

NATIONAL Assessment Centre Services SME0822310003

Date In: 01/08/2022 14:47	Job Description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: N/A/FC220019214	E-mail (within 2hrs. Aft. 2hrs.):		
Veh No: PC 755A	i-Motor Claim Form		
DOA: 01/03/2022 08:12	i-Motor W/O (within 2hrs. Aft. 2hrs.)		
OD: TP 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: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: SLE 8813A	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%, R: 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

<p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:-</p> <p>Cat 1:</p> <p>Cat 2 / 3:</p>	<p>Invoice Preparation Checklist</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Amt (\$)</th> <th>Amt (\$)</th> </tr> <tr> <th></th> <th>1st Bill</th> <th>Add Bill</th> </tr> </thead> <tbody> <tr> <td>1) AR: Accident Reporting (\$30)</td> <td></td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100), INC (\$80)</td> <td></td> <td></td> </tr> <tr> <td>3) TF: Towing Fee \$40/\$45</td> <td></td> <td></td> </tr> <tr> <td>4) FT: Follow-Through Survey \$120</td> <td></td> <td></td> </tr> <tr> <td>5) FT: Follow-Through Survey (Resurvey) \$30</td> <td></td> <td></td> </tr> <tr> <td colspan="3">For claiming against INC Only (wef 10 Jan 2015)</td> </tr> <tr> <td>6) TR: Re-inspection \$75</td> <td></td> <td></td> </tr> <tr> <td>7) N1: idac DA + SMRT Survey \$160</td> <td></td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:-</td> <td></td> <td></td> </tr> <tr> <td> Q1:</td> <td></td> <td></td> </tr> <tr> <td> *N5: Courtesy Car / Tpt Allowance \$5</td> <td></td> <td></td> </tr> <tr> <td> *N6: Repair Co-ordination \$10</td> <td></td> <td></td> </tr> <tr> <td> *N7: Post Repair Inspection \$25</td> <td></td> <td></td> </tr> <tr> <td> *N8: DV / Collect Excess Coordination \$5</td> <td></td> <td></td> </tr> <tr> <td> *P (N11): TP (vs -n INC) against INC \$20</td> <td></td> <td></td> </tr> <tr> <td>9) N12: Idac Mobile \$30</td> <td></td> <td></td> </tr> </tbody> </table> <p>Invoice dated: _____ Fee Charged: _____</p> <p>Invoice dated: _____ Fee Charged: _____</p>		Amt (\$)	Amt (\$)		1st Bill	Add Bill	1) AR: Accident Reporting (\$30)			2) DA: Damage Assessment (\$100), INC (\$80)			3) TF: Towing Fee \$40/\$45			4) FT: Follow-Through Survey \$120			5) FT: Follow-Through Survey (Resurvey) \$30			For claiming against INC Only (wef 10 Jan 2015)			6) TR: Re-inspection \$75			7) N1: idac DA + SMRT Survey \$160			8) NTUC Additional Services:-			Q1:			*N5: Courtesy Car / Tpt Allowance \$5			*N6: Repair Co-ordination \$10			*N7: Post Repair Inspection \$25			*N8: DV / Collect Excess Coordination \$5			*P (N11): TP (vs -n INC) against INC \$20			9) N12: Idac Mobile \$30		
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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	01/03/2022 14:47 (SGT)
Date of Accident	01/03/2022 08:12 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIONEER ROAD NORTH EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC755A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ASIA TECHNICAL GAS CO PTE LTD
Company Reg No	1XXXXX958Z
Email Address	jcarandangjr@atg.com.sg
Mobile Phone No	(Phone) +65-97769059
Alternative Phone No	+65-97769059

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Urvan
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	2953

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	D-21098279MFBP
Cover Note Number	-

