

# NATIONAL Assessment Centre Services

(Unit 1/2/2000)

NAH418030236

Date In: 02/03/2018 17:18	Job description	Date & Time Completed	Done by
Ref No: NBS/GAI/8004166/1	SAS e-illing		
Veh No: PC 4954R	E-mail (within 24hrs, A/C 2hrs)		
D.O.A: 02/03/2018 00:45	E-Motor Claim Form		
OD: <input checked="" type="radio"/> Tel / Reporting Only	E-Motor VVO (within 24hrs, TP 1hr)		
	E-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (	Tel: (	Fax: (
TP Particulars: Yeh No: YN 29919	INC ( ) / Non-INC ( )	
Owner / Driver: (	Tel: (	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date: (	Time: (
Insured/Driver Liability: (	% (Note: B/L Status (WO): NI 0-20%; PI 21-79%; PI 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 repairer.  
 ( ) Total Loss Case: to e-mail Insurer URGENTLY.  
 Drive-In ( ) / Towed-In ( ) : Invoice: YES ( ) / NO ( ) : Towing Cost: ( )

Remarks: ( ) NO Spill ( ) STBB ( )	Done by
1) Apply for Transition Allowance ( ) / Courtesy Car ( )	
2) QC Check / Post Repair Inspection ( )	
3) Upload Resurvey Photo (Repair Cost > \$3000) ( )	

Injury: \_\_\_\_\_

Date/Time	Action

NAH41801462	Invoice Preparation/Check/Nil	Used Bill
Customer's Particulars:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$30)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$150	
	5) PT: Follow-Through Survey (Resurvey) \$10	
	For claimant apply INC Only (w/ 10 Jan 2018)	
	6) TR: Re-inspection \$15	
	7) NI: 14hr DA + SMRT Survey \$160	
	8) NTUC Additional Services	
	9) NI: 14hr Mobile	
C. Checked by (Engr-In-Charge):	10) NI: 14hr Mobile	
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## 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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
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 Report	03/03/2018 17:18
Date Of Accident	03/03/2018 00:45
Exact Location Of Accident	CAPELLA HOTEL AT SENTOSA
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC4954R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EBUSTOP TRANSPORT PTE LTD
Co Reg No	201502315E
Email Address	TRANSCHANNELS1998@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96324910
Alternative Phone No	OFFICE-96324910

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ROSA-3.0 D BE641JRMDEB (A)
Exact Purpose for which vehicle was being used at time of accident	BUS WAS PARKED
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	MT20173305

### Driver

Name of Driver	ARKASBUNI SINGH
NRIC No	S1422212Z
Date Of Birth	16/09/1960
Occupation	INDOOR
Date Of Driving Pass	13/07/2013
Driving Experience	4 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96324910
Fax Number	
Contact Number	OFFICE-96324910
E-Mail Address	TRANSCHANNELS1998@YAHOO.COM.SG

Address	BLK 107 POTONG PASIR AVENUE 1 #14-472
Postcode	350107
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO ATTACHMENT

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN2991G
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NEO SI KAI
NRIC/Passport Number	S9342159J
Contact Number	97527244/69091978
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
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 Authorised 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. The 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 lodgment 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;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No:



UNKNOWN

PLEASE REFER TO ATTACHMENT

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



Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name: Leslie Wright  
NRIC/FIN No.: 970101000000

**RESTRICTED**  
**INCIDENT REPORT**



DATE OF INCIDENT: March 03 2018 (SATURDAY)	TIME OF INCIDENT: 0045 Hours
DATE OF REPORT: March 03 2018 (SATURDAY)	TIME OF REPORT: 0055 Hours
LOCATION: Loading Bay	INCIDENT NUMBER: LP/20180303/01
NATURE OF INCIDENT: Damaged Property (Capella Staff Bus)	Recorded By: Izan Khairul
TOTAL ESTIMATED VALUE (IF APPLICABLE): TBA	

**DETAILS OF DRIVER:**

1. Name: NEO SI KAI

NRIC: S9342159J

HP No: 96195757

Vehicle No: YN2991G

2. Company: THREEWAYS FREIGHT FORWARDERS PTE LTD

Address: 221, Henderson Road #02-18,

#02-18, Singapore 159557 (Henderson Building)

Tel: 69091978 / 97527244 (Mr.Tan Sun Yi)

**BRIEF FACTS OF INCIDENT**

On March 03 2018 at about 0045 hours, Neo Si Kai driver of the said company approached Security Office to inform that his lorry had hit and damage the Capella staff bus. LPO Izan & Ali responded.

