

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

820821610005

Date In: 17/06/2021 17:39	Job description	Date & Time Completed	Done by
Ref No: N/A 101/121006805/4	SAS e-filing		
Veh No: PC 256Z	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 16/06/2021 12:00	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: () 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%. F: 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:	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

Claimant's Particulars:	Invoice Preparation Checklist	
	Am't (\$) Inc Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)	
Damaged Portion:	3) TF: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)	
	6) TR: Re-inspection \$75	
Pat. 1:	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
Pat. 2 / 3:	9) ON*	
	*N5: Courtesy Car / Tpt Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (N11): TP (N/a 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	17/06/2021 17:39 (SGT)
Date of Accident	16/06/2021 12:00 (SGT)
Exact Location of Accident	Clementi Ave 6, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC256Z
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CARE EXPRESS SERVICES
Company Reg No	5XXXX992M
Email Address	info@careexpress.sg
Mobile Phone No	(Phone) +65-88894435
Alternative Phone No	+65-97572586

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	DMB1SNW00007962000
Cover Note Number	-

DRIVER

Name of Driver	MOHAMMAD BIN KATTAN
NRIC No	SXXXX433E

Date Of Birth	23/08/1961
Occupation	Outdoor
Date Of Driving Pass	22/12/1988
Driving experience	32 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97572586
Alt. Phone Number	-
Email Address	info@careexpress.sg
Address	BLK 926 YISHUN CENTRAL 1 #02-181
Address complement	-
Postcode	760926
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	No 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	1
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	No
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LEE SIEW ENG
Gender	Female

PASSENGER 2

Name	HENG THIAM HUP
Gender	Male

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/20210617/7020

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEE SIEW ENG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	PC256Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	HENG THIAM HUP
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	PC256Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

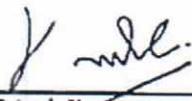
1. Please report correctly the details of the accident to speed up the claims process.
 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repeal 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)**

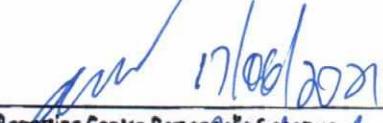
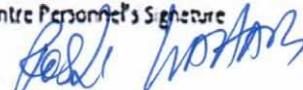
I understand, acknowledge, agree and consent that:

- (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: 



Celannti Ave 6.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police Report. 7/20210617/7020

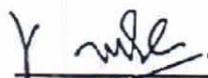
[The remainder of the form is a large rectangular area with horizontal lines, mostly blank, with a large blue scribble across it.]

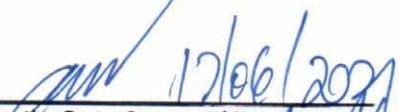
DECLARATION

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: [Handwritten name]
NRIC/TIN No.: [Handwritten number]



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

CONTINUATION OF REPORT

Driver			
Name	MOHAMAD BIN KATTAN		ID No. S1499433E
Related Vehicle	PC256Z (Van)		Contact No. 97572586
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
Passenger			
Name	LEE SIEW ENG		ID No. NIL
Related Vehicle	PC256Z (Van)		Contact No. NIL
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL		Degree of Slight
Passenger			
Name	HENG THIAM HUP		ID No. NIL
Related Vehicle	PC256Z (Van)		Contact No. NIL
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL		Degree of Slight

Brief Details.

ON 16/06/2021 AROUND 1115HRS , I MOHAMAD BIN KATTAN WENT TO ANG MO KIO THYE HUA KWAN HOSPITAL TO FETCH MR HENG THIAM HUP AND MADAM LEE SIEW ENG TO THEIR RESPECTIVE DIALYSIS CENTRE FOR DIALYSIS SESSIONS.

AT ABOUT 1200HRD WHILE MOVING OFF FROM THE A TRAFFIC LIGHT, THE ACCELERATION FROM THE VEHICLE CAUSES BOTH PATIENT'S WHEELCHAIR TO TOPPLE BACKWARDS, RESULTING BOTH PATIENTS TO FALL ON THEIR BACK. I IMMEDIATELY STOPPED THE VEHICLE AND ASSIST BOTH PATIENTS TO SIT UPRIGHT. I PROCEEDED TO CHECK ON THE CONDITIONS OF BOTH PATIENT AND BOTH SAY THEY ARE OK. I DECIDED TO CONTINUE MY JOURNEY. AFTER DROPPNG MADAM LEE OFF HER DIALYSIS CENTRE, MR HENG TOLD ME THAT HE EXPERIENCED PAIN AT THE BACK OF HIS HEAD AND HEADACHE. I ASK HIM IF HE IS OKAY AND HE REPLIED HE IS OKAY BUT STILL HAS THE HEADACHE, THEN I CONTINUE MY JOURNEY



**SINGAPORE
POLICE FORCE**



T/20210617/7020

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

3 of 4

Report No. T/20210617/7020

CONTINUATION OF REPORT

TO HIS DIALYSIS CENTER AND DROP HIM OFF THERE WHERE THE STAFF AT THE
REGIDTERING COUNTER PUSHED HIM IN FROM THE PICK UP POINT.
I INTIALLY BELIEVE THAT I HAD ADEQUATELY SECURED BOTH PATIENTS WHEELCHAIR
BEFORE MOVING OFF. I LATER THEN FOUND THAT I DID NOT PROPERLY SERCURE THE
WHEELCHAIR WHICH RESULTED IN THIS INCIDENT.



