

NATIONAL Assessment Centre Suppliers

Unit 1/1/2021

SWO 21/10004

Date In: 01/10/2021 12:16	Job description	Date & Time Completed	Done by
Ref No: N/A/CT2210011201	SAS e-illing		
Van No: PD 3637L	E-mail (by date time, A/S time)		
Q.O.A: 29/10/2021 20:30	1-Motor Claim X/prim		
(1) TP Reporting Only	1-Motor W/O (within 60 days TP limit)		
TP Insurer	1-Photo Uploaded		
	Assessment Survey Report		
	Asst Report by Fax/Hand to Owner/Visor		

Preferred Wksp / IRO Affiliation Wksp / QW:	Tell	Fax:
TP Manufacturer	Yrli No: SW 2230	NO () / Non-NO ()
Owner / Driver ()	Tell	
Policy No ()	Period ()	Cover Type ()
Continued by ()	Date:	Time:
Insured/Driver Liability ()	(Note - Est Stmts (WO) NI 0-20% PI 21-79% PI 80-100%)	
Year of Registration ()	Warranty Y/N () / NO ()	
Deductible (\$)	Loading \$1,000 () / \$2,000 ()	

- () Walk-in Customer / Customer's information strictly confidential & strictly NO refer of reputation
- () Total Loss Case to e-mail Insurer IMMEDIATELY
- Driver-in () / Towed-in () ; Involves Y/N () / NO () ; Towable COI ()
- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QO Check / Post Repair Inspection ()
- 3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury:	

Driver/Owner	1) All Accident Insurance (COI)	
Continual No:	2) PAI Deductible (if any)	NO () / \$100 () / \$100 ()
Continual Portion:	3) PAI Follow-up	\$100
QO Checked by (Engineer/Cherry):	4) PAI Follow-up through survey (if survey)	\$0
	5) PAI Follow-up through survey (if survey)	\$0
	6) PAI Follow-up through survey (if survey)	\$0
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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 01/11/2021 12:16 (SGT)
Date of Accident 29/10/2021 20:30 (SGT)
Exact Location of Accident Woodlands Ave 12, Singapore
Additional Location Information EXIT 9
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PD3627L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner AKP COACH SERVICES PTE. LTD
Company Reg No 2XXXXX066D
Email Address akpcoach.parmeshsingh@gmail.com
Mobile Phone No (Phone) +65-84884547
Alternative Phone No +65-80286333

VEHICLE PARTICULARS

Manufacturer Golden Dragon
Model XML6126J18
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 Bus
Transmission Manual
CC 8849

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMB1SNW00008682101
Cover Note Number -

DRIVER

Name of Driver MOHAMMAD HAIRIL BIN MOHAMED RAFFI
NRIC No SXXXX018H

Date Of Birth	02/01/1993
Occupation	Outdoor
Date Of Driving Pass	12/04/2017
Driving experience	4 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-80286333
Alt. Phone Number	-
Email Address	akpcoach.parmeshsingh@gmail.com
Address	BLK 667 WOODLANDS RING ROAD #06-331
Address complement	-
Postcode	730667
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	4
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)	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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDT2323C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

Postcode -
Insurance Company Name Liberty Insurance Pte Ltd
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number UNKNOWN
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Motorcycle
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 3

Vehicle Registration Number SMD9205D
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

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2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 lodging 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.:

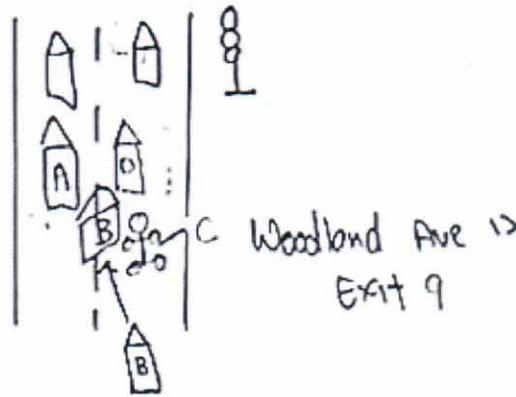
A - PD3627L

B - SBT2323C

C - unknown Bike.