**INVESTIGATION FINDINGS**

Driver, Mr Neo Si Kai, explained that around 0045 hours, While he was reversing the lorry the rear of his lorry had accidentally hit against the left rear of the Capella bus and caused a small dent. He acknowledged that the damage caused was due to his poor judgement. No physical damage at the rear of his lorry. No staff or other vehicles were affected. The driver was earlier doing tear down at the grand ballroom.

**ACTION/FOLLOW UP:**

- Human resource will do follow up with bus company.

**ATTACHMENT:**

- Pictures of the damaged staff bus.



RESTRICTED

RESTRICTED



RESTRICTED

# ACCIDENT STATEMENT

ACCIDENT DATE: 03/03/2018 (DD/MM/YYYY), TIME: 00.45 (HH:MM)

LOCATION: CAPILLA HOTEL AT BANJOSA

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC4954R  
 b) INSURANCE COMPANY: ANADAM AMERICAN  
 c) POLICY NUMBER: MT201/3805  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: NISSAN ROSTA BUS  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: BUS WAS PARKED  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: EBUS TOP TRANSPORT PTE LTD (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

No of passengers  
(including driver)  
( )

- DRIVER  
 a) NAME: Arkastuni Singh (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 914222122 CONTACT: 96324910  
 c) ADDRESS: BK 101, Katong Park Ave 1 #14-472  
S (350167)

\* d) DATE OF BIRTH: 16/09/1960 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

i) DATE OF DRIVING PASS: \_\_\_\_\_ (YES / NO)

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)  
 IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

No of passenger  
(including driver)  
( )

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

No of passenger  
(including driver)  
( )

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_

email = transchannel1998@yahoo.com.sg.

fax =

V1060



**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**



Licence Number **S 1 4 2 2 2 1 2 Z**  
Name

**ARKASBUNI SINGH**

Birth Date **16 Sep 1960**

Issue Date **15 Jan 2013**





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 3 Motor cars $\leq$ 3000 kg with $\leq$ 7 passengers, exclusive of the driver; and motor tractors/vehicles $\leq$ 2500 kg	15 Jan 2013
Class 4 Heavy motor cars and motor tractors $>$ 2500 kg	13 Jul 2013

S1422212Z

S / No. 9000186088

Licence No: S1422212Z





REPUBLIC OF SINGAPORE

ENTITY CARD NO. S1422212Z



Name

ARKASBUNI SINGH

Race

HINDUSTANI

Date of birth

16-09-1960

Sex

M

Country of birth

SINGAPORE

S1422212Z





NRIC No. S1422212Z



Date of issue

02-09-2005

BLK 107 POTONG PASIR AVENUE 1

2

PHONE 350107



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**MOTOR COVER NOTE: MT20173305**

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The Insured mentioned in this Cover Note, having proposed for insurance in respect of the Motor Vehicle described, is hereby **HELD COVERED** under the terms of the Insurer's usual form of Motor Policy applicable thereto for the period mentioned unless the cover be terminated by the Insurer by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

The Insurer	: GREAT AMERICAN INSURANCE COMPANY
The Insured	: Ebustop Transport Pte Ltd
Insured Nric/Passport No/ Roc	: 201502315E
Policy Coverage	: COMPREHENSIVE
Make And Description Of Vehicle	: MITSUBISHI ROSA BUS BE641JRMDEB
Vehicle Registration No.	: PC4954R
Year Of Manufacture	: 2015
Engine No.	: 4P10B93877
Chassis No.	: BE641JK30113
Engine Capacity/ Tonnage/ Seater	: 24 Seaters
Hire Purchase	: United Overseas Bank Limited
Value (S\$)	: AS PER MARKET VALUE
Period Of Insurance	: FROM: 21/06/2017 TO: 20/06/2018
Excess (S\$)	: All Claim Excess: \$ 1500
	: Section II : Nil
	: Windscreen Excess :\$ 300
Great American Authorized Workshop	: YES

(WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA))

For and on behalf of Great American Insurance Company



Great American Insurance Company  
Authorized Signatory

Date of Issue : 20/06/2017  
Intermediary : Acorn International Network Pte Ltd

MTR/COVERNOTE/V02/16