

# NATIONAL Assessment Centre Services (Call 1 800 441 1111)

SA 08233K0006

|                          |  |                       |         |
|--------------------------|--|-----------------------|---------|
| Date In: 2008/2023 16:21 | Job description                          | Date & Time Completed | Done by |
| Ref No: NIACT123002840   | SAS e-Milling                            |                       |         |
| Veh No: CB 82313         | E-mail (within 24hrs, A/C 2hrs)          |                       |         |
| D.O.A: 08/03/2023 10:30  | 1-Motor Claim Form                       |                       |         |
| OD - TP: Repeating Only  | 1-Motor W/O (within 24hrs, A/C 2hrs)     |                       |         |
| TP Insurer:              | 1-Photo Uploaded                         |                       |         |
|                          | Assessment/Survey Report                 |                       |         |
|                          | Ass't Report by Fax / Hand to Owner/Whse |                       |         |

|  |  |               |
|--|--|---------------|
| Preferred Wksp / INC Assign Wksp / QW: ( | Tel: (   | Fax: (        |
| TP Particulars: Vch No: SA 51774         | INC: ( ) / Non-INC: ( )                                      |               |
| Owner / Driver: (                        | Tel: (   |               |
| Policy No: (                             | Period: (  | Cover Type: ( |
| Confirmed by: (                          | Date: (  | Time: (       |
| Insured/Driver Liability: (              | 95) (Note: Use Status (WO): 1: 0-30%, 2: 31-70%, 3: 80-100%) |               |
| Year of Registration: (                  | Warranty: YES ( ) / NO ( )                                   |               |
| Excess: (\$                              | Loading: \$1,000 ( ) / \$2,000 ( )                           |               |

General Remarks:

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO info of repair.

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

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

|   |         |
|---|---------|
| Remarks: ( )  | Done by |
| 1) Apply for Transport Allowance ( ) / Courtesy Car ( ) |         |
| 2) QC Check / Post Repair Inspection ( )                |         |
| 3) Upload Resurvey Photo (Repair Cost > \$3000) ( )     |         |

Injury: ( )

Date of Injury: ( )

Location: ( )

Time: ( )

Weather: ( )

Other: ( )

|   |  |  |
|---|--|--|
| <p>SA 2300799</p> <p>Client/Owner:</p> <p>Contact No:</p> <p>Addressed Portion: ( )</p> <p>Checked by (Engr-In-Charge):</p> <p>Signature:</p> <p>Stamp:</p> | Invoice Preparation Charge:                  |  |
|   | 1) A/R: Accident Reporting (\$30)            |  |
|   | 2) DA: Damage Assessment (\$100) INC (\$50)  |  |
|   | 3) TP: Towing Fee (\$10/\$45)                |  |
|   | 4) PT: Follow-Through Survey (\$10)          |  |
|   | 5) PT: Follow-Through Survey (Excess) (\$50) |  |
|   | 6) TR: Rep/Repair (\$75)                     |  |
|   | 7) NI: New DA + SMRT Survey (\$145)          |  |
|   | 8) NTUC Additional Fee (\$10)                |  |
|   | 9) NTUC Additional Fee (\$10)                |  |
| <p>Invoice Total</p> <p>Fee Charged</p>   |  |  |



## 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              | 20/03/2023 16:21 (SGT) |
| Reported by                     | Driver                 |
| Date of Accident                | 08/03/2023 10:30 (SGT) |
| Exact Location of Accident      | Handy Rd, Singapore    |
| Additional Location Information | -                      |
| Country/State of Loss           | Singapore              |

### DETAILS OF OWN VEHICLE

|                             |         |
|-----------------------------|---------|
| Vehicle Registration Number | CB8231B |
|-----------------------------|---------|

#### INSURED/POLICYHOLDER

|                          |                       |
|--------------------------|-----------------------|
| Is company?              | Yes                   |
| Name Of Registered Owner | READY GO TRADING      |
| Company Reg No           | 5XXXX672K             |
| Email Address            | connect3lau@gmail.com |
| Mobile Phone No          | (Phone) +65-81007700  |
| Alternative Phone No     | -                     |

#### VEHICLE PARTICULARS

|  |                     |
|--|---------------------|
| Manufacturer   | Mitsubishi          |
| Model  | BE639JRMHDEA        |
| Variant  | -                   |
| Exact purpose for which vehicle was being used at time of accident           | Employment          |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Reporting only |
| Vehicle Category   | Bus                 |
| Transmission   | Manual              |
| CC   | 3908                |

#### INSURANCE COMPANY

|                                   |   |
|-----------------------------------|---|
| Name of Insurance Company         | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | DMB1SNW00015482203                            |

