

NATIONAL Assessment Centre Services

Date In: 07/06/22	Job description	Date & Time Completed	Done by
Ref No: NA/CTI2005385/13	SAS e-filing		
Veh No: PC7415K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 25/05/22 1615	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: SM76851L	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)	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

NA220597	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac 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		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11): TP (Non INC) against INC \$20		
Cat. 2 / 3:	9) N12: Idac Mobile \$10		
	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 11:30 (SGT)
Date of Accident	25/05/2022 16:15 (SGT)
Exact Location of Accident	Dunearn Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7415K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JOSEPH COACH PTE LTD
Company Reg No	2XXXXX851E
Email Address	josephcoachsg@gmail.com
Mobile Phone No	(Phone) +65-87672547
Alternative Phone No	+65-87672547

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	ROSA BE641JRMDEE
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	Commercial vehicle
Transmission	Manual
CC	2998

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMB1SNW00015582102
Cover Note Number	-

DRIVER

Name of Driver	SIM SIEW HONG
NRIC No	SXXXX354C

Date Of Birth	09/01/1954
Occupation	Outdoor
Date Of Driving Pass	13/10/1976
Driving experience	45 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91818964
Alt. Phone Number	-
Email Address	josephcoachsg@gmail.com
Address	BLK 662D EDGEDALE PLAINS
Address complement	#08-700
Postcode	824662
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	DRIZZLING
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)	16
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	STUDENT
Gender	Male

PASSENGER 2

Name	STUDENT
Gender	Male

PASSENGER 3

Name	STUDENT
Gender	Male

PASSENGER 4

Name	STUDENT
Gender	Male

PASSENGER 5

Name	STUDENT
Gender	Male

PASSENGER 6

Name	STUDENT
Gender	Male

PASSENGER 7

Name	STUDENT
Gender	Male

PASSENGER 8

Name	STUDENT
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Gender	Female
PASSENGER 9	
Name	STUDENT
Gender	Female
PASSENGER 10	
Name	STUDENT
Gender	Female
PASSENGER 11	
Name	STUDENT
Gender	Female
PASSENGER 12	
Name	STUDENT
Gender	Female
PASSENGER 13	
Name	STUDENT
Gender	Female
PASSENGER 14	
Name	STUDENT
Gender	Female
PASSENGER 15	
Name	STUDENT
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

PLS REFER TO THE ATTACHED STATEMENT.

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	SMT6851L
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 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.

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.

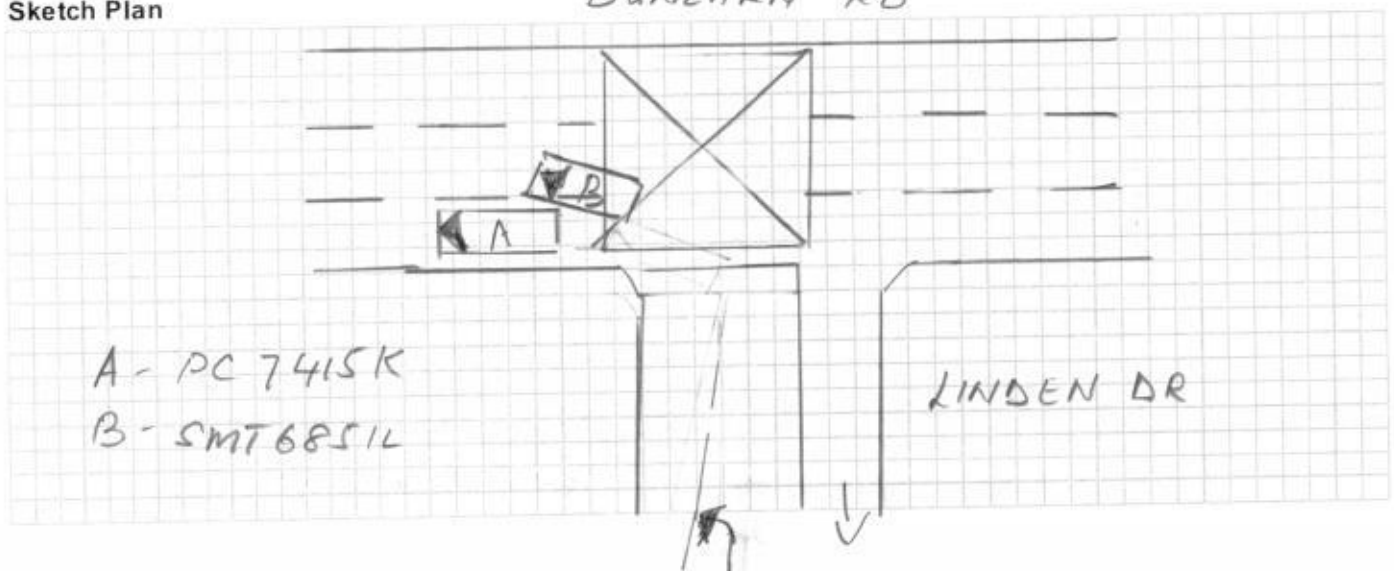


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was travelling from Linden Drive turning left into Dunearn Road. After making a left turn and I was inside my lane suddenly veh B overtake from my right and hit onto my rear right side portion of my veh.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

