

NATIONAL Assessment Centre Services. [ver 1 Jan 2003] MAY 2000 3690

Date In: 02/03/2020 11:49	Job description	Date & Time Completed	Done by
Ref No: NIA/CT/20003393/4	SAS e-filing		
Veh No: CB 8192E	E-mail (to Jada 3hrs, AIC 2hrs)		
D.O.A: 29/01/2020 2:45	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/Writer		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: XD 9495R	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 repairer.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()
1) Apply for Transport Allowance () / Car Hire Car ()
2) QC Check / Post Repair Inspection ()
3) Upload Resurvey Photo (Repair Cost > \$5000) ()

Injury:
Date of Injury:

Driver/Owner:	
Contact No:	
Damaged Portion:	
QC Checked by (Engr-In-Charge):	
Architect's Comments:	
Call:	
2 / 3	

1) AIC: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (119)	
3) TP: Towing Fee	\$40/\$45	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (ver 10 Jan 2003)		
6) TR: Re-inspection	\$75	
7) NI: Idea DA + SMRT Survey	\$160	
8) NIUC Additional Services:		
OD:		
* NS: Courtesy Car / Tpl Allowance	\$5	
* NS: Repairs Co-ordination	\$10	
* NS: Post Repair Inspection	\$25	
* NS: DV / Collect throws Coordination	\$5	
TP (NIUC) / TP (NS-INC) against INC	\$20	
9) NIUC: Idea Mobile	\$30	
Invoice dated		
Invoice dated		

Fee Charged
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	02/03/2020 11:49
Date Of Accident	29/02/2020 21:45
Exact Location Of Accident	ALONG CHANGI VILLAGE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB8192E
Insured/Policyholder	
Name Of Registered Owner	BT & TAN TRANSPORT PTE. LTD.
Co Reg No	2XXXXX272G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93229966
Alternative Phone No	OFFICE-96814493
Vehicle Particulars	
Manufacturer	GOLDEN DRAGON
Model	XML6770J18-3.8 D (A)
Exact Purpose for which vehicle was being used at time of accident	BUS WAS PARKED
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SN3053721900
Cover Note Number	
Driver	
Name of Driver	MOHAMAD SUHAIMI BIN MOHAMAD RADZI
NRIC No	SXXXX838I
Date Of Birth	04/03/1960
Occupation	OUTDOOR
Date Of Driving Pass	13/11/2003
Driving Experience	16 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93229966
Fax Number	
Contact Number	OTHERS-96814493
EEmail Address	NOEMAIL

Address	BLK 263 YISHUN STREET 22 #10-163
Postcode	760263
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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	XD9495R
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.



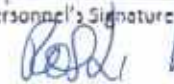
Policyholder's Signature
Date & Time:



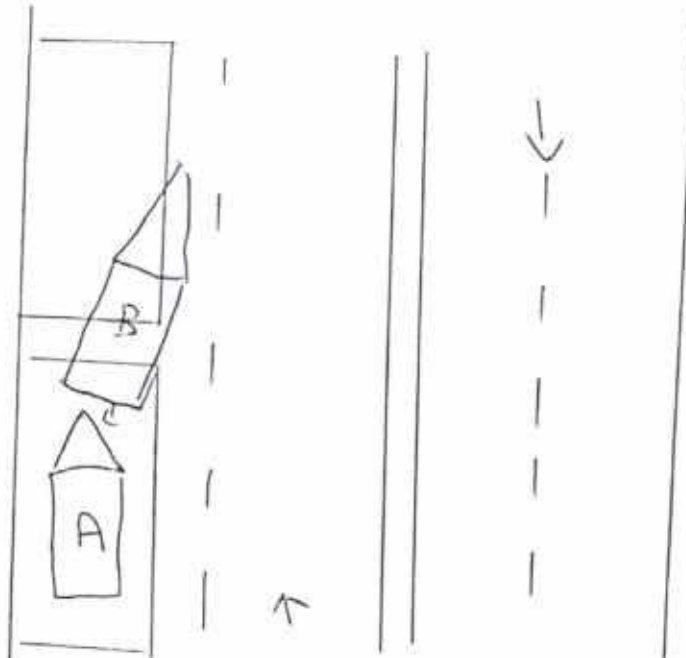
Driver's Signature -
(If driver is not the policyholder)
Date & Time:



