non-INC ()
Owner / Driver: (	Tel: (
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date: (	Time: (
Insured/Driver Liability: (	% (Note: H&L Status (W/O): R: 0-30%, F: 21-70%, F: 30-100%)	
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 repater.
 () Total Loss Case: to e-mail Insurer URGENTLY.

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

Remarks: ()	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Recovery Photo (Repair Cost > \$3000) ()		

Injury: ()
 Date of Injury: ()
 Location: ()
 Description: ()
 Witness: ()
 Police Report: ()
 Medical Report: ()
 Other: ()

X/A2300715	Invoice: Preparation Charge	
1) AR: Accident Reporting (\$35)		
2) DA: Damage Assessment (\$100)	INC (\$55)	
3) TP: Towing Fee	\$10/\$45	
4) PF: Follow-Through Survey	\$115	
5) PF: Follow-Through Survey (Emergency)	\$50	
6) TR: Rep/Smear	\$75	
7) NI: H&L DA + SMRT Survey	\$140	
8) NIUC Additional Services		
9) NIUC		
10) NIUC: Courtesy Car / Tel Allowance	\$5	
11) NIUC: Rep/Coordination	\$15	
12) NIUC: Post Repair Inspection	\$25	
13) NIUC: DV / Collect Excess Coordination	\$1	
14) NIUC: TP (H&L) / TP (H&L) / TP (H&L) / TP (H&L)	\$20	
15) NIUC: TP (H&L) / TP (H&L) / TP (H&L) / TP (H&L)	\$10	
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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 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	10/03/2023 11:38 (SGT)
Reported by	Driver
Date of Accident	10/03/2023 06:45 (SGT)
Exact Location of Accident	Jln Kayu, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC4439L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RI SHENG TRANSPORT SERVICES
Company Reg No	5XXXX554L
Email Address	yappohchuan@gmail.com
Mobile Phone No	(Phone) +65-92370292
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00011412202

DRIVER

Name of Driver	YAP POH CHUAN
NRIC No	SXXXX681A
Date Of Birth	18/12/1965
Occupation	Outdoor

Date Of Driving Pass	22/03/1986
Driving experience	37 YEARS
Gender	Male
Mobile Number	(Phone) +65-92370292
Alt. Phone Number	-
Email Address	yappohchuan@gmail.com
Address	BLK 412B FERNVALE LINK #7-29
Address complement	-
Postcode	792412
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	0
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	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230310/2011

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	FBK9341A
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	(Phone) +65-90920952
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC7190C
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-96906861
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

IMPORTANT NOTICE

- #### 8. Consent under the Personal Data Protection Act (PDPA)

RISHENG TRANSPORT SERVICES

BIK 412B Fernvale Link #17-29

Singapore 792412

Tel: 6315 1413 Fax: 6875 6704

Policyholder's Statement HP: 8237-0292

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

A-PC4439L

B-FBK9341A

C-SHC7190C

Jalon Kayu

Y JUN 2022

Describe Circumstance of the Accident

Please refer to Police Report - 7/20230810/2011

Declaration


We declare the foregoing particulars are true in every respect.

RI SHENG TRANSPORT SERVICES

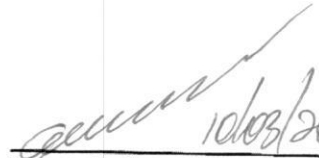
BIK 412B Fernvale Link #17-29

Singapore 792412

Tel: 6315 1413 Fax: 6875 6704

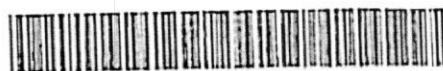
Policyholder's Signature:  HP: 923780292

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

 10/03/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



SINGAPORE POLICE FORCE



T/20230310/2011

1 of 4

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20230310/2011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/03/2023 09:38	Vide Report No.: F/20230310/0083	Station Diary No.: 27
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Informant's Particulars

Name of Informant: YAP POH CHUAN			Address: APT BLK 412B FERNVALE LINK #17-29 SINGAPORE 792412		
ID Type / ID No.: NRIC NO / S1717681A			Contact No.: Home/Office: Mobile: 92370292		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 18/12/1965	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/03/2023 06:45	Type of Location: Straight Road
Location: JALAN KAYU				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK9341A	Motorcycle	HONDA		White	Seriously Damaged	0
PC4439L	Van	TOYOTA	HIACE DX 3.0 A	White	Slightly Damaged	0
SHC7190C	Car	HYUNDAI		Yellow	Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999



T/20230310/2011

2 of 4

Report No. T/20230310/2011

CONTINUATION OF REPORT

Rider			
Name	Logesg	ID No.	NIL
Related Vehicle	FBK9341A (Motorcycle)	Contact No.	90920952
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	YAP POH CHUAN	ID No.	S1717681A
Related Vehicle	PC4439L (Van)	Contact No.	92370292
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Lek	ID No.	NIL
Related Vehicle	SHC7190C (Car)	Contact No.	96906861
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 10/03/2023 about 0645hrs, I was driving my vehicle PC4439L along Jalan kayu and I parked my vehicle at the first lane to buy coffee at a nearby coffeeshop. While, I was walking back to my vehicle I saw a motorcycle bearing FBK9341A riding wobbly down the road and next the rider collided with my vehicle and subsequently collided with another vehicle bearing SHC7190C. During the collision, the rider fell forward and I went over to check on him but he stood up and sat on the side of the road. I saw the vehicle bearing SHC7190C went to park on the first lane and alighted his vehicle to check what had happened. I told him that the rider first collided into my vehicle before crashing into his vehicle. A few minutes later, the rider's brother came down to check on him and he gave me the rider's particulars. Due to this collision, my vehicle suffered a dent on the right rear and scratches on the right side but I was not injured.



