

NATION 11 Assessment Centre Services

Date In: 25/08/21	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/11/2100894243	E-mail (w/den, Stat, Ad, 2hrs):		
Veh No: PC7683C	i-Motor Claim Form		
D.O.A: 24/08/21 1340	i-Motor W/O (Within QD 2hrs, TP 4hrs)		
QD: <input checked="" type="checkbox"/> Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:	Veh No: GZ9925C	INC () / Non-INC ()	Tel:	Fax:
Owner / Driver: (
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:- (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

NA/2103767 NA/2103766	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
Cat 1:	6) TR: Re-inspection \$75			
Cat 2/3:	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	QD*			
	*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 (Non INC) against INC \$20			
	9) N12: Idac Mobile \$0			
	Invoice date:	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	25/08/2021 16:05 (SGT)
Date of Accident	24/08/2021 13:40 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TWDS CHANGI AIRPORT B4 EUNOS LINK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7683C
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	NAM SENG BUS SERVICE
Company Reg No	2XXXX600M
Email Address	namseng_bus@yahoo.com.sg
Mobile Phone No	(Phone) +65-96633433
Alternative Phone No	(Office) +65-63670585

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 - Claiming third party
Vehicle Category	Commercial vehicle
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	DMB1SNW00008282002
Cover Note Number	-

DRIVER

Name of Driver	RAMLI BIN ARIFIN
NRIC No	SXXXX633D

Date Of Birth	20/09/1961
Occupation	Outdoor
Date Of Driving Pass	05/10/1995
Driving experience	25 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97867527
Alt. Phone Number	-
Email Address	namseng_bus@yahoo.com.sg
Address	BLK 492 JURONG WEST ST 41
Address complement	#03-68
Postcode	640492
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	Raining
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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

PLS REFER TO THE ATTACHED STATEMENT.

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	GZ9925C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RAMLI BIN ARIFIN
Gender	Male
Phone No	(Phone) +65-97867527
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLIGHT
Were seat belts worn?	PC7683C
Was this injured conveyed to hospital by ambulance?	Yes
	No

IMPORTANT NOTICE

- 8. Consent under the Personal Data Protection Act (PDPA)**

(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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Witnessed by Reporting Centre
Personnel

B: G79925C

PIE Towards Changi Airport by Euro Link

[Signature]

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along PIE towards Changi Airport B4 Eunos Link at the 3rd lane of 4 lanes.

Suddenly, veh "b" at the extreme LH lane skidded and swerved into my lane and collided into the front RH portion of my vehicle and caused damage. *[Signature]*

DECLARATION

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

NAM SENG BUS SERVICE

Policyholder's Signature
Date & Time:

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

[Signature] 25/08/21
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

VEHICLE NO: PC7683C

MAKE & MODEL: Toyota Hiace high roof

AUTO / MANUAL

DATE OF ACCIDENT	24 / 08 / 2021	C.C. 2982
TIME OF ACCIDENT	1340	AM / PM
LOCATION OF ACCIDENT	PTE Towards Changi Airport by Eunos MK	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Nam seng Bus Service Email: namseng_bus@yahoo.com.sg	
TELP NO	Mobile: 9663-3433 Office: 6367-0585 Home:	
NRIC	27840600M	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO ?	
INSURANCE CO.	China Taiping	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO	DMB1SN W 0800 B 282002	
NAME OF DRIVER	AS ABOVE / IF NO. Ramli Bin Arifin	
NRIC	S1469633D	
DATE OF BIRTH	20 / 09 / 1961	
ANY PASSENGER	YES / NO	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	23 / 08 / 1995	
GENDER	Male / Female	
CONTACT NO.	Mobile: 9706-7527 Office: Home:	
EMAIL	namseng_bus@yahoo.com.sg	
ADDRESS	Blk 492 Jurong West St 41 #03-68 S (640492)	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No.	
RELATIONSHIP	Employee / If No.	
WEATHER CONDITION	Clear / Raining / Other	
ROAD SURFACE	Dry / Wet / Other	
ANY INJURIES	No / If yes, Who? (D) Ramli Bin Arifin (M)	
CONTACT NO.		
POLICE REPORT	No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?	
VEHICLE B NO.	G79925C	
NAME	Any Passenger: NIL	
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	

NEW HOCK TECK MOTOR PTE LTD

Email: admin@nhtmotor.com / yunli@nhtmotor.com

Tel: 6747 9241

Motor Bus

MZ601

R SN

ANQ580A

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.

DMB1SNW00006282002

Engine No.: 1KD2817673

Cha. No.: JTFST22P000037501

1. Index Mark and Registration
Number of Vehicle

PC7683C

AUTOSAFE

2. Name of Policy Holder

NAM SENG BUS SERVICE

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

11/09/2020

Excess Sect. I S\$1,500.00

Excess Sect. II S\$1,500.00

4. Date of Expiry of Insurance

10/09/2021

EX ON WINDSCREEN S\$100.00

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.: DAIMLER FINANCIAL SVCS AFRICA & ASIA PACIFIC LTD AS HP OWNER

* Limitations rendered inoperative by Section 5 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



Issued By:

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorised Signatory