DRIVER

Name of Driver	CARANDANG JUANITO JR DE VILLA
Passport No/FIN	GXXXX438U

Date Of Birth	02/04/1980
Occupation	Indoor
Date Of Driving Pass	11/02/2020
Driving experience	2 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97769059
Alt. Phone Number	-
Email Address	jcarandangjr@atg.com.sg
Address	BLK 270C PUNGGOL FIELD #04-239
Address complement	-
Postcode	627270
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	Collision - Head to Rear
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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	COLLEQUE
Gender	Male

PASSENGER 2

Name	COLLEQUE
Gender	Male

PASSENGER 3

Name	COLLEQUE
Gender	Female

PASSENGER 4

Name	COLLEQUE
Gender	Female

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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLE8813A
Vehicle Manufacturer	Ford
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	GUAN CHIN THIAM
Contact Number	(Phone) +65-98288813
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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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.



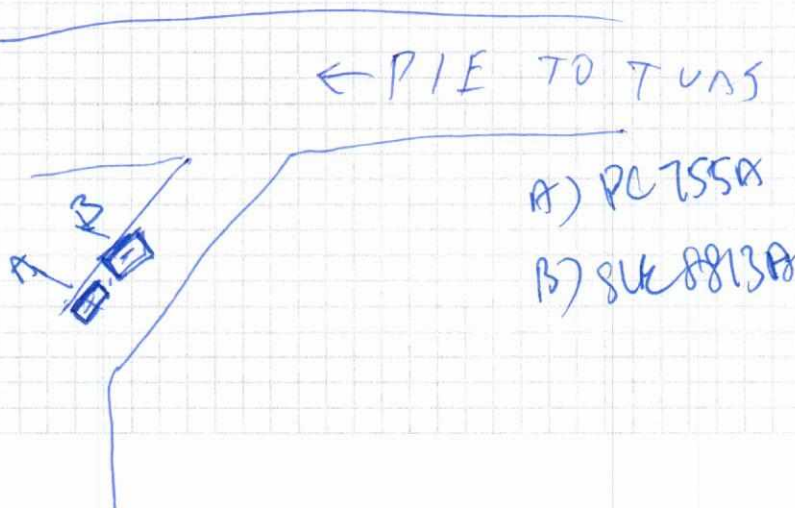
Policyholder's Signature / Date & Time

[Signature] 01/03/22 2:15 PM
JUANITO CARANDANG JR

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

[Signature] 01/03/22
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON MARCH 1, 2022 AROUND 8:12 IN THE MORNING
I WAS EXITING PIKE TO PIONEER NORTH, UPON STOPPING
ON THE JUNCTION I FELT SOMEONE HIT MY VEHICLE
FROM BEHIND.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

[Signature] 01/3/22 2:15 PM
CARANDANG JUANITO JR

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

[Signature] 01/03/2022
Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (01/03/2022) (DD/MM/YYYY), TIME: (8:12) (HH:MM).

LOCATION: PIE PIONEER NORTH EXIT

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC755A
b) INSURANCE COMPANY: FIRST CAPITAL
c) POLICY NUMBER: D21098279 F&P
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: NISSAN URVAN
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: GOING TO WORK
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)

2.. INSURED / POLICY HOLDER

- a) NAME: Mr. J. K. Singh (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CARANDAN, JUANITO JR. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G 6136438U CONTACT: 97769059
c) ADDRESS: BLK 270C PUNGCOL FIELD
04-239 (57627270

*d) DATE OF BIRTH: (02/04/1980) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

EXPIRATION DATE OF DRIVING PASS 30 11/2/2000

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) YES
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS _____)
b) ROAD SURFACE: (DRY / WET / OTHERS _____)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