02/03/2020

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

SKETCH PLAN



A - CB 8192E

B - XD9495R

Changi Village

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 29/02/2020 around 21:45hrs my Bus CB 8-192E was parked along Changi Village, veh B XD 9495R reversing into the parking lot hit onto my Bus Front portion

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.:

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 x Employer
Witness (if any): yes/no
Witness name: _____
Witness hp: _____
Witness email (if any): _____
Witness add: _____
Witness IC no: _____

Third party veh number: XD 9495R
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: 0 pax

Connect3 client vehicle no: CB8192E
Owner contact no: 9322 99 9966
Date of accident: 29/02/2020
Location of accident: Changi Village
Time of accident: 21.45hrs
Any Injury: yes / no (if yes, must have police report)



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, 1955 (Malaysia)

CERTIFICATE No	DMR158185/1021905	Policy No	201537467C
		Insurance No	15110500115811905
1. Index Mark and Registration Number of Vehicle	CBH192E		
2. Name of Policy Holder	M/S BT & TAN TRANSPORT PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	15 JULY 2015 (14:24 HOURS)	EX SECT. I	.....S\$2,500.00
		RX SECT. II	.....S\$3,000.00
4. Date of Expiry of Insurance	14 JULY 2020	EX ON WINDSCREEN	.....S\$500.00
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.</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>			
<p>HIRE PURCHASE CO. : MAYBANK AS HP OWNER</p>			

* 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

SG MOTOR TRADER PTE LTD

Reg. No: 201537467C

172 Sin Ming Drive

Singapore 575720

Tel: 6933 9400 Fax: 6458 0678

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Countersigned By

Authorised Officer

Authorised Signatory

Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:	C88192E		
Vehicle Type:	S20 - School Transport Bus/Coach/Minibus Vehicle Scheme	School Bus with AWC	
Vehicle Attachment 1:	Air-Conditioned		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	GOLDEN DRAGON	Vehicle Model:	XML6772J18 AUTO
Chassis No.:	LL3BDAD65JA011945	Engine No.:	ISF38E6C16876403246
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Diesel	Passenger Capacity:	29
Engine Capacity:	3759 cc	Power Rating:	-
Maximum Power Output:	-		
Unladen Weight:	6100 kg	Maximum Laden Weight:	9000 kg
Primary Colour:	Multi-Colour	Secondary Colour:	-
First Registration Date:	15 Jul 2019	Original Registration Date:	15 Jul 2019
Manufacturing Year:	2018	Open Market Value:	\$76,510.00
PARF Eligibility:	No	Minimum PARF Benefit:	\$0.00
No. of Transfers:	0	Additional Registration Fee Rate:	5.00%
Actual ARF Paid:	\$3,826.00		

Owner Particulars

Owner Name: BT&TAN TRANSPORT PTE. LTD.
 Owner ID Type: Company
 Owner ID: 200205272G
 Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes
 Registered Block/House No.: 7030
 Registered Street Name: ANG MO KIO AVENUE 5
 Registered Unit No.: # 03 - 19
 Registered Building Name: NORTHSTAR @ AMK
 Registered Postal Code: 569880

Transaction Details

Business Transaction Ref. No.: 20190715144427201027
 Business Transaction Date: 15 Jul 2019
 Business Transaction Time: 14:44:27

Message

The above vehicle has been successfully registered.

Please note that \$4,055.00 will be deducted from your GIRO account.

OK

Save as PDF