**SINGAPORE
POLICE FORCE**



T/20210617/7020

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

4 of 4

Report No. T/20210617/7020

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 / TPHQ /
HO JIEKANG, IVAN
Contact No.: 65476170

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:
17/06/2021 16:17

Classification Of Case:

CARE EXPRESS SERVICES

Incident Report

REPORTED BY: Mohamad Bin Kattan

DATE OF REPORT: 16th June 2021

TITLE / ROLE: Bus Captain

INCIDENT NO.: CESIR-0001

INCIDENT INFORMATION

INCIDENT TYPE: Patients fall due to wheelchairs overturn

DATE OF INCIDENT: 16/6/2021

LOCATION: Onboard Vehicle PC256Z

INCIDENT DESCRIPTION

On 16/6/2021 at around 1115HRS, I, Mohamad Bin Kattan went to Ang Mo Kio Thye Hua Kwan Hospital to fetch Mr Heng Thiam Hup and Madam Lee Siew Eng to their respective dialysis centers for dialysis sessions.

At about 1200HRS, while moving off from a traffic light, the acceleration from the vehicle causes both patient's wheelchair to topple backwards, resulting both patients to fall on their back. I immediately stopped the vehicle and assist both patients to sit upright. I proceeded to check on the conditions of both patient and both said that they are ok. I then decided to continue my journey. After dropping Madam Lee off at her dialysis center, Mr Heng told me that he experiences pain at the back of his head and headache. I ask him if he is okay and he replied he is okay but still has the headache, then I continue my journey to his dialysis center and drop him off there where the staff at the registering counter pushed him in from the pick-up point.

I initially believe that I had adequately secured both patient's wheelchair before moving off. I later found out that I did not properly secure the wheelchair which resulted in this incident.

NAME / ROLE / CONTACT OF PARTIES INVOLVED

1. Heng Thiam Hup (Patient) (M)

2. Lee Siew Eng (Patient) (F)

3. Mohamad Bin Kattan (Driver)

NAME / ROLE / CONTACT OF WITNESSES

1. NIL

FOLLOW-UP ACTION

1. Heng Thiam Hup was conveyed to National University Hospital via ambulance.
2. Lee Siew Eng was conveyed to National University Hospital via ambulance.
3. Care Express Services will be conducting a safety precaution review and additional training sessions for all drivers to ensure that these incidents like this will not happen again.
4. Mr Mohamad will share this incident with all the drivers to ensure that they do not make the same mistake.
5. Safety audit will also be carried out following the training sessions to ensure that drivers are carrying out the steps correctly.

SUPERVISOR
NAME:

CHAN BIN HONG

SUPERVISOR
SIGNATURE:

Jak



DATE: 17/6/21

Driver's
NAME:

MOHAMAD KATTAN

Driver's
SIGNATURE:

mbe

DATE: 17/6/21

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 1/2 Employer
Witness (if any): yes / no
Witness name: _____
Witness hp: _____
Witness email (if any): _____
Witness add: _____
Witness IC no: _____

Third party veh number: Passenger... fall down
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: 3
1 Male
1 Female

Connect3 client vehicle no: PL2562
Owner contact no: 8889 4435
Date of accident: 16/6/2021
Location of accident: Clementi Ave 6
Time of accident : 1200hrs

Email Address: Info@CareExpress.SS.

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



Motor Bus

MZ601

N SN

AN0626A

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.	DMB1SNW00007962000	Engine No.: 1KD2059011	Cha. No.:JTFST22P400009605
1. Index Mark and Registration Number of Vehicle	PC256Z	AUTOSAFE	=====
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	13/08/2020	Excess Sect. I .	\$S\$2,000.00
		Excess Sect. II	\$S\$1,500.00
		EX ON WINDSCREEN .	\$S\$100.00
4. Date of Expiry of Insurance	12/08/2021		
5. Persons or Classes of Persons entitled to drive*	<p>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.</p>		
6. Limitations as to use:*	<p>Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.</p> <p>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.</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.

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: UNIVERSAL INSURANCE AGENCY PTE LTD
Authorised Officer

Authorised Signatory

Vehicle Registration Details

<i>Vehicle No.</i> PC256Z	<i>Make/ Model</i> TOYOTA/TOYOTA HIACE HIROOF AUTO 14 SEATER	<i>Vehicle Scheme</i> Public Service Vehicle (Others)
<i>Current Propellant</i> Diesel	<i>Chassis No.</i> JTFST22P400009605	<i>Vehicle Type</i> 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:
13 Aug 2020

Original Registration Date:
30 Mar 2011

Registration Date:
30 Mar 2011

No. of Transfers:
2

IU Label No.:
1550244271

Vehicle Specifications

Engine No.:
1KD2059011

Chassis No.:
JTFST22P400009605

Year of Manufacture:

Primary Colour:

2010

White

Secondary Colour:

Passenger Capacity:

-

10

Engine Capacity / Power Rating:

Maximum Power Output:

2982 cc / -

-

Max Unladen Weight:

Maximum Laden Weight:

2380 kg

3200 kg

Vehicle Attachment 1:

Vehicle Attachment 2:

Air-Conditioned

With Wheelchair Lift

Vehicle Attachment 3:

-

Additional Registration Fee (ARF) and COE Information

Open Market Value:

Additional Registration Fee Rate:

\$37,122.00

5.00 %

Actual ARF Paid:

Vehicle Lifespan Expiry Date:

\$1,857.00

29 Mar 2031

OPC Cash Rebate Eligibility:

QP during COE Bidding Exercise:

No

\$28,589.00

COE No.:

COE Expiry Date:

2011030105000041W

29 Mar 2021

COE Category:

COE Registration Category:

C - Goods Vehicle & Bus

C - Goods Vehicle & Bus

Quota Premium (QP) / Prevailing Quota Premium:

Actual QP Paid

\$28,589.00 / -

\$28,589.00

QP (Regn Cat):

\$28,589.00

PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

No

-

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 23 Sep 2020 12:28:35

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