

NATIONAL Assessment Centre Services.

[Ref: J2-005]

19 MAY 2020 9:19

Date In: 05/11/2020 11:47	Job description	Date & Time Completed	Done by
Ref No: N/A/1120012151/4	SAS e-illing		
Veh No: PG 8786	E-mail (E-jala 3hrs, AIC 3hrs)		
D.O.A: 05/11/2020 08:15	I-Motor Claims Form		
(1) <input checked="" type="radio"/> TP Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax/ Hand to Owner/Whse		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: GBE 86714	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 of Injury: ()	
Location of Injury: ()	
Time of Injury: ()	
Weather: ()	
Witness: ()	
Police Report: ()	
Insurance Claim: ()	
Repairer: ()	
Assessment: ()	
Survey: ()	
Report: ()	
Invoice: ()	
Payment: ()	
Follow-up: ()	
Feedback: ()	
Complaint: ()	
Dispute: ()	
Resolution: ()	
Final: ()	

Driver/Owner:	1) AIC: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damage Portion:	3) TP: Towing Fee (\$120)	
QC Checked by (Engn-In-Charge):	4) PT: Follow-Through Survey (\$30)	
	5) PT: Follow-Through Survey (Resurvey) (\$30)	
	6) TT: Re-inspection (\$140)	
	7) NI: Idea DA + SMRT Survey (\$30)	
	8) NTUC Additional Services:	
	ON:	
	*NI: Courtesy Car / Tpt Allowance (\$10)	
	*NI: Repair Co-ordination (\$25)	
	*NI: Post Repair Inspection (\$3)	
	*NI: DV / Collect License Coordination (\$20)	
	TE (NI) / TP (NI) INC against INC (\$30)	
	9) NI: Idea DA (\$10)	
	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	05/11/2020 17:47
Date Of Accident	05/11/2020 03:15
Exact Location Of Accident	ALONG MACPERSON ROAD (NO 538)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC8778G
Insured/Policyholder	
Name Of Registered Owner	PURPLE COACH TOUR PTE.LTD.
Co Reg No	2XXXXX300H
Email Address	SALES@PCTOUR.COM.SG
Mobile Phone No	(LOCAL) +65-81234650
Alternative Phone No	OFFICE-84688482

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 D HIGH-ROOF 14 SEATER (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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MCV0000907_02
Cover Note Number	

Driver

Name of Driver	HASRIL NIZAM BIN BORHAN
NRIC No	SXXXX980E
Date Of Birth	17/01/1976
Occupation	OUTDOOR
Date Of Driving Pass	30/01/2001
Driving Experience	19 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81234650
Fax Number	
Contact Number	OTHERS-84688482

Address	BLK 224 SIMEI STREET 4 #03-110
Postcode	520224
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	SIDE SWIPE
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?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5872999 - FAX NO: 65872900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201105/2015

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	GBE8677U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ISLAM MUMINUL
NRIC/Passport Number	OXXXX8845
Contact Number	89291572
Address	
Postcode	

Nature Of Damage	
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:

