

NATIONAL Assessment Centre Services.

(ver 1 Jan 05)

XIA20006136

Date In: 14/01/2020 12:46	Job description	Date & Time Completed	Done by
Ref No: XIA/CT/200008114	SAS e-filing		
Veh No: PA 3Y	E-mail (Vehicle Hrs, AIC 2hrs)		
D.O.A: 13/01/2020 11:00	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'l Report by Fax / Hand to Owner/Whisp		

Preferred Wksp / INC Assgn Wksp / QW: () Tot: () Fax: ()

TP Particulars: Vch No: () INC () / Non-INC ()

Owner / Driver: () Tch: ()

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 repairer.

() 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 Birth: _____

Age: _____

Driver/Owner:	1) ARI Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$10)	
Damage 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 (ver 10 Jan 2005)	
	6) TR: Re-inspection \$73	
	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 \$23	
	*N8: DV / Collect Excess Coordination \$3	
	*N9: DV / Collect Excess Coordination \$30	
	TP (N11): TP (Non-INC) against D4G \$0	
	9) N12: Idas Mobile	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

XIA2000460

Driver/Owner:	1) ARI Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$10)	
Damage 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	
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	TP (N11): TP (Non-INC) against D4G \$0	
	9) N12: Idas Mobile	
	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	14/01/2020 12:26
Date Of Accident	13/01/2020 11:00
Exact Location Of Accident	BLK 3 TELOK BLANGAH CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA3Y
Insured/Policyholder	
Name Of Registered Owner	EDDIE BUS SERVICE
Co Reg No	3XXXX400M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90477698
Alternative Phone No	OFFICE-90477698

Vehicle Particulars

Manufacturer	SCANIA
Model	KIB4X2
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SN1820581901
Cover Note Number	

Driver

Name of Driver	TAN KOK PENG
NRIC No	SXXXX760E
Date Of Birth	16/02/1956
Occupation	OUTDOOR
Date Of Driving Pass	29/07/1977
Driving Experience	42 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90477698
Fax Number	
Contact Number	OTHERS-90477698
EMail Address	NOEMAIL

Address	BLK 759 JURONG WEST STREET 74 #09-100
Postcode	640759
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	COLLIDED INTO PROPERTY
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	33

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

SKETCH PLAN

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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.

Eddie Bus Service



Policyholder's Signature

Date & Time:



Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name: *Robert Lim*

NRIC/FIN No.: *92011200000*

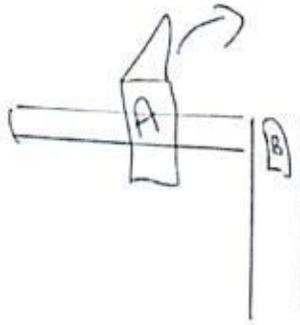


Scanned with
CamScanner

SKETCH PLAN

A - PA 3Y

B - Entrance gantry.



Blk 3 Telok Blangah Crescent

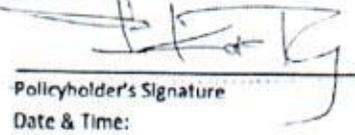
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

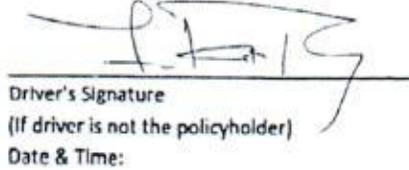
On 13/1/2020 around 11:00hrs. I was driving my Bus PA 3Y along Blk 3 Telok Blangah Crescent. While I turn into the entrance gantry, my Bus brush against the gantry.

DECLARATION

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

Eddie Bus Service


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: 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: Entrance gantry
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: 33

Connect3 client vehicle no: PA 3Y
Owner contact no: 90477698
Date of accident: 13/1/2020
Location of accident: Blk 3 Telok Biah Crescent
Time of accident: 11:00hrs
Any Injury: yes/no (if yes, must have police report)



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	DMB15N1820581901	Engine No :DC13114K016958051 Chano:Y52K4X20001900079
1. Index Mark and Registration Number of Vehicle	PA3Y	AUTOSAFE
2. Name of Policy Holder	EDDIE BUS SERVICE	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	04 July 2019	Excess Sect. I S\$2,000.00 Excess Sect. II S\$1,500.00 EX ON WINDSCREEN S\$800.00
4. Date of Expiry of Insurance	03 July 2020	
5. Persons or Classes of Persons entitled to drive*	<p>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</p> <p>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.</p>	
6. Limitations as to use**	<p>Use only for the carriage of passengers or goods in connection with the policyholder's business as specified in the schedule.</p> <p>The Policy does not cover</p> <p>(1) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>(2) Use whilst drawing a trailer, except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p>	

HIRE PURCHASE CO. : YONG KHIONG 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.

Issued By: UNIVERSAL INSURANCE AGENCY PTE LTD
Authorised Officer

.....
Authorised Signatory

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport /Company Cert No.: 37198400M
 Owner ID Type: Business
 Owner Name: EDDIE BUS SERVICE
 Registered Address: 759 JURONG WEST STREET 74 #09-100 SINGAPORE 640759
 Mailing Address: -
 Birth Date: -

Vehicle Particulars

Vehicle No.: PA3Y
 Previous Vehicle No.: -
 Effective Date of Ownership: 04 Jul 2017
 Original Regn Date: 04 Jul 2017
 Registration Date: 04 Jul 2017
 Year of Manufacture: 2016
 Vehicle Type: Private Hire (Chauffeur) Bus/Coach/Minibus
 Vehicle Scheme: Public Service Vehicle (Others)
 Vehicle Attachment 1: Air-Conditioned
 Vehicle Attachment 2: -
 Vehicle Attachment 3: -
 Vehicle Make: SCANIA
 Vehicle Model: KIB4X2
 Primary Colour: Multi-Colour
 Secondary Colour: -
 Passenger Capacity: 49
 Chassis No.: YS2K4X20001900079
 Engine No.: DC13114K016958051
 Engine Capacity /Power Rating: 12742 cc /-
 Maximum Power Output: -
 Propellant: Diesel



Max Unladen Weight:	12820 kg
Maximum Laden Weight:	19000 kg
Open Market Value:	\$156,532.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
Minimum PARF Benefit:	-
No. of Transfers:	0
IU Label No.:	2050100731
COE No.:	2017070105001301Z
COE Expiry Date:	03 Jul 2027
COE Category:	C - Goods Vehicle & Bus
COE Registration Category:	C - Goods Vehicle & Bus
Quota Premium (QP) / Prevailing Quota Premium:	\$36,879.00 / -
Actual QP Paid:	\$36,879.00
QP (Regn Cat):	\$36,879.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$36,879.00
Additional Registration Fee Rate:	5.00 %
Actual ARF Paid:	\$7,827.00
Vehicle Lifespan Expiry Date:	03 Jul 2037
CO2 Emission:	-
Message:	To renew the COE, the Prevailing Quota Premium payable is that of Category C. This is a public service vehicle.



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 : MUA420006136 Vehicle Registration No: PA 34
 Name (as shown in NRIC) : TAN KOE BANH NRIC/FIN/Passport No : S66550020E
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No. : 90477698
 Email Address : _____
 Date of Accident : 13/01/2020 Time of Accident : 11:00
 Place of Accident : BK 3 TRUK BLOK HANTU OKHUM?
 Insurance Company : CHINA AIRPAC

(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:

DRIVER NAME TO TAN KOE BANH

Policyholder / Driver's Signature
 Date:

[Signature] 14/01/2020
 Reporting Centre Personnel's Signature
 Name: [Signature]
 NRIC/FIN No.:
 Date: