

NATIONAL Assessment Centre Services

Date In 31/08/22	Job description	Date & Time Completed	Done by
Ref No NA/CT/22008491/13	SAS e-filing		
Veh No PC6568J	E-mail (within 8hrs. APC 2hrs)		
DOA 26/04/22 1738	i-Motor Claim Form		
OD/ TP/ <u>Reporting Only</u>	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: Vch No: 8951199 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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
NA2202364	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: 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		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat 1:	6) TR: Re-inspection \$75		
Cat 2/3:	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		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non-INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice date / 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 Actual 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	31/08/2022 17:22 (SGT)
Reported by	Driver
Date of Accident	26/04/2022 17:38 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YISHUN RING RD B4 BUS STOP 59569
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6568J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JR COACH SERVICES
Company Reg No	5XXXX008B
Email Address	josephcoachsg@gmail.com
Mobile Phone No	(Phone) +65-68585311
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	LT434P 7.8 SMT
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	7790

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00005722100

DRIVER

Name of Driver	YEO AH GUAN
NRIC No	SXXXX049D
Date Of Birth	23/10/1961
Occupation	Outdoor

Date Of Driving Pass	09/10/1995
Driving experience	26 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88242899
Alt. Phone Number	-
Email Address	josephcoachsg@gmail.com
Address	BLK 153 SERANGOON NORTH AVE 1
Address complement	#03-518
Postcode	550153
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	UNKNOWN
Road Surface	UNKNOWN

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?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:F/20220822/2196

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	SG5119Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Bus
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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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 Traffic Police Department for investigation.**
6. This 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 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.

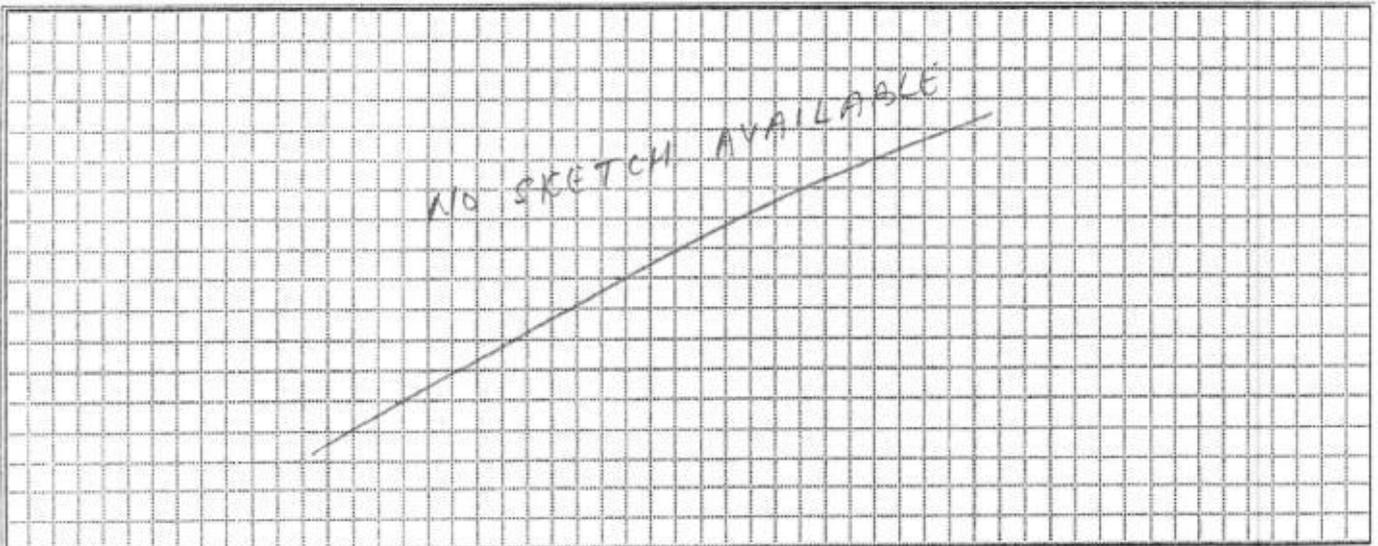


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

P/s refer to the police report: F/20220822/2196

Declaration

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



Policyholder's Signature / Date & Time

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

Slynn 31/08/22

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)



SINGAPORE
POLICE FORCE



F/20220822/2196

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20220822/2196

and he said ok. However, he have yet to lodge any police report.

I am lodging this report for my company record purposes for insurance claims.

Signature Of Officer Recording The Report:
F / SR STAFF SGT ONG ZHEN ZUO

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
22/08/2022 18:13

Officer In-Charge Of Case:
F / Hougang N.P.C /
SI YEO WEI QIANG, BENEDICT
Contact No.: 64890999

Classification Of Case:

31/08/22
police report

ACCIDENT STATEMENT

ACCIDENT DATE: (26/04/2022) (DD/MM/YYYY), TIME: (17:38) (HH:MM)

LOCATION: ALONG YISHUN RING RD BY BUS STOP 59569

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC6568J
- b) INSURANCE COMPANY: CHINA
- c) POLICY NUMBER: _____
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: ISUZU LT434P AUTO (MANUAL) 779.0
- 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) NO
- IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: JR COACH SERVICES (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S3362008B CONTACT: 68585311
- c) ADDRESS: Blk 1 Defu Lane 10, #01-547 Defu Industrial Estate S(539183)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME YEO AH QUAN (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S1462049D CONTACT: 88242899
- c) ADDRESS: Blk 153 Serangoon North Avenue 1 #03-518 S(550153)

* d) DATE OF BIRTH: (23/10/1961) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 09/10/1995

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____

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: S45119Y 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: _____

* No of passengers (including driver) ()

* No of passengers (including driver) ()

* No of passengers (including driver) ()

email = josephcoachsg@gmail.com

fax =

video =

Motor Bus

MZ601

N SN

AN0666A

Cov. Type:C

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)

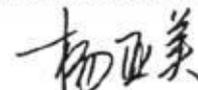
CERTIFICATE No.	DMB1SNW00005722100	Engine No.: 6HK1679216	Cha. No.: JALLT434PF7000184
1. Index Mark and Registration Number of Vehicle	PC6568J	AUTOSAFE	*****
2. Name of Policy Holder	JR COACH SERVICES		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	18/05/2021 (00:00:00)	Excess Sect. I	S\$2,000.00
		Excess Sect. II	S\$2,000.00
		EX ON WINDSCREEN	S\$350.00
4. Date of Expiry of Insurance	17/05/2022		
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: JUN SHI INSURANCE AGENCY
Authorised Officer



Authorised Signatory