

## NATIONAL Assessment Centre Services:

(wef 1 Jan'08)

SNO 9225 7000A

Date In: 18/05/2022 13:07	Job description	Date & Time Completed	Done by
Ref No: N/A 22004642/4	SAS e-filing		
Veh No: PC 4093A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 14/05/2022 18:13	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: SM 3924C

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 &amp; 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)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost &gt; \$3000] ( )

Injury:

Date/Time

Actions


## Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

C. Checked by (Engr-In-Charge):

## Auditors' Comments:

1.1:

1.2/3:

## Invoice Preparation Checklist

Amt (\$)

Inc 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
- 6) TR: Re-inspection \$75
- 7) NI: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:

## OD:

- \*N3: 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	18/05/2022 13:07 (SGT)
Date of Accident	14/05/2022 18:13 (SGT)
Exact Location of Accident	2 Choa Chu Kang Grove, Singapore 688238
Additional Location Information	SOL ACRES CONDOMINIUM
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC4093A
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	METRO COACH SERVICES PTE. LTD.
Company Reg No	2XXXXX324M
Email Address	accounts@metrotours.com.sg
Mobile Phone No	(Phone) +65-94550531
Alternative Phone No	+65-94220340

### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Rosa
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	2998

### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SI21V06373/VBS/R05
Cover Note Number	-

### DRIVER

Name of Driver	MISSNAM BIN SUPRI
NRIC No	SXXXX405Z

Date Of Birth	04/02/1954
Occupation	Outdoor
Date Of Driving Pass	05/05/1978
Driving experience	44 YEARS
Gender	Male
Mobile Number	(Phone) +65-94220340
Alt. Phone Number	-
Email Address	accounts@metrotours.com.sg
Address	BLK 685C WOODLANDS DRIVE 73 #08-32
Address complement	-
Postcode	733685
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	21
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	UNKNOWN PAX
Gender	Male

#### PASSENGER 2

Name	UNKNOWN PAX
Gender	Male

#### PASSENGER 3

Name	UNKNOWN PAX
Gender	Male

#### PASSENGER 4

Name	UNKNOWN PAX
Gender	Female

#### PASSENGER 5

Name	UNKNOWN PAX
Gender	Female

#### PASSENGER 6

Name	UNKNOWN PAX
Gender	Female

#### PASSENGER 7

Name	UNKNOWN PAX
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 ..... SJM3924C  
 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

### 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 to 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.

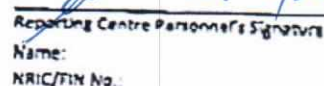


Policyholder's Signature  
Date & Time:



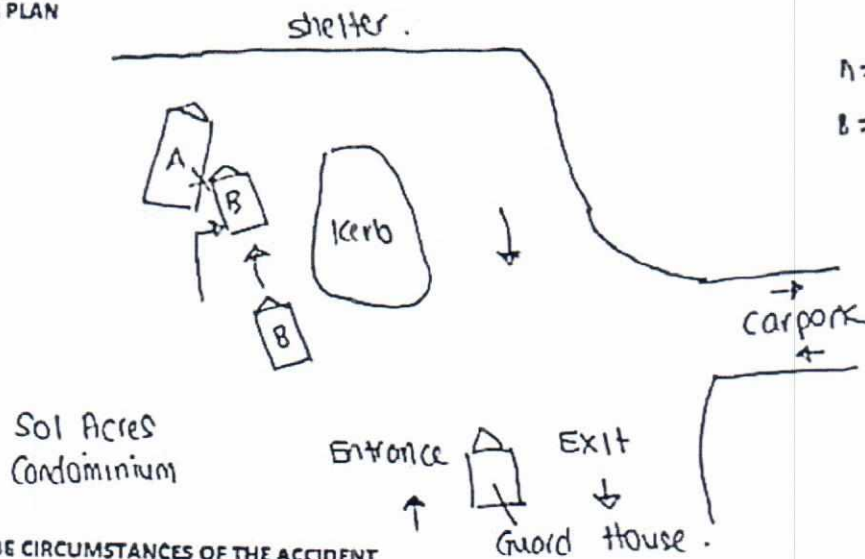


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

18/05/2022

# SKETCH PLAN



A = PC 4093 A

B = SJM3924C

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/05/2022 @ 18:13hrs, I was driving my shuttle bus PC4093A @ the roundabout at Sol Acres Condo when a car SJM3924C which was entering the round drove at a fast speed into the roundabout & hit onto my bus in lower portion of a result.

