

# NATIONAL Assessment Centre Services:

(ver 1 Jan 2005)

80082295000

Date in: 05/09/2002 10:34  
 Ref No: NPA/CT/2002/8639/Y  
 Veh No: PC 127E  
 D.O.A: 08/09/2002 18:50

| Job description                          | Date & Time Completed | Done by |
|--|-----------------------|---------|
| SAS e-filing                             |                       |         |
| E-mail (within 2hrs, 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: Yeh No: PA 98944, 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   | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

NA2202374

| Document Particulars           | Invoice Preparation Charge/Dis                  | Amount      | Balance |
|--------------------------------|---|-------------|---------|
| Driver/Owner:                  | 1) AR: Accident Reporting (\$30);               |             |         |
| Contact No:                    | 2) DA: Damage Assessment (\$100);               |             |         |
|                                | 3) TF: Towing Fee \$40/\$45                     |             |         |
|                                | 4) FT: Follow-Through Survey \$120              |             |         |
|                                | 5) PT: Follow-Through Survey (Resurvey) \$30    |             |         |
|                                | For claiming against TNC Only (ver 10 Jan 2005) |             |         |
|                                | 6) TR: Re-inspection \$75                       |             |         |
|                                | 7) N1: Idio DA + SMRT Survey \$160              |             |         |
|                                | 8) NTUC Additional Services:                    |             |         |
|                                | ON:   |             |         |
|                                | *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) against INC \$20             |             |         |
|                                | 9) N12: Idio Mobile \$30                        |             |         |
| C Checked by (Engi-In-Charge): | 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 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              | 05/09/2022 10:24 (SGT)              |
| Reported by                     | Driver                              |
| Date of Accident                | 02/09/2022 13:50 (SGT)              |
| Exact Location of Accident      | 11 Kent Ridge Dr, Singapore 119244  |
| Additional Location Information | JUNCTION WITH HENG MUI KENG TERRACE |
| Country/State of Loss           | Singapore                           |

## DETAILS OF OWN VEHICLE

|                             |                       |
|-----------------------------|-----------------------|
| Vehicle Registration Number | PC1217E               |
| INSURED/POLICYHOLDER        |                       |
| Is company?                 | Yes                   |
| Name Of Registered Owner    | SINGAPORE BUS CHARTER |
| Company Reg No              | 5XXXX842J             |
| Email Address               | book@sgbus.com        |
| Mobile Phone No             | (Phone) +65-94579785  |
| Alternative Phone No        | -                     |

## VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Isuzu                     |
| Model  | LV434R                    |
| 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   | 7790                      |

## INSURANCE COMPANY

|                                   |   |
|-----------------------------------|---|
| Name of Insurance Company         | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | DMB1SNW00003222200                            |

## DRIVER

|                |                 |
|----------------|-----------------|
| Name of Driver | RAMESH KRISHNAN |
| NRIC No        | SXXXX070D       |
| Date Of Birth  | 25/04/1977      |
| Occupation     | Outdoor         |

|  |                              |
|--|------------------------------|
| Date Of Driving Pass   | 31/01/2018                   |
| Driving experience   | 4 YEARS AND 8 MONTHS         |
| Gender   | Male                         |
| Mobile Number  | (Phone) +65-94579785         |
| Alt. Phone Number  | -                            |
| Email Address  | book@sdbus.com               |
| Address  | BLK 250 BANGKIT ROAD #02-346 |
| Address complement   | -                            |
| Postcode   | 670250                       |
| 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)   | 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?   | Yes |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |         |
|-----------------------------|---------|
| Vehicle Registration Number | PA9894H |
| 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)     | - |



**Describe Circumstances of the Accident**

On 02.09.2022 @ 13:50hrs, I was driving my bus PC 1217E along Heng Mui Keng Terrace turning into 11 Kent Ridge Drive upon turning in to Kent Ridge Drive, I saw a bus AA9894H which was intending to turn out from Kent Ridge Drive to Heng Mui Keng Terrace. The said bus stopped to give way to my bus before the stop line ahead of his bus, I was driving at a slow speed but there is insufficient space for my bus to turn in fully & the said bus move off to make way for my bus & the bus rear ch position brushed against my bus rear ch position as a result.

**Declaration**

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

Witnessed by Reporting Centre Personnel

05/09/2022



Road surface: Dry / Wet

Weather condition: Clear / ~~Raining~~ Drizzling

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: PA 9894 H

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: 01 pax

\_\_\_\_\_ Male

\_\_\_\_\_ Female

Connect3 client vehicle no: PC1217E

Owner contact no: 9457 9785

Email Address: book @ sg bus . sg

Date of accident: 02/09/2022

Location of accident: NUS (11 Kent Ridge Drive & Heng Mui Keng Terrace.

Time of accident: 13:50hrs.

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

25/04/1977  
31/01/2018

Blk 250 Bunkin 7 Rd  
#02-346 (670250)

533198425





Motor Bus

MZ601

**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)

E SN

AN0740A

Cov. Type:F

CERTIFICATE No.

DMB1SNW00003222200

Engine No.: 6HK1619455

Cha. No.:JALLV434CC7000010

1. Index Mark and Registration  
Number of Vehicle

PC1217E

2. Name of Policy Holder

SINGAPORE BUS CHARTER

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

21/02/2022  
(00:00:00)

Excess Sect. II S\$1,500.00

4. Date of Expiry of Insurance

22/02/2023

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.

HIRE PURCHASE CO.: TATCO CREDIT PTE LTD

\* 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: Chai HuiLin Lynn  
Authorised Officer

Authorised Signatory

[> Back to OneMotoring](#)

## Enquire Vehicle Transfer Fee

### Vehicle Details

Vehicle No.

**PC1217E**

Make / Model

**ISUZU / LV434R**

Vehicle Type :

**Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus**

Vehicle Attachment 1 :

**Air-Conditioned**

Vehicle Scheme :

**Public Service Vehicle (Others)**

Chassis No. :

**JALLV434CC7000010**

Propellant :

**Diesel**

Engine No. :

**6HK1619455**

Motor No. :

-

Engine Capacity :

**7790 cc**

Power Rating :

-

Maximum Power Output :



-  
Maximum Laden Weight :

**16800 kg**

Unladen Weight :

**12660 kg**

Year Of Manufacture :

**2011**

Original Registration Date :

**03 Jul 2012**

Lifespan Expiry Date :

**02 Jul 2032**

COE Category :

**C - Goods Vehicle & Bus**

PQP Paid :

**\$43,284.00**

COE Expiry Date :

**29 Feb 2032**

Road Tax Expiry Date :

**22 Feb 2023**

PARF Eligibility Expiry Date :

-

Inspection Due Date :

**22 Feb 2023**

Intended Transfer Date :

**05 Sep 2022**

CO2 Emission :

-

CEV/VES Rebate Utilised Amount :

-

CO Emission :

-

HC Emission :

-

NOx Emission :

-  
PM Emission :  
-

# Fees To Be Paid For Transfer

Transfer Fees \$25.00

Print

OK ➔

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