**SINGAPORE
POLICE FORCE**



T/20230310/2011

3 of 4

Report No. T/20230310/2011

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

CONTINUATION OF REPORT

Awhile later, both ambulance and police arrived.



**SINGAPORE
POLICE FORCE**



T/20230310/2011

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

4 of 4

Report No. T/20230310/2011

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:
F /
SGT 2 Kang Yue Leng

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI GOH WEI LI
Contact No.: 65476394

Signature Of Informant:

Date/Time:
10/03/2023 09:38

Classification Of Case:

NP168

Road surface: 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: Employer & Employee
Witness (if any): yes/no
Witness name: —
Witness hp: —
Witness email (if any): —
Witness add: —
Witness IC no: —

Third party veh number: FSE 9341A, SHC 7190C
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: FWD.

Police report (if any): yes/no
Police report reported at which police station: Sengkang NPC.
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: — — Male
— Female

Connect3 client vehicle no: PC4439L

Owner contact no: —

Email Address: Yapphchuan@gmail.com.

Date of accident: 10/3/2023.

Location of accident: Jalan Kayu.

Time of accident: 0645hrs

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



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

R SN

AN0580A

Cov. Type: C

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.

DMB1SNW00011412202

Engine No.: 1KD2548816

Chs. No.: KDH2010175502

1. Index Mark and Registration
Number of Vehicle

PC4439L

AUTOSAFE
=====

2. Name of Policy Holder

RI SHENG TRANSPORT SERVICES

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

13/07/2022
(00:00:00)

Excess Sect. I. S\$1,500.00

Excess Sect. II S\$1,500.00

4. Date of Expiry of Insurance

12/07/2023

EX ON WINDSCREEN S\$100.00

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.: BOARDINGHOUSE PTE. LTD. AS HP OWNER

* 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:

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

Annex

Transaction ref 20200817190109933831

Please check that the owner and vehicle details are correct:

1. Name	: RI SHENG TRANSPORT SERVICES
2. Identification No. Type	: Business
3. Identification No.	: 53020554L
4. Country/Region	: -
5. Vehicle Registration No.	: PC4439L
6. Previous Vehicle Registration No.	: -
7. Effective Date of Ownership	: 17 Aug 2020
8. Original Registration Date	: 13 Jan 2016
9. First Registration Date	: 13 Jan 2016
10. Vehicle Type	: Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus
11. Vehicle Scheme	: Public Service Vehicle (Others)
12. Attachment 1	: Air-Conditioned
13. Attachment 2	: -
14. Attachment 3	: -
15. Vehicle Make	: TOYOTA
16. Vehicle Model	: HIACE DX 3.0 A
17. Year of Manufacture	: 2015
18. Primary Colour	: White
19. Secondary Colour	: -
20. Passenger Capacity	: 11
21. Chassis/Trailer Chassis No.	: KDH2010175502 / -
22. Propellant	: Diesel
23. Engine No./Motor No.	: 1KD2548816 / -
24. Engine Capacity(cc)/Power Rating(kW)	: 2982 / -
25. Maximum Power Output(kW/bhp)	: - / -
26. Unladen Weight(kg)	: 1800
27. Maximum Laden Weight(kg)	: 3205
28. Open Market Value	: \$34,814.00
29. PARF Eligibility	: No
30. PARF Eligibility Expiry Date	: -
31. Minimum PARF Benefit	: \$0.00
32. No. of Transfers	: 1

Annex

Transaction ref 20200817190109933831

Please check that the owner and vehicle details are correct:

33. IU Label No.	: 1550286520
34. COE No.	: 2016020105000206D
35. COE Expiry Date	: 12 Jan 2026
36. COE Category	: C - Goods Vehicle & Bus
37. Quota Premium/Prevailing Quota Premium	: \$42,036.00 / -
38. Actual Quota Premium/PQP Paid	: \$42,036.00
39. Actual ARF Paid	: \$1,741.00
40. CO2 Emission(g/km)	: -
41. CO Emission(g/km)	: -
42. HC Emission(g/km)	: -
43. NOx Emission(g/km)	: -
44. PM Emission(mg/km)	: -
45. Actual CEVS/VES Rebate Utilised	: -
46. CEVS/VES Surcharge Paid	: -
47. Actual Green Vehicle Rebate Utilised	: -
48. Vehicle Lifespan Expiry Date	: 12 Jan 2036
49. Road Tax Amount	: -
50. Road Tax Start Date	: -
51. Road Tax End Date	: -
52. Remarks	: This is a public service vehicle.