

NATIONAL Assessment Centre Services (part 1 of 2) **2N0823380001**

Date In: 28/03/2023 11:05	Job description	Date & Time Completed	Done by
Ref No: XNA/C772003174	SAS e-illing		
Veh No: PC 5830H	E-mail (within 24hrs, A/C 2hrs)		
D.O.A: 27/03/2023 13:07	1-Motor Claim Form		
OC: TP: Reporting Only	1-Motor W/O (Within 24hrs, TP 1hrs)		
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: **8KK 3928R** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () (Note: Use Status (W/O): 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: ()

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: ()

Witness: ()

Police: ()

Insurance: ()

Other: ()

XNA2300905

Owner/Owner:	Invoice Preparation Charge	
Printer No:	1) All: Accident Paperwork (\$30)	
Assigned Portion: ()	2) DA: Damage Assessment (\$100) INC (\$56)	
	3) TP: Towing Fee \$10/\$25	
	4) PE: Follow-Through Survey \$122	
	5) PT: Follow-Through Survey (Recovery) \$36	
	6) TR: Reimbursement \$79	
	7) NI: NI: DA + SMPT Survey \$140	
	8) NTUC Additional Services:	
	9) QC: QC	
	10) NI: Courtesy Car / Tel Allowance \$5	
	11) NI: Repair Cost Reimbursement \$15	
	12) NI: Post Repair Inspection \$33	
	13) NI: BY / Collect Excess Coordination \$1	
	14) TP (R11): TP (R11) against INC \$20	
	15) NI: NI: NI: NI \$10	
	Invoice Total	
	Fees Charged	
	Unrecovered	

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	28/03/2023 11:05 (SGT)
Reported by	Actual Driver
Date of Accident	27/03/2023 13:07 (SGT)
Exact Location of Accident	Orchard Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC5830H
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ST LEE TRANSPORT PTE. LTD.
Company Reg No	2XXXXXX388Z
Email Address	stlee.transport@gmail.com
Mobile Phone No	(Phone) +65-93655466
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Golden Dragon
Model	XML6957J14B
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Bus
Transmission	Auto
CC	6690

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00004302304

DRIVER

Name of Driver	ABDUL RASHID BIB MUHAMMAD TAHIR
NRIC No	SXXXX938C
Date Of Birth	06/10/1966
Occupation	Outdoor

Date Of Driving Pass	12/12/1991
Driving experience	31 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82821456
Alt. Phone Number	-
Email Address	stlee.transport@gmail.com
Address	BLK 41 CAMBRIDGE ROAD #05-17
Address complement	-
Postcode	210041
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	Raining
Road Surface	Wet

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)	21
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	-

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Male

PASSENGER 4

Name	UNKNOWN
Gender	Female

PASSENGER 5

Name	UNKNOWN
Gender	Female

PASSENGER 6

Name	UNKNOWN
Gender	Female

PASSENGER 7

Name	UNKNOWN
Gender	Female

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 AND ATTACHMENT

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 SKK3928R
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLV6039S
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 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

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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.
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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 a/afterward.
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 making of correspondence, statements, invoices, reports or returns to me, which could involve disclosure of certain personal data about me to bring about delivery of the claims as well as on the external cover of envelops/initial 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.



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

Please refer to the
Sketch.

A - PC5830H

B - SKK3928R

C - SLV6039S.

v An 2022



Scanned with CamScanner

Describe Circumstance of the Accident

Please refer to the attached Statement

Declaration

We declare the foregoing particulars are true in every respect.



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 NRICID card)

1 Jan 2022

REPORT

On 27/3/2023 at 1307 hrs, I was driving a bus (PC5830H) from Hougang to SOTA via CTE, exiting Buyong Road towards Orchard Road.

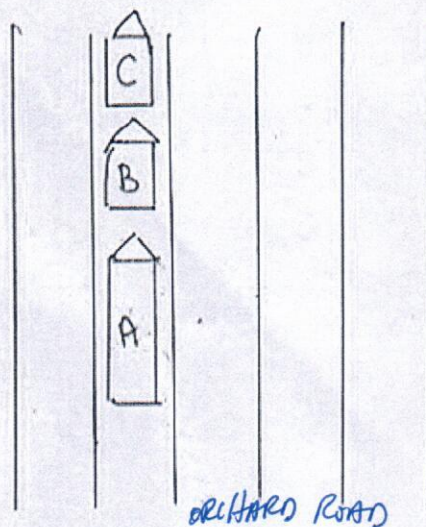
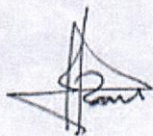
Entering Orchard Road, I was driving along the fourth lane at approximately 50 km/hr. After the traffic light at the Macdonald's house, while driving, I suddenly realised that there were 2 cars stopped in front; SKK3928R (in front of me) and SLV6039S (in front of SKK3928R). But I was too close to applying an instant brake, and the road was slippery and wet due to the rain, thus causing the mishap.

Immediately, I went to check on the safety and well-being of my passengers and the 2 people in car SKK3928R. All claimed well.

A - PC5830H

B - SKK3928R.

C - SLV6039S.



[Signature]
28/03/2023

Road surface: Dry / Wet

Weather condition: Clear / Raining

Speed: _____

Usage of veh during of accident:

Driver IC:

Driver Name :

Driver Pass date :

Driver Birth date :

Does driver own a vehicle: yes / no

if yes, veh number plate: /

veh insurance co: /

Relationship with insured: Employee & Employer

Witness (if any): yes / no

Witness name: /

Witness hp: /

Witness email (if any): /

Witness add: /

Witness IC no: /

Third party veh number: SKK 3928 R, 1/2 SLV 6039 S.

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: 21

10 Male

10 Female

Connect3 client vehicle no: PC 5830H.

Owner contact no: 93655466

Date of accident: 27/3/2023.

Location of accident: Orchard Rd.

Time of accident : 1307 hrs.

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

Email Address: St lee . transport@gmail.com .



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

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

R SN

AN0580A

Cov. Type:C

CERTIFICATE No.

DMB1SNW0004302304

Engine No.: ISB67E522522170756

Cha. No.: LL3BFCDH1GA016892

1. Index Mark and Registration
Number of Vehicle

PC5830H

AUTOSAFE

2. Name of Policy Holder

ST LEE TRANSPORT PTE. LTD.

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
(00:00:00)
Ordinance or Enactment

12/04/2023

Excess Sect I . S\$2,000.00

Excess Sect. II S\$1,000.00

EX ON WINDSCREEN . S\$800.00

4. Date of Expiry of Insurance

11/04/2024

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. : MAYBANK 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

Text size + -

Enquire Vehicle Registration Details**Owner Particulars**NRIC/Passport/Company
Cert No.: 201437388Z

Owner ID Type: Company

Owner Name: ST LEE TRANSPORT PTE. LTD.

Registered Address: 1002 TOA PAYOH INDUSTRIAL PARK #07-1447 SINGAPORE 319074

Mailing Address: -

Birth Date: -

Vehicle Particulars

Vehicle No.: PC5830H

Previous Vehicle No.: -

Effective Date of
Ownership: 12 Apr 2017

Original Regn Date: 12 Apr 2017

Registration Date: 12 Apr 2017

Year of Manufacture: 2016

Vehicle Type: Private Hire (Chauffeur) Bus/Coach/Minibus

Vehicle Scheme: Public Service Vehicle (Others)

Vehicle Attachment 1: Air-Conditioned

Vehicle Attachment 2: -

Vehicle Attachment 3: -

Vehicle Make: GOLDEN DRAGON

Vehicle Model: XML6957J14B AUTO

Primary Colour: Multi-Colour

Secondary Colour: -

Passenger Capacity: 43

Chassis No.: LL3BFCDH1GA016892

Engine No.: ISB67E522522170756

Engine Capacity/Power
Rating: 6690 cc / -Maximum Power
Output: -

Propellant: Diesel

Max Unladen Weight: 10040 kg

Maximum Laden
Weight: 13700 kg

Open Market Value: \$110,485.00

PARF Eligibility: No

PARF Eligibility Expiry
Date: -

Minimum PARF Benefit: -

No. of Transfers: 0

IU Label No.: 2050107399

COE No.: 2017041205000683W

COE Expiry Date: 11 Apr 2027

COE Category: C - Goods Vehicle & Bus

COE Registration
Category: C - Goods Vehicle & Bus

Quota Premium (QP) / - / \$48,009.00
Prevailing Quota
Premium:
PQP Paid: \$46,194.00
QP (Regn Cat): -
OPC Cash Rebate
Eligibility: No
QP during COE Bidding
Exercise: \$0.00
Additional Registration
Fee Rate: 5.00 %
Actual ARF Paid: \$5,525.00
Vehicle Lifespan Expiry
Date: 11 Apr 2037
CO2 Emission: -

Message: The vehicle is registered under Early Turnover Scheme. This is a public service vehicle.

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Land Transport Authority

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