#### DRIVER

|                |              |
|----------------|--------------|
| Name of Driver | LEE KOK KENG |
| NRIC No        | SXXXX807Z    |
| Date Of Birth  | 07/07/1953   |
| Occupation     | Outdoor      |

|  |                                     |
|--|-------------------------------------|
| Date Of Driving Pass .....   | 13/04/1977                          |
| Driving experience .....   | 45 YEARS AND 11 MONTHS              |
| Gender .....   | Male                                |
| Mobile Number .....  | (Phone) +65-88535213                |
| Alt. Phone Number .....  | -                                   |
| Email Address .....  | connect3lau@gmail.com               |
| Address .....  | BLK 112 ANG MO KIO AVENUE 4 #07-317 |
| Address complement .....   | -                                   |
| Postcode .....   | 560112                              |
| 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 .....   | No 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 .....   | 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 .....  | -   |
| 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? .....   | No  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |              |
|-----------------------------------|--------------|
| Vehicle Registration Number ..... | SLX5177Y     |
| Vehicle Manufacturer .....        | -            |
| Vehicle Model .....               | -            |
| Vehicle Variant .....             | -            |
| Vehicle Colour .....              | -            |
| Vehicle Category .....            | NA / Unknown |
| Name of Driver .....              | -            |
| Contact Number .....              | -            |

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



## SKETCH PLAN

### 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 Traffic Police Department for investigation.
6. 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.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

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

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.  
(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

READY GO TRADING

25 ELIAS ROAD #07-12  
SINGAPORE 619931

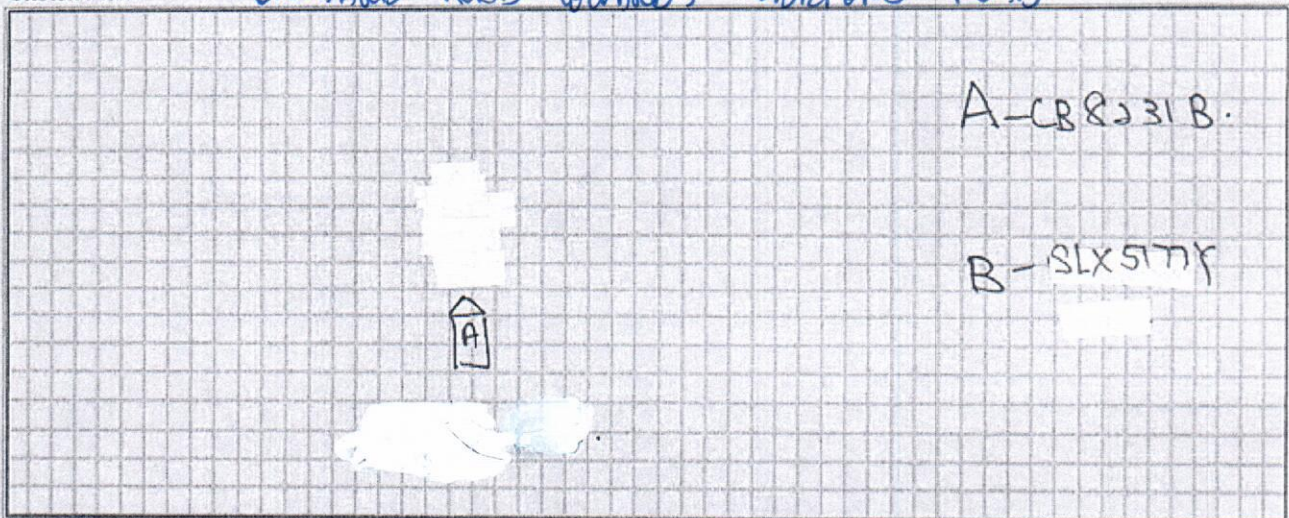
Policyholder's Signature / Date & Time

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

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

Sketch Plan

CRUISED ROAD TOWNERS BARRERO ROAD





Describe Circumstance of the Accident


Driver cannot recall the said accident & Time.

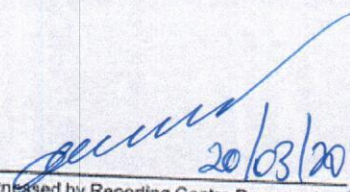
Declaration

I/We declare the foregoing particulars are true in every respect.

**READY GO TRADING**  
**25 ELIAS ROAD #07-12**  
**SINGAPORE S19931**

Policyholder's Signature / Date & Time

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

  
20/03/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)





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.

3 Anson Road #16-00 Springleaf Tower Singapore 079909  
Tel: 6389 6111 Fax: 6222 1033  
Website: [www.sg.cntaiping.com](http://www.sg.cntaiping.com)  
Co. Reg. No. 200208384E

Our Ref.: SNM23D201799/CB8231B/C02

Via Ordinary Mail

Date: 15 MAR 2023

READY GO TRADING  
25 ELIAS ROAD  
#07-12 RIS GRANDEUR SINGAPORE  
519931

Dear Policyholder

RE: ACCIDENT INVOLVING OUR VEHICLE NOS. CB8231B AND SLX5177Y ON 08 MAR 2023 10:30 ALONG  
ORCHARD ROAD TWDS BIDEFORD ROAD  
Policy : DMB1SNW00015482203

We refer to the above-mentioned accident.

Please be informed that you and/or your driver has not filed an accident report within 24 hours as per the Motor Claims Framework.

