VATIONAL Assessment Centre Services. 1	11 1 1 SAID 22 V	20005) moth englishmen mid
Deur In: 1 3 03 2023 16' W 1ch description	Date & Time C	Completed Done	101, ·
Ref No: VIGA (1)3002596/ SAS e-illing			
Veli No: PALLES II	HI, AIC 2his)		,
D.D.A: 12 03 2023 -06 42 1-Motor Claim			
OD AR: Repening Only 1-Motor W/O	(White opening the constant)		
1. Photo Uplou	ded !	• !	
TP (asurer: Assessment/Sur	אסי לגנייזרו		
The state of the s	FAX (Hand to Owner/ Whisp		
Proformad Wicop I INC Assign Wiking / OW: (Tol:	Fax:	:
TP Panticulars Yell No. SV 2035	, INC(,)/ Non-INC	2()/. :	
Owner / Driver: (Polley No: () Period: (Tel:)	
Polley No: () Period: (Confirmed by t'() Cover Type:		- 11 1 6 6 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7
The second secon	Dates Time		
	O): 10:0-2014, F: 21-795	4. F: 30-100M)	- dayers
The same of the sa)/10()	-	
		war and the same and the same	
General Kembeltand (Volgensen) de talle VIII (VIII) de VIII (VIIII) de VIIII (VIIIII) de VIIII (VIIIIII) de VIIII (VIIIII) de VIIII (VIIIIII) de VIIII (VIIIII) de VIIII (VIIIII) de VIIII (VIIIII) de VIIIII (VIIIII) de VIIII (VIIIII) de VIIII (VIIIII) de VIIII (VIIIIII) de VIIII (VIIIII) de VIIII (VIIIII) de VIIII (VIIIII) de VIIIII (VIIIII) de VIIII (VIIIII) de VIIII (VIIIII) de VIIII (VIIIIII) de VIIII (VIIIII) de VIIII (VIIIII) de VIIII (VIIIII) de VIIIII (VIIIII) de VIIII (VIIIII) de VIIII (VIIIII) de VIIII (VIIIIII) de VIIII (VIIIII) de VIIII (VIIIII) de VIIII (VIIIII) de VIIIII (VIIIII) de VIIII (VIIIII) de VIIII (VIIIIII) de VIIII (VIIIIIII) de VIIII (VIIIII) de VIIII (VIIIIII) de VIIII (VIIIII) de VIIII (VIIIII) de VIIII (VIIIIII) de VIIII (VIIIII) de VIIII (VIIIII) de VIIII (VIIIII) de VIIII (VIIIIIII) de VIIII (VIIIIII) de VIIII (VIIIIIIII) de VIIII (VIIIIIII) de VIIII (VIIIIIIII) de VIIII (VIIIIIII) de VIIII (VIIIIIIII) de VIIII (VIIIIIIII) de VIIII (VIIIIIII) de VIIII (VIIIIIII) de VIIII (VIIIIIIII) de VIIII (VIIIIIII) de VIIII (VIIIIIIII) de VIII		Manual Call Not See	
() Walk-in Customer's Information stricty Con	lidouriel & Srichly 110 12for	of topelier.	war was a second
() Total Loss Case : to e-mail Insurer URGENTLY.	·		
Drive-In () / Towed-In () ; Invoice: YES () / N)
Remarks and AUNG BORREROTS 84.001012 444, 224	A SANCE DESCRIPTION	Arthur Laboration	5/07
1) Apply for Transport Allowance () / Courtesy Car ()	The state of the s	to Marine Carelland runni	Married Williams of Street
1) QC Check / Pevi Repute (aspection)	Kafi arang arang palang panggalakan antarang penggapan penggapan anang panggapan	-	-
3) Uplacd Resurvey Photo [Repair Cost > \$3000] ()			
Injury;		Market of the second se	
One girail Activities (CAPA - ACTA)		2.5 (2.5)	
E STATE OF THE STA	The financial of the party of t	THE DESIGNATION OF THE PARTY OF	-
The second secon		,	
** ** ** ** ** ** ** ** ** ** ** ** **	9	Secretarian School or assessment of the second section of the sec	
		1	
	Chiaman de transportation de la financia		
NA2300732	Invoice Preparation Chy	争略数据基础	Control of the contro
ligerative greatenting of the latest and the latest	1) AR: Accident Passerung (130)	9	
Subsection of the Property of the Party of t	2) DA: Darrage Assessment (210)	540/545	[p]
E-er/Owner:	4) PT: Yellow-Through Survey (Ex	114D-67) 13C	
ontest Not	6) TR : Redamerdan	NECTE (NET 1970)	
and fied Forden: 1947)	T) NI 11460 DA, + SMITT SVINAY	- 51404	
The control of the co	OD.	1	
Checked by (Engr-In-Charge);	'NE Commy Cut Tet Allers	55	
13 2021 1320 2010 1320	*Nit Repeti Courstination *Mit Pen Repoti Inspection	\$16j 5339	
Continue of the continue of th	. Me Dy / Collect Caests Ceut	linetion (1)	-
	TY (Chillist Mexic) synthe	3 (1	THE TABLE
The state of the s	In pits dated	Fis Charges	
00000000000000000000000000000000000000	no com AATLOGO COSTOTO		

...

1.

٠,



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual Driver
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate
- 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.

