

Date In: 22/01/2021 14:21	Job description	Date & Time Completed	Done by
Ref No: NBA/CT21002433/4	SAS e-filing		
Veh No: PC 4164D	E-mail (E-judge sheet, AIC sheet)		
D.O.A: 22/02/2021 06:30	I-Motor Claim Form		
(O) P Reporting Only	I-Motor W/O (With/Out OD sheet, TP sheet)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Pen / Hand to Owner / Witness		

Preferred Wksp / INC Assgn Wksp / QW: () Tel: () Fax: ()

TP Print/Supply: () Veh No: **XD 84997** 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 raplor.

() 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: ()

()

()

()

NA210193

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

QC Checked by (Engi-In-Charge): ()

Vehicle Comments: ()

Call: ()

1) All Accident Reporting (500)	INC (\$10)
2) DA + Damage Assessment (\$100)	\$40/\$43
3) TP + Towing Fee	\$120
4) PT + Follow-Through Survey	\$30
5) PT + Follow-Through Survey (Resurvey)	\$30
Verbal Interview with INC Only (w/ 10 Jan 2008)	\$75
6) TP + Inspection	\$160
7) NI + ID + DA + EMRT Survey	
8) NIUC Additional Services	
ONF	\$3
NI: Courtesy Car / Tpl Allowance	\$10
NI: Repair Coordination	\$25
NI: Post Repair Inspection	\$3
NI: DV / Collat Excess Coordination	\$25
TP (NI) + TP (w/ INC) + Post INC	\$0
NI: ID + Mobile	
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 Submission	22/02/2021 14:21 (SGT)
Date of Accident	22/02/2021 06:30 (SGT)
Exact Location of Accident	Pioneer, Singapore
Additional Location Information	ROUNDABOUT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC4164D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JK59 TRANSPORT PTE. LTD.
Company Reg No	2XXXXX207D
Email Address	admin@jk59.com.sg
Mobile Phone No	(Phone) +65-96675955
Alternative Phone No	+65-91325288

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	LT134P
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	Comprehensive
Fleet Policy	No
Policy Number	DMB1SNW00006462001
Cover Note Number	-

DRIVER

Name of Driver	TAN BENG BENG (CHEN MINGMING)
NRIC No	SXXXX881Z

Date Of Driving Pass	27/02/1994
Driving experience	27 YEARS
Gender	Male
Mobile Number	(Phone) +65-91325288
Alt. Phone Number	-
Email Address	admin@jk59.com.sg
Address	BLK 450A BUKIT BATOK WEST AVENUE 6 #07-653
Address complement	-
Postcode	651450
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	Collision - Head to Rear
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)	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?	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	XD8419T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-

Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

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SKETCH PLAN

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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.

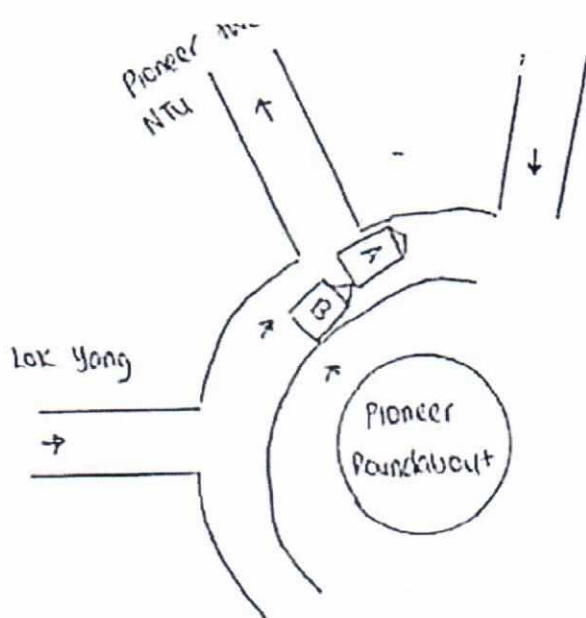


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



A= PC 4164D

B= XD8419T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/02/2021 @ 06:30hrs, I was driving my bus PC 4164D inside Pioneer Roundabout on the left lane of 2 lanes when a trailer XD8419T hit my bus rear in motion from behind.

DECLARATION

I hereby 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:
NRCC/TH No.:

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 x Employer

Witness (if any): yes/no

Witness name: _____

Witness hp: _____

Witness email (if any): _____

Witness add: _____

Witness IC no: _____

Third party veh number: XD 8419T

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: Euro Ins.

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: PC 4164D

Owner contact no: 9667 5955

Date of accident: 22/02/2021

Location of accident: Pioneer Roundabout

Time of accident : 06:30hrs.

