

NATIONAL Assessment Centre Services:

(wef 1 Jan'08)

SN0822570001

Date In: 07/06/2022 11:05	Job description	Date & Time Completed	Done by
Ref No: N/A 1722005384/4	SAS e-filing		
Veh No: CB 8687E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 06/06/2022 15:25	I-Motor Claim Form		
OD: TP / Reporting Only	I-Motor W/O (Within: OD, 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: GBL5049R

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:

(INC hotline: 6788 6616)

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

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000]: ()

Injury:

Date/Time	Actions

N/A 2201547

Statement's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

C Checked by (Engr-In-Charge):

Auditors' Comments:

L 1:

L 2 / 3:

Invoice Preparation Checklist:

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 2003)	
6) TR: Re-inspection	\$75
7) N1: Idao DA + SMRT Survey	\$160
8) NTUC Additional Services:	
OD:	
*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 (N11 INC) against INC	\$20
9) N12: Idao 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	07/06/2022 11:05 (SGT)
Date of Accident	06/06/2022 15:25 (SGT)
Exact Location of Accident	Whitley Rd, Singapore
Additional Location Information	SLIP ROAD TOWARDS DUNEARN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB8487E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KAL TRANSPORT PTE. LTD.
Company Reg No	2XXXXX086E
Email Address	kaltransport@tts.edu.sg
Mobile Phone No	(Phone) +65-9188100
Alternative Phone No	(Office) +65-67767371

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	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMB1SNW00003732205
Cover Note Number	-

DRIVER

Name of Driver	LI JUNYI
NRIC No	SXXXX575Z

Date Of Birth	21/11/1949
Occupation	Outdoor
Date Of Driving Pass	01/03/1967
Driving experience	55 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-9188100
Alt. Phone Number	-
Email Address	kaltransport@tts.edu.sg
Address	BLK 891B WOODLANDS DR 50 #05-185
Address complement	-
Postcode	731891
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)	9
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Male

PASSENGER 4

Name	UNKNOWN
Gender	Male

PASSENGER 5

Name	UNKNOWN
Gender	Male

PASSENGER 6

Name	UNKNOWN
Gender	Male

PASSENGER 7

Name	UNKNOWN
Gender	Male

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 GBL5049R
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) -

SKETCH PLAN

IMPORTANT NOTICE

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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) 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:

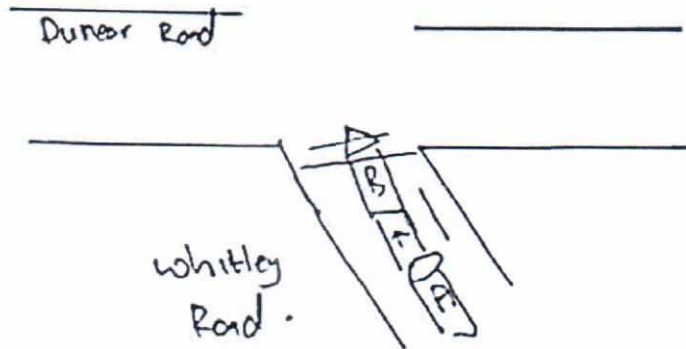
Reporting Centre Personnel's Signature
Name
NRIC/FIN No.:

01/06/2022

SKETCH PLAN

A - CB8487E

B - GBL5049R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6/6/2022 around 1525hrs, I was driving along Whitley Road Ship Road towards Dunearn Road. Veh B GBL5049R slowed down, I cannot stop in time and collided onto veh B rear portion.

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/TIN No.

07/06/2022

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: Employer & employee
Witness (if any): yes / no
Witness name: _____
Witness hp: _____
Witness email (if any): _____
Witness add: _____
Witness IC no: _____

Third party veh number: GBL 5049R
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: 9

1 Male
7 Female

Connect3 client vehicle no: CB8487E

Owner contact no: 67767371

Email Address: KALTransport@tts.edu.sg

Date of accident: 6/6/2022

Location of accident: Whitley Road Slip Road to Dunearn Road

Time of accident: 15:25hrs.

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

Motor Bus

MZ601

R SN

AN0580A

Cov. Type:F

CERTIFICATE OF INSURANCEMotor 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.

DMB1SNW00003732205

Engine No.: ZD30048741K

Cha. No.: JN1TG4E25Z0715412

1. Index Mark and Registration
Number of Vehicle

CB8487E

2. Name of Policy Holder

KAL TRANSPORT PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment06/03/2022
(00:00:00)

Excess Sect. II S\$750.00

4. Date of Expiry of Insurance

05/03/2023

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.

* 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 Office

Authorised Signatory

Vehicle Registration Details

Vehicle No. CB8487E	Make/ Model NISSAN/URVAN 3.0 M	Vehicle Scheme School Bus without AWC
Current Propellant Diesel	Chassis No. JN1TG4E25Z0715412	Vehicle Type School Transport Bus /Coach/Minibus

Owner's Details

Owner Name:
KAL TRANSPORT PTE. LTD.

Owner ID Type:
Company

NRIC/Passport/Company Cert No.:
200505086E

Registered Address
**12 FABER CRESCENT FABER HILLS
SINGAPORE 129460**

Mailing Address:
-

Birth Date
-

Registration Details

Previous Vehicle No.:
-

Effective Date of Ownership:
10 Dec 2016

Original Registration Date:
06 Sep 2006

Registration Date:
06 Sep 2006

No. of Transfers:
2

IU Label No.:
1550158612

Vehicle Specifications

Engine No.:
ZD30048741K

Chassis No.:
JN1TG4E25Z0715412

Year of Manufacture:
2006

Primary Colour:
White

Secondary Colour:

-

Passenger Capacity:

11

Engine Capacity / Power Rating :

2953 cc / -

Maximum Power Output:

-

Max Unladen Weight:

1800 kg

Maximum Laden Weight:

3100 kg

Vehicle Attachment 1:

Air-Conditioned

Vehicle Attachment 2:

-

Vehicle Attachment 3:

-

Additional Registration Fee (ARF) and COE Information

Open Market Value:

\$22,155.00

Additional Registration Fee Rate:

5.00 %

Actual ARF Paid:

\$1,108.00

Vehicle Lifespan Expiry Date:

05 Sep 2026

OPC Cash Rebate Eligibility:

No

QP during COE Bidding Exercise:

-

COE No.:

-

PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

Minimum PARF Benefit:

-

Vehicle Emissions Details

CO2 Emission:

-

CO Emission:

-

HC Emission:

-

NOx Emission:

-

PM Emission:

-

Message:

This is a public service vehicle.

Printed on 06 Jun 2022 16:40:11

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