

NATIONAL Assessment Centre Services

Job # 10004

Date In: 18/08/2021 15:31	Job description	Date & Time Completed	Done by
Ref No: N38612100869014	SAS e-illing		
Veh No: PZ 1365P	E-mail (5 days after, A/C 4hrs)		
D.O.A: 17/08/2021 21:00	I-Motor Claim Form		
OID: TP / Reporting Only	I-Motor W/O (Within 60 days, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Assessment Report by Fax/Hand to Owner/VV/Insr		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Print/Supply:	Veh No: TRAFFIC LIGHT	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 repolon.

() 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: ()

Damage: ()

Other: ()

NA2103615

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

1) Allt Accident Reporting (300)	INC (410)
2) DA: Damage Assessment (\$100)	\$100
3) Towing Fee	\$120
4) PT: Follow Through Survey	\$30
5) PT: Follow Through Survey (Resurvey)	\$30
6) PT: Follow Through Survey (Resurvey) (Over 10 in 700)	\$75
7) PT: Follow Through Survey (Resurvey) (Over 10 in 700)	\$160
8) PT: Follow Through Survey (Resurvey) (Over 10 in 700)	\$160
9) PT: Follow Through Survey (Resurvey) (Over 10 in 700)	\$160
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Invoice dated: 18/08/2021

Invoice dated: 18/08/2021

Fee charged: \$160

Fee charged: \$160

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	18/08/2021 15:55 (SGT)
Date of Accident	17/08/2021 21:00 (SGT)
Exact Location of Accident	Upper Bukit Timah Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PZ1365P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AMARJIT & SONS COACH SERVICES PTE.LTD.
Company Reg No	2XXXXXX698N
Email Address	contactus@sgbuscharter.com
Mobile Phone No	(Phone) +65-87888896
Alternative Phone No	+65-81037544

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
Transmission	Manual
CC	7790

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMB1SNW00008012101
Cover Note Number	-

DRIVER

Name of Driver	RAJAMANI ARIVALAGAN
NRIC No	SXXXX133A

Date Of Birth	22/10/1984
Occupation	Outdoor
Date Of Driving Pass	20/05/2008
Driving experience	13 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81037544
Alt. Phone Number	-
Email Address	contactus@sgbuscharter.com
Address	BLK 12 JOO SENG ROAD #02-57
Address complement	-
Postcode	360012
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	Collided into Property
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	26
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Male

PASSENGER 4

Name	UNKNOWN
Gender	Male

PASSENGER 5

Name	UNKNOWN
Gender	Male

PASSENGER 6

Name	UNKNOWN
Gender	Male

PASSENGER 7

Name	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003639999
Alt. Police Station Phone No	(Fax) +65-63640997
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210818/2010

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	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	TRAFFIC LIGHT
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.
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.



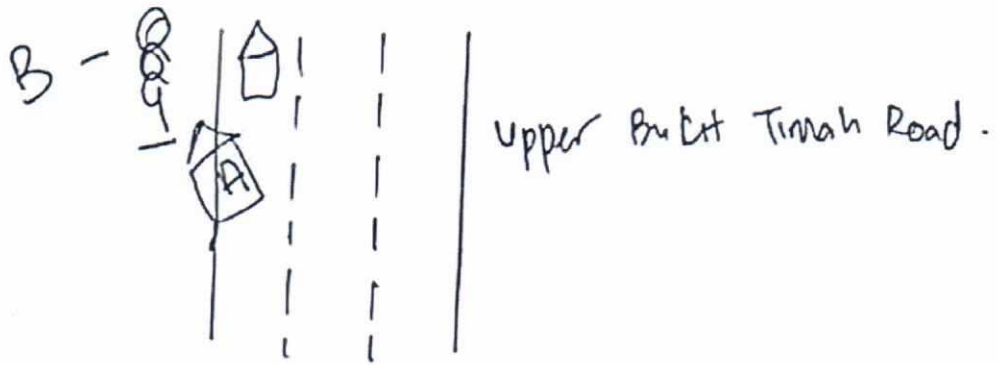
Policyholder's Signature
Date & Time:



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

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

B - Traffic light.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report. 7/20210818/2010

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/TIN 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: Traffic light
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: Woodlands West NPC.
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: 26.

