

NATIONAL Assessment Centre Services		Job Description	Date & Time Completed	Done by
Date In: 12/05/2023 17:54		SAS e-tiling		
Ref No: XN01C7123004874		E-mail (within 24hrs, A/C 2hrs)		
Vol No: CB 22213		1-Motor Clean Form		
D.O.A: 11/05/2023 07:23		1-Motor W/O (within: OD 2hrs, 24 hrs)		
QC: TP Reporting Only		1-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Whse		

General Remarks: \_\_\_\_\_

( ) Walk-In Customer | Customer's information strictly Confidential & Strictly NO refer of repeat.

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

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

Remarks (RUNC 160001-6708-0015)		Done	Completed	Done by
1) Apply (b) Transport Allowance ( ) / Courtesy Car ( )				
2) QC Check/ Post Repair Inspection ( )				
3) Upload Resurvey Photo (Repair Cost > \$3000) ( )				

[illegible]

<b>NA-20144</b>	<b>Invoice Preparation Charge</b>	
<b>Insurance Particulars:</b>	1) A.R. Accident Restocking (\$800)	\$800
<b>Client/Owner:</b>	2) D.A. Damage Assessment (\$1600)	\$1600
<b>Subject No:</b>	3) T.P. Towing Fee	\$200
<b>Damaged Portion:</b>	4) P.F. Follow-Up Survey (\$175)	\$175
	5) P.T. Pollution Through Survey (Basis only)	\$50
	6) T.R. Debris Removal	\$75
	7) N.I. Noise Data & Survey	\$140
	8) M.U.C. Additional Services	
	G.M.	
<b>C Checked by (Engr-In-Charge):</b>	*N.G. Courtesy Car / Tel Allowance	\$50
	*N.G. Repairs Coordination	\$100
	*N.G. Pen Report Inspection	\$200
	*N.D. DV / Collect Excess Coordination	\$0
	*P.M. H.I. TP Rm (NG) Invoice Line	\$100
	TOTAL \$3925	
<b>C.L.</b>	<b>Paid Charged</b>	
	<b>Unpaid Charged</b>	

## 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	12/05/2023 17:54 (SGT)
Reported by	Actual Driver
Date of Accident	11/05/2023 07:23 (SGT)
Exact Location of Accident	Tuas Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB8231B
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#### 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 - Claiming third party
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	DALI BIN SALLEH
NRIC No	SXXXX936E
Date Of Birth	04/02/1960
Occupation	Outdoor

Date Of Driving Pass .....	26/01/1995
Driving experience .....	28 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-80420059
Alt. Phone Number .....	-
Email Address .....	connect3lau@gmail.com
Address .....	BLK 469 ANG MO KIO AVENUE 10 #2-958
Address complement .....	-
Postcode .....	560469
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 .....	Hit and run / Vandalism / Damaged whilst parked
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) .....	8
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 .....	Male

#### PASSENGER 5

Name .....	UNKNOWN
Gender .....	Male

#### 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	Teck Ghee Neighbourhood Police Post
Police Station Address	Blk 321 Ang Mo Kio Street 31 Singapore 560321
Was notice of intended Prosecution given?	No
If yes, against whom?	-

# CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230511/2119

# 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	SKR842L
Vehicle Manufacturer	Ssangyong
Vehicle Model	Actyon
Vehicle Variant	-
Vehicle Colour	Gray
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

### 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 true and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to rescind 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.

