

NATIONAL Assessment Centre Services: [Printed Name] **5108229/Mod 1**

Ref: **28092022 11:52** Job description: **SAS e-filing** Date & Time Completed: Done by:

Phone: **NBA/CN22009331/Y** E-mail (with date, time, etc):

Alt No: **PC 3031K** 1-Motor Claim Form

C.A: **16/09/2022 01:48** 1-Motor W/O (V/W/Other OD, 2hrs, TP 4hrs)

1-Photo Uploaded

Assessment/Survey Report

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

Refused Wksp / INC Assign Wksp / QW: () Tel: Fax:

Particulars: Vch No: **YP6667A** INC () / Non-INC () Tel:

Owner/Driver: () Cover Type: ()

Policy No: () Period: () Date: Time:

Confirmed by: () % (Note: Est. Status (WO): NI 0-20% P: 21-79% F: 80-100%)

Insured/Driver Liability: () Warranty: YES () / NO ()

Year of Registration: () Loading: \$1,000 () / \$2,000 ()

Excess: (\$)

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: () Apply for Transport Allowance () / Courtesy Car ()

() QC Check/Post Repair Inspection

() Upload Survey Photo (Repair Cost > \$3000)

Injury: ()

NA2202010

Driver/Owner: ()

Contact No: ()

Insured Portion: ()

C. Checked by (Engr-In-Charge): ()

Ref: ()

2/3:

Invoice Preparation Details	Amount
1) AR: Accidental Report Log (\$30)	
2) DA: Damage Assessment (\$100)	RIC (\$30)
3) TF: Towing Fee	\$50/\$45
4) FT: Follow-Through Survey	\$120
5) PT: Follow-Through Survey (Post-urvey)	\$30
6) TR: Re-inspection	\$75
7) NI: 1 day DA + SMRT Survey	\$150
8) NT/OC Additional Services	
9) NI: 1 day Mobile	
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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	22/09/2022 11:52 (SGT)
Reported by	Driver
Date of Accident	16/09/2022 01:48 (SGT)
Exact Location of Accident	Ang Mo Kio Street 32, Singapore
Additional Location Information	HEAVY VEHICLE CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3031K
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	AMARJIT & SONS COACH SERVICES PTE. LTD
Company Reg No	2XXXXX698N
Email Address	amarjitsinghsons@gmail.com
Mobile Phone No	(Phone) +65-87888896
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	DMB1SNW00003212200

DRIVER

Name of Driver	SUKHJINDER SINGH
Passport No/FIN	GXXXX774P
Date Of Birth	24/04/1991
Occupation	Outdoor

Date Of Driving Pass	23/04/2018
Driving experience	4 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81611761
Alt. Phone Number	-
Email Address	amarjitsinghsons@gmail.com
Address	BLK 314 ANG MO KIO AVENUE 3 #10-2342
Address complement	-
Postcode	560314
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220922/7004

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	YP6447A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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 claim process.
2. This Form must be completed by the Policyholder and/or the Authorized 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



Amk st 30
Heavy veh Carpark.

A- PC3031K

B- YP 6447A

Describe Circumstances of the Accident

* Pls ref to police report *. T/20220922/7004

Declaration

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



Policyholder's Signature / Date & Time

* [Signature] *

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

[Signature] 22/09/2022
Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20220922/7004

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20220922/7004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/09/2022 10:21		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SUKHJINDER SINGH			Address: 314 ANG MO KIO AVENUE 3 #10-2342 SINGAPORE 560314		
ID Type / ID No.: FIN NO / G3126774P			Contact No.: Home/Office: Mobile: 81611761		
Nationality: INDIAN			Email: SUKHYSAINI38@GMAIL.COM		
Sex: Male	Age: 31	Date of Birth: 24/04/1991	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 16/09/2022 01:45	Type of Location: Car Park
Location: ANG MO KIO STREET 32				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
PC3031K	Van					0
YP6447A	Lorry					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20220922/7004

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20220922/7004

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
YP6447A	NTUC Income Insurance Co-Operative Limited			

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SUKHJINDER SINGH		ID No. G3126774P
Related Vehicle	PC3031K (Van)		Contact No. 81611761
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

ON 15/9/2022 2230HRS- 2300HRS I PARKED MY BUS PC3031K AT ANG MO KIO ST 32 HEAVY VEHICLE CAR PARK, I WENT HOME. ON 16 SEPT 2022 MORNING WHEN I WENT TO THE CAR PARK TO COLLECT MY BUS I SAW THERE ARE SOME DAMAGES ON MY BUS RIGHTSIDE PANEL AREA. I QUICKLY CALL MY BOSS AND INFORM HIM ON THE DAMAGES. MY BOSS WHEN TO LOOK THROUGH THE CCTV, HE SAW ON THE 16 SEPT 2022 AROUND 0148HRS THERE IS A LORRY YP6447A REVERSING INTO THE EMPTY LOT BESIDE THE BUS. WHILE THE LORRY REVERSING INTO THE LOT, THE LORRY HIT ONTO THE BUS RIGHT SIDE. THIS LORRY HIT AND RUN THE BUS 2ND TIME!! I HOPE TRAFFIC POLICE CAN DO SOMETHING ON THE LORRY COMPANY OR THE LORRY DRIVER. IF HAPPEN TO OTHER ROAD USER WHICH THEY DO NOT HAVE THE CCTV INSTALL 24HRS AND ALL ROUND THE VEHICLE THE LORRY WILL JUST ESCAPE ON THE HIT & RUN ISSUE AND LIABILITY.

