

NATIONAL Assessment Centre Services.

Print 1 Jan 2021

SY082/10002

Date In: 18/01/2021 12:41	Job description	Date & Time Completed	Done by
Ref No: N/A 1720008194	SAS e-Milling		
Veh No: PD 3677L	E-mail (by date sheet, A/C sheet)		
D.O.A: 18/01/2021 21:00	I-Motor Claims 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 / Wksn		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars: Vch No: FBK 6366Z	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 Refor 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: ()

MA2100640	
Driver/Owner:	1) All Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)
Damaged Portion:	3) TP: Towing Fee \$10/45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120
	5) PF: Follow-Through Survey (Resurvey) \$30
	6) TR: Re-inspection \$75
	7) NI: IDay DA + EMRT Survey \$160
	8) NTUC Additional Services
	ON:
	• NS: Courtesy Car / Tpl Allowance \$3
	• NS: Repair Coordination \$10
	• NS: Post Repair Inspection \$25
	• NS: DV / Colbot Excess Coordination \$3
	• TP (NI) / TP (CA INC) against DAG \$20
	9) NI: 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 Submission	18/01/2021 12:11 (SGT)
Date of Accident	14/01/2021 21:00 (SGT)
Exact Location of Accident	Cuscaden Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PD3627L
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AKP COACH SERVICES PTE. LTD.
Company Reg No	2XXXXX066D
Email Address	akpcoach.parmeshsingh@gmail.com
Mobile Phone No	(Phone) +65-84884547
Alternative Phone No	+65-80286333

VEHICLE PARTICULARS

Manufacturer	Golden Dragon
Model	XML6126J18
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Bus

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMB1SNW00002742000
Cover Note Number	-

DRIVER

Name of Driver	MOHAMMAD HAIRIL BIN MOHAMED RAFFI
NRIC No	SXXXX018H

Date Of Driving Pass	12/04/2017
Driving experience	3 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-80286333
Alt. Phone Number	-
Email Address	aeirilbusa11@gmail.com
Address	BLK 667 WOODLANDS RING ROAD #06-331
Address complement	-
Postcode	730667
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210115/7001

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	FBK6366Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	MUHAMMAD FITRI

SKETCH PLAN

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 willful 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 Insurer, 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:

- (d) 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.



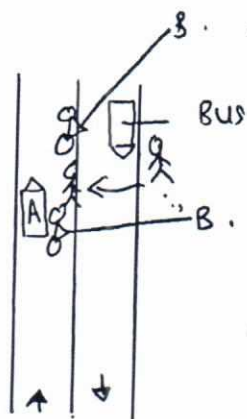
Policyholder's Signature
Date & Time:

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

18/01/2021
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SKETCH PLAN



A= P03627 L

B= FBK 6366 Z.

Cusaden Road.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* PID ref to police report * 1/20200115/7001

DECLARATION

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

COACHES
2015000660
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 & Employer
Witness (if any): yes / no
Witness name: _____
Witness hp: _____
Witness email (if any): _____
Witness add: _____
Witness IC no: _____

Third party veh number: FBK 6366 Z.
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: Traffic Police Ubi
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: PD3627 L
Owner contact no: 8488 4547.

Date of accident: 14/01/2021
Location of accident: Cuscaden Road
Time of accident: 21:00hrs

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

Email address: akpcoach.parmeshsingh@gmail.com.
Number of Pax : _____
Males : _____
Females : _____



SINGAPORE POLICE FORCE



T/20210115/7001

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20210115/7001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/01/2021 00:12		Vide Report No.: E/20210114/0213		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMMAD HAIRIL BIN MOHAMED RAFFI			Address: 667 WOODLANDS RING ROAD #06-331 SINGAPORE 730667		
ID Type / ID No.: NRIC NO / S9300018H			Contact No.: Home/Office:		Mobile: 80286333
Nationality: SINGAPORE CITIZEN			Email: aeirilbusa11@gmail.com		
Sex: Male	Age: 28	Date of Birth: 02/01/1993	Type of Informant: Witness		
Race: Indian			Language: English		Institution / School Name:
Occupation: driver			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 14/01/2021 21:00	Type of Location: Straight Road
Location: CUSCADEN ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBK6366Z	Motorcycle		fz150	Black	Slightly Damaged	1
PD3627L	bus	GOLDEN DRAGON		Blue	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210115/7001

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 4

Report No. T/20210115/7001

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: Yes			
No. of Pedestrians Injured: 1		Use of Pedestrian Crossing: Not Available	
Pillion			
Name	Unknown Pillion	ID No.	NIL
Related Vehicle	FBK6366Z (Motorcycle)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Rider			
Name	MUHAMAD FITHRI	ID No.	S9409440B
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Pedestrian			
Name	Unknown Pedestrian	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Serious

Brief Details.

