

NATIONAL Assessment Centre Services. [ver 1 Jan'00]

MNA419030934

Date In: 07/03/2019 12:30	Job description	Date & Time Completed	Done by
Ref No: NBA/C77/9004V8/Y	SAS e-filing		
Veh No: PA 7359A	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 06/03/2019 09:20	I-Motor Claim Form		
OID: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

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

TP Particulars: Veh No: GBF 2876X INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est Status (WO): N: 0-20%; P: 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 repaler.

() 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 Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Defective Action: _____

NA1901796

Claimant Particulars:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$50)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) FT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey)	\$30
Additional Comments:	Enclaiming against INC Only (ver 10 Jan 2003)	
	6) TR: Re-inspection	\$75
	7) NI: Idx DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	• NS: Courtesy Car / Tpr Allowance	\$5
	• NS: Repair Coordination	\$10
	• NS: Post Repair Inspection	\$25
	• NS: DV / Collect Excess Coordination	\$5
	• TP (NI): TP (Non-INC) against INC	\$20
	• NI: Idx Mobile	\$0
	Invoice dated	Fee Charged
	Invoice dated	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 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. 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	07/03/2019 12:30
Date Of Accident	06/03/2019 09:20
Exact Location Of Accident	BOON LAY WAY NEAR BIG BOX
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA7359A
Insured/Policyholder	
Name Of Registered Owner	I'ANG BUS TRANSPORT SERVICES
Co Reg No	53179924K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93688289
Alternative Phone No	OFFICE-83666348
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE-2.5 (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMB1SN3079551800
Cover Note Number	
Driver	
Name of Driver	HO SWEE LIN
NRIC No	S0205069B
Date Of Birth	21/08/1952
Occupation	OUTDOOR
Date Of Driving Pass	24/03/1980
Driving Experience	38 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93688289
Fax Number	
Contact Number	OTHERS-83666348
Email Address	NOEMAIL

Address	BLK 209 BOON LAY PLACE #06-305
Postcode	640209
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	1

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 SKETCH PLAN

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	GBF2876X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	EQ INSURANCE COMPANY LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

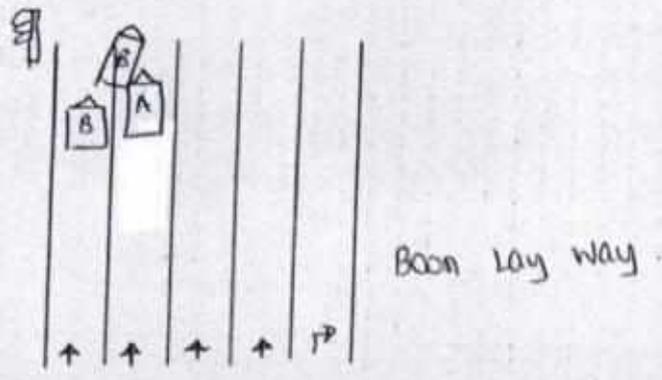
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: *Kosli*
NRIC/FIN No.: *07/03/2019*

SKETCH PLAN

Big Box

A = PA7359A
B = GBF2876X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 06/03/19 @ 09:20hrs, I was driving my bus PA7359A along Boon Lay Way travelling straight when a lorry GBF2876X cut into my lane & hit onto my bus front LH portion.

DECLARATION

/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:

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

07/03/2019
Rashid Hassan

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: _____

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: GBF2876X

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: EQ Ins.

Police report (if any): yes/no

Police report reported at which police station: _____

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: 01 Pax

Connect3 client vehicle no: PA 7359A

Owner contact no: 93688289

Date of accident: 06/03/2019

Location of accident: Boon lay way (near B15 Box)

Time of accident : 09:20hrs

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0205069B



Name



HO SWEE LIN

何瑞连

Race

CHINESE

Date of Birth

21-08-1952

Sex

F

Country of Birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S0205069B

HO SWEE LIN



Birth Date 21 Aug 1952

Issue Date 28 Feb 2003



Land Transport Authority

VOCATIONAL LICENCE

Licence No : S0205069B

Name : HO SWEE LIN

Issue Date : 13/3/2008



Please visit www.lta.gov.sg to check the status of this vocational licence

HP: 8366-6348.



NRIC No: S0205069B



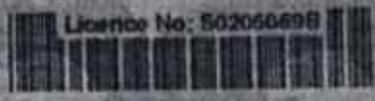
Blood Group: O+ Date of issue: 17-04-1994

APT BLK 208 BOON LAY PLACE #08-305
SINGAPORE 640208

S0205069B Date: 08/01/2018

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

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	24 Mar 1980
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	01 Sep 1983



Licence No: S0205069B

NP 428A

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	02/03/1990



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.	DMR18N3079551800	Engine No : 2KD1682210 Chassis No: KDH2000086624
1. Index Mark and Registration Number of Vehicle	PA7359A	
2. Name of Policy Holder	I'ANG BUS TRANSPORT SERVICES	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	18 DECEMBER 2018 (14:22 HOURS)	EXCESS SECT. II\$63,000.00
4. Date of Expiry of Insurance	17 DECEMBER 2019	
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.

5. 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. : HUI HUA CREDIT 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.

undersigned By:



Authorised Officer

匯華貸款私人有限公司
Hui Hua Credit Pte Ltd

ROC 199301638D
No. 1 Bukit Batok Crescent
#02-22 WCEGA Plaza
Singapore 658064

Tel: 64696611 (5 Lines) Fax: 64698353

Authorised Signatory

> Back to OneMotoring

ROC: 53179924K.

Enquire Transfer Fee

Vehicle Details	
Vehicle No.:	PA7359A
Vehicle Type:	Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus
Vehicle Attachment 1:	Air-Conditioned
Vehicle Scheme:	Public Service Vehicle (Others)
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE 2.5 A
Chassis No.:	KDH2000086624
Propellant:	Diesel
Engine No.:	2KD1682210
Engine Capacity:	2494 cc
Maximum Power Output:	-
Maximum Laden Weight:	3135 kg
Unladen Weight:	1800 kg
Year Of Manufacture:	2007
Original Registration Date:	26 Oct 2007
Lifespan Expiry Date:	25 Oct 2027
COE Category:	C - Goods Vehicle & Bus
PQP Paid:	\$21,477.00
COE Expiry Date:	25 Oct 2022
Road Tax Expiry Date:	18 Jun 2019
Inspection Due Date:	18 Jun 2019
Intended Transfer Date:	14 Mar 2019
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-

Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee:	25.00	-	25.00
Total Amount Payable:			25.00

Message

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.

You may print this page for reference.

OK

Print