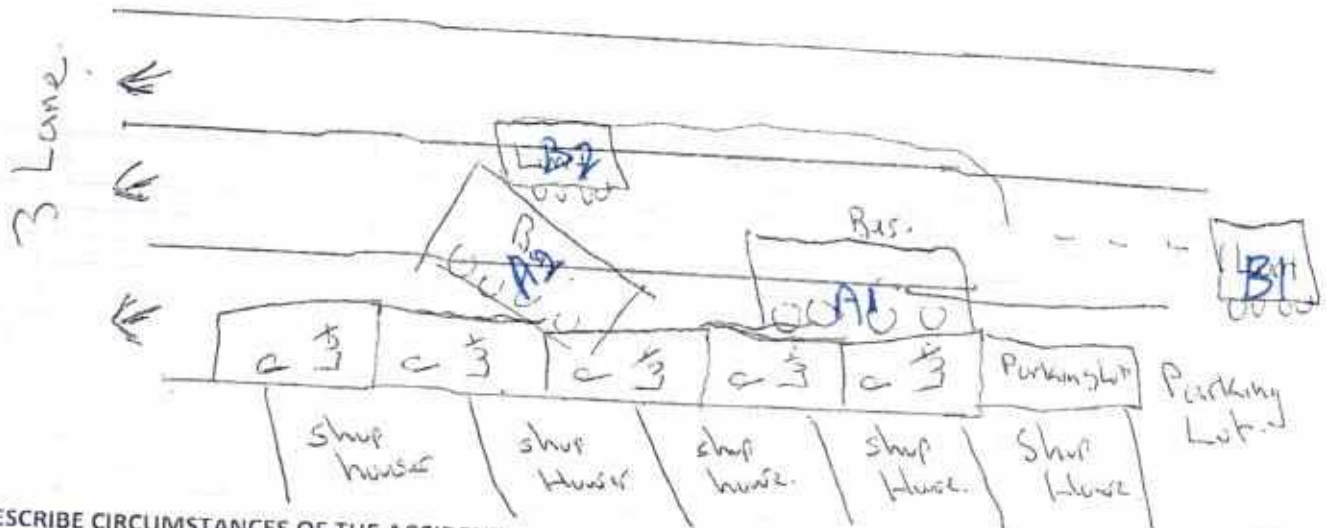
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

5th Nov 2020 at 0315hrs; I Husni Nizam has just finish my supper at 538 Mcpherson Rd. My bus PC 87786 was park along parallel Mcpherson Rd. parallel parking Lot in Lane 3. Once I start my Engine on the vehicle. I notice from my side mirror there is incoming Vehicle Lorry in Lane 2 going towards me about 30 metres. Therefore I slowly reversed my bus little bit to get the angle from front before I start turning my steering wheel full to Right in order to move out. Once I manage to move out from parking Lot from Lane 3 to Lane 2 suddenly the lorry from behind start to change to Lane 1 without slowing the vehicle in rushing manner and hit my right side bus bumper and front bulb. During the incident weather was good road wide dry.

Police Report 7/2020/1105/2015

DECLARATION

I/We declare that the above 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.:



05/11/2020
Rasli Montas

ACCIDENT STATEMENT

ACCIDENT DATE: (05 / 11 / 2024) (DD/MM/YYYY), TIME: (03:15) (HH:MM)

LOCATION: 538 McPherson Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC 8778 G
b) INSURANCE COMPANY: Indus International Insurance
c) POLICY NUMBER: DVB MCV0000907-02
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Hiace
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: working hrs.
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Purple Couch Tour Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 2014133000 CONTACT: 81234650
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Husni Niam (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 576W 9402 CONTACT: 84698482
c) ADDRESS: Simai St. 4. Blk 224. #03-110 (S20224)

* d) DATE OF BIRTH: (17 / 01 / 1976) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

Changi NP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 4B2 86774 MODEL:
b) DRIVER'S NAME: Islam Munnial
c) NRIC/FIN/PASSPORT: 063068745 CONTACT: 84291572

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

Email = Sales@Pctour.com.sg

VIDEO -



SINGAPORE POLICE FORCE



T/20201105/2015

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

1 of 3

Report No. T/20201105/2015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/11/2020 04:02		Vide Report No.:		Station Diary No.: 14	
Informant's Particulars					
Name of Informant: HASRIL NIZAM BIN BORHAN			Address: APT BLK 224 SIMEI STREET 4 #03-110 SINGAPORE 520224		
ID Type / ID No.: NRIC NO / S7600980E			Contact No.: Home/Office: Mobile: 84688482		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 44	Date of Birth: 17/01/1976	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 05/11/2020 03:15	Type of Location: Straight Road
Location: MACPHERSON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE8677U	Lorry				Slightly Damaged	1
PC8778G	Bus/Coach/Minibus				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20201105/2015

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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Report No. T/20201105/2015

