NATIONAL Assessment Centre Services. [wef 1 Jan'05] A: NA4200759 46

Date In: 03/09/2020 14:33	Job description	Date &Time Completed	Done by
Ref No: NBA/CT/20009384/4	SAS e-filling		
Veh No: PC 5592 U	E-mail (3/jobs 4hrs, AIC 2hrs)		
D.O.A 01/09/2020 16:45	I-Motor Claim Form		
OD / TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SMK 8718Z 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 repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

		Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > $3000] ( )		

Injury :

NA2004-714

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

1) AR : Accident Reporting ($30)			
2) DA : Damage Assessment ($100) INC ($10)	$40/$45		
3) TF : Towing Fee			
4) FT : Follow-Through Survey	$110		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2010)	$75		
6) TR : Re-Inspection	$160		
7) NI : Idea DA + SMRT Survey			
8) NTUC Additional Services- OR:			
• N5: Courtesy Car / Tpt Allowance	$3		
• N6: Repair Co-ordination	$10		
• N7: Post Repair Inspection	$25		
• N8: DV / Collect Excess Coordination	$3		
TP (N11) : TP (Non INC) against INC	$20		
9) N12: Idea Mobile	30		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Total:

1/3

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 03/09/2020 14:47

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 witholding 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	03/09/2020 14:33
Date Of Accident	01/09/2020 16:45
Exact Location Of Accident	BULIM HEAVY VEHICLE CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	PC5592U
Insured/Policyholder	
Name Of Registered Owner	SINGAPORE COACH SERVICES PTE LTD
Co Reg No	2XXXXX110H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96204026
Alternative Phone No	OFFICE-98150127
Vehicle Particulars	
Manufacturer	KING LONG
Model	XMQ6117K-6.7 (A)
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	DMB1SNA0000552000
Cover Note Number	
Driver	
Name of Driver	SHIEH YU
NRIC No	SXXXX741E
Date Of Birth	31/03/1956
Occupation	OUTDOOR
Date Of Driving Pass	21/09/1977
Driving Experience	42 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96204026
Fax Number	
Contact Number	OTHERS-98150127
EMail Address	NOEMAIL

Address	BLK 613 JURONG WEST STREET 62 #13-151
Postcode	640613
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 PARKED VEHICLE
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	SMK8718Z
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

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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 lodged 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.
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

03/09/2020

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

SKETCH PLAN

A - PC 5924

B - SMK 8718Z

Bulim Heavy Car Park

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1/9/2020 around 16.45hrs, I was driving my Bus PC 5924 at Bulim Heavy vehicle Car Park while I was reversed out of the Parking lot, I brush against veh B SMK 8718Z left front portion.

DECLARATION

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

03/09/2020

Policyholder's Signature
Date & Time

Driver's Name
(If driver is not the policyholder)
Date & Time

Authorised Service Representative's Signature
Name
Date & Time

Road surface: Dry / Wet

Weather condition: Clear / Raining

Speed: _____

Usage of veh during of accident:

_____

Driver IC:

Driver Name :

Driver Pass date :

Drver Birth date :

Does driver own a vehicle: ~~yes~~/no

if yes, veh number plate: _____

veh insurance co: _____

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: SMK 8718Z

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: 1 pax

Connect3 client vehicle no: PC 5592U.

Owner contact no: 9620 4026

Date of accident: 11/9/2020

Location of accident: Bulim Heavy Veh Car Park.

Time of accident : 16:43hrs.

Any Injury: ~~yes~~/no (if yes, must have police report)

Motor Bus

MZ001
N SN
BR0057A
Cov. Type:C

CERTIFICATE OF INSURANCE

[illegible]

CERTIFICATE No.	DMB1SNA00006552000	Engine No.: ISB67E528522076080 Cha. No.:LA6R1FSH8GB402380
1. [illegible]	PC5592U	
2. [illegible]	SINGAPORE COACH SERVICES PTE. LTD.	
3. [illegible]	12/07/2020	Excess Sect I. S$2,500.00 Excess Sect. II S$1,500.00 EX ON WINDSCREEN. S$300.00
4. [illegible]	11/07/2021	

5. [illegible]

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.

陳保險經紀私營有限公司
TAN INSURANCE BROKERS PTE LTD
3A/5A Aliwal Street, Chenn Leonn Building
Singapore 199896
www.tib.com.sg
Tel: (65) 6742 6766 Fax: (65) 6742 6869

6. [illegible]

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. : DAIMLER FINANCIAL SVCS AFRICA & ASIA PACIFIC LTD

[illegible]

I/We hereby Certify [illegible]

[illegible]

Issued By: Tan Jia Hwei
Authorised Officer

[illegible]

Authorised Signature

Land Transport Authority

Enquire Vehicle Registration Details

Owner Particulars	
NRIC/Passport/Company Cert No.:	201227110H
Owner ID Type:	Company
Owner Name:	SINGAPORE COACH SERVICES PTE LTD
Registered Address:	1 SOPHIA ROAD #03-39 PEACE CENTRE SINGAPORE 228149
Mailing Address:	-
Birth Date:	-

Vehicle Particulars	
Vehicle No.:	PC5592U
Previous Vehicle No.:	-
Effective Date of Ownership:	12 Jan 2017
Original Regn Date:	12 Jan 2017
Registration Date:	12 Jan 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:	KING LONG
Vehicle Model:	XMQ6117K5 AUTO
Primary Colour:	Multi-Colour
Secondary Colour:	-
Passenger Capacity:	45
Chassis No.:	LA6R1FSH8GB402380
Engine No.:	ISB67E528522076980
Engine Capacity/Power Rating:	6691 cc / -
Maximum Power Output:	-
Propellant:	Diesel
Max Unladen Weight:	10540 kg
Maximum Laden Weight:	14800 kg
Open Market Value:	$120,127.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
Minimum PARF Benefit:	-
No. of Transfers:	0
IU Label No.:	2050108876
COE No.:	20161201050000292H
COE Expiry Date:	11 Jan 2027
COE Category:	C - Goods Vehicle & Bus
COE Registration Category:	C - Goods Vehicle & Bus
Quota Premium (QP) / Prevailing Quota	$49,002.00 / -

Premium:	
Actual QP Paid:	$49,002.00
QP (Regn Cat):	$49,002.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	$49,002.00
Additional Registration Fee Rate:	5.00 %
Actual ARF Paid:	$6,007.00
Vehicle Lifespan Expiry Date:	11 Jan 2037
CO2 Emission:	-
Message:	To renew the COE, the Prevailing Quota Premium payable is that of Category C. This is a public service vehicle.