D - SMP9205D

SKETCH PLAN



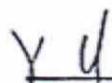
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/10/2021 around 20:30hrs, I was driving my Bus PD3627L along Woodlands Ave 13 Exit 9. My Bus was at the traffic light waiting for it to turn green. Suddenly I felt an impact from the rear. Veh B SBT 2323C collided into my Bus rear right portion. When I awoke to see Veh B actually collided onto Veh C (Unknown Bike) and Veh D SMP9205D.

DECLARATION

I/We hereby declare 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/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: SDT 2323C & SMP9205D & unknown Biker.
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: liberty.

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: 1

____ Male
____ Female

Connect3 client vehicle no: PD 3627L
Owner contact no: 8488 4547
Date of accident: 29/10/2021
Location of accident: Woodland Ave 13 exit.9
Time of accident: 20:30 hrs.
Any Injury: yes / no (if yes, must have police report)

Email Address: akpcoach.parmeshsingh@gmail.com

Motor Bus

MZ601

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.	DMB1SNW00008682101	Engine No.: ISLE432021836866	Cha. No.: LL3BHCDK7BA002820
1. Index Mark and Registration Number of Vehicle	PD3627L	AUTOSAFE	=====
2. Name of Policy Holder	AKP COACH SERVICES PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	27/07/2021 (00:00:00)	Excess Sect I .	\$S2,000.00
		Excess Sect. II	\$S1,500.00
		EX ON WINDSCREEN .	\$S500.00
4. Date of Expiry of Insurance	26/07/2022		
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: _____

ODDS & EVEN
Authorised Officer



杨亚美

Authorised Signatory

Vehicle Registration Details

<i>Vehicle No.</i> PD3627L	<i>Make/ Model</i> GOLDEN DRAGON /XML6126J18	<i>Vehicle Scheme</i> Public Service Vehicle (Others)
<i>Current Propellant</i> Diesel	<i>Chassis No.</i> LL3BHCDK7BA002820	<i>Vehicle Type</i> Private Hire (Chauffeur) Bus/Coach /Minibus

Owner's Details

Owner Name:
AKP COACH SERVICES PTE. LTD.

Owner ID Type:
Company

NRIC/Passport/Company Cert No.:
201500066D

Registered Address
**79B TOA PAYOH CENTRAL #36-27
CENTRAL HORIZON SINGAPORE 312079**

Mailing Address:
-

Birth Date
-

Registration Details

Previous Vehicle No.:
PC1773R

Effective Date of Ownership:
01 Apr 2020

Original Registration Date:
08 Nov 2012

Registration Date:
08 Nov 2012

No. of Transfers:
2

IU Label No.:
2050094455

Vehicle Specifications

Engine No.:
ISLE432021836866

Chassis No.:
LL3BHCDK7BA002820

Year of Manufacture:
2011

Primary Colour:
Multicolor

Secondary Colour:

-

Passenger Capacity:

53

Engine Capacity / Power Rating :

8849 cc / -

Maximum Power Output:

-

Max Unladen Weight:

12920 kg

Maximum Laden Weight:

18000 kg

Vehicle Attachment 1:

Air-Conditioned

Vehicle Attachment 2:

-

Vehicle Attachment 3:

-

Additional Registration Fee (ARF) and COE Information

Open Market Value:

\$139,744.00

Additional Registration Fee Rate:

5.00 %

Actual ARF Paid:

\$6,988.00

Vehicle Lifespan Expiry Date:

07 Nov 2032

OPC Cash Rebate Eligibility:

No

QP during COE Bidding Exercise:

\$56,001.00

COE No.:

2012110105000088K

COE Expiry Date:

07 Nov 2022

COE Category:

C - Goods Vehicle & Bus

COE Registration Category:

C - Goods Vehicle & Bus

Quota Premium (QP) / Prevailing Quota Premium :

\$56,001.00 / -

Actual QP Paid

\$56,001.00

QP (Regn Cat):

\$56,001.00

PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

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 08 May 2020 08:29:25

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