

NATIONAL Assessment Centre Services [Print & Stamp] **MAA/9074938**

Date In: 10/06/2019 10:04	Job description	Date & Time Completed	Done by
Ref No: NBA/CT/19010204	SAS e-filing		
Veh No: PA 4387M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 06/06/2019 08:55	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand</u> to Owner/Wksp		

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

TP Particulars: Veh No: **SKH 244** 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% 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 repairer.

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

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

Remarks: (INC hotline: 6788 6616) Date & Time Completed: Done by:

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

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

Injury:

Date/Time	Actions

NA/904/199

Client's Particulars:	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	Inc Bill	Adj. Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Est. J:	For claiming against INC Only (wef 10 Jan 2019)		
Est. 2/3:	6) TR: Re-inspection \$75		
1/1/19	7) N1: (Inc DA + SMKT Survey) \$160		
	8) NTUC Additional Services:		
	9) N3: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idue Mobile \$0		
	Invoice dated	Fee Charged	Fee Charged
	1/1/19		

07-MAY-2019 16:39

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	10/06/2019 10:04
Date Of Accident	06/06/2019 08:55
Exact Location Of Accident	YISHUN AVENUE 2 TOWARDS YISHUN AVENUE 7
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA4387M
Insured/Policyholder	
Name Of Registered Owner	BT & TAN TRANSPORT PTE. LTD.
Co Reg No	200205272G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93229966
Alternative Phone No	OFFICE-90299388
Vehicle Particulars	
Manufacturer	NISSAN
Model	JP252PSNRA-6.9 D (M)
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	REPORTING ONLY
Vehicle Category	BUS
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	DMB1SN1638731802
Cover Note Number	
Driver	
Name of Driver	SUNDARAMOORTHY S/O R CHELLAIAH
NRIC No	S1594495A
Date Of Birth	04/01/1963
Occupation	OUTDOOR
Date Of Driving Pass	12/02/1997
Driving Experience	22 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93229966
Fax Number	
Contact Number	OTHERS-90299388
Email Address	NOEMAIL

Address	BLK 512 HOUGANG AVENUE 10 #01-59
Postcode	530512
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 - HEAD TO REAR
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)	11

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	SKH284A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="03/06/2019 10:36"/>
Vehicle No.(For Motor)	<input type="text" value="SJH8982C"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5095284133-01		RODRIGUES ADRIAN JEROME	57523684J	GPC	drive CLASSIC	SJH8982C	SJH8982C	25/08/2018	26/08/2019

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.

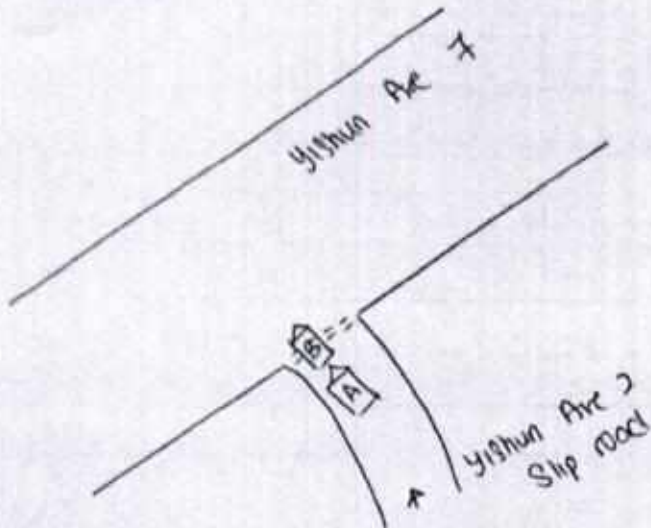


Policyholder's Signature
Date & Time:

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

10/06/2008
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



A=PAH387M

B=SKH284A.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 06/06/2019 @ 08:55hrs, I was waiting behind a vehicle SKH284A in front of me @ Yishun Ave 2 Slip road waiting to turn out to Yishun Ave 7. As I check my right side for oncoming vehicles from Yishun Ave 7 & there is no oncoming vehicles & I presume the veh in front of me has moved off & I started to move off & hit onto the vehicle as the veh never turn out.

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:

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

10/06/2019

Rocky Gontong

10 Sin Ming Drive Singapore 575701

Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

15 Jun 2016

Our ref 1506160501N052695429

BT & TAN TRANSPORT PTE. LTD.
7030 ANG MO KIO AVENUE 5
#03-19
NORTHSTAR @ AMK
SINGAPORE 569880

Dear Sir/Madam

NOTIFICATION ON TRANSFER OF OWNERSHIP FOR VEHICLE NO. PA4387M

We are pleased to inform you that your application to transfer ownership of the above-mentioned vehicle has been approved. The Business Transaction Reference No. is 20160615145001937116. You are the registered owner of the vehicle with effect from 15 Jun 2016.