For the purpose of assessing the claim lodged by the third party, we would require a report of the accident together with the original/coloured photocopied photographs showing the damages to your vehicle (if any) from you and/or your driver at the material time of the accident. This report is in a pre-set electronic form and has to be lodged through any of our Accident Reporting Centres which are also our authorised workshops, regardless of whether or not it would give rise to your own damage claim. You may log onto our website [www.sg.cntaiping.com](http://www.sg.cntaiping.com) for location of the respective centres/workshops.

Please take note that your NO CLAIM DISCOUNT will be penalized upon renewal of your policy if you fail to comply with this condition.

Please contact our claims department at 63896116 should you require our assistance or clarification.

Regards

(This is a computer generated letter and no signature is required)

cc: AN0580A ODDS & EVEN



Road surface: Dry / Wet  
Weather condition: Clear / Raining  
Speed: \_\_\_\_\_

Usage of veh during of accident:  
\_\_\_\_\_

Does driver own a vehicle: yes / no  
if yes, veh number plate:                       
veh insurance co:                     

Driver IC:  
Driver Name :  
Driver Pass date :  
Driver Birth date :

Relationship with insured: Employee & employee  
Witness (if any): yes / no  
Witness name:                       
Witness hp:                       
Witness email (if any):                       
Witness add:                       
Witness IC no:                     

Third party veh number: SLX 5172Y  
Name of third party driver:                       
IC of third party driver:                       
HP of third party driver:                       
Address of third party driver:                       
Insured/Co name of third party vehicle:                       
Contact number of insured/Co:                       
Insurance co of third party vehicle:                     

Police report (if any): yes / no  
Police report reported at which police station:                       
Any intended prosecution given: yes / no  
if yes, against whom: veh A / veh B driver

Action taken : claiming third party / claiming own damage / reporting only  
No of Pax: 1

                     Male  
                     Female

Connect3 client vehicle no: CB 8231B  
Owner contact no: 81 00 7700  
Date of accident: 8/31/2023  
Location of accident: Orchard Road  
Time of accident : 1030hrs  
Any Injury: yes / no ( if yes, must have police report)

Email Address: Connect3Lau@gmail.com



Motor Bus

MZ601

R SN

AN0580A

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.

DMB1SNW00015482203

Engine No.: 4D34K91881

Cha. No.: BE639JD00356

1. Index Mark and Registration  
Number of Vehicle

CB8231B

2. Name of Policy Holder

READY GO TRADING

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment23/09/2022  
(00:00:00)

Excess Sect. II \$S\$1,000.00

4. Date of Expiry of Insurance

22/09/2023

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.

HIRE PURCHASE CO. : TATCO CREDIT PTE LTD

\* 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: \_\_\_\_\_

ODDS & EVEN  
Authorised Officer

Authorised Signatory



2

Annex

Transaction ref 20191031113411472339

Please check that the owner and vehicle details are correct:

- |  |   |
|--|---|
| 1. Name                                  | : READY.GO TRADING                            |
| 2. Identification No. Type               | : Business                                    |
| 3. Identification No.                    | : 52974672K                                   |
| 4. Country/Region                        | : -   |
| 5. Vehicle Registration No.              | : CB8231B                                     |
| 6. Previous Vehicle Registration No.     | : PC8466G                                     |
| 7. Effective Date of Ownership           | : 23 Sep 2019                                 |
| 8. Original Registration Date            | : 20 Sep 2006                                 |
| 9. First Registration Date               | : 20 Sep 2006                                 |
| 10. Vehicle Type                         | : S20 - School Transport<br>Bus/Coach/Minibus |
| 11. Vehicle Scheme                       | : School Bus with AWC                         |
| 12. Attachment 1                         | : Air-Conditioned                             |
| 13. Attachment 2                         | : -   |
| 14. Attachment 3                         | : -   |
| 15. Vehicle Make Description             | : MITSUBISHI                                  |
| 16. Vehicle Model                        | : BE639JRMHDEA                                |
| 17. Year of Manufacture                  | : 2006  |
| 18. Primary Colour                       | : White                                       |
| 19. Secondary Colour                     | : -   |
| 20. Passenger Capacity                   | : 23  |
| 21. Chassis/Trailer Chassis No.          | : BE639JD00356 / -                            |
| 22. Propellant                           | : Diesel                                      |
| 23. Engine No./Motor No.                 | : 4D34K91881 / -                              |
| 24. Engine Capacity(cc)/Power Rating(kW) | : 3908 / -                                    |
| 25. Maximum Power Output(kW/bhp)         | : - / -                                       |
| 26. Unladen Weight(kg)                   | : 4120  |
| 27. Maximum Laden Weight(kg)             | : 6100  |
| 28. Open Market Value                    | : \$59,849.00                                 |
| 29. PARF Eligibility                     | : No  |
| 30. PARF Eligibility Expiry Date         | : -   |
| 31. Minimum PARF Benefit                 | : -   |
| 32. No. of Transfers                     | : 3   |