

Date In: 26/08/2022 09:13	Job description	Date & Time Completed	Done by
Ref No: 112220037754	SAS e-filing		
Veh No: PC 6888 S	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 21/08/2022 16:45	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: **S/C 4250G** 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 (\$)	Am't (\$)
			Inc Bill	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		
	4) FT: Follow-Through Survey	\$120		
C. Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey)	\$30		
	For claiming against INC Only (wef 10 Jan 2005)			
Auditors' Comments:-	6) TR: Re-inspection	\$75		
	7) N1: Idac DA + SMRT Survey	\$160		
t. 1:	8) NTUC Additional Services:-			
	OD*			
t. 2/3:	*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 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	25/04/2022 09:13 (SGT)
Date of Accident	21/04/2022 16:45 (SGT)
Exact Location of Accident	Punggol Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6808S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SINGAPORE COACH SERVICES PTE. LTD.
Company Reg No	2XXXXX110H
Email Address	accounts@singaporecoachservices.com
Mobile Phone No	(Phone) +65-93869274
Alternative Phone No	(Office) +65-66945458

VEHICLE PARTICULARS

Manufacturer	Yutong
Model	Zk6107he
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	6690

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMB1SNA00008542101
Cover Note Number	-

DRIVER

Name of Driver	ABDUL RAHMAN BIN OLI MOHAMAD
NRIC No	SXXXX704C

Date Of Birth	07/03/1968
Occupation	Outdoor
Date Of Driving Pass	25/09/1998
Driving experience	23 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93869274
Alt. Phone Number	-
Email Address	accounts@singaporecoachservices.com
Address	BLK 121 BEDOK RESERVOIR ROAD #08-196
Address complement	-
Postcode	470121
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	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)	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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC4750G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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) -

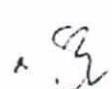
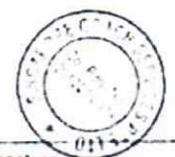
SKETCH PLAN

IMPORTANT NOTICE

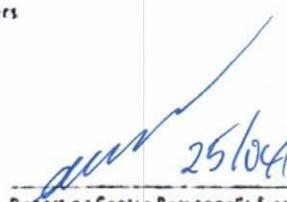
- 1 Please report correctly the details of the accident to speed up the claims process
- 2 This form must be completed by the Policyholder and/or the Authorised Driver
- 3 Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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 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) a 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
 - (1) 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
 - (2) 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

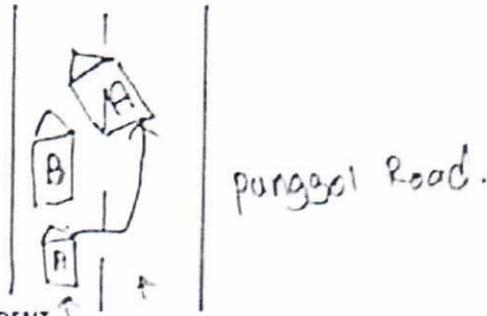

 Reporting Centre Personnel's Signature
 Name
 NRIC/TIN No.

25/04/2022

SKETCH PLAN

A - PC 6802S

B - SHC 47506

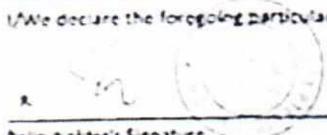


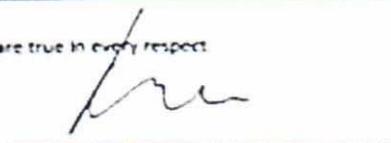
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

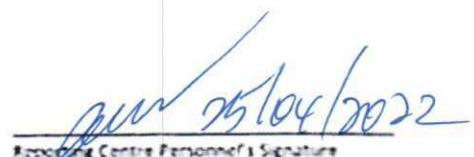
on 21/11/2022 around 16:15hrs, I was driving my bus PC 6802S along Punggol Road. Veh B SHC 47506 in front of my bus. I overtake veh B on the right. I misjudged the space and brush against veh B.

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/IN No.

Motor Bus

MZ601

R SN

BR0057A

Cov Type:C

CERTIFICATE OF INSURANCE

此保險單之條款及細則請參閱本保險單背面所附之條款及細則。
This policy is subject to the terms and conditions of the policy which are set out in the reverse side of this certificate.

1. 保險車輛

DMB1SNAC0008542101

Engine No : ISB67E525022231466

Cha No : LZYT8TD6XH1032097

2. 保險人

PC6808S

3. 保險人姓名

SINGAPORE COACH SERVICES PTE LTD.

4. 保險日期

12/07/2021
(00:00:00)

Excess Sect I . S\$2,500 00

Excess Sect. II S\$1,500 00

EX ON WINDSCREEN S\$300 00

5. 保險到期日期

11/07/2022

1. Persons other than the Policyholder who are permitted 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

2. Exclusions

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. : THINK ONE CREDIT PTE LTD AS HP OWNER

Insured hereby Certify

that the above information is true and correct and that the Motor Vehicle is used only for the purposes specified in the Schedule and is not used for any other purpose.

Signature of Insured

Tan Jia Hwei

12/07/2021

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

陳保險經紀私營有限公司
TAN INSURANCE BROKERS PTE LTD
3A/5A Aliwal Street, Chenn Leonn Building
Singapore 199896
www.tib.com.sg
Tel: (65) 6742 6766 Fax: (65) 6742 6669

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport /Company Cert No.: 201227110H
 Owner ID Type: Company
 Owner Name: SINGAPORE COACH SERVICES PTE. LTD
 Registered Address: 71 WOODLANDS AVENUE 10 #01-18 WOODLANDS INDUSTRIAL XCHANGE SINGAPORE 737743
 Mailing Address: -
 Birth Date: -

Vehicle Particulars

Vehicle No.: PC6808S
 Previous Vehicle No.: -
 Effective Date of Ownership: 14 Dec 2017
 Original Regn Date: 14 Dec 2017
 Registration Date: 14 Dec 2017
 Year of Manufacture: 2017
 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: YUTONG
 Vehicle Model: ZK6107HE AUTO
 Primary Colour: Multi-Colour
 Secondary Colour: -
 Passenger Capacity: 45
 Chassis No.: LZYTBD6XH1032097
 Engine No.: ISB67E525022231466
 Engine Capacity /Power Rating: 6690 cc / -
 Maximum Power Output: -
 Propellant: Diesel

Max Unladen Weight:	11160 kg
Maximum Laden Weight:	15500 kg
Open Market Value:	\$115,520.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
Minimum PARF Benefit:	-
No. of Transfers:	0
IU Label No.:	-
COE No.:	2017120105000042Z
COE Expiry Date:	13 Dec 2027
COE Category:	C - Goods Vehicle & Bus
COE Registration Category:	C - Goods Vehicle & Bus
Quota Premium (QP) / Prevailing Quota Premium:	\$58,036.00 / -
Actual QP Paid:	\$58,036.00
QP (Regn Cat):	\$58,036.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$58,036.00
Additional Registration Fee Rate:	5.00 %
Actual ARF Paid:	\$5,776.00
Vehicle Lifespan Expiry Date:	13 Dec 2037
CO2 Emission:	-
Message:	To renew the COE, the Prevailing Quota Premium payable is that of Category C. This is a public service vehicle.