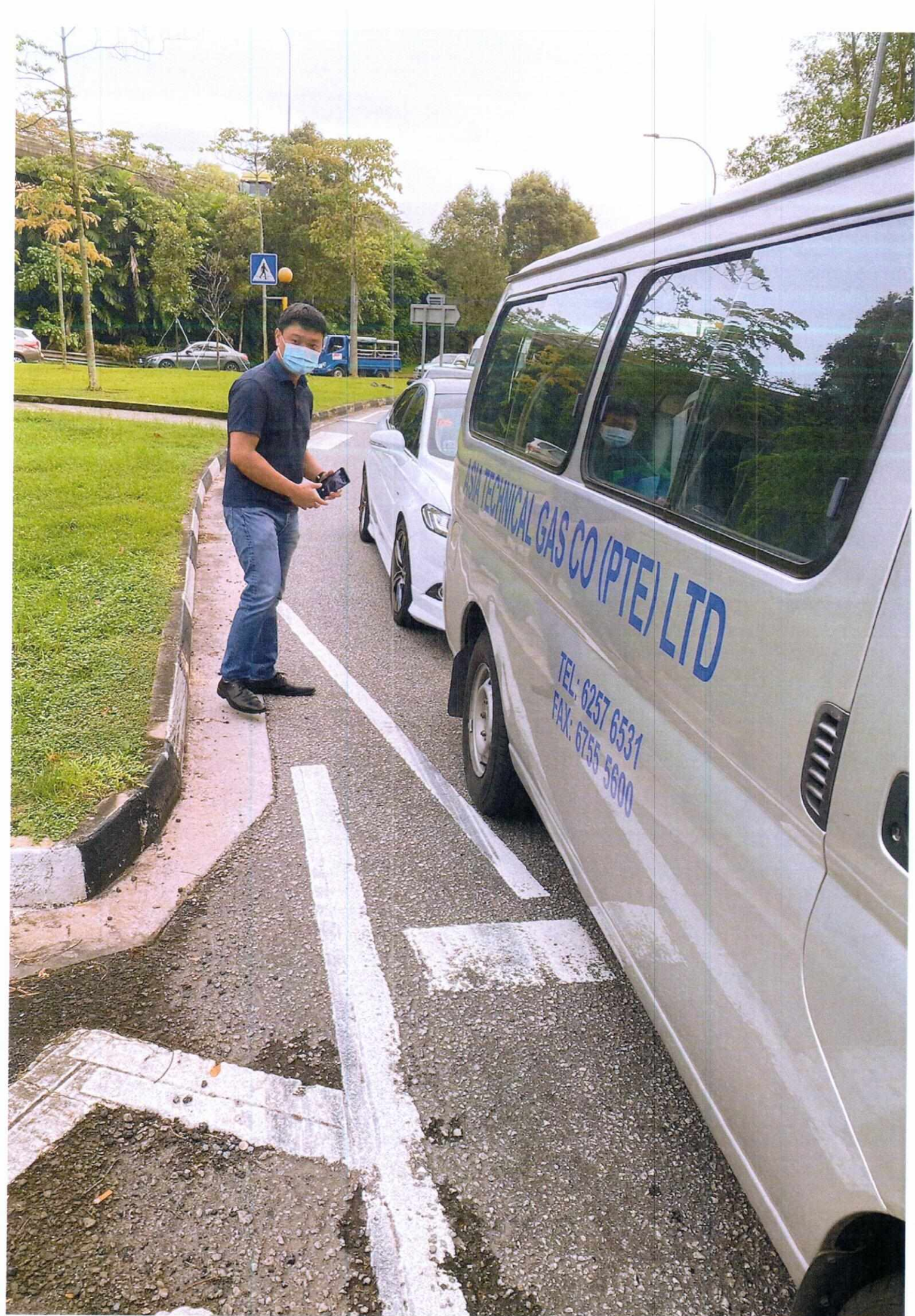
- a) VEHICLE NUMBER: SLE8813A MODEL: FORD
b) DRIVER'S NAME: GUAN CHIN THIA
c) NRIC/FIN/PASSPORT: SXXXX 464A CONTACT: 9828 8813

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = jcarandang^{SR}@atg.com.sg
VIDEO









CERTIFICATE OF INSURANCE

ORIGINAL

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)