2. The following are the key owner and vehicle particulars for the vehicle. The full particulars are given at Annex A. Please check and ensure that the details are correct.

- | | |
|----------------------------|--|
| 1. Name | : BT & TAN TRANSPORT PTE. LTD. |
| 2. Identification No. Type | : Company |
| 3. Identification No. | : 200205272G |
| 4. Place Of Passport Issue | : - |
| 5. Vehicle No. | : PA4387M |
| 6. Vehicle Type | : Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus |
| 7. Vehicle Scheme | : Public Service Vehicle (Others) |
| 8. Vehicle Make | : NISSAN |
| 9. Vehicle Model | : JP252LSNRA |
| 10. Remarks | : Upon the expiry of the vehicle's 5-year COE on 30 Sep 2018, you may further renew the COE of your vehicle for another 5 years, subject to the statutory lifespan (if applicable) of the vehicle. This is a public service vehicle. |

Annex A

Transaction ref 20160615145001937116

The owner and vehicle particulars for Vehicle No. PA4387M as at 15 Jun 2016 are as follows:

1. Name	: BT & TAN TRANSPORT PTE. LTD.
2. Identification No. Type	: Company
3. Identification No.	: 200205272G
4. Place Of Passport Issue	: -
5. Vehicle No.	: PA4387M
6. Previous Vehicle No.	: -
7. Effective Date of Ownership	: 15 Jun 2016
8. Original Registration Date	: 24 Dec 2003
9. First Registration Date	: 24 Dec 2003
10. Vehicle Type	: Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus
11. Vehicle Scheme	: Public Service Vehicle (Others)
12. Attachment 1	: Air-Conditioned
13. Attachment 2	: -
14. Attachment 3	: -
15. Vehicle Make	: NISSAN
16. Vehicle Model	: JP252LSNRA
17. Year of Manufacture	: 2000
18. Primary Colour	: Multi-Colour
19. Secondary Colour	: -
20. Passenger Capacity	: 43
21. Chassis/Trailer Chassis No.	: JP252LSN00021 / -
22. Propellant	: Diesel
23. Engine No./Motor No.	: FE6213964D / -
24. Engine Capacity(cc)/Power Rating(kW)	: 6925 / -
25. Maximum Power Output(kW/bhp)	: - / -
26. Unladen Weight(kg)	: 9200

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: Employer & Employee

Witness (if any): yes / no

Witness name: _____

Witness hp: _____

Witness email (if any): _____

Witness add: _____

Witness IC no: _____

Third party veh number: SKH 284 A.

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: _____

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: 11 pax

Connect3 client vehicle no: PAW387M

Owner contact no: 9322 9966

Date of accident: 06/06/2019

Location of accident: Yishun Ave 2 twds Ave 7

Time of accident : 08:55hrs

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

IDENTITY CARD NO. S1594495A



Name

SUNDARAMOORTHY S/O R
CHELLAIAH

Race

INDIAN

Date of birth

04-01-1963

Sex

M

Country/Place of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

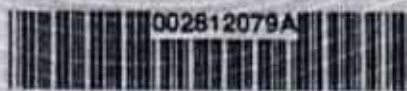


Licence Number: S1594495A

SUNDARAMOORTHY S/O R
CHELLAIAH

Birth Date: 04 Jan 1963

Issue Date: 11 Jun 2018



002612079A

Land Transport Authority



VOCATIONAL LICENCE

Licence No : S1594495A

Name : SUNDARAMOORTHY S/O R
CHELLAIAH

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

H/P : 90299388



NRIC No. S1594495A



Date of issue

10-05-2016

APT BLK 512 HOUGANG AVENUE 10 #01-59
SINGAPORE 530512

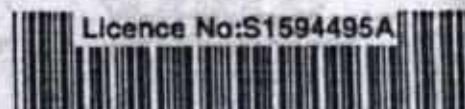
NRIC No: S1594495A

Date: 22/06/2016

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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	15 Dec 1994
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight \leq 7250kg	12 Feb 1997

NP 428A



Licence No: S1594495A

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	12/03/1997
04	BUS ATTENDANT	12/03/1997





中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Cos. Reg. No. 200208384E

MZ601
R SN
AN0580A
Cov.Type: F

MOTOR PRIVATE BUS

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, 1950 (Malaysia)

ORIGINAL

CERTIFICATE No.	DMB1SN1636731802	Engine No : FE62139640
		ChasNo: 3P252LSN00021
1. Index Mark and Registration Number of Vehicle	PA4387M	
2. Name of Policy Holder	M/S RT & TAN TRANSPORT PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	24 June 2018	Excess Sect. II S\$750.00
4. Date of Expiry of Insurance	23 June 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.	
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:



Authorised Officer

Authorised Signatory