

NATIONAL Assessment Centre Services (Call 1 800 555 1234) **SUE 336/000**

| | | | |
|----------------------------------|---|-----------------------|---------|
| Date In: 01/06/2023 16:10 | Job description | Date & Time Completed | Done by |
| Ref No: NBA/CIT93005589 | SAS e-Mailing | | |
| Veh No: PC-39817 | E-mail (within 24hrs, AIC 2hrs) | | |
| D.O.A: 21/06/2023 18:00 | 1-Motor Claim Form | | |
| OD: TP / Reporting Only | 1-Motor W/O (within 24hrs, AIC 2hrs) | | |
| TP Insurer: | 1-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Assn Report by Fax / Hand to Owner/Whse | | |

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

TP Particulars: () Veh No: **SUE 342X** INC () / Non-INC () Tel: ()

Owner / Driver: () Period: () Cover Type: ()

Policy No: () Date: () Time: ()

Confirmed by: ()

Insured/Driver Liability: () % (Note: Inc Status (W/O): N: 0-30%, F: 21-79%, P: 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 repair.

() Total Loss Cost: () 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: ()

Time: ()

Weather: ()

Other: ()

NA2801629

Insurance Particulars: ()

Insured/Owner: ()

Subject No: ()

Assigned Portion: ()

Checked by (Engr-In-Charge): ()

Comments: ()

Invoice: ()

1) All: Accident Passports (1300) INC (1300)

2) DA: Damage Assessment (11000) \$10540

3) TP: Towing Fee \$110

4) PC: Follow Through Survey (1300) \$130

5) PT: Follow Through Survey (1300) \$130

6) TR: Repairs \$110

7) NI: New DA & Survey \$110

8) NIUC Additional Services

9) NIUC Additional Services

10) NIUC Additional Services

11) NIUC Additional Services

12) NIUC Additional Services

13) NIUC Additional Services

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100) NIUC Additional Services

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 | 01/06/2023 16:10 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 31/05/2023 18:00 (SGT) |
| Exact Location of Accident | Boon Lay Way, Singapore |
| Additional Location Information | TOWARDS CHINESE GARDEN MRT |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | PC3981T |
| INSURED/POLICYHOLDER | |
| Is company? | Yes |
| Name Of Registered Owner | CHAN BUS SERVICES |
| Company Reg No | 5XXXX878C |
| Email Address | enquiry@chanbus.com.sg |
| Mobile Phone No | (Phone) +65-98158207 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Isuzu |
| Model | LT434P |
| 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 | Auto |
| CC | 7790 |

INSURANCE COMPANY

| | |
|-----------------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | DMB1SNW00011962203 |

DRIVER

| | |
|----------------|----------------------------|
| Name of Driver | CHAN WEI HAO (CHEN WEIHAO) |
| NRIC No | SXXXX630Z |
| Date Of Birth | 13/11/1982 |
| Occupation | Outdoor |

| | |
|--|------------------------------------|
| Date Of Driving Pass | 29/04/2004 |
| Driving experience | 19 YEARS AND 1 MONTH |
| Gender | Male |
| Mobile Number | (Phone) +65-98158207 |
| Alt. Phone Number | - |
| Email Address | enquiry@chanbus.com.sg |
| Address | BLK 440B BUKIT BATOK WEST AVENUE 8 |
| Address complement | - |
| Postcode | 652440 |
| 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? | 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 | Female |

PASSENGER 2

| | |
|--------|---------|
| Name | UNKNOWN |
| Gender | Female |

PASSENGER 3

| | |
|--------|---------|
| Name | UNKNOWN |
| Gender | Male |

PASSENGER 4

| | |
|--------|---------|
| Name | UNKNOWN |
| Gender | Male |

PASSENGER 5

| | |
|--------|---------|
| Name | UNKNOWN |
| Gender | Male |

PASSENGER 6

| | |
|--------|---------|
| Name | UNKNOWN |
| Gender | Male |

PASSENGER 7

| | |
|--------|---------|
| Name | UNKNOWN |
| Gender | Male |

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? Yes
 Reasons for not uploading a video of the accident WITH OWNER(FILE TOO BIG)

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SNE342X
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver WILSON S/O JOSEPH RAJOO
 NRIC No SXXXX776C
 Contact Number (Phone) +65-96181664
 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 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.

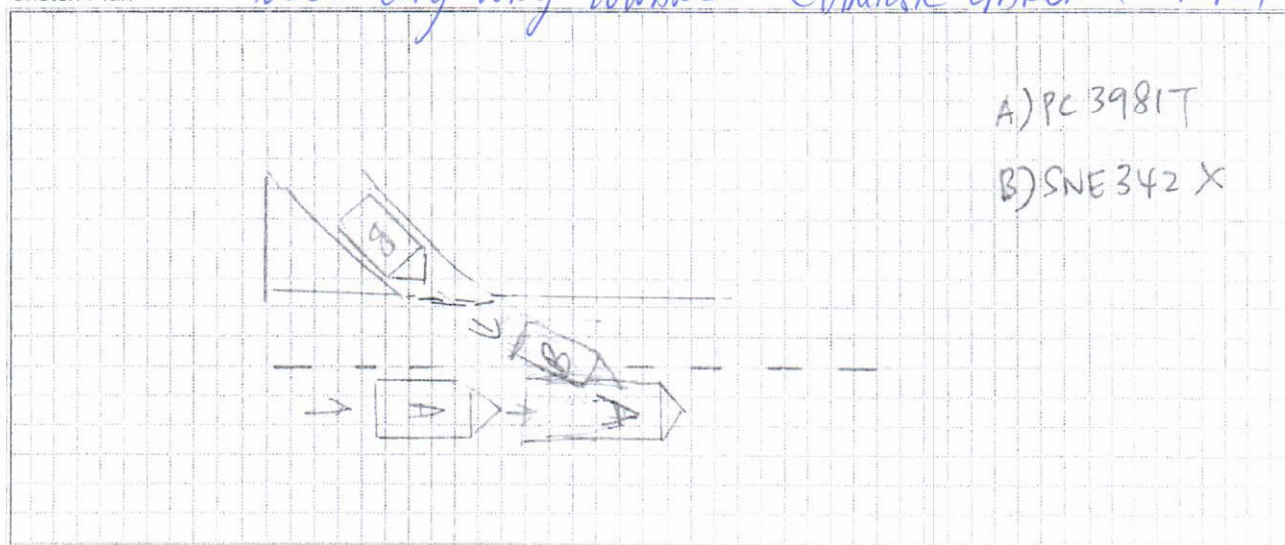
Policyholder's Signature / Date & Time

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

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

Sketch Plan

BEON LAY WAY TOWARDS CHURCH GARDEN MRT



Describe Circumstance of the Accident

On 31/05/2023, at around 6.00pm, I was driving my company bus PC3981T at Boon Lay Way towards Chinese Garden MRT at the centre lane. Suddenly I felt a great impact from my bus PC3981T left side body. There was a vehicle SNE342X coming out from a slip road and collided onto my bus. Nobody was injured. We exchanged the contact and left the scene. I have CCTV footage as evidence.

Was there any video captured by Car Camera? ☒ Yes / ☐ No

Has the driver been approached by unknown person(s)? Yes ☐ No ☒

Number of Passengers (Including Driver)? 08, Unknown Female - 02, Unknown Male - 05

Name _____ Gender: _____

Name _____ Gender: _____

Name _____ Gender: _____

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)

Send/Fax to: _____

Submitted: _____

SINGAPORE ACCIDENT STATEMENT

| BASIC INFORMATION | | | |
|---------------------------|---|---------------------------|----------------|
| Date of Accident: | 31/05/2023 | Time of Accident: | 18:00 Hr |
| Exact Location: | Boon Lay Way towards Chinese Garden MPT | | |
| DETAILS OF OWN VEHICLE | | | |
| Vehicle Registration No. | PC3981T | NRIC / FIN / Passport no: | 52995878C |
| Name of Registered Owner: | Chan Bus Services | | |
| Owner's Email: | enquiry@chanbus.com.sg | | |
| Owner's Address: | 1 Bukit Batok Crescent #05-44 Singapore 658064 | | |
| Vehicle Make: | Isuzu | Vehicle Model: | LT434P 7.8 SMT |
| Engine Capacity (cc): | 7790 cc | Transmission: | (Auto) Manual |
| Type of Claim: | Own Damage / Third Party / Reporting Only | | |
| Vehicle Category: | Private (Commercial) / Motorcycle / Private Hire | | |
| Name of Insurance Co: | China Taiping Insurance (Singapore) Pte Ltd | | |
| Type of Policy: | (Comprehensive) / Third Party / Third Party, Fire & Theft | | |
| Policy Number: | DMB15NW00011962203 | | |