\$ 6/6/22

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

shyer 07/06/22

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (05/05/22) (DD/MM/YYYY), TIME: (16:15) (HH:MM)

LOCATION: ALONG AUNEAR RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC 7415K
b) INSURANCE COMPANY: CHINA TAIPIING
c) POLICY NUMBER: DMB15NW00015582102
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: MITSUBISHI AUTO/MANUAL
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: JOSEPH COACH PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 87672547
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: SIM SIEW HON (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S0076354C CONTACT: 91818964
c) ADDRESS: BLK 662D EDGEDALE PLAINS
#08-700 (824662)

*d) DATE OF BIRTH: (09/01/1954) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 13/10/1976

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DRIZZLING

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS DRIZZLING)
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: SMT6851L MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email = josephcoach^{sg}@gmail.com

fax =

VIDEO = NO.

Motor Bus

MZ601

R SN

AN0666A

Cov. Type: C

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.

DMB1SNW00015582102

Engine No.: 4P10D49721

Cha. No.: BE641JK30512

1. Index Mark and Registration
Number of Vehicle

PC7415K

AUTOSAFE

2. Name of Policy Holder

JOSEPH COACH PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment07/12/2021
(00:00:00)

Excess Sect. I. S\$2,000.00

Excess Sect. II S\$2,000.00

4. Date of Expiry of Insurance

06/12/2022

EX ON WINDSCREEN. S\$100.00

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.

HIRE PURCHASE CO.: SINGAPURA FINANCE LTD AS HP OWNER

* 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: JUN SHI INSURANCE AGENCY
Authorised Officer

Authorised Signatory

Annex

Transaction ref 20181207144418885412

Please check that the owner and vehicle details are correct:

1. Name	: JOSEPH COACH PTE. LTD.
2. Identification No. Type	: Company
3. Identification No.	: 201719851E
4. Country/Region	: -
5. Registered Address	: BLK 2 DEFU LANE 10 #02-531 DEFU INDUSTRIAL ESTATE SINGAPORE 539183
6. Mailing Address	: -
7. Vehicle Registration No.	: PC7415K
8. Effective Date of Ownership	: 07 Dec 2018
9. Original Registration Date	: 07 Dec 2018
10. First Registration Date	: 07 Dec 2018
11. Vehicle Type	: Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus
12. Vehicle Scheme	: Public Service Vehicle (Others)
13. Attachment 1	: Air-Conditioned
14. Attachment 2	: -
15. Attachment 3	: -
16. Vehicle Make	: MITSUBISHI
17. Vehicle Model	: ROSA BE641JRMDEE
18. Year of Manufacture	: 2018
19. Primary Colour	: White
20. Secondary Colour	: -
21. Passenger Capacity	: 24
22. Chassis/Trailer Chassis No.	: BE641JK30512 / -
23. Propellant/Emission Standard	: Diesel / Euro VI
24. Engine No./Motor No.	: 4P10D49721 / -
25. Engine Capacity(cc)/Power Rating(kW)	: 2998 / -
26. Maximum Power Output(kW/bhp)	: - / -
27. Unladen Weight(kg)	: 4100
28. Maximum Laden Weight(kg)	: 6040
29. Open Market Value	: \$72,922.00
30. PARF Eligibility	: No
31. PARF Eligibility Expiry Date	: -
32. Minimum PARF Benefit	: \$0.00

Annex

Transaction ref 20181207144418885412

Please check that the owner and vehicle details are correct:

33. IU Label No.	: -1550310189
34. COE No.	: 2018120705000772H
35. COE Expiry Date	: 06 Dec 2028
36. COE Category	:
37. Quota Premium/Prevailing Quota Premium	: \$28,187.00
38. Actual Quota Premium/PQP Paid	: \$22,031.00
39. Actual ARF Paid	: \$3,647.00
40. CO2 Emission(g/km)	: -
41. CO Emission(g/km)	: -
42. HC Emission(g/km)	: -
43. NOx Emission(g/km)	: -
44. PM Emission(mg/km)	: -
45. Actual CEVS/VES Rebate Utilised	: -
46. CEVS/VES Surcharge Paid	: -
47. Actual Green Vehicle Rebate Utilised	: -
48. Vehicle Lifespan Expiry Date	: 06 Dec 2038
49. Road Tax Amount	: \$82.00
50. Road Tax Start Date	: 07 Dec 2018
51. Road Tax End Date	: 06 Jun 2019
52. Remarks	: This is a public service vehicle. The vehicle is registered under Early Turnover Scheme.