Type of Policy. : BUSES - FLEET
Type of Cover. : Third Party Fire and Theft
Certificate No. : D-21098279MFBP
Vehicle No / Chassis No : PC755A / JN1TG4E25Z0790618
Name of Insured : ASIA TECHNICAL GAS CO (PTE) LTD
Period Of Insurance : 01.10.2021 To 30.09.2022
Insured Estimated Value : Market Value At Time Of Loss

Excess :

SGD2,500.00 SECTION I & II SEPARATELY

AN ADDITIONAL EXCESS OF SG\$3,500.00 ON SECTION I & II SEPARATELY IS IMPOSED ON THOSE DRIVERS WHO ARE BELOW 23 YEARS OLD AND/OR WHO HAVE LESS THAN 3 YEARS OF DRIVING EXPERIENCE

ALL EXCESS AMOUNTS ARE SUBJECT TO GST

Authorised Driver*

ANY AUTHORISED DRIVERS

Persons or classes of persons entitled to drive*

Any Person provided he is in the Insured's employ and is driving on their order or with their 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.

Limitations as to use*

Use only for the carriage of passengers or goods in connection with the Insured's business (as specified in the Schedule).

The Policy does not cover:-

(1) Use for racing, pacemaking, 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)

SUSAN/B0188/MZ601

Issued at Singapore on 27.09.2021

MS First Capital Insurance Limited
(Approved Insurers)
Authorised Signature

Vehicle Registration Details

Vehicle No. PC755A	Make/ Model NISSAN/URVAN MICROBUS 3.0 4DR 5MT ABS AIRBAG	Vehicle Scheme Public Service Vehicle (Others)
Current Propellant Diesel	Chassis No. JN1TG4E25Z0790618	Vehicle Type Passenger Bus/Coach /Minibus

Owner's Details

Company Name

ASIA TECHNICAL GAS CO PTE LTD

NRIC/Passport/Company Cert No.

197801958Z

Mailing Address

-

Owner ID Type

Company

Registered Address

21 TUAS AVENUE 3 SINGAPORE 639417

Birth Date

-

Registration Details

Previous Vehicle No.

-

Effective Date of Ownership

10 Apr 2012

Original Registration Date

07 Jul 2011

Registration Date

07 Jul 2011

No. of Transfers

1

IL/Label No.

1550247647

Vehicle Specifications

Engine No.

ZD30280439K

Chassis No.

JN1TG4E25Z0790618

Registration Year

2011

Exterior Colour

Silver

Secondary Colour:

-

Passenger Capacity:

11

Engine Capacity / Power Rating

2953 cc / -

Maximum Power Output

-

Max Unladen Weight

2140 kg

Maximum Laden Weight

3200 kg

Vehicle Attachment 1:

Air-Conditioned

Vehicle Attachment 2:

-

Vehicle Attachment 3:

-

Additional Registration Fee (ARF) and COE Information

Open Market Value

\$34,635.00

Additional Registration Fee Rate

5.00 %

Actual ARF Paid

\$1,732.00

Vehicle Life-span Expiry Date

06 Jul 2031

OPC Cash Rebate Eligibility:

No

QP during COE Bidding Exercise

\$23,900.00

COE No.

2011050105000305K

COE Expiry Date

30 Jun 2026

COE Category

C - Goods Vehicle & Bus

COE Registration Category

C - Goods Vehicle & Bus

Quota Premium (QP) / Prevailing Quota Premium

\$23,900.00 / -

PQP Paid

\$20,162.00

QP (Regn Cat)

\$23,900.00

PARF Rebate Details

PARF Eligibility

No

PARF Eligibility Expiry Date

-

Maximum PARF Rebate

-

Vehicle Emissions Details

CO₂ Emission:

-

CO Emission:

-

NO_x Emission:

-

HC Emission:

-

PM Emission:

-

Message:

This is a public service vehicle.

Printed on 19 Aug 2021 13:30:23

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