CONTINUATION OF REPORT

Driver			
Name	HASRIL NIZAM BIN BORHAN	ID No.	S7600980E
Related Vehicle	PC8778G (Bus/Coach/Minibus)	Contact No.	84688482
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 05/11/2020 at about 0315hrs, I was moving my bus(PC8778G) out of the parking lot outside of Julaiha Muslim Restaurant along Macpherson Road. As it was a tight space, I had to maneuver my bus several times in order to move it out of the parking lot. When I was moving out of the lot, a lorry (GBE8677U) then sped past me suddenly without slowing down. When he passed my vehicle, the left side of his vehicle hit the front right side of my bus, leaving it with a dent and some scratches. His vehicle sustained some scratches as well. We then exchanged particulars. There was no injury sustained by either of us. I am lodging this report for insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20201105/2015

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

3 of 3

Report No. T/20201105/2015

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
G /
ASP NABEEL AZHAR BIN MOHD MASHREN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
05/11/2020 04:02

Classification Of Case:

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport /Company Cert No.:	201413300H
Owner ID Type:	Company
Owner Name:	PURPLE COACH TOUR PTE. LTD.
Registered Address:	489B TAMPINES STREET 45 #11-219 SINGAPORE 521489
Mailing Address:	-
Birth Date:	-

Vehicle Particulars


Vehicle No.:	PC8778G
Previous Vehicle No.:	-
Effective Date of Ownership:	13 Jul 2018
Original Regn Date:	04 Oct 2012
Registration Date:	04 Oct 2012
Year of Manufacture:	2012
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:	TOYOTA
Vehicle Model:	TOYOTA HIACE HIROOF AUTO 14 SEATER
Primary Colour:	Silver
Secondary Colour:	-
Passenger Capacity:	13
Chassis No.:	JTFST22P100014342
Engine No.:	1KD2208631
Engine Capacity /Power Rating:	2982 cc / -
Maximum Power Output:	-
Propellant:	Diesel

Max Unladen Weight:	2180 kg
Maximum Laden Weight:	3200 kg
Open Market Value:	\$37,122.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
Minimum PARF Benefit:	-
No. of Transfers:	2
IU Label No.:	1550255848
COE No.:	2012090105000083N
COE Expiry Date:	03 Oct 2022
COE Category:	C - Goods Vehicle & Bus
COE Registration Category:	C - Goods Vehicle & Bus
Quota Premium (QP) / Prevailing Quota Premium:	\$57,001.00 / -
Actual QP Paid:	\$57,001.00
QP (Regn Cat):	\$57,001.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$57,001.00
Additional Registration Fee Rate:	5.00 %
Actual ARF Paid:	\$1,857.00
Vehicle Lifespan Expiry Date:	03 Oct 2032
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-
Message:	This is a public service vehicle.

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)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D18MCV0000907_02	COVER: Comprehensive
<p>1. Index Mark and Registration Number of Vehicle : PC8778G</p> <p>Chassis No : JTFST22P100014342</p> <p>2. Name of Policyholder : PURPLE COACH TOUR PTE LTD</p> <p>3. Effective date of Insurance : 04 Oct 2020</p> <p>4. Expiry date of Insurance : 03 Oct 2021</p> <p>5. Persons or Classes of Persons entitled to drive*</p> <p>Any person who is driving on the Policyholder's order or with their 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.</p> <p>6. Limitations as to use*</p> <p>Use only for the carriage of passengers or goods in connection with the Policyholder's business.</p> <p>The Policy does not cover</p> <p>a) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p> <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.</p>	
<p>Excess Sect I & II Separately (Within Singapore) : SGD 1,500.00</p> <p>Windscreen Excess : SGD 300.00</p> <p>TERRITORIAL LIMIT : WITHIN THE REPUBLIC OF SINGAPORE ONLY</p> <p>Hire Purchase Company : MOTOR CREDIT PTE LTD</p>	
<p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I & II SEPARATELY WILL BE APPLICABLE.</p>	
<p>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).</p>	
<p>Agent/Broker : A000041/P & C INSURANCE AGENCY</p> <p>Date of Issue : 24/09/2020 14:24:59</p> <p>M.Z. 600C - OMNIBUS (ORGANIZATION)</p>	<p>For India International Insurance Pte Ltd</p>  <hr style="width: 100%;"/> <p>Authorised Signatory</p>