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SN08233R0004 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 27/03/2023 12:11 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (27/03/2023 12:11 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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.

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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

27/03/2023 12:11 (SGT) **Actual Driver** 27/03/2023 08:09 (SGT) 960 Woodlands Rd, Singapore 738702 **KRANJI MRT** Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

PC8679J

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No

Yes TONG WEI BUS SERVICE 4XXXX700M tongweibusservice@gmail.com (Phone) +65-92365386

VEHICLE PARTICULARS

Alternative Phone No

Manufacturer Model

Isuzu LT434P

Variant

Exact purpose for which vehicle was being used at time of

Employment

accident Are you claiming under your own insurance policy for repair to

No - Claiming third party

your vehicle? Vehicle Category

Bus

Transmission

Auto

CC

7790

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number China Taiping Insurance (Singapore) Pte. Ltd. DMB1SNW00002072303

DRIVER

Name of Driver NRIC No Date Of Birth

Occupation

CHUE YOCK CHIN SXXXX837F 29/11/1953 Outdoor



Date Of Driving Pass	26/01/1978
Driving experience	45 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92365380
Alt. Phone Number	-
Email Address	tongweibusservice@gmail.com
Address	BLK 421 FAJAR ROAD #09-495
Address complement	-
Postcode	670421
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
If No, Relationship of the Driver with the histored	
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
COLL - While 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
Toda canaca	
THE DESCRIPTION	
OTHER INFORMATION	
	N -
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
Line been engrouped 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	
Offgirlar language used in the statement	
ACTION	
DETAILS OF POLICE ACTION	
	N-
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)	
ATTACHWENT(3)	
Are accident photos available for attachment?	Yes
Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	NO
	SER VEHICLE PROPERTY 1
DETAILS OF OTH	IER VEHICLE PROPERTY 1
Vehicle Registration Number	SMB159L
Vehicle Manufacturer	
Tollies maille and the second	

Bus

Vehicle Model
Vehicle Variant
Vehicle Colour

Vehicle Category 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.
- 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.
- 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 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.

東 威 巴 士 服 務 TONG WEI BUS SERVICE Bik 421 Fajar Road #09-495 Singapore 670421 Tel: 6769 9749 H/P: 9326 5386

Email: Tongweibusservice@gmail.com, Co. Reg. Nov. 4 Stgrant Pr Date & Time

vJun2022

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

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

On 27/312023 around 0809 hrs, I was drawn along Khonji MRT. I was Travelling Straightelt an impact from the left very B SMB from Startionary postion and Swened into brush against my Bus left porti	ng my Bus PC 8679) t, Suddenly z
from Startionary postion and Swerved into brush against my Bus left porti	my larl and
Reclaration We declare the foregoing particulars are true in every respect. 東 威 巴 士 服 務 TONG WEI BUS SERVICE 21 Fajar Road #09-495 Singapore 670421 11: Tongweibusservice@gmail.com	security has had
Date & Time Actual Driver's Signature (if griver is not the policyholder)	Vitnessed by Reporting Centre Personnel Name as in NRIC/ID card)

Road surface: Dry/ Wet	Usage of veh during of accident:
Weather condition: Clear / 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 :
Relationship with insured: Employer Mupley U	
Witness (if any): yes/no	
Witness name:	
Witness hp:	
Witness email (if any):	
Witness add:	
Witness IC no:	
Third party veh number: SMB 159L.	
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:	
Insurance co of third party vehicle.	
Police report lif anyl: ved no	
Police report (if any): yes no Police report reported at which police station:	
Any intended prosecution given: yes /no if yes, against whom: yeh A /yeh B driver	
ii yes, against whom. Veri Ayven a unver	
Action taken : claiming third party / claiming own damage	/reporting only
No of Pax:	— Male
	Female
Connect3 client vehicle no: PC86 79J.	Petitate
Owner contact no: 9376 5386 Ema	ail Address: Tong Weibus Service Bynail. com
Date of accident: 27/3 20 23	TACTOR STATE OF STATE OF
Location of accident: Krau Ji MRT	
Time of accident: 0809Wr1.	
Any Injury: yes /no (if yes, must have police report)	



CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Bus

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)

MZ601

SN

AN0580A

Cov. Type:C

CERTIFICATE No.

DMB1SNW00002072303

Engine No.: 6HK1674583 Cha. No.: JALLT434PF7000149

Index Mark and Registration Number of Vehicle

PC8679J

AUTOSAFE

2. Name of Policy Holder

TONG WEI BUS SERVICE

Effective date of the Commencement of 18/02/2023 Insurance for the purposes of the Regulations, (00:00:00) 18/02/2023

Excess Sect. II EX ON WINDSCREEN .

Excess Sect I.

\$\$2,000.00 \$\$1,500.00 \$\$800.00

Ordinance or Enactment 4. Date of Expiry of Insurance

17/02/2024

5. Persons or Classes of Persons entitled to drive*

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.

(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 reversi

ODIDE

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

Issued By:____

Authorised Cific China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)

★3 Anson Road #16-00 Springleaf Tower Singapore 079909

© 6389 6111

6222 1033

www.sq.cntaiping.com

Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle N PC867	
Make / N ISUZU	10del / LT434P 7.8 SMT
Vehicle	
Z20 - F	Private Hire (Chauffeur) Bus/Coach/Minibu
Vehicle	Attachment 1:
Air-Co	onditioned
Vehicle	Scheme:
Public	Service Vehicle (Others)
Chassi	5 No.:
JALLT	434PF7000149
Propel	lant:
Diese	Ī.
Engine	No.:
6HK1	674583
Motor	No.:
-	
Engin	e Capacity :
7790	сс
	Rating:

Maximum Power Output:

Maximum Laden Weight: 15200 kg Unladen Weight: 10780 kg
Year Of Manufacture : 2015
Original Registration Date: 18 Feb 2016
Lifespan Expiry Date : 17 Feb 2036
COE Category : C - Goods Vehicle & Bus
PQP Paid : \$37,296.00 COE Expiry Date :
17 Feb 2026 Road Tax Expiry Date:
17 Aug 2023 PARF Eligibility Expiry Date:
-
Inspection Due Date : 17 Feb 2024
Intended Transfer Date : 27 Mar 2023
CO2 Emission :
CEV/VES Rebate Utilised Amount :
CO Emission :
HC Emission :
NOx Emission :

PM	Em	ica	:	
1 1 1		155	100	•

Fees To Be Paid For Transfer

Transfer Fees

\$25.00

Print

OK >

Save as PDF

Copy as Text