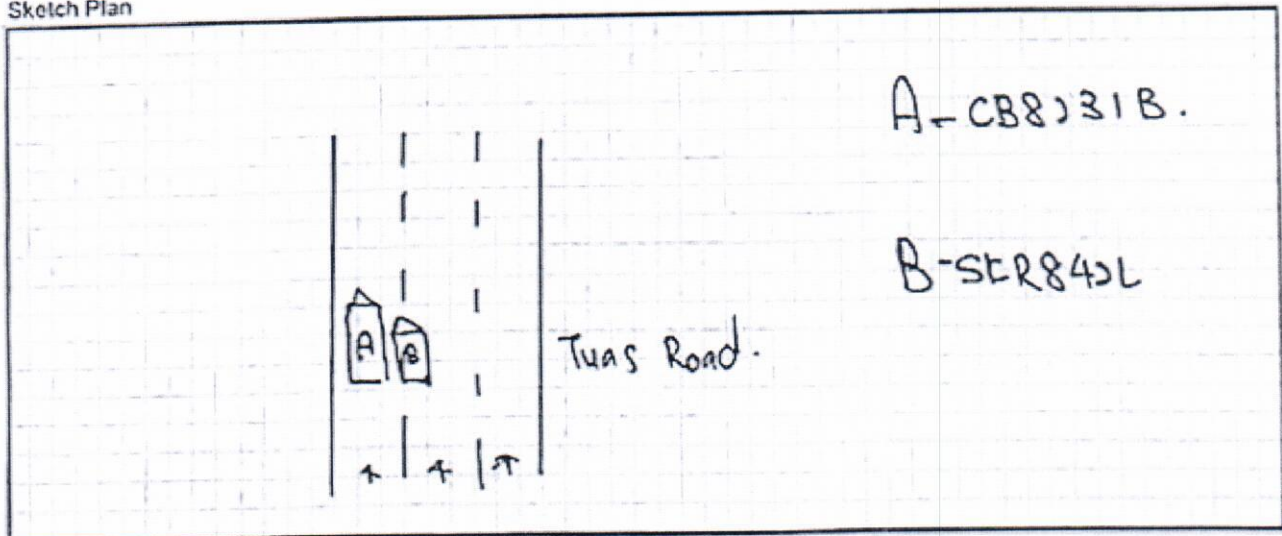
READY GO TRADING  
25 ELIAH ROAD #07-12  
SINGAPORE 40011

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



Describe Circumstance of the Accident

Please refer to Police Report - T/20230511/219

Declaration

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

READY GO TRADING  
25 ELIAS ROAD #07-12  
SINGAPORE 410031

X 

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)

 12/05/2023



# SINGAPORE POLICE FORCE



T/20230511/2119

1 of 3

Report No. T/20230511/2119

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/05/2023 20:35	Vide Report No.:	Station Diary No.: 24
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**Informant's Particulars**

Name of Informant: DALI BIN SALLEH			Address: APT BLK 469 ANG MO KIO AVENUE 10 #02-958 SINGAPORE 560469		
ID Type / ID No.: NRIC NO / S1463936E			Contact No.: Home/Office:		Mobile: 80420059
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 04/02/1960	Type of Informant: Driver		
Race: Malay			Language:		
Occupation: PRIVATE BUS DRIVER			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 11/05/2023 07:20	Type of Location: Straight Road
Location:  TUAS ROAD				
Weather: Clear	Road Surface: Dry			
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CB8231B	Bus/Coach/Minibus	MITSUBISHI	BE639JRMH DEA	White	Slightly Damaged	8
SKR842L	Car	SSANGYONG	ACTYON 2.3 AT ABS D/AB SR 2WD (BI-FUEL)	Grey	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20230511/2119

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Report No. T/20230511/2119

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
<b>Driver</b>			
Name	DALI BIN SALLEH	ID No.	S1463936E
Related Vehicle	NIL	Contact No.	80420059
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.**

On 11/5/2023, at about 0723hrs, I was driving my company bus (CB8231B) along Tuas Road. I was driving on the third lane when suddenly, a grey KIA car from the second lane (SKR842L) hit the ride side of my bus. I horned at him to stop but he just drove away.

Afterwards, I tried to drive ahead and see if he was ahead but to no avail. My bus suffered minor dents and scratches on the right side. I was driving with 8 passengers but none of them were injured as a result of the collision.

My company (Ready Go Trading) asked me to make a report to insurance, who then informed me to make a police report.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999



T/20230511/2119

3 of 3

Report No. T/20230511/2119

**CONTINUATION OF REPORT**

Signature of Officer Recording The Report:

F /

SGT 2 AFIQ SYAHIRAN BIN  
ABDUL MALIK

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / HRT /  
STAFF SGT SUFIYAN BIN KHAIRI  
Contact No.: 65476148

Signature Of Informant:

Date/Time:  
11/05/2023 20:35

Classification Of Case:

NP168

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 3 Employee  
Witness (if any): yes/no  
Witness name:                       
Witness hp:                       
Witness email (if any):                       
Witness add:                       
Witness IC no:                     

Third party veh number: SKR 842L  
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: Tecle Ghee NPP  
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: 8

5 Male  
2 Female

Connect3 client vehicle no: CB8231B  
Owner contact no: 8100 7700  
Date of accident: 11/5/2023  
Location of accident: Tuas Road  
Time of accident: 0723hrs  
Any Injury: yes/no ( if yes, must have police report)

Email Address: Connect3lan@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)

Engine No.: 4D34K91881

Cha. No.: BE639JD00356

CERTIFICATE No.

DMB1SNW00015482203

1. Index Mark and Registration

CB8231B

Number of Vehicle

2. Name of Policy Holder

READY GO TRADING

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

23/09/2022  
(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   |

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN0823500001 Vehicle Registration No: CB 8231B

Name (as shown in NRIC): DALI BIN SALLAH NRIC/FIN/Passport No: SXXXX786E

(\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore ( )

Contact (Tel): \_\_\_\_\_ Mobile No.: 80420059

Email Address: \_\_\_\_\_

Date of Accident: 11/05/2023 Time of Accident: 07:23

Place of Accident: Tuas Road

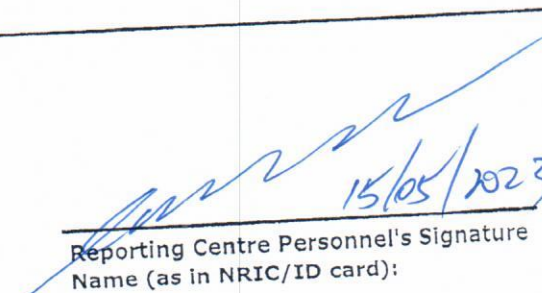
Insurance Company: Citibank Insurance

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

To include a Charge Police Report 7/20230511/2119

Policyholder / Actual Driver's Signature  
Date:

  
Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date: 15/05/2023