

# NATIONAL Assessment Centre Services

(with 1 Jan 2021)

51082296001

|                          |   |                       |         |
|--------------------------|---|-----------------------|---------|
| Ref No: 16092022 09:50   | Job description                               | Date & Time Completed | Done by |
| Ref No: X/BA/CT222009154 | SAS e-filing                                  |                       |         |
| Ref No: CB 2996k         | E-mail (with/without, AUC/other)              |                       |         |
| Ref No: 51092022 12:40   | 1-Motor Claim Form                            |                       |         |
| D / TP / Reporting Only  | 1-Motor W/O (with/without, OD, 2hrs, TP 4hrs) |                       |         |
| P Insurer:               | 1-Photo Uploaded                              |                       |         |
|                          | Assessment/Survey Report                      |                       |         |
|                          | Ass't Report by Fax / Hand to Owner/Wksp      |                       |         |

|                                       |  |                       |
|---------------------------------------|--|-----------------------|
| Referral Wksp / INC Assign Wksp / QW: | Tel:   | Fax:                  |
| P Particulars                         | Yeh No: 8ES 266/G  | INC ( ) / Non-INC ( ) |
| Owner / Driver:                       | Tel:   |                       |
| Policy No: ( )                        | Period: ( )  | Cover Type: ( )       |
| Confirmed by: ( )                     | Date: ( )  | Time: ( )             |
| Insured/Driver Liability: ( )         | % (Note: Est. Status (WO): NI: 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: ( )

Next Action:

|                               |   |
|-------------------------------|---|
| Ref No: NA2202405             | Invoice Preparation Checklist               |
| Driver/Owner:                 | 1) AR: Accident Reporting (\$30)            |
| Contact No:                   | 2) DA: Damage Assessment (\$100) INC (\$30) |
| Damaged Portion:              | 3) TP: Towing Fee \$100                     |
| C Checked by (Eng-In-Charge): | 4) FT: Follow-Through Survey \$120          |
|                               | 5) PT: Follow-Through Survey (Posture) \$30 |
|                               | 6) TR: Re-inspection \$75                   |
|                               | 7) NI: Idea DA + SMRT Survey \$160          |
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## 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              | 16/09/2022 09:50 (SGT)      |
| Reported by                     | Both                        |
| Date of Accident                | 15/09/2022 12:40 (SGT)      |
| Exact Location of Accident      | Napier Rd, Singapore        |
| Additional Location Information | TURNING RIGHT TO CLUNY ROAD |
| Country/State of Loss           | Singapore                   |

### DETAILS OF OWN VEHICLE

|                             |         |
|-----------------------------|---------|
| Vehicle Registration Number | CB3996K |
|-----------------------------|---------|

#### INSURED/POLICYHOLDER

|                          |                           |
|--------------------------|---------------------------|
| Is company?              | No                        |
| Name Of Registered Owner | SOH YUI GUAT              |
| NRIC No                  | SXXXX628B                 |
| Email Address            | magdalenesohtan@gmail.com |
| Mobile Phone No          | (Phone) +65-90127670      |
| Alternative Phone No     | -                         |

#### VEHICLE PARTICULARS

|  |                     |
|--|---------------------|
| Manufacturer   | Toyota              |
| Model  | Hiace               |
| 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   | Auto                |
| CC   | 2982                |

#### INSURANCE COMPANY

|                                   |   |
|-----------------------------------|---|
| Name of Insurance Company         | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | DMB1SNW00003922203                            |

