

NATIONAL Assessment Centre Services.

(wef 1 Jan'00) **May 15/2005**

Date In: 23/09/2009 17:43	Job description	Date & Time Completed	Done by
Ref No: 138/C721901670/4	SAS e-filing		
Veh No: PA 885C	E-mail (Within 2hrs, AIC 2hrs)		
D.O.A: 21/08/2009 13:15	I-Motor Claims Form		
OID: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Vch No: **CB63837** 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 ()

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repeller.

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

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

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date/Time: ()

NA1907213

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (wef 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpt Allowance \$3	
	*NG: Repair Coordination \$10	
	*NW: Post Repair Inspection \$25	
	*ND: DV / Collect Excess Coordination \$3	
	TP (NI) / TP (Non INC) against INC \$20	
	9) NI: Idao 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	23/09/2019 17:32
Date Of Accident	21/08/2019 13:15
Exact Location Of Accident	COMPOUND OF PATHLIGHT SCHOOL (ANG MO KIO AVE 10)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA8445C
Insured/Policyholder	
Name Of Registered Owner	POO SEE YEOW BUS SERVICES PTE LTD
Co Reg No	201530592E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98430003
Alternative Phone No	OFFICE-98199304

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ROSA-4.9 D L MT (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	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	DMB1SN3083561801
Cover Note Number	

Driver

Name of Driver	YAAKOB BIN MOHD SHARIP
NRIC No	S1211494Z
Date Of Birth	26/04/1955
Occupation	OUTDOOR
Date Of Driving Pass	13/05/1983
Driving Experience	36 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98430003
Fax Number	
Contact Number	OTHERS-98199304
Email Address	NOEMAIL

Address	BLK 980A BUANGKOK CRESCENT #06-97
Postcode	531980
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)	2

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	CB6383J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

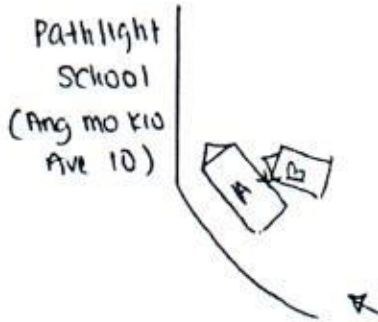
POO SEE YEOW BUS SERVICES PTE LTD

Policyholder's Signature
Date & Time:

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

23/09/2019
Reporting Centre Personnel's Signature
Name:
NRIC/TIN No.:

SKETCH PLAN



A = PA8445C

B = CB 6383J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/08/19 @ 13:15hrs, I was driving my bus PA8445C into Pathlight School (Ang mo Kio Ave 10) to pick up students & I was driving in when a minibus CB 6383J hit onto my bus rh side panel.

DECLARATION

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

POO SEE YEOW BUS SERVICES PTE LTD

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.:

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: -

Driver IC:
Driver Name :
Driver Pass date :
Driver Birth date :

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: C86383 J
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: 02 pax

Connect3 client vehicle no: PA8445C
Owner contact no: 9843 0003
Date of accident: 21/08/2019.
Location of accident: Compound of Pathlight School (Amk Ave 10)
Time of accident : 13:15 hrs.
Any Injury: yes/no (if yes, must have police report)



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 200908384E

MZ601
R SN
AV0580A
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, 1969
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No.	DMR1SN3083561801	Engine No : 4M50022711 Chassis: BE63D3F00120
1. Index Mark and Registration Number of Vehicle	PA8445C	
2. Name of Policyholder	POO SEE YEOW BUS SERVICES PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	30 November 2018	Excess Sect. II \$51,000.00
4. Date of Expiry of Insurance	29 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.	

HIRE PURCHASE CO. : YONG KHONG CREDIT PTE LTD AS HP OWNER

* Limitations rendered inoperative by Section 11 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



Issued By
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

.....
Authorised Signatory

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6225 3592 Website: www.sg.cntaiping.com

Annex A

Transaction ref 20161130123033052713

The owner and vehicle particulars for Vehicle No. PA8445C as at 30 Nov 2016 are as follows:

1. Name	: POO SEE YEOW BUS SERVICES PTE LTD
2. Identification No. Type	: Company
3. Identification No.	: 201530592E
4. Place Of Passport Issue	: -
5. Vehicle No.	: PA8445C
6. Previous Vehicle No.	: -
7. Effective Date of Ownership	: 30 Nov 2016
8. Original Registration Date	: 06 Mar 2009
9. First Registration Date	: 06 Mar 2009
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	: MITSUBISHI
16. Vehicle Model	: ROSA BUS 4.9L MT 2WD 6T TURBO
17. Year of Manufacture	: 2008
18. Primary Colour	: White
19. Secondary Colour	: -
20. Passenger Capacity	: 23
21. Chassis/Trailer Chassis No.	: BE63DJF00120 / -
22. Propellant	: Diesel
23. Engine No./Motor No.	: 4M50D22711 / -
24. Engine Capacity(cc)/Power Rating(kW)	: 4899 / -
25. Maximum Power Output(kW/bhp)	: - / -
26. Unladen Weight(kg)	: 4020

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MAA419/26051 Vehicle Registration No: PA 8885C
Name (as shown in NRIC) : YACOB BIN AHMED SAIP NRIC/FIN/Passport No : S12114942
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 9899304
Email Address : _____
Date of Accident : 21/08/2019 Time of Accident : 13:5
Place of Accident : _____
Insurance Company : _____

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

DATE OF ACCIDENT TO 21/08/2019

Policyholder / Driver's Signature
Date:


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