

NATIONAL Assessment Centre Services (part 1 of 2) **SN0823460003**

Date In: 06/04/2023 15:39	Job description	Date & Time Completed	Done by
Ref No: NA201010	SAS e-illing		
Veh No: CB 85272	E-mail (while still A/C 2hrs)		
D.O.A: 05/04/2023 17:25	1-Motor Claim Form		
OD (TP) Reporting Only	1-Motor W/O (while OD 2hrs, 27 mins)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / QW: () Tel: () Fax: ()

TP Particulars: () Veh No: **SLA 8389D** INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

Confirmed by: () Date: () Motor: ()

Insured/Driver Liability: () % (Note: Hst Status (WO): N: 0-20%, P: 21-79%, F: 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 refer of repeller.

() 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: ()

NA2301010

Invoice Preparation Charges:

1) AR: Accident Report (330)	
2) DA: Damage Assessment (3100)	INC (355)
3) TP: Towing Fee	\$10/\$15
4) PE: Follow-Through Survey	\$120
5) PE: Follow-Through Survey (Emergency)	\$50
6) TR: Re-inspection	\$70
7) NI: Hst DA + SMRT Survey	\$140
8) NTUC Additional Fee	
OD:	
*No: Courtesy Car / Tot Allowance	\$5
*No: Repair Coordination	\$15
*No: Post Repair Inspection	\$15
*No: DY / Collect Excess Coordination	\$5
*TP (NI) / TP (Non-INC) against INC	\$10
*NI: 100% Motor	
Invoice Date:	
Invoice Total:	
Net 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	06/04/2023 15:30 (SGT)
Reported by	Actual Driver
Date of Accident	05/04/2023 17:35 (SGT)
Exact Location of Accident	Commonwealth Ave W, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB8527Z
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LEGEND BUS PTE LTD
Company Reg No	2XXXXX403E
Email Address	carrie@transland.com.sg
Mobile Phone No	(Phone) +65-91383665
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Commercial vehicle
Transmission	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00000502301

DRIVER

Name of Driver	XIAO JIAN
NRIC No	SXXXX692A
Date Of Birth	09/11/1968
Occupation	Outdoor

Date Of Driving Pass	10/04/2008
Driving experience	15 YEARS
Gender	Male
Mobile Number	(Phone) +65-91383665
Alt. Phone Number	-
Email Address	carrie@transland.com.sg
Address	BLK 87 COMMONWEALTH CLOSE #04-25
Address complement	-
Postcode	140087
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 - Head to Rear
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)	2
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	CHEN LI
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 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	SLA8389D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WONG MINHUI PAMELA
Contact Number	(Phone) +65-91708867
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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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.



