

NATIONAL Assessment Centre Services. [ver 1 Jan'05]

2102102811

Date In: 06/05/2021 15:47	Job description	Date & Time Completed	Done by:
Ref No: NA2102811	SAS e-filing		
Veh No: PA 8513P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 05/05/2021 23:30	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 / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: UNKNOWN CAR	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: ()

Remarks: (INC hotline: 6788/6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA2102811	Invoice Preparation Fee (Add'l)	Fee (\$)	AM (\$)
Claimant's Particulars:	1) AR: Accident Reporting (100)		
Driver/Owner:	2) DA: Damage Assessment (100) INC (50)		
Contact No:	3) TF: Towing Fee 540/545		
Damaged Portion:	4) FT: Follow-Through Survey 120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) 30		
	For claiming against INC Only (ver 10 Jan 2005)		
Auditors' Comments:	6) TR: Re-inspection 375		
	7) N1: Idao DA + SMRT Survey 160		
Pat. 1:	8) NTUC Additional Services:		
Pat. 2 / 3:	QD*		
	*N5: Courtesy Car / Trip Allowance 55		
	*N6: Repair Coordination 10		
	*N7: Post Repair Inspection 25		
	*N8: DV / Collect Excess Coordination 35		
	TP (N11): TP (Non-INC) against INC 20		
	9) N12: Idao Mobile 30		
	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 06/05/2021 15:47 (SGT)
Date of Accident 05/05/2021 23:30 (SGT)
Exact Location of Accident Yuan Ching Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PA8513P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CARE EXPRESS SERVICES
Company Reg No 5XXXX992M
Email Address intel_javier@hotmail.com
Mobile Phone No (Phone) +65-98715069
Alternative Phone No +65-98715069

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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
Transmission Auto
CC 2982

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMB1SNW00008242000
Cover Note Number -

DRIVER

Name of Driver AZMEE BIN ABDUL RAHIM
NRIC No SXXXX797A

* Date Of Birth	10/07/1973
Occupation	Outdoor
- Date Of Driving Pass	16/03/2009
Driving experience	12 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98715069
Alt. Phone Number	-
Email Address	intel_javier@hotmail.com
Address	BLK 648A JURONG WEST STREET 51 #16-230
Address complement	-
Postcode	641648
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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?	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/20210506/7019

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	UNKNOWN CAR
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

* Name of Driver -
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number UNKNOWN CAR
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver -
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

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 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.

B. Consent under the Personal Data Protection Act (PDPA)

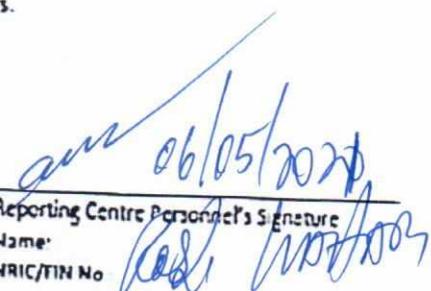
I understand, acknowledge, agree and consent that:

- (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/TIN No: _____

SKETCH PLAN

A - PA8513P
B - unknown Car
C - unknown Car.



Yuan ching Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police report - T/20210506/7019

[The rest of the form area is a large grid of horizontal lines, mostly crossed out with a large blue diagonal line.]

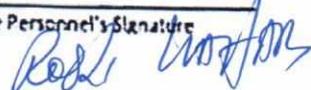
DECLARATION

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


Policyholder's Sign
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: Unknown & unknown.
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
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
_____ Male
_____ Female

Connect3 client vehicle no: PA 8513P
Owner contact no: 92115069
Date of accident: 5/5/2021
Location of accident: Yuen Ching Road
Time of accident : 23:30hrs

Email Address: Inter - Javier @ hotmail . com

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



**SINGAPORE
POLICE FORCE**



T/20210506/7019

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

2 of 3

Report No. T/20210506/7019

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
MANAGER			
Name	CHAN BIN HONG	ID No.	S9843770C
Related Vehicle	NIL	Contact No.	98715069
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

Brief Details.