## DECLARATION

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

*[Signature]*  
Policyholder's Signature  
Date & Time:



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

*[Signature]* 18/05/2022  
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: SJM 3924 C.  
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: \_\_\_\_\_  
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: 21 Pax

12 Male  
08 Female

Connect3 client vehicle no: PC4093A  
Owner contact no: 9455 0531  
Date of accident: 14/05/2022  
Location of accident: Sol Acres Condo.  
Time of accident : 18:13hrs


Email Address: Accounts@MetroTaxis.com.sg

Any Injury: yes / no ( if yes, must have police report)



## 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  
 ROAD TRANSPORT (AMENDMENT) ACT 2019  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

<b>Certificate No</b>	SI21V06373 /VBS /R05		
<b>Form</b>	MZ603A		
Date of Issue:	19-May-2021		
1.Index Mark and Registration No. of Vehicle:	PC4093A		
2.Chassis number of Vehicle:	BE641JK30052		
3.Name of Policyholder:	METRO COACH SERVICES PTE LTD		
4.Effective date of Commencement of Insurance for the purpose of the Act:	11-JUN-2021 00:00		
5.Date of Expiry of Insurance:	10-JUN-2022 23:59		
6.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.</p> <p>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> <p>And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.</p>		
7.Limitations as to use*:	<p>A) Use only for the carriage of passengers or goods in connection with the Policyholder's business.</p> <p>B) Use only in the Republic of Singapore.</p>		
8.Policy does not cover:	<p>A) Use for racing, pace-making, reliability trials or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p>		
<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 are not to be included under these headings.</p>			
<p>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.</p>			
			<p>For and on behalf of</p> <p><b>LIBERTY INSURANCE PTE LTD</b></p> <p>Approved Insurers</p> 
			<p>_____          Authorised Signature</p>
<b>For Information only:</b>			
COVERAGE:	Comprehensive, Windscreen Limit S\$2000.00 (No Reinstatement allowed), Geographical Area: Singapore only		
SUM INSURED (\$\$):	MARKET VALUE AT THE TIME OF LOSS		
EXCESS (\$\$):	Section I \$2,500.00, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers \$3,000.00, Windscreen Excess \$200.00		
FINANCE COMPANY:	MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD		
PRODUCER NAME:	E TAY TRADING COMPANY		



## Enquire Vehicle Registration Details

### Owner Particulars

NRIC/Passport /Company Cert No.: 200903324M

Owner ID Type: Company

Owner Name: METRO COACH SERVICES PTE LTD

Registered Address: 51 CUPPAGE ROAD #01-14 51 CUPPAGE ROAD SINGAPORE 229469

Mailing Address: -

Birth Date: -

### Vehicle Particulars

Vehicle No.: PC4093A

Previous Vehicle No.: -

Effective Date of Ownership: 11 Dec 2015

Original Regn Date: 11 Dec 2015

Registration Date: 11 Dec 2015

Year of Manufacture: 2015

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: MITSUBISHI

Vehicle Model: ROSA BUS BE641JRMDEB

Primary Colour: White

Secondary Colour: -

Passenger Capacity: 24

Chassis No.: BE641JK30052

Engine No.: 4P10B70201

Engine Capacity /Power Rating: 2998 cc / -

Maximum Power Output: -

Propellant: Diesel

Max Unladen Weight:	4040 kg
Maximum Laden Weight:	6040 kg
Open Market Value:	\$62,410.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
Minimum PARF Benefit:	-
No. of Transfers:	0
IU Label No.:	1550281546
COE No.:	2015120105000254C
COE Expiry Date:	10 Dec 2025
COE Category:	C - Goods Vehicle & Bus
COE Registration Category:	C - Goods Vehicle & Bus
Quota Premium (QP) / Prevailing Quota Premium:	\$45,890.00 / -
Actual QP Paid:	\$45,890.00
QP (Regn Cat):	\$45,890.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$45,890.00
Additional Registration Fee Rate:	5.00 %
Actual ARF Paid:	\$3,121.00
Vehicle Lifespan Expiry Date:	10 Dec 2035
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-
Message:	null This is a public service vehicle.