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

Email address: admin@jk59.com.sg

Number of Pax : _____

Males : _____

Females : _____

PRIVATE SETTLEMENT

Accident involving vehicles registration nos. XD849T / PC 4164D
along PIONEER CIRCLE on 22/2/21 at 6.30 am/pm.

Hereby, both parties of undersigned agreed to private settle for this matter variably. We will not make any claim report and/or police report of this accident and there are no personal injuries or death involved.

Without any admission of liability, the party paying compensation has paid a sum of S\$ 1500.00 to the owner receiving compensation hereby acknowledges receipt thereof in full and final settlement of all damages and cost incurred and/or to be incurred as a result of the accident.

Name of paying party : BEN GH

NRIC/Passport No. : 91725803F

Contact No. : 87870020 / 6569 8981

Address : No. 19 SANGAI KIDUT LOOP
S'PORE 729462

Signature / Date :

Ben Gh 

Name of owner receiving : JK59 Transport Pte Ltd

NRIC/Passport No. : 200909207D

Contact No. : 6465 5959

Address : 17 Lorong Kilat
#01-10, Kibit Court
S 598139

Signature / Date :

JK59 

Motor Bus

M2601

R 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.

DMB1SNW0006462001

Engine No.: 6HK1614622

Chs. No.: JALLT134PB7000133

1. Index Mark and Registration
 Number of Vehicle

PC4164D

AUTOSAFE

2. Name of Policy Holder

JK59 TRANSPORT PTE LTD

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

30/07/2020

Excess Sect. I. S\$2,000.00

Excess Sect. II S\$1,000.00

4. Date of Expiry of Insurance

29/07/2021

EX ON WINDSCREEN. S\$800.00

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.

HIRE PURCHASE CO.: UNITED OVERSEAS BANK LIMITED AS HP OWNER

* Limitations rendered inoperative by Section 6 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

ODDS & BURN
 Authorised Officer



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

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport
/Company Cert No.: 200909207D

Owner ID Type: Company

Owner Name: JK59 TRANSPORT PTE. LTD.

Registered Address: BLK 17 LORONG KILAT #01-10 KILAT COURT SINGAPORE 598139

Mailing Address: -

Birth Date: -

Vehicle Particulars

Vehicle No.: PC4164D

Previous Vehicle No.: -

Effective Date of Ownership: 30 Jan 2013

Original Regn Date: 30 Jan 2013

Registration Date: 30 Jan 2013

Year of Manufacture: 2011

Vehicle Type: Private Hire (Chauffeur) Bus/Coach/Minibus

Vehicle Scheme: Bus Carrying School Children

Vehicle Attachment 1: Air-Conditioned

Vehicle Attachment 2: -

Vehicle Attachment 3: -

Vehicle Make: ISUZU

Vehicle Model: LT134P

Primary Colour: Multicolor

Secondary Colour: -

Passenger Capacity: 49

Chassis No.: JALLT134PB7000133

Engine No.: 6HK1614622

Engine Capacity /Power Rating: 7790 cc /-

Maximum Power Output: -

Propellant: Diesel

Max Unladen Weight:	10340 kg
Maximum Laden Weight:	15200 kg
Open Market Value:	\$108,542.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
Minimum PARF Benefit:	-
No. of Transfers:	0
IU Label No.:	2050095461
COE No.:	2015070105000632G
COE Expiry Date:	24 Sep 2025
COE Category:	C - Goods Vehicle & Bus
COE Registration Category:	C - Goods Vehicle & Bus
Quota Premium (QP) / Prevailing Quota Premium:	\$50,502.00 / -
Actual QP Paid:	\$50,502.00
QP (Regn Cat):	\$50,502.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$50,502.00
Additional Registration Fee Rate:	5.00 %
Actual ARF Paid:	\$5,428.00
Vehicle Lifespan Expiry Date:	29 Jan 2033
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-
Message:	This is a public service vehicle.

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN0812M0003 Vehicle Registration No: PC 4164D
Name(as shown in NRIC) : Tan Beng Beng NRIC/FIN/Passport No : —
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : — Singapore()
Contact (Tel) : — Mobile No. : —
Email Address : —
Date of Accident : 22/02/2021 Time of Accident : —
Place of Accident : Pioneer Roundabout
Insurance Company: China Taiping Insurance

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Third Party Claim change to Reporting only.

Both Parties agree on Private Settlement. Attached
Private Settlement Form



Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Keddi Hoo
NRIC/FIN No.:
Date: 23/02/2021