1ST HIT AND RUN ACCIDENT WAS ON 04JUNE 2022 AROUND 0413HRS

2ND HIT AND RUN ACCIDENT WAS ON 16 SEPT 2022 AROUND 0148HR

CCTV UNABLE TO UPLOAD IN THE POLICE REPORT.



**SINGAPORE
POLICE FORCE**



T/20220922/7004

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20220922/7004

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
RASHIDAH BINTE AZMAN
Contact No.: 65476902

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
22/09/2022 10:21

Classification Of Case:

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: XP 6447A

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: N700

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: 0 Male
0 Female

Connect3 client vehicle no: PC3031 E

Owner contact no: 8788 8896

Date of accident: 16/09/2022

Location of accident: Amx st 33 heavy veh CP

Time of accident : 0148hrs.

Email Address: Amarjit singh sons@gmail.com

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

Motor Bus

MZ601

E SN

AN0740A

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.

DMB1SNW00003212200

Engine No.: 6HK1621316

Chassis No.: JALLV434CC7000016

1. Index Mark and Registration
Number of Vehicle

PC3031K

2. Name of Policy Holder

AMARJIT & SONS COACH SERVICES PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment21/02/2022
(00:00:00)

Excess Sect. II \$3,000.00

4. Date of Expiry of Insurance

20/02/2023

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.

E. 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.

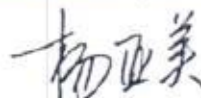
HIRE PURCHASE CO. : TATCO CREDIT PTE LTD

* 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: Tan Xin Yi Josephine
Authorised Officer
Authorised Signatory

Vehicle Registration Details

Vehicle No. PC3031K	Make/ Model ISUZU/LV434R	Vehicle Scheme Public Service Vehicle (Others)
Current Propellant Diesel	Chassis No. JALLV434CC7000016	Vehicle Type Private Hire (Chauffeur) Bus/Coach /Minibus

Owner's Details

Owner Name:

AMARJIT & SONS COACH SERVICES PTE. LTD.

Owner ID Type:

Company

NRIC/Passport/Company Cert No.:

201226698N

Registered Address

**APT BLK 768 PASIR RIS STREET 71 #14-324
SINGAPORE 510768**

Mailing Address:

-

Birth Date:

-

Registration Details

Previous Vehicle No.:

PC1321L

Effective Date of Ownership:

21 Feb 2022

Original Registration Date:

09 Jul 2012

Registration Date:

09 Jul 2012

No. of Transfers:

1

IU Label No.:

2050092342

Vehicle Specifications

Engine No.:

6HK1621316

Chassis No.:

JALLV434CC7000016

Year of Manufacture:

Primary Colour:

2012

Multicolor

Secondary Colour:

-

Passenger Capacity:

49

Engine Capacity / Power Rating:

7790 cc / -

Maximum Power Output:

-

Max Unladen Weight:

12660 kg

Maximum Laden Weight:

16800 kg

Vehicle Attachment 1:

Air-Conditioned

Vehicle Attachment 2:

-

Vehicle Attachment 3:

-

Additional Registration Fee (ARF) and COE Information

Open Market Value:

\$131,982.00

Additional Registration Fee Rate:

5.00 %

Actual ARF Paid:

\$6,600.00

Vehicle Lifespan Expiry Date:

08 Jul 2032

OPC Cash Rebate Eligibility:

No

QP during COE Bidding Exercise:

\$54,522.00

COE No.:

2012070105000011K

COE Expiry Date:

29 Feb 2032

COE Category:

C - Goods Vehicle & Bus

COE Registration Category:

C - Goods Vehicle & Bus

Quota Premium (QP) / Prevailing Quota Premium:

\$54,522.00 / -

PQP Paid

\$43,284.00

QP (Regn Cat):

\$54,522.00

PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

Minimum PARF Benefit:

-

Vehicle Emissions Details

CO2 Emission:

-

CO Emission:

-

HC Emission:

-

NOx Emission:

-

PM Emission:

-

Message:

This is a public service vehicle.

Printed on 04 Mar 2022 12:07:26

Copyright © Land Transport Authority of Singapore 2022

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: S1162290001 Vehicle Registration No: PC3031K
 Name (as shown in NRIC): SUKHJINDER SINGH NRIC/FIN/Passport No: Gxxxx77YP
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 81611761
 Email Address: _____
 Date of Accident: 16/09/2022 Time of Accident: 01:48
 Place of Accident: BALU MO KIO ST 32 HEAVY VEHICLE CRASH
 Insurance Company: Chuan Tong

(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:

TO WRITE POLICE REPORT NUMBER ON CIRCUMSTANCES OF ACCIDENT

Policyholder / Actual Driver's Signature
Date:

[Signature] 22/09/2022
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: