

NATIONAL Assessment Centre Services (M11-12000) SIN82342000

Date In: 03/04/2023 09:57	Job description	Date & Time Completed	Done by
Ref No: N8A C123003407	SAS e-filing		
Veh No: PC 31354	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 31/03/2023 07:15	1-Motor Claim Form		
QC: TP: Reporting Only	1-Motor W/O (within 3hrs, 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: SL75719E	INC: () / Non-INC: ()	
Owner / Driver: (Tel: (
Policy No: (Period: (Cover Type: (
Confirmed by: (Date: (Time: (
Insured/Driver Liability: (% (Note: Bst Status (WO): 10-30%, 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 repair.
 () Total Loss Case: to e-mail Insurer URGENTLY.

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

Remarks: (INC E-mail: 0788-0015) Date & Time Completed: 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 Incident: ()	Location: ()
Time of Incident: ()	Weather: ()
Witness: ()	Police: ()
Insurance: ()	Other: ()

NA78009E Insured's Particulars: Owner/Driver: Contact No: Assigned Person: () Checked by (Engr-In-Charge): Insured's Comments: Date:	Invoice Preparation Charge ()	
	1) AK: Accident Paperwork (\$35)	
	2) DA: Damage Assessment (\$100)	INC (\$50)
	3) TP: Towing Fee (\$10/\$40)	
	4) PC: Follow-Through Survey (\$120)	
	5) PF: Follow-Through Survey (Emergency) (\$50)	
	6) TR: Re-inspection (\$75)	
	7) NI: No DA + EMRT Survey (\$140)	
	8) NTUC Additional Services:	
	QNT	
*NB: Courtesy Car / Tel Allowance \$5 *NB: Repair Coordination \$15 *NB: Post Repair Inspection \$15 *NB: DV / Collect Excess Coordination \$1 *NB: TP (Non-INC) Insurer INC \$100 *NB: TP (Non-INC) Insurer INC \$100 *NB: TP (Non-INC) Insurer INC \$100		
Invoice filed	Fee Charged	

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	03/04/2023 09:57 (SGT)
Reported by	Actual Driver
Date of Accident	31/03/2023 07:15 (SGT)
Exact Location of Accident	3 Tampines Avenue, Singapore 529784
Additional Location Information	JUNCTION WITH TAMPINES STREET 82
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3135U
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	JIE YI BUS SERVICES
Company Reg No	5XXXX310L
Email Address	sljoanneo@gmail.com
Mobile Phone No	(Phone) +65-98153596
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Golden Dragon
Model	XML6118E1A
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	Manual
CC	8849

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00010952204

DRIVER

Name of Driver	POH CHOON HUAT
NRIC No	SXXXX369C
Date Of Birth	20/05/1959
Occupation	Outdoor

Date Of Driving Pass	25/11/1980
Driving experience	42 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96964630
Alt. Phone Number	-
Email Address	sljoanneo@gmail.com
Address	BLK 491F TAMPINES STREET 45 #07-250
Address complement	-
Postcode	525491
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	Collision - Major/Minor Rd
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	42
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? Yes
 Police Station Name Tampines Neighbourhood Police Centre
 Police Station Phone No (Phone) +65-18005871999
 Alt. Police Station Phone No (Fax) +65-65871699
 Police Station Address 6 Tampines Ave 4 Singapore 529682
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230401/2024

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes
 Reasons for not uploading a video of the accident FILE TOO BIG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLT5719E
 Vehicle Manufacturer Opel
 Vehicle Model Astra
 Vehicle Variant -
 Vehicle Colour Red
 Vehicle Category Private car
 Name of Driver SOH YONG SIANG
 NRIC No SXXXX947C
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person UNKNOWN STUDENT
 Gender -
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained CHEST PAIN
 Injured person in which vehicle? PC3135U
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person UNKNOWN STUDENT
 Gender -
 Phone No -
 Address -
 Address Complement -
 Post Code -

Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

-
CHEST PAIN
PC3135U
Yes
No

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.



Joey
10/4/2023

Policyholder's Signature / Date & Time

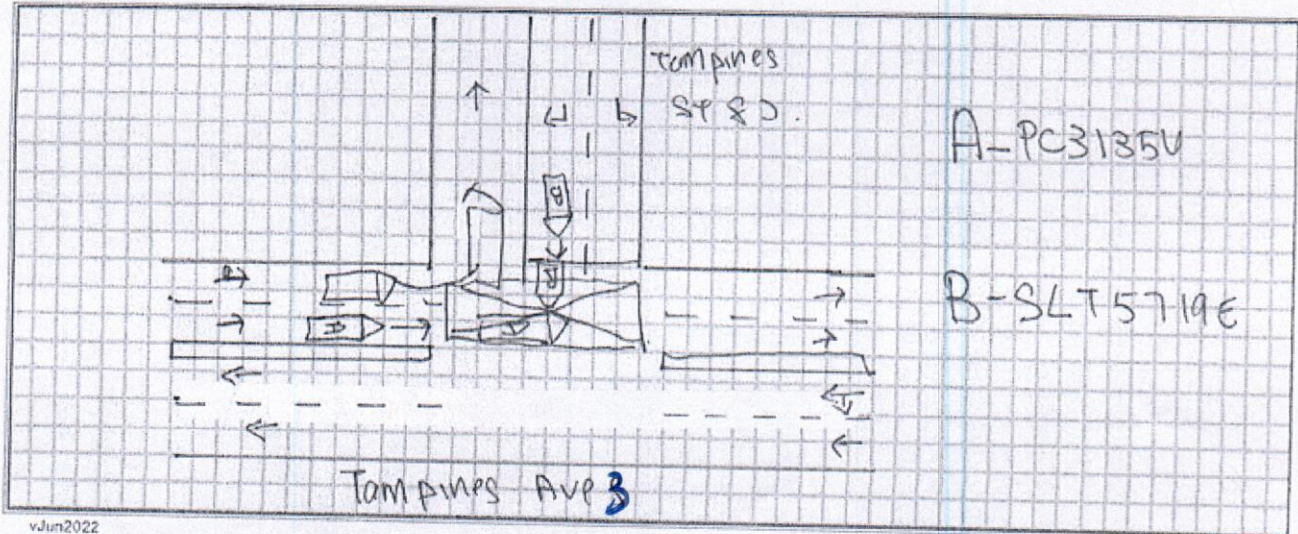
[Signature]

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

[Signature]
03/04/2023

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

Sketch Plan



Describe Circumstance of the Accident

Please refer to Police Report T/20230401/2024

Declaration

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



Policyholder's Signature / Date & Time

Jose

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

R

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

03/04/2023



**SINGAPORE
POLICE FORCE**



T/20230401/2024

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 4

Report No. T/20230401/2024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/04/2023 09:32		Vide Report No.:		Station Diary No.: 24	
Informant's Particulars					
Name of Informant: POH CHOON HUAT			Address: APT BLK 491F TAMPINES STREET 45 #07-250 SINGAPORE 525491		
ID Type / ID No.: NRIC NO / S1393369C			Contact No.: Home/Office: Mobile: 96964635		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 20/05/1959	Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: Bus driver			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 31/03/2023 07:15	Type of Location: Straight Road
Location: TAMPINES AVENUE 3				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC3135U	Bus/Coach/Minibus (School Children)	GOLDEN DRAGON	GOLDEN DRAGON	Multi-Colored	Slightly Damaged	41
SLT5719E	Car	OPEL	ASTRA HB 1.0 AT	Red	Slightly Damaged	0

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:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999



T/20230401/2024

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Report No. T/20230401/2024

CONTINUATION OF REPORT

Driver			
Name	POH CHOON HUAT	ID No.	S1393369C
Related Vehicle	PC3135U (Bus/Coach/Minibus (School Children))	Contact No.	96964635
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 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	SOH YONG SIANG	ID No.	S9332947C
Related Vehicle	SLT5719E (Car)	Contact No.	NIL
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.

I am a bus driver representing, Jie Yi Bus Services for the past 10 years. I have been driving for student of Saint Hilda's Primary School for the past 3 years.

On 31/03/2023 at about 0715hrs, I was driving the school bus filled with 40 primary school students which was accompanied with one bus attendant (Neo Sor Lian, S1593413A, HP: 98153596). I was driving along Tampines Ave 3 towards Saint Hilda's Primary school, and I was on the right lane out of 2 lanes. Beside my bus, was another private bus on the left lane. I was driving at about 35km/hr. When I was about to reach the junction of Tampines Ave 3 and Tampines St 82, the bus on the left made a left turn into Tampines St 82. Suddenly, a car from Tampines Street 82, turned out and attempted to make a right turn without checking his blind spot nor waited for me to slow down or stop.