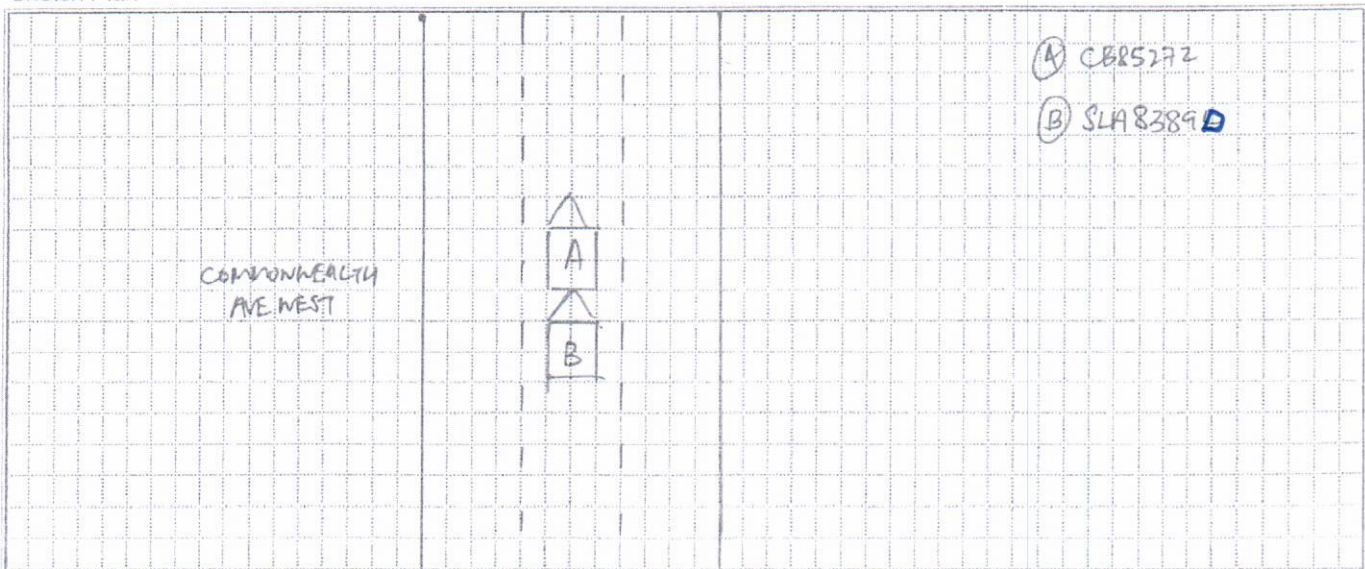
Policyholder's Signature / Date & Time

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

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

06/04/2023

Sketch Plan



Describe Circumstance of the Accident

I WAS TRAVELLING ALONG COMMONWEALTH AVE WEST, ON THE MIDDLE

LANE. TRAFFIC WAS HEAVY, VEHICLES WERE ALL MOVING SLOWLY.

I SLOWED DOWN AND STOP DUE TO THE HEAVY TRAFFIC.

SUDDENLY, I FELT AN IMPACT FROM THE REAR. I ALIGHTED

AND FOUND MY VEHICLE BEING REAR ENDED.

Declaration

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



Policyholder's Signature / Date & Time

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

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

06/04/2023

ACCIDENT STATEMENT

Date of accident: 05/04/2023

Time: 17:35

Location of accident: COMMONWEALTH AVE WEST

Details of Own Vehicle

Vehicle Number: CB8527Z

Make/Model: TOYOTA HIACE

Insurer: CHINA TAIPING

Eng. cc & Transmission: 3.0

Policy No: DMB1SNW00000502301

Policy Type: C/TRFT/TRO

Name: LEGEND BUS PTE LTD

NRIC/FIN no.: 201435403E

Email: CARRIE@TRANSLAND.COM.SG

Contact no.: 91383665

Driver

Name: XIAO JIAN

NRIC/FIN no: S6861692A

Email: -

Contact no.: 91383665

Occupation: Indoor Outdoor

D.O.B: 09-11-1968

Address: BLK 87 COMMONWEALTH CLOSE #04-25 SINGAPORE 140887

Driving pass date: 10-04-2008

Relationship with Policyholder: EMPLOYEE

Weather conditions: Clear/Raining

Road surface: Dry/Wet

Police report: Yes/No

Video Footage: Yes/No

Prosecution Letter: Yes/No

If Yes against whom: -

Passenger (incl. Driver): 2 Please provide ALL passengers details:-

	Passenger 1	Passenger 2
Name:	CHEN LI	
Gender:	Male / Female	Male / Female

Witness: Yes/ No

If Yes, provide injuries details:-

	Witness 1	Witness 2
Name:	-	
Contact no.:	-	

Injuries: Yes/ No

If Yes, provide injuries details:-

Name	Veh No.	Seatbelt	Conveyed to hospital
-		Yes/ No	Yes/ No
-		Yes/ No	Yes/ No

Details of Involved

	Vehicle B	Vehicle C
Vehicle no.:	SLA8389D	
Driver name:	WONG MINHUI PAMELA	
NRIC/ FIN no.:		
Contact no.:	91708867	
Insurance Co.:		
Remarks:		
(Make/Model, Passenger, property info & etc)		

Claim Type & Action/Requirement

Claim Type: Own Damage/Third Party/Reporting Only

Policyholder/
driver

Workshop:

Signature:

Motor Bus

MZ601

R SN

AN0580A

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.

DMB1SNW00000502301

Engine No.: 1KD2125528

Cha. No.: KDH2010084867

1. Index Mark and Registration
Number of Vehicle

CB8527Z

2. Name of Policy Holder

LEGEND BUS PTE LTD

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

18/01/2023

Excess Sect. II S\$750.00

4. Date of Expiry of Insurance

17/01/2024

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.

* 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

Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

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