#### DRIVER

|                |              |
|----------------|--------------|
| Name of Driver | SOH YUI GUAT |
| NRIC No        | SXXXX628B    |
| Date Of Birth  | 25/03/1964   |
| Occupation     | Outdoor      |

|  |                           |
|--|---------------------------|
| Date Of Driving Pass   | 10/04/1987                |
| Driving experience   | 35 YEARS AND 5 MONTHS     |
| Gender   | Female                    |
| Mobile Number  | (Phone) +65-90127670      |
| Alt. Phone Number  | -                         |
| Email Address  | magdalenesohtan@gmail.com |
| Address  | 44 CARDIFF GROVE          |
| Address complement   | -                         |
| Postcode   | 558910                    |
| Is the driver the policyholder?                              | Yes                       |
| If No, Relationship of the Driver with the Insured           | -                         |
| 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)   | 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 | SDS2661G    |
| Vehicle Manufacturer        | -           |
| Vehicle Model               | -           |
| Vehicle Variant             | -           |
| Vehicle Colour              | -           |
| Vehicle Category            | Private car |
| Name of Driver              | NG KIM HOAY |
| NRIC No                     | SXXXX251A   |

|   |   |
|---|---|
| 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 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 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



Napier Road turning right  
to Cluny Road.

A - CB 3996K.

B - SDS 2661G.

Describe Circumstances of the Accident

on 15/9/2022 around 1240 hrs, I was driving my Bus CB 3996K along Napier Road turning right to Cluny Road in front of my Bus was veh B SBS 26616. when traffic light turn green, I assume Veh B will move off, as such I proceed, the next moment my Bus collided into Veh B rear portion.

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

  
16/09/2022  
Witnessed by Reporting Centre Personnel



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: Owner  
Witness (if any): yes / no  
Witness name: \_\_\_\_\_  
Witness hp: \_\_\_\_\_  
Witness email (if any): \_\_\_\_\_  
Witness add: \_\_\_\_\_  
Witness IC no: \_\_\_\_\_

Third party veh number: SDS 2661 G.  
Name of third party driver: \_\_\_\_\_ XLG Kim Hony  
IC of third party driver: \_\_\_\_\_ 57183257 A  
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: 1

\_\_\_\_\_  
Male  
\_\_\_\_\_  
Female

Connect3 client vehicle no: CB 399 6K

Owner contact no: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of accident: 15/9/2022

Location of accident: Napier Road turning right to Cluny Road

Time of accident: 1240hrs.

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

MagdaleneSultan@gmail.com

Motor Bus

MZ601/P

R SN

AN0580A

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. DMB1SNW00003922203

Engine No.: 1KD2829035

Cha. No.: JTFST22P300038254

1. Index Mark and Registration  
Number of Vehicle

CB3996K

AUTOSAFE

\*\*\*\*\*

2. Name of Policy Holder

SOH YUI GUAT

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

25/03/2022  
(00:00:00)

Excess Sect. I . S\$2,000.00

Excess Sect. II S\$750.00

EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

24/03/2023

5. Persons or Classes of Persons entitled to drive\*

(a) The Policyholder.

(b) 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

Issued By:

ODDS & EVBN  
Authorised Officer



For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory



[> Back to OneMotoring](#)

## Enquire Vehicle Transfer Fee

### Vehicle Details

Vehicle No.  
**CB3996K**

Make / Model  
**TOYOTA / HIACE HIGH ROOF COMMUTER TURBO AUTO**

Vehicle Type :  
**S20 - School Transport Bus/Coach/Minibus**

Vehicle Attachment 1 :  
**Air-Conditioned**

Vehicle Scheme :  
**School Bus without AWC**

Chassis No. :  
**JTFST22P300038254**

Propellant :  
**Diesel**

Engine No. :  
**1KD2829035**

Motor No. :  
**-**

Engine Capacity :  
**2982 cc**

Power Rating :  
**-**

Maximum Power Output :

-  
Maximum Laden Weight :

**3250 kg**

Unladen Weight :

**2180 kg**

Year Of Manufacture :

**2018**

Original Registration Date :

**25 Mar 2019**

Lifespan Expiry Date :

**24 Mar 2039**

COE Category :

-

Road Tax Expiry Date :

**24 Mar 2023**

PARF Eligibility Expiry Date :

-

Inspection Due Date :

**24 Mar 2023**

Intended Transfer Date :

**15 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 |
|---------------|---------|

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