

NATIONAL Assessment Centre Services:

(wef 1 Jan 08)

8108227 R0008

Date In: 27/07/2022 17:02
Ref No: NPA/C1720007161/4
Veh No: P2 13074
D.O.A: 26/07/2022 07:10

Job description

Date & Time Completed

Done by

SAS e-filing

E-mail (within 6hrs, AIC 2hrs)

I-Motor Claim Form

I-Motor W/O (Within: OD 2hrs, TP 4hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksp

OD: TP / Reporting Only

TP Insurer:

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

PC 1530A

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 5616)

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

NA2201998

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

C Checked by (Engr-In-Charge):

Inspectors' Comments:

t. 1:

t. 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) PT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) N1: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:

ON*

*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 (w/n INC) against INC \$20

9) N12: Idao Mobile 30

Invoice dated

Fax Charged

Invoice dated

Fax 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	27/07/2022 17:02 (SGT)
Reported by	Driver
Date of Accident	26/07/2022 07:10 (SGT)
Exact Location of Accident	Stevens Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PZ1307H
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TONWIN BUS SERVICES
Company Reg No	3XXXX000E
Email Address	tonwin@singnet.com.sg
Mobile Phone No	(Phone) +65-96583033
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	LT133P
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	8226

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00009452100

DRIVER

Name of Driver	LIM PENG BUCK
NRIC No	SXXXX602B
Date Of Birth	06/12/1965
Occupation	Outdoor

Date Of Driving Pass	29/07/2009
Driving experience	13 YEARS
Gender	Male
Mobile Number	(Phone) +65-96583033
Alt. Phone Number	-
Email Address	tonwin@singnet.com.sg
Address	BLK 334 ANG MO KIO AVENUE 1 #07-2055
Address complement	-
Postcode	560334
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	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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC1530A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	India International Insurance Pte Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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

X

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

27/07/2022
Witnessed by Reporting Centre Personnel

Sketch Plan

A - P2 1307 H

B - PC 1330A.



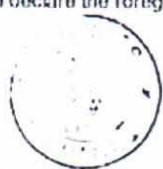
Steven Road.

Describe Circumstances of the Accident

On 26/7/2022 around 07:10hrs, I was driving my bus PZ 1307H along Stevedore Rd.
Suddenly veh B PC1530A reversed and hit into my Bus front portion.

Declaration


We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

X 

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

 27/07/2022
Witnessed by Reporting Centre Personnel

Road surface: Dry / Wet

Weather condition: Clear / Raining

Speed: _____

Does driver own a vehicle: yes/no

if yes, veh number plate:

veh insurance co:

Relationship with insured: Employer & Employer

Witness (if any): yes/no

Witness name:

Witness hp:

Witness email (if any):

Witness add:

Witness IC no:

Third party veh number: PC 1530A

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: IIJ

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: 1

 Male

 Female

Connect3 client vehicle no: PZ 1307H

Owner contact no:

Email Address: tonwin @ singnet . com . sg

Date of accident: 26/7/2022

Location of accident: Seve Street Road

Time of accident: 0710hrs

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



Motor Bus

MZ601

N SN

AN0580A

Cov. Type:F

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 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMB1SNW00009452100

Engine No.: 6HH1327697

Cha. No.: JALLT133P57000017

1. Index Mark and Registration
Number of Vehicle

PZ1307H

2. Name of Policy Holder

TONWIN BUS SERVICES

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

04/08/2021
(00:00:00)

Excess Sect. II S\$1,000.00

4. Date of Expiry of Insurance

03/08/2022

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 & EVIL
Authorised Officer



杨亚美

Authorised Signatory

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Business
Owner ID:	000E

Vehicle Details

Vehicle No.:	PZ1307H
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Jul 2022
Vehicle Make:	ISUZU
Vehicle Model:	LT133P
Primary Colour:	Multicolor
Manufacturing Year:	2005
Engine No.:	6HH1327697
Chassis No.:	JALLT133P57000017
Maximum Power Output:	-
Open Market Value:	\$82,971.00
Original Registration Date:	04 Aug 2005
First Registration Date:	04 Aug 2005
Transfer Count:	0
Actual ARF Paid:	\$4,149.00

Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	03 Aug 2025
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$12,051.00
COE Rebate Amount:	\$7,282.00
Total Rebate Amount:	\$7,282.00

Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 26 Jul 2022

OK

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: _____ Vehicle Registration No: PZ 1307H

Name (as shown in NRIC): Lim Peck G Buck NRIC/FIN/Passport No: SXXXX 602B

(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 9658 8033

Email Address: _____

Date of Accident: 26/01/2022 Time of Accident: 07:10

Place of Accident: STEWART ROAD

Insurance Company: CITICORP

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

INJURED VEHICLE NUMBER 20 PZ1307H

Policyholder / Actual Driver's Signature
Date:

Loei
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: 27/01/2022