

NATIONAL Assessment Centre Services.

(ver 1 Jan 00)

NA1907282

Date In: 30/09/2009 16:06	Job description	Date & Time Completed	Done by
Ref No: NBA/CTU901706/y	SAS e-filing		
Veh No: PA 8365A	E-mail (Guide Sheet, AIC Sheet)		
DOA: 30/09/2009 12:46	I-Motor Claim Form		
OD (TP) Reporting Only	I-Motor W/O (With: 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: SZ 22014	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 rep/lor.
() 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 of Incident: ()

NA1907282	1) All: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ver 10 Jan 2003)	
	6) TR: Re-inspection \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$3	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	TP (NI): TP (Non INC) against INC \$20	
	9) NI: Idas Mobile \$30	
	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	30/09/2019 16:06
Date Of Accident	30/09/2019 12:40
Exact Location Of Accident	ALONG NAPIER ROAD TOWARDS RIVER VALLEY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA8365A
Insured/Policyholder	
Name Of Registered Owner	TAN'S BUS SERVICES (TBS)
Co Reg No	-
Email Address	MEL13NOV@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91372696
Alternative Phone No	OFFICE-91372696

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	DMB1SN3043041900
Cover Note Number	

Driver

Name of Driver	TAN YU CHUN
NRIC No	S8136098G
Date Of Birth	13/11/1981
Occupation	OUTDOOR
Date Of Driving Pass	08/09/2004
Driving Experience	15 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91372696
Fax Number	
Contact Number	OTHERS-91372696
Email Address	MEL13NOV@GMAIL.COM

Address	BLK 20 TEBAN GARDENS ROAD #08-101
Postcode	600020
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	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	4
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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLZ2201U
Vehicle Make/Model/Colour	TOYOTA ALPHARD
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHIAM AH KHIM
NRIC/Passport Number	S1817120A
Contact Number	97485335
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMG5485H
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Vehicle Make/Model/Colour	HYUNDAI
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)	1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLN8118B
Vehicle Make/Model/Colour	HONDA JAZZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAN JIA HAO
NRIC/Passport Number	S8100408J
Contact Number	96272153
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

Along NAIPER ROAD TOWARD RIVER VALLEY

A) PA8365A

D) SLN 8118B

B) SLZ 22014

C) SMGT 5485K

X

Jam
BRAKE
MOVE OFF

D

A

B

C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 30/09/19, I WAS TRAVELLING ON NAIPER RD TOWARD RIVER VALLEY RD. THE FRONT CAR OF ME SLN 8118B JAM BRAKE AND I COULD NOT BRAKE ON TIME THEN COME THE SECOND IMPACT. I CAME DOWN AND SAW TOTAL OF 4 CAR CHAIN COLLISION.

VEH X THAT CAUSE THE ACCIDENT HE JAM BRAKE & MOVE OFF. CAR D GOT THE FOOTAGE OF THE CAR X JAM BRAKE FOR NO REASON.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 30 / 07 / 2019 (DD/MM/YYYY), TIME: 12 : 40 (HH:MM)

LOCATION: ALONG NAPIER RD TOWARDS RIVER VALLEY

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PA P365A
 b) INSURANCE COMPANY: CHINA TAIPING
 c) POLICY NUMBER: DMB1SN3043041900
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA HIACE
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING TIME
 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: TAN SIS SERVICES (TBS) (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S81360786 CONTACT: 9372676
 c) ADDRESS: BLK 20 TEBAN GARDENS RD #01-101
S1600020

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TAN XU. CHIN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S81360786 CONTACT: 9372676
 c) ADDRESS: BLK 20 TEBAN GARDENS RD #01-101
S1600020

* d) DATE OF BIRTH: 13 / 11 / 1981 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 08/07/2001

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

- a) VEHICLE NUMBER: SLN 8118B MODEL: HONDA JAZZ
 b) DRIVER'S NAME: CHAN JIA HAO
 c) NRIC/FIN/PASSPORT: S81009085 CONTACT: 9672153

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SL2 2201U MODEL: TOYOTA ALPHARD
 b) DRIVER'S NAME: CHIAM AH KHAM
 c) NRIC/FIN/PASSPORT: S187120A CONTACT: 97985335

VEHICLE : SMG5A8SK

HUNDAI

email =

VIDEO

* No of passengers
 (including driver)
(1)

* No of passengers
 (including driver)
(1)

* No of passengers
 (including driver)
(1)

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. DMB1SN3043041900 Engine No. 1KD1860961
Chassis No. KDH2230004900
1. Index Mark and Registration Number of Vehicle PAR365A
2. Name of Policy Holder M/S TAN'S BUS SERVICES (T88)
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 11 JUNE 2018 EX-RECT. II 15:22 HOURS 193750.00
16:22 HOURS
4. Date of Expiry of Insurance 10 JUNE 2020
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.

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 REGARD 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 TIRE-TESTING.
- (2) USE WHILST DRAWING A TRAILER, EXCEPT THE TOWING (SOLELY FOR REWARD) OF ANY ONE DISABLED MECHANICALLY PROPULSED 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), and not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate refers 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.

Countersigned By:



Authorised Officer

Authorised Signatory