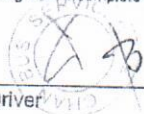
| DRIVER | | | |
|--|---|---------------------|-----------------|
| Name of Driver: | Chan Wei Hao | | |
| NRIC / FIN / Passport no: | S8236630Z | Date of Birth: | 13/11/1982 |
| Occupation: | Indoor (Outdoor) | Driving Pass Date: | 29/04/2004 |
| Contact Number: | 9815 8207 | Gender: | (Male) / Female |
| Address: | B1K 440B Bukit Batok West Ave 8 #10-735 (S) 652440 | | |
| Relationship with Owner: | Owner (Employee) Spouse / Child / Hirer / Other: | | |
| Translator Name: | | Translator NRIC: | |
| Translator Contact no: | | Translator email: | |
| GENERAL INFORMATION OF THE ACCIDENT | | | |
| Type of Collision: | Chain collision / Side Swipe / Front to Rear (Others: Side to side) | | |
| Weather Condition: | (Clear) / Raining / Others: | Road Surface: | (Dry) / Wet |
| Video available: | (Yes) / No | | |
| Was anybody injured? | Yes (No) | Police Report Made? | Yes (No) |
| No. of passenger onboard (including driver): | 08 | 02 - Female | 05 - male |

| DETAILS OF OTHER VEHICLE | | | |
|---------------------------|-------------------------|-----------|-----------|
| | Vehicle 1 | Vehicle 2 | Vehicle 3 |
| Vehicle Registration No: | SNE342X | | |
| Vehicle Make / Model: | - | | |
| Name of Driver: | Wilson S/O Joseph Rajoo | | |
| NRIC / FIN / Passport no: | S1342776C | | |
| Contact Number: | 96181664 | | |
| Name of Insurance Co: | - | | |

| DETAILS OF WITNESS | |
|--------------------|---------------|
| Name: | Contact Info: |

| DETAILS OF INJURED PERSON | | | |
|---------------------------|----------|----------|----------|
| | Person 1 | Person 2 | Person 3 |
| Name / in which vehicle?: | | | |

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.

Signature of Driver: 

Date and time: _____



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

R SN

AN0580A

Cov. Type C

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)

CERTIFICATE No.

DMB1SNW00011962203

Engine No. 6HK1663573

Cha. No. JALLT434PE7000090

1. Index Mark and Registration
Number of Vehicle

PC3981T

AUTOSAFE

2. Name of Policy Holder

CHAN BUS SERVICES

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

06/08/2022
(00 00 00)

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

05/08/2023

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. : SC AUTO INDUSTRIES (S) 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:

ODDS EVEN
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

Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle No.
PC3981T

Make / Model
ISUZU / LT434P 7.8 SMT

Vehicle Type :

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

Vehicle Scheme :

Public Service Vehicle (Others)

Propellant :

Diesel

Motor No. :

-

Power Rating :

-

Maximum Laden Weight :

15200 kg

Year Of Manufacture :

2014

Lifespan Expiry Date :

27 Jul 2035

Quota Premium :

\$50,001.00

Road Tax Expiry Date :

27 Jul 2023

Inspection Due Date :

27 Jul 2023

CO2 Emission :

-

CO Emission :

-

NOx Emission :

-

Vehicle Attachment 1 :

Air-Conditioned

Chassis No. :

JALLT434PE7000090

Engine No. :

6HK1663573

Engine Capacity :

7790 cc

Maximum Power Output :

-

Unladen Weight :

10560 kg

Original Registration Date :

28 Jul 2015

COE Category :

C - Goods Vehicle & Bus

COE Expiry Date :

27 Jul 2025

PARF Eligibility Expiry Date :

-

Intended Transfer Date :

02 Jun 2023

CEV/VES Rebate Utilised Amount :

-

HC Emission :

-

PM Emission :

-