I AM MAKING A POLICE REPORT AS MY DRIVER AZMEE BIN ADBUL RAHIM INVOLVED IN AN CHAIN COLLISION ACCIDENT WITH 2 OTHER UNKNOWN CAR. THE DRIVER CALLED ME AT 2330HRS INFORMED ME THAT HE MET AN ACCIDENT. I ASK THE DRIVER FOR THE OTHER PARTIES PARTICULARS DRIVER DID NOT RESPONSE TO ME AND JUST DROVE OFF. I CALLED DRIVER AT 0530HRS TO REMIND HIM THAT HE GOT JOB AT 0615HRS. AT 0640HRS DRIVER TEXTED ME THAT HIS HP GOT PROBLEM AND HE IS CURRENTLY AT THE JOB LOCATION AND I INFORM HIM TO FETCH THE PASSENGER, IN THE END HE DID NOT RESPONSE TO MY INSTRUCTION. I FEEL UNSURED AND I ASK ANOTHER DRIVER TO REPLACE THE JOB. I TRIED TO CALL THE DRIVER BUT HE NEVER PICK UP MY CALL AT ALL. IN THE END WE FOUND THE BUS OUTSIDE LAKESIDE APARTMENT(PARKVIEW MANSION). AND DRIVER CANNOT BE FOUND AT ALL. I MAKING A POLICE REPORT AS I NEED TO REPORT TO THE INSURANCE FOR THE ACCIDENT.



**SINGAPORE
POLICE FORCE**



T/20210506/7019

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

3 of 3

Report No. T/20210506/7019

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 /
STEPHANIE, CHEUNG TSZ YING
Contact No.: 96208032

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:
06/05/2021 14:37

Classification Of Case:

Motor Bus

M2601

N SN

AN0626A

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	DMB1SNW00008242000	Engine No.: 1KD1888403	
		Cha. No.:KDH2230005594	
1. Index Mark and Registration Number of Vehicle	PA8513P		
2. Name of Policy Holder	CARE EXPRESS SERVICES		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	20/08/2020	Excess Sect. II	SS1,500.00
4. Date of Expiry of Insurance	19/08/2021		

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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Used By: UNIVERSAL INSURANCE AGENCY PTE LTD
 Authorised Officer



Authorised Signatory

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

☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com

Enquire Vehicle Registration Details

Vehicle Registration Details

Vehicle No.
PA8513P

Make/Model
TOYOTA/HIACE COMMUTER GL 3.0 A

Vehicle Scheme
Public Service Vehicle (Others)

Current Propellant
Diesel

Chassis No.
KDH2230005594

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

Owner's Details

Owner Name:
CARE EXPRESS SERVICES

Owner ID Type:
Business

NRIC/Passport/Company Cert No.:
53416992M

Registered Address:
14 JALAN TARI PIRING JALAN KAYU ESTATE SINGAPORE 799167

Mailing Address:
-

Birth Date:

Registration Details

Previous Vehicle No.:

-

Effective Date of Ownership:

19 Aug 2020

Original Registration Date:

10 Mar 2009

Registration Date:

10 Mar 2009

No. of Transfers:

2

IU Label No.:

1550213375

Vehicle Specifications

Engine No.:

1KD1888403

Chassis No.:

KDH2230005594

Year of Manufacture:

2008

Primary Colour:

Silver

Secondary Colour:

-

Passenger Capacity:

10

Engine Capacity / Power Rating:

2982 cc / -

Maximum Power Output:

-

Max Unladen Weight:

2300 kg

Maximum Laden Weight:

3025 kg

Vehicle Attachment 1:

With Wheelchair Lift

Vehicle Attachment 2:

-

Vehicle Attachment 3:

-

Additional Registration Fee (ARF) and COE Information

Open Market Value:

\$52,899.00

Additional Registration Fee Rate:

5.00 %

Actual ARF Paid:

\$2,645.00

Vehicle Lifespan Expiry Date:

09 Mar 2029

OPC Cash Rebate Eligibility:

No

QP during COE Bidding Exercise:

\$2,590.00

COE No.:

2009030105000033G

COE Expiry Date:

29 Feb 2024

COE Category:

C - Goods Vehicle & Bus

COE Registration Category:

C - Goods Vehicle & Bus

Quota Premium (QP) / Prevailing Quota Premium

\$2,590.00 / -

PQP Paid

\$13,688.00