25 Male
_____ Female

Connect3 client vehicle no: PZ 1365P.
Owner contact no: 8788 8896
Date of accident: 17/8/2021
Location of accident: Upper Bukit Timah Road.
Time of accident: 21:00
Any Injury: yes / no (if yes, must have police report)

Email Address: Contactus@sgbus charter. com



SINGAPORE POLICE FORCE



T/20210818/2010

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

1 of 3

Report No. T/20210818/2010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/08/2021 09:25		Vide Report No.:		Station Diary No.: 32	
Informant's Particulars					
Name of Informant: RAJAMANI ARIVALAGAN			Address: APT BLK 12 JOO SENG ROAD #02-57 SINGAPORE 360012		
ID Type / ID No.: NRIC NO / S8473133A			Contact No.: Home/Office: Mobile: 81037544		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 36	Date of Birth: 22/10/1984	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 17/08/2021 21:00	Type of Location: T-Junction
Location: UPPER BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Vehicle to Traffic Light				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PZ1365P	Bus/Coach/Mi nibus	ISUZU		White	Seriously Damaged	25

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

CONTINUATION OF REPORT

Driver			
Name	RAJAMANI ARIVALAGAN	ID No.	S8473133A
Related Vehicle	NIL	Contact No.	81037544
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 17/08/2021 about 2100hrs, I was driving my bus "PZ1365P" along Upper Bukit Timah Road when there is one Singapore registered black coloured car with unknown registration plate number driving in front of me. When we are approaching the traffic light, the car suddenly braked. As to avoid collision, I braked my vehicle and hit onto the traffic light by accident on my left.

I then stopped my vehicle and affirmed that all passengers inside my vehicle are safe and sound. No one required medical attention. In addition, I saw that the traffic light was bended and part of the cover was dislodged. However, it was still in working condition.

Damages on my vehicle as follows,

- 1) Windscreen cracked
- 2) Front bumper cracked and scratches

As I have to send the passengers back to their destination, I then decided to leave the scene and report the accident on the next day. That is all.



**SINGAPORE
POLICE FORCE**



T/20210818/2010

3 of 3

Report No. T/20210818/2010

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

L /

Sgt 3 GOH JIE HENG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Insp BOON YEN KIAN

Contact No.: 65476172

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

18/08/2021 09:25

Classification Of Case:



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.

DMB1SNW00008012101

Engine No.: 6HK1453291

Cha. No.: JALLT134P77000122

1. Index Mark and Registration
Number of Vehicle

PZ1365P

2. Name of Policy Holder

AMARJIT & SONS COACH SERVICES PTE LTD

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

01/07/2021
(00:00:00)

Excess Sect. II SS\$1,000.00

4. Date of Expiry of Insurance

30/06/2022

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.: YONG KHIONG CREDIT PTE LTD AS HP OWNER

* 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:

ODDS & SONS

Authorised Officer



Authorised Signatory

杨亚美

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

達高企業
TATCO ENTERPRISE
250/252 JALAN KAYU
SINGAPORE 799475/78
TEL: 6482 0153 FAX: 6481 1903

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport/Company Cert No.: 201226698N
 Owner ID Type: Company
 Owner Name: AMARJIT & SONS COACH SERVICES PTE. LTD.
 Registered Address: APT BLK 768 PASIR RIS STREET 71 #14-324 SINGAPORE 510768
 Mailing Address: -
 Birth Date: -

Vehicle Particulars

Vehicle No.: PZ1365P
 Previous Vehicle No.: -
 Effective Date of Ownership: 01 Jul 2019
 Original Regn Date: 09 Nov 2007
 Registration Date: 09 Nov 2007
 Year of Manufacture: 2007
 Vehicle Type: Private Hire (Chauffeur) Bus/Coach/Minibus
 Vehicle Scheme: Public Service Vehicle (Others)
 Vehicle Attachment 1: Air-Conditioned
 Vehicle Attachment 2: -
 Vehicle Attachment 3: -
 Vehicle Make: ISUZU
 Vehicle Model: LT134P
 Primary Colour: Multi-Colour
 Secondary Colour: -
 Passenger Capacity: 47
 Chassis No.: JALLT134P77000122
 Engine No.: 6HK1453291
 Engine Capacity / Power Rating: 7790 cc / -
 Maximum Power Output: -
 Propellant: Diesel
 Max Unladen Weight: 10300 kg
 Maximum Laden Weight: 15200 kg
 Open Market Value: \$88,151.00
 PARF Eligibility: No
 PARF Eligibility Expiry Date: -
 Minimum PARF Benefit: -
 No. of Transfers: 5
 IU Label No.: 2050055499
 COE No.: 2007090105000096Z
 COE Expiry Date: 31 Aug 2027
 COE Category: C - Goods Vehicle & Bus
 COE Registration Category: C - Goods Vehicle & Bus
 Quota Premium (QP) / Prevailing Quota Premium: \$5,767.00 / -
 PQP Paid: \$35,839.00
 QP (Regn Cat): \$5,767.00
 OPC Cash Rebate Eligibility: No
 QP during COE Bidding Exercise: \$5,767.00
 Additional Registration Fee Rate: 5.00 %
 Actual ARF Paid: \$0.00
 Vehicle Lifespan Expiry Date: 08 Nov 2027
 CO2 Emission: -
 CO Emission: -
 HC Emission: -
 NOx Emission: -
 PM Emission: -
 Message: This is a public service vehicle.

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OK

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