

NATIONAL Assessment Centre Services

Ref: JAR/001

MAA 2004281

Date In:	Job description	Date & Time Completed	Done by
20/09/2020 14:40	SAS e-illing		
Ref No: XBA/CTI200052944	E-mail (Sjula sup, AIC files)		
Veh No: PA 7159K	I-Motor Claims Form		
QDA: 15/09/2020 13:40	I-Motor W/O (with/od 2hrs, TP 4hrs)		
OD: TP / Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whizz		

Preferred Wkep / INC Assign Wkep / OW: () Tel: () Fax: ()

TP Particulars: Vch No: SKR 9111Y 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 repair.

() 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 > \$9000] ()

Injury: _____

Item	Amount	Notes
1) ARI Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)		INC (\$10)
3) TP: Towing Fee		\$40.45
4) TP: Follow-Through Survey		\$130
5) TP: Follow-Through Survey (Resurvey)		\$30
For claiming against INC Only (wef 10 Jan 2009)		
6) TR: Re-inspection		\$75
7) NI: Idav DA + SMRT Survey		\$160
4) NIUC Additional Services:		
Oil*		
*NI: Courtesy Car / Tpl Allowance		\$3
*NI: Repair Coordination		\$10
*NI: Post Repair Inspection		\$25
*NI: DV / Collect Excess Coordination		\$3
*NI: TP (SUI) / TP (ONS INC) against DTC		\$20
8) NI: Idav 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	20/04/2020 14:40
Date Of Accident	15/04/2020 12:40
Exact Location Of Accident	CLEMENTI AVE 6 SLIP RD TO COMMONWEALTH AVE WEST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA7159K
Insured/Policyholder	
Name Of Registered Owner	KULWANT SINGH S/O JOGINDAR SINGH
NRIC No	SXXXX641A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84884547
Alternative Phone No	OTHERS-98572787

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	REPORTING ONLY
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	DMD1SNA00001082000
Cover Note Number	

Driver

Name of Driver	LOKE KOK WAI
NRIC No	SXXXX324D
Date Of Birth	25/12/1958
Occupation	OUTDOOR
Date Of Driving Pass	29/06/2000
Driving Experience	19 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84884547
Fax Number	
Contact Number	OTHERS-98572787
E-Mail Address	NOEMAIL

Address	BLK 471 TAMPINES STRET.44 #01-204
Postcode	520471
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	SKE9111Y
Vehicle Make/Model/Colour	
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)	

SKETCH PLAN

IMPORTANT NOTICE

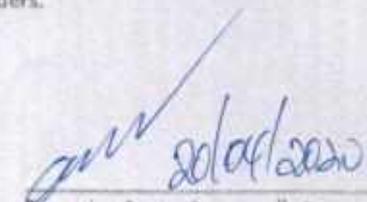
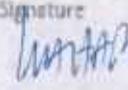
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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies 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. 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:

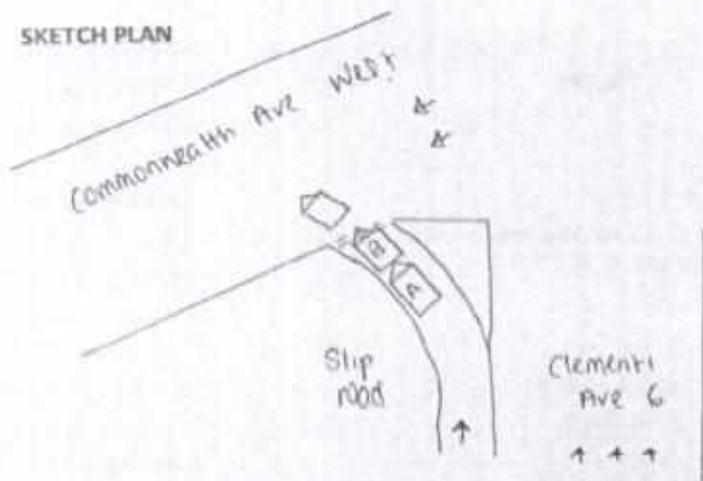
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 = PA7159K
 B = SKE9111Y.

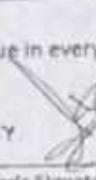
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/04/2020 @ 12:40hrs, I was driving my bus PA7159K along Slip road from Clementi Ave 6 intend to exit to Commonwealth Ave West when veh SKE9111Y in front of me jammed brake & I could not brake in time & hit onto the rear.

DECLARATION

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

X 
 Policyholder's Signature
 Date & Time:

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


 Reporting Centre Personnel's Signature
 Name: 
 NRIC/TIN 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 Employee
Witness (if any): yes/no
Witness name: _____
Witness hp: _____
Witness email (if any): _____
Witness add: _____
Witness IC no: _____

Third party veh number: SKE 9111Y
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: 01 pax

Connect3 client vehicle no: AA7159E
Owner contact no: 8488 4547
Date of accident: 15/04/2020
Location of accident: Clarendon Ave 6 Slip Rd to Commonwealth Ave West
Time of accident: 12:40hrs
Any Injury: yes / no (if yes, must have police report)
Driver ID: 98572787



Motor Bus

MZ601/P

N 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)

Engine No.: ZD39040574
Chs. No. JN1TG4E25Z0701238

CERTIFICATE No OMB1SNA000010R2000

1. Index Mark and Registration Number of Vehicle

PA715BK

2. Name of Policy Holder

KULWANT SINGH S/O JOGINDAR SINGH

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment

01/03/2020

Excess Sect. II S\$750.00

4. Date of Expiry of Insurance

28/02/2021

5. Persons or Classes of Persons entitled to drive*

(a) The Policyholder.

(b) 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. : LIAN HUAT HANG CREDIT 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



Issued By:

Lim Joo Choo
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport/Company
 Cert No. S1461641A
 Owner ID Type Singapore NRIC
 Owner Name KULWANT SINGH S/O JOGINDAR SINGH
 Registered Address APT BLK 79B TOA PAYOH CENTRAL #36-27 SINGAPORE 312079
 Mailing Address -
 Birth Date 24 May 1961

Vehicle Particulars

Vehicle No. PA7159K
 Previous Vehicle No. -
 Effective Date of
 Ownership 21 Oct 2011
 Original Regn Date 31 Aug 2004
 Registration Date 31 Aug 2004
 Year of Manufacture 2004
 Vehicle Type Private Hire 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 Silver
 Secondary Colour -
 Passenger Capacity 11
 Chassis No. JN1TG4E25Z0701238
 Engine No. ZD30040574
 Engine Capacity/Power
 Rating 2953 cc / -
 Maximum Power Output -
 Propellant Diesel
 Max Unladen Weight 1500 kg
 Maximum Laden Weight 3100 kg
 Open Market Value \$23,095.00
 PARF Eligibility No
 PARF Eligibility Expiry
 Date -
 Minimum PARF Benefit -
 No. of Transfers 3
 IU Label No. 1550132103
 COE No. 2004080105001011Z
 COE Expiry Date 31 Jul 2019
 COE Category C - Goods Vehicle & Bus
 COE Registration
 Category C - Goods Vehicle & Bus