

NATIONAL Assessment Centre Services.

Print 1 Jan 2021

2100005

Date In: 01/01/2021 15:49	Job description	Date & Time Completed	Done by
Ref No: N/A/C/210000588/Y	SAS e-Milling		
Veh No: CB 7166M	E-mail (by date time, A/C time)		
D.O.A: 29/01/2021 17:35	I-Motor Claim Form		
OID: 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/VV/KSP		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SKA 3553R	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: _____

Driver/Owner:	1) Alt: Accident Reporting (\$30)	INC (\$10)
Contact No:	2) DA: Damage Assessment (\$100)	\$100
Damaged Portion:	3) TP: Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$30
	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TR: TR Inspection	\$160
	7) NI: Idea DA + SMRT Survey	
	8) NIUC Additional Services	
	ON:	
	• NS: Courtesy Car / Tpt Allowance	\$3
	• NS: Repair Coordination	\$10
	• NS: Post Repair Inspection	\$25
	• NS: DV / Collect Excess Coordination	\$3
	• TE (NIUC) TP (NIUC) & latest DRS	\$30
	9) NIUC Mobile	
	Invoice dated	
	Invoice dated	

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	01/02/2021 15:49 (SGT)
Date of Accident	29/01/2021 17:35 (SGT)
Exact Location of Accident	Woodlands Rd, Singapore
Additional Location Information	SLIP ROAD TOWARDS BUKIT PANJANG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB7166M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AIK SHEN BUS SERVICE
Company Reg No	2XXXX400K
Email Address	aikshen1@singnet.com.sg
Mobile Phone No	(Phone) +65-96327095
Alternative Phone No	+65-91505574

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	RK117JSRDEA
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 - Reporting only
Vehicle Category	Bus

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMB1SNW00000252005
Cover Note Number	-

DRIVER

Name of Driver	AZMAN BIN SENIN
NRIC No	SXXXX867Z

Date Of Driving Pass	25/08/1992
Driving experience	28 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91505574
Alt. Phone Number	-
Email Address	aikshen1@singnet.com.sg
Address	BLK 436 WOODLANDS STREET 41 #06-384
Address complement	-
Postcode	730436
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	Side Swipe
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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	SKA3553R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

SKETCH PLAN

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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

Bt. Panjang

Slip road



woodlands Rd

old woodlands Rd

A= CB7166M

B= SKA 3553R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/01/2021 @ 17:35hrs. I was driving my bus CB7166M along woodlands Rd wanted to turn to slip road towards Bt. Panjang direction I wanted to switch lane to the slip road & the car SKA 3553R did not want to give way to my bus & my bus LH entrance door brushed onto the said car front RH rear view mirror as a result.

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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

01/02/2021
Res. [Signature]

Road surface: Dry / Wet

Weather condition: Clear / Raining

Speed: _____

Usage of veh during of accident:

Driver IC:

Driver Name :

Driver Pass date :

Driver 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: SKA 3553 R

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: 02 pax

Connect3 client vehicle no: CB7166M

Owner contact no: 9632 7095

Email address: alexshen 1 @ singnet . com .

Date of accident: 21/01/2021

Number of Pax : 01

Location of accident: Woodlands Rd slip rd

Males : -

Time of accident: 17:35hrs to Bt. Panjang

Females : 01

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



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

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.

DMB1SNW00000252005

Engine No.: 6D16953650

Cha. No.: RK117JB20038

1. Index Mark and Registration
Number of Vehicle

CB7166M

2. Name of Policy Holder

AIK SHEN BUS SERVICE

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

29/01/2020

Excess Sect. I - Fire & Theft .

S\$1,000.00

Excess Sect. II

S\$1,500.00

4. Date of Expiry of Insurance

28/01/2021

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 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:

ODDS & EVENS

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

杨亚美

Authorised Signatory

The owner and vehicle particulars for Vehicle No. CB7166M as at 01 Jul 2013 are as follows:

- | | |
|--|---|
| 1. Name | : AIK SHEN BUS SERVICE |
| 2. Identification No. Type | : Business |
| 3. Identification No. | : 29635400K |
| 4. Place Of Passport Issue | : - |
| 5. Vehicle No. | : CB7166M |
| 6. Previous Vehicle No. | : PA4163S |
| 7. Effective Date of Ownership | : 19 Dec 2012 |
| 8. Original Registration Date | : 29 Jul 2003 |
| 9. First Registration Date | : 29 Jul 2003 |
| 10. Vehicle Type | : S20 - School Transport
Bus/Coach/Minibus |
| 11. Vehicle Scheme | : School Bus with AWC |
| 12. Attachment 1 | : Air-Conditioned |
| 13. Attachment 2 | : - |
| 14. Attachment 3 | : - |
| 15. Vehicle Make Description | : MITSUBISHI |
| 16. Vehicle Model | : RK117JSRDEA |
| 17. Year of Manufacture | : 2002 |
| 18. Primary Colour | : Multi-Colored |
| 19. Secondary Colour | : - |
| 20. Passenger Capacity | : 41 |
| 21. Chassis/Trailer Chassis No. | : RK117JB20038 / - |
| 22. Propellant | : Diesel |
| 23. Engine No./Motor No. | : 6D16953650 / - |
| 24. Engine Capacity(cc)/Power Rating(kw) | : 7545 / - |
| 25. Unladen Weight(kg) | : 7260 |