

NATIONAL Assessment Centre Services

(ver 1 Jan 2011)

NAI/904735

Date In: 26/06/2019 12:29	Job description	Date & Time Completed	Done by
Ref No: NAI/904735	SAS e-filing		
Veh No: PA 3524R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 26/06/2019 08:00	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SML 7197C	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 () / Towed-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

NAI/904735	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$40)		
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		
Auditors' Comments:	For claimant against INC Only (wef 10 Jan 2009)		
Cal. 1:	6) TR: Re-inspection \$75		
Cal. 2/3:	7) NI: Idem DA + SMRT Survey \$160		
1/1/1	8) NTUC Additional Services:		
	* N3: Courtesy Car / Tpt Allowance \$5		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$5		
	TP (N11) - TP (N1a INC) against INC \$20		
	9) N12: Idem Mobile \$0		
	Invoice dated	Pen Charged	
	For Charged		

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	26/06/2019 12:29
Date Of Accident	26/06/2019 08:00
Exact Location Of Accident	NICOLL HIGHWAY AND STAMFORD ROAD JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA3524R
Insured/Policyholder	
Name Of Registered Owner	AKP COACH SERVICES PTE LTD
Co Reg No	201500066D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84884547
Alternative Phone No	OFFICE-91834295

Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN
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	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	DMB1SN1545281803
Cover Note Number	

Driver

Name of Driver	KARAMJIT SINGH
NRIC No	S0096734C
Date Of Birth	13/04/1954
Occupation	OUTDOOR
Date Of Driving Pass	27/10/1977
Driving Experience	41 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84884547
Fax Number	
Contact Number	OTHERS-91834295
Email Address	NOEMAIL

Address	BLK 230 LORONG 8 TOA PAYOH #12-180
Postcode	310230
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	SIDE SWIPE
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)	12

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	SML7197C
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)	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the detail of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized 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 files relating 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 so 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.

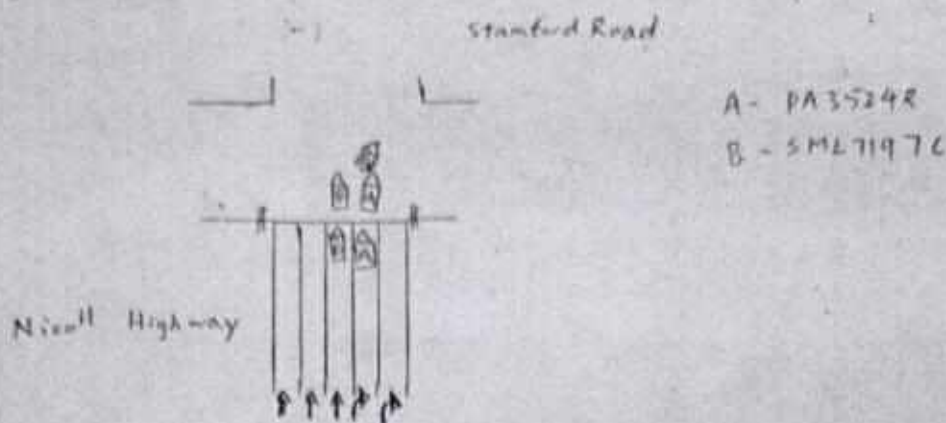


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/06/2019 @ 0800 hrs, I was driving my bus PA3524R along Nicoll Highway turning to Stamford Road when a car SML7197C on my left suddenly turn right and hit into my front LHS.

DECLARATION

I/we hereby declare 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/TIN No.:

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: SM 67197 C

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: 12

Connect3 client vehicle no: PA 3524R

Owner contact no: 84884547

Date of accident: 26/06/2019

Location of accident: Nice Highway & Grantford Rd Junction

Time of accident: 08:00 hrs

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

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S0096734C



Name
 KARAMJIT SINGH

Race
 SIKH


Date of birth
 13-05-1954

Sex
 M

Place of birth
 SINGAPORE

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S0096734C

Name
 KARAMJIT SINGH

Birth Date 13 Apr 1954

Valid Date 30 Jul 2003

Barcode: S00708218H

For LKK/NAC Use Only

Land Transport Authority



DRIVING LICENCE

License Number S0096734C

Name
 KARAMJIT SINGH

Issue Date 1/6/2005

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

For LKK/NAC Use Only

H/P 9183 4295

5308813



500987340



Date of issue
23-05-2018

Address
APT BLK 230 LORONG B TOA PAYOH
#12-180
SINGAPORE 310230

For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Valid Until
Class 2	Motor Cars and Motor Tractors the weight of which (including trailer) does not exceed 2500 kilograms	07 Oct 2021
Class 4	Heavy Motor Cars and Motor Tractors the weight of which (including trailer) exceeds 2500 kilograms	08 Nov 2020


License No. 500987340



For LKK/NAC Use Only

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	18/08/2003
04	BUS ATTENDANT	18/08/2003



For LKK/NAC Use Only



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.
Co. 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, 1990
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

Engine No : ZD30019658
Chano: JN1HG4E25Z0701324

CERTIFICATE No. DMB1SN1545281803

1. Index Mark and Registration
Number of Vehicle

PA3524R

2. Name of Policy Holder

M/S AKP COACH SERVICES PTE LTD

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

29 November 2018 Excess Sect. II S\$750.00

4. Date of Expiry of Insurance

28 November 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: ANOS. & EVEN
Authorised Officer



.....
Authorised Signatory

Owner and vehicle particulars for Vehicle No. PA3524R as at 08 Oct 2015 are as follows:

Name	: AKP COACH SERVICES PTE LTD
Identification No. Type	: Company
Identification No.	: 201500066D
Place Of Passport Issue	: -
Vehicle No.	: PA3524R
Previous Vehicle No.	: -
Effective Date of Ownership	: 08 Oct 2015
Original Registration Date	: 05 Sep 2002
First Registration Date	: 05 Sep 2002
Vehicle Type	: D20 - Private Hire Bus/Coach/Minibus
Vehicle Scheme	: Public Service Vehicle (Others)
Attachment 1	: Air-Conditioned
Attachment 2	: -
Attachment 3	: -
Vehicle Make	: NISSAN
Vehicle Model	: URVAN
Year of Manufacture	: 2002
Primary Colour	: Silver
Secondary Colour	: -
Passenger Capacity	: 12
Chassis/Trailer Chassis No.	: JN1HG4E25Z0701324 / -
Propellant	: Diesel
Engine No./Motor No.	: ZD30019658 / -
Engine Capacity(cc)/Power Rating(kW)	: 2953 / -
Maximum Power Output(kW/bhp)	: - / -
Unladen Weight(kg)	: 1800