On 14/01/2021 about 2100hrs, my bus was parked at the side of the road. There was another bus on the opposite lane. I observed a passenger alighted and tried to cross the road without checking the oncoming traffic. Suddenly a bike came and hit onto the passenger. The bike hit my bus on the right side at the back. Ambulance and police came. The victim was conveyed by ambulance.



**SINGAPORE
POLICE FORCE**



T/20210115/7001

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 4

Report No. T/20210115/7001

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20210115/7001

4 of 4

Report No. T/20210115/7001

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB / -
SITI NORHAFIDAH BINTE HANAFI
Contact No.: 65476202

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
15/01/2021 00:12

Classification Of Case:



Vehicle Registration Details

Vehicle No. PD3627L	Make/ Model GOLDEN DRAGON /XML6126J18	Vehicle Scheme Public Service Vehicle (Others)
Current Propellant Diesel	Chassis No. LL3BHCDK7BA002820	Vehicle Type Private Hire (Chauffeur) Bus/Coach /Minibus

Owner's Details

Owner Name:

AKP COACH SERVICES PTE. LTD.

Owner ID Type:

Company

NRIC/Passport/Company Cert No.:

201500066D

Registered Address

**79B TOA PAYOH CENTRAL #36-27
CENTRAL HORIZON SINGAPORE 312079**

Mailing Address:

-

Birth Date

-

Registration Details

Previous Vehicle No.:

PC1773R

Effective Date of Ownership:

01 Apr 2020

Original Registration Date:

08 Nov 2012

Registration Date:

08 Nov 2012

No. of Transfers:

2

IU Label No.:

2050094455

Vehicle Specifications

Engine No.:

ISLE432021836866

Chassis No.:

LL3BHCDK7BA002820

Year of Manufacture:

2011

Primary Colour:

Multicolor

Secondary Colour:

-

Passenger Capacity:

53

Engine Capacity / Power Rating:

8849 cc / -

Maximum Power Output:

-

Max Unladen Weight:

12920 kg

Maximum Laden Weight:

18000 kg

Vehicle Attachment 1:

Air-Conditioned

Vehicle Attachment 2:

-

Vehicle Attachment 3:

-

Additional Registration Fee (ARF) and COE Information

Open Market Value:

\$139,744.00

Additional Registration Fee Rate:

5.00 %

Actual ARF Paid:

\$6,988.00

Vehicle Lifespan Expiry Date:

07 Nov 2032

OPC Cash Rebate Eligibility:

No

QP during COE Bidding Exercise:

\$56,001.00

COE No.:

2012110105000088K

COE Expiry Date:

07 Nov 2022

COE Category:

C - Goods Vehicle & Bus

COE Registration Category:

C - Goods Vehicle & Bus

Quota Premium (QP) / Prevailing Quota Premium:

\$56,001.00 / -

Actual QP Paid

\$56,001.00

QP (Regn Cat):

\$56,001.00

PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

Minimum PARF Benefit:

-

Vehicle Emissions Details

CO2 Emission:

-

CO Emission:

-

NOx Emission:

-

HC Emission:

-

PM Emission:

-

Message:

This is a public service vehicle.

Printed on 08 May 2020 08:29:25

Copyright © Land Transport Authority of Singapore 2018



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Bus

MZ601

E SN

AN0580A

Cov. Type:C

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.

DMB1SNW00002742000

Engine No.: ISLE432021836866

Cha. No.: LL3BHCDK7BA002820

1. Index Mark and Registration
Number of Vehicle

PD3627L

AUTOSAFE
=====

2. Name of Policy Holder

AKP COACH SERVICES PTE LTD

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

01/04/2020
(00:00:00)

Excess Sect I. S\$2,000.00

Excess Sect. II S\$1,500.00

4. Date of Expiry of Insurance

26/07/2021

EX ON WINDSCREEN S\$500.00

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 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:

Zhong Yue Qiang
Authorised Officer



For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

杨亚美

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com