Due to the car's abrupt actions, I was forced to jam brake. However, there was not enough distance to brake, as a result, I collided into the front right portion of the car. Several of the students who did not don the seatbelt, had fallen off their seats due to the emergency braking. The bus attendant went to assist the students, however when asked, none of the students expressed any injuries. I then alighted the bus and we exchanged particulars. As we both did not wish to hold up traffic, we parted ways quickly. I did not managed to take pictures of the accident scene and damages. The car was not able to drive off, due to internal damages. My bus sustained minor damages, such as a dented front left bumper and broken front light. I am unsure of the cost of damages.

After the incident, I continued my journey to school. Upon arriving to school, I did not inform any of the school staff regarding the accident as I assumed due to the fact that no injuries was sustained. However, at about 0800hrs, I received a call from the school principal who informed me that 2 students had



**SINGAPORE
POLICE FORCE**



T/20230401/2024

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Report No. T/20230401/2024

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

CONTINUATION OF REPORT

complained of chest pain. The student is both aged 9 years old. I was then advised to lodge a traffic accident report.

I would like to state that I have an in-car camera, however the footage did not capture the collision.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999



T/20230401/2024

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Report No. T/20230401/2024

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

G /

Other AMSYAR HAKIM BIN
AHMAD JAMAL

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

SR STAFF SGT FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

Signature Of Informant:

Date/Time:

01/04/2023 09:32

Classification Of Case:

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 & Employer

Witness (if any): yes / no

Witness name:

Witness hp:

Witness email (if any):

Witness add:

Witness IC no:

Third party veh number: SLT 57196

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: Tampines 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: 42

20 Male

21 Female

Connect3 client vehicle no: PC 31354

Owner contact no: 9815 3596 - NEO.

Email Address:

s/Joanne@gmail.com

Date of accident: 31/3/2023

Location of accident: Junction of Tampines Ave 5 & St 82

Time of accident: 0715 hrs.

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

Motor Bus

M2601

R SN

AN0597A

Cov. Type:F

CERTIFICATE OF INSURANCEMotor 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.

DMB1SNW00010952204

Engine No.: ISLE432021830854

Cha. No.:LFZBHCCKXBA001188

1. Index Mark and Registration
Number of Vehicle

PC3135U

2. Name of Policy Holder

JIE YI BUS SERVICES

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment02/07/2022
(00:00:00)

Excess Sect. II S\$3,000.00

4. Date of Expiry of Insurance

01/07/2023

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.

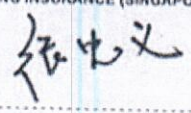
HIRE PURCHASE CO.: ABS FINANCIAL PTE LTD AS HP OWNER

* 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: ABS INSURANCE AGENCY PTE LTD.
Authorised Officer
Authorised SignatoryChina 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

> [Back to OneMotoring](#)

Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle No.

PC3135U

Make / Model

GOLDEN DRAGON / XML6118E1A

Vehicle Type :

Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus

Vehicle Attachment 1 :

Air-Conditioned

Vehicle Scheme :

Public Service Vehicle (Others)

Chassis No. :

LFZBHCDKXBA001188

Propellant :

Diesel

Engine No. :

ISLE432021836854

Motor No. :

-

Engine Capacity :

8849 cc

Power Rating :

-

Maximum Power Output :

-

Maximum Laden Weight :

16000 kg

Unladen Weight :

11940 kg

Year Of Manufacture :

2011

Original Registration Date :

06 Jul 2011

Lifespan Expiry Date :

05 Jul 2031

COE Category :

C - Goods Vehicle & Bus

PQP Paid :

\$19,904.00

COE Expiry Date :

05 Jul 2026

Road Tax Expiry Date :

01 Jul 2023

PARF Eligibility Expiry Date :

-

Inspection Due Date :

01 Jul 2023

Intended Transfer Date :

01 Apr 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
Road Tax Renewal - 12 months (02 Jul 2023 to 01 Jan 2024)	\$773.00

Message

The fees above do not include any late road tax fees, which apply if road tax or lay-up has expired. You can use the digital service Enquire Road Tax Payable to check if there are any late road tax fees. Any road tax that has been paid for the vehicle will be transferred to the next owner.

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.

Print

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