

NATIONAL Assessment Centre Services

SN0822A50006

Date In: 05/10/2022 17:33	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: N/A/C172209847/4	E-mail (include title, A/C No):		
Veh No: PA 7257K	I-Motor Claim Form		
D.O.A: 04/10/2022 15:55	I-Motor W/O (whilst on duty, if any)		
QC (TP / Reporting Only)	I-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Whelp		

Preferred Whelp / INC Ass'n Whelp / QW:	Tel:	Fax:
TP Particulars:	Veh No: SJV 5698U	INC () / Non-INC ()
Owner / Driver:	Tel:	
Policy No:	Period:	Cover Type:
Confirmed by:	Date:	Phone:
Insured Driver Liability:	95 (Note: Use Status (WO): 11-0-200%, 11-21-79%, 11-20-1100%)	
Year of Registration:	Warranty: YES () / NO ()	
Excess (\$):	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Supply NO refer of repeller.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towel-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks: (INC Hotline: 6788 6616)

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

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Turn: Action:

<p>Vehicle Particulars:</p> <p>Owner/Driver:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>Checked by (Engr-In-Charge):</p> <p>Comments:</p>	Invoice/Preparation Checklist		Amount	Ass'd By
	1) AR: Accident Reporting (\$300)			
	2) DA: Damage Assessment (\$1000)	INC (\$500)		
	3) TP: Towing Fee	\$100/\$400		
	4) PT: Follow-Through Survey	\$100		
	5) PT: Follow-Through Survey (Resurvey)	\$300		
	6) TR: Re-inspection	\$75		
	7) N/A: DA + TRPT Survey	\$140		
	8) NTUC: Additional Car-Toll			
	9) NTUC: Courtesy Car / Transport Allowance	\$0		
10) NTUC: Repair Coordination	\$100			
11) NTUC: Post Repair Inspection	\$20			
12) NTUC: DV's Consent Excess Coordination	\$0			
13) NTUC: TP/Inc/INC/Insurance	\$0			
14) NTUC: Mileage	\$0			
15) NTUC: Other				
16) NTUC: Other				
17) NTUC: Other				
18) NTUC: Other				
19) NTUC: Other				
20) NTUC: Other				



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	05/10/2022 17:33 (SGT)
Reported by	Driver
Date of Accident	04/10/2022 15:55 (SGT)
Exact Location of Accident	33 Birch Rd, Singapore 219894
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA7257K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AMARJIT & SONS COACH SERVICES PTE. LTD.
Company Reg No	2XXXXX698B
Email Address	amarjitsinghsons@gmail.com
Mobile Phone No	(Phone) +65-81611761
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	LT134P
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	DMB1SNW00016182200

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 6 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	Collided into Parked Vehicle
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?	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/20221005/7010

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	SJV5698U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
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 claims process.
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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 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.

Amarjit & Sons Coach Services Pte Ltd

Blk 763 Pagar Road, Singapore 1100763

Singapore 510763

(11) 515801 / 515802 / 9451 1185

Policyholder's Signature / Date & Time

Sketch Plan

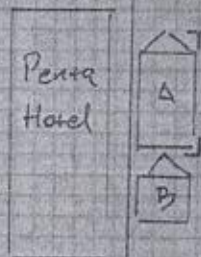
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

33 BIRCH ROAD

A - PA 7251K

B - SJV5698U



Describe Circumstances of the Accident

Refer to Police report attached.
T/20221005/7010

Declaration

We declare the foregoing particulars are true in every respect.

Amarjit Singh Coaching Services Pvt Ltd

Sik 768 Phn Rly St 71 414-324

Singapore 5 7768

H/P 988 6545 9157 9785

X 011 003RN

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20221005/7010

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

1 of 3

Report No. T/20221005/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/10/2022 10:57		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 Special Vehicle	Drink Drive: No	Date/Time of Accident: 04/10/2022 15:55	Type of Location: Straight Road
Location: BIRCH ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
PA7257K	Van					0
SJV5698U	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20221005/7010

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

2 of 3

Report No. T/20221005/7010

CONTINUATION OF REPORT

Driver				
Name	SUKHJINDER SINGH		ID No.	G3126774P
Related Vehicle	PA7257K (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
Driver				
Name	UNKNOWN		ID No.	NIL
Related Vehicle	SVJ5698U (Car)		Contact No.	NIL
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 04/10/2022 ARD 1555HRS, I WAS REVERSING TO COME OUT FROM THE COACH PARKING LOT IN FRONT OF PENTA HOTEL. I DID NOT NOTICED A VEHICLE, SVJ5698U, PARKED VERY CLOSED BEHIND ME ILLEGALLY ALONG DOUBLE YELLOW LINE. MY COACH HIT LIGHTLY ON THE FRONT PORTION OF SVJ5698U.

THE DRIVER IS NOT AROUND. SO I LEFT A NOTE AND MY CONTACT NUMBER ON ITS FRONT WINDSCREEN STATING THE INCIDENT. SO FAR NOONE CONTACT ME YET.



**SINGAPORE
POLICE FORCE**



T/20221005/7010

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

3 of 3

Report No. T/20221005/7010

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 /
TAN JEOK LENG
Contact No.: 65476151

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

Date/Time:
05/10/2022 10:57

Classification Of Case:

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 & Employee

Witness (if any): yes/no

Witness name: _____

Witness hp: _____

Witness email (if any): _____

Witness add: _____

Witness IC no: _____

Third party veh number: SJV 56984

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

Male

Female

Connect3 client vehicle no: PA 7257K

Owner contact no: 81611761

Email Address:

amarjitsingh sons @ gmail.com

Date of accident: 4/10/2022

Location of accident: 33 Birch Rd

Time of accident: 1555 hrs.

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



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Bus

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)

MZ601

N SN

AN0740A

Cov. Type:F

CERTIFICATE No.

DMB1SNW00016182200

Engine No.: 6HK1453385

Cha. No.: JALLT134P77000124

1. Index Mark and Registration
Number of Vehicle

PA7257K

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