ACCIDEN	T STATEMENT
Date of Submission Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	13/03/2023 16:10 (SGT) Both Policyholder and Actual Driver 13/03/2023 06:42 (SGT) Ang Mo Kio Ave 5, Singapore - Singapore
DETAILS O	F OWN VEHICLE
Vehicle Registration Number	PA4555U
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No ONG SEE BEE SXXXX224J keithong.1985@gmail.com (Phone) +65-96745689
VEHICLE PARTICULARS	
Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC	Isuzu LT133P - Employment No - Claiming third party Bus Manual 8226
INSURANCE COMPANY	
Name of Insurance Company Policy Number / Cover Note Number	China Taiping Insurance (Singapore) Pte. Ltd. DMB1SNW00004002200
DRIVER	
Name of Driver NRIC No Date Of Birth	ONG SEE BEE SXXXX224J 07/07/1957

07/07/1957

Outdoor

Occupation

Date Of Driving Pass	19/01/1973
Driving experience	50 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96745689
Alt. Phone Number	
Email Address	keithong.1985@gmail.com
Address	BLK 909 TAMPINES AVENUE 4 #11-244
Address complement	-
Postcode	520909
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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
	ыу
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	7 -
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?	
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?	Yes
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	\$1.1/2702.1
Vehicle Manufacturer	SLV2703J
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	- Private ear
Name of Driver	Private car
Contact Number	57

Contact Number

Address	-
Address	-
Address complement	-
Postcode Incurrence Company Name	Income Insurance Limited
	-
Nature Of Damage	
Datails of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Actual Driver.
- 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 Traffic Police Department for Investigation.
- This report will be forwarded by the insurers to 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.
- 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 at 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;
- (a) 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' tawyers/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.

Policyticider's Signature / Date & Time

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

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

Skelch Plan

Ang Mo Kio Au 5

v.hin2022

cs .

Describe Circumstance of the Accident	
On 13/3/2003 ground Obushie I was driving My	4 But PC 4555V
On 13/3/2003 around obushing I was driving mi along thing Mo to pur 5. Suddenly z felt on import Veh B SLV 27037 collided anto my Bus For por	of from the year
VEL B SLV 27037 collided anto my Bus For por	tion
	Marie 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Declaration We declare the foregoing particulars are true in every respect.	
	1 1
ay ay	JUN 13/03/2023
Policyholder's Signature / Date & Time Actual Driver's Signature (digitiver is not the policyholder) V/I / Date & Time	Inessed by Reporting Centre Personnel arms as in NRICAD card)

v.\un2022

2

Road surface: (Dry) / Wet	Usage of veh during of accident:
Weather condition: (lear / Raining	
Speed:	
	Driver IC:
Does driver own a vehicle: yes-/no	Driver Name :
if yes, veh number plate:	Driver Pass date :
veh insurance co:	Drver Birth date :
Α	
Relationship with insured: OWNEV	
Witness (if any): yes/no	
Witness name:	
Witness hp:	
Witness email (if any):	
Witness add:	
Witness IC no:	
Third party veh number: SLV 27037	
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: NTUE.	
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 da	mage / reporting only
No of Pax:1	Male
PAlleard	Female
Connect3 client vehicle no: PA45554	Karil
Owner contact no:	Email Address: Keithong. 1985@gmail- cory
Date of accident: 13/3/3033	
Location of accident: Arg Mo loo Avi 5	
Time of accident: 064>hrs.	
Any Injury: yes /no (if yes, must have police report)	

Motor Bus

MZ601/P

SN

AN0681A 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.

DMB1SNW00004002200

Engine No.: 6HH1320093

PA4555U

Cha. No.: JALLT133P43000008

Index Mark and Registration Number of Vehicle

Name of Policy Holder

ONG SEE BEE

Excess Sect. II

\$\$1,500.00

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

(00:00:00)

4. Date of Expiry of Insurance

18/03/2023

19/03/2022

5. Persons or Classes of Persons entitled to drive*

(a) The Policyholder.

(b) 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.

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.

(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: MULTISYS AGENCIES & SERVICES 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. PA4555U	
Make / Model ISUZU / LT133P	
Vehicle Type : D20 - Private Hire Bus/Coach/Minibus Vehicle Attachment 1 : Air-Conditioned Vehicle Scheme : Public Service Vehicle (Others)	
Chassis No. : JALLT133P43000008	
Propellant: Diesel Engine No.: 6HH1320093	
Motor No.: Engine Capacity: 8226 cc	
Power Rating : - Maximum Power Output :	

M	laximum Laden Weight :
1	3500 kg
U	Inladen Weight:
9	500 kg
1200	of Manufacture .
	'ear Of Manufacture :
	2004
	Original Registration Date:
:	19 Mar 2004
ı	Lifespan Expiry Date :
	18 Mar 2024
	COE Category:
	C - Goods Vehicle & Bus
	PQP Paid:
	\$13,378.00
	COE Expiry Date :
	18 Mar 2024
	Road Tax Expiry Date :
	18 Sep 2023
	PARF Eligibility Expiry Date :
	-
	Inspection Due Date :
	18 Sep 2023
	Intended Transfer Date :
	13 Mar 2023
	CO2 Emission :
	-
	CEV/VES Rebate Utilised Amount :
	-
	CO Emission:
	-
	HC Emission:
	-
	NOx Emission:

-

-	
PM Emission:	

Fees To Be Paid For Transfer

Transfer Fees \$25.00

Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be deregistered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

Print

OK →

Save as PDF

Copy as Text