

NATIONAL Assessment Centre Services. Level 1 Jan 2003

MAY 2003 1447

Date In:	Job description	Date & Time Completed	Done by
11/03/2020 10:38	SAS e-filing		
Ref No: <u>11/03/CTI 200038991Y</u>	E-mail (Update 3hrs, AIC 2hrs)		
Veh No: <u>PA 6327Z</u>	I-Motor Claims Form		
D.O.A: <u>11/03/2020 12:20</u>	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD <u>(TP)</u> Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / VHS2		

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

TP Particulars: Vch No: BY 99047 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 () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date	Time	Location	Notes

Item	Value	Additional
1) ARI: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$10)	
3) TP: Towing Fee	\$60/\$45	
4) PT: Follow-Through Survey	\$120	
5) FT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (val 10 Jan 2003)		
6) TR: Re-inspection	\$75	
7) NI: Idas DA + EMRT Survey	\$160	
8) NTUC Additional Services:		
OD:		
*NS: Courtesy Car / Tpt Allowance	\$3	
*NG: Repair Co-ordination	\$10	
*NI: Post Repair Inspection	\$23	
*ND: DV / Collect Excess Coordination	\$3	
TP (NI): TP (Non INC) against INC	\$20	
9) NI: Idas Mobile	\$0	
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

1/A2002037

Driver/Owner: _____

Contact No: _____

Damaged Portion: _____

QC Checked by (Engr-In-Charge): _____

Watch for comments: _____

Date: _____

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	12/03/2020 10:38
Date Of Accident	11/03/2020 12:20
Exact Location Of Accident	ALONG CLEMENTI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA6327Z
Insured/Policyholder	
Name Of Registered Owner	KAL TRANSPORT PTE. LTD.
Co Reg No	2XXXXX086E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98337224
Alternative Phone No	OFFICE-91881001

Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN-3.0 D (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	DMB1SNW00001392003
Cover Note Number	

Driver

Name of Driver	LI JUNYI
NRIC No	SXXXX575Z
Date Of Birth	21/11/1949
Occupation	OUTDOOR
Date Of Driving Pass	01/03/1967
Driving Experience	53 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98337224
Fax Number	
Contact Number	OTHERS-91881001
Email Address	NOEMAIL

Address	BLK 891B WOODLANDS DRIVE 50 #05-185
Postcode	731891
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	COLLISION - HEAD TO REAR
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)	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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GY9904T
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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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.



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.:



SKETCH PLAN

A - PA6327Z

B - GF 9904T



Clementi Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 11/3/2020 around 12:30hrs I was driving my Bus PA6327Z along Clementi Rd, suddenly Veh B GF 9904T hit onto my rear portion of the bus.

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:

12/03/2020

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: GT 9904 T.
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: _____

Connect3 client vehicle no: PA 63 272
Owner contact no: 9833 7224
Date of accident: 11/3/2020
Location of accident: Clementi Rd.
Time of accident : 12:20hrs.
Any Injury: yes / no (if yes, must have police report)

Motor Bus

M2601

R SN

AN0580A

Cov. Type:F

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.	DMB1SNW00001392003	Engine No.:	ZD30048741K
		Cha. No.:	JN1TG4E25Z0715412
1. Index Mark and Registration Number of Vehicle	PA6327Z		
2. Name of Policy Holder	KAL TRANSPORT PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	06/03/2020	Excess Sect. II	S\$750.00
4. Date of Expiry of Insurance	05/03/2021		

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.

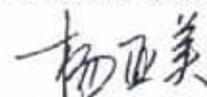
* Limitations rendered inoperative by Section 11 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: _____
ODDS & EVEN
Authorised Officer

Authorised Signatory

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport /Company Cert. No.: 200505086E
 Owner ID Type: Company
 Owner Name: KAL TRANSPORT PTE. LTD.
 Registered Address: 11 DAIRY FARM HEIGHTS #02-26 THE SKYWOODS SINGAPORE 677661
 Mailing Address: -
 Birth Date: -

Vehicle Particulars

Vehicle No.: PA6327Z
 Previous Vehicle No.: -
 Effective Date of Ownership: 10 Dec 2016
 Original Regn Date: 06 Sep 2006
 Registration Date: 06 Sep 2006
 Year of Manufacture: 2006
 Vehicle Type: Private Hire (Chauffeur) Bus/Coach/Minibus
 Vehicle Scheme: Bus Carrying School Children
 Vehicle Attachment 1: Air-Conditioned
 Vehicle Attachment 2: -
 Vehicle Attachment 3: -
 Vehicle Make: NISSAN
 Vehicle Model: URVAN 3.0 M
 Primary Colour: White
 Secondary Colour: -
 Passenger Capacity: 11
 Chassis No.: JN1TG4E25Z0715412
 Engine No.: ZD30048741K
 Engine Capacity /Power Rating: 2953 cc / -
 Maximum Power Output: -
 Propellant: Diesel

Max Unladen Weight:	1800 kg
Maximum Laden Weight:	3100 kg
Open Market Value:	\$22,155.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
Minimum PARF Benefit:	-
No. of Transfers:	2
IU Label No.:	1550158612
COE No.:	2006080105000913H
COE Expiry Date:	31 Jul 2021
COE Category:	C - Goods Vehicle & Bus
COE Registration Category:	C - Goods Vehicle & Bus
Quota Premium (QP) / Prevailing Quota Premium:	\$5,501.00 / -
PQP Paid:	\$22,247.00
QP (Regn Cat):	\$5,501.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$5,501.00
Additional Registration Fee Rate:	5.00 %
Actual ARF Paid:	\$1,108.00
Vehicle Lifespan Expiry Date:	05 Sep 2026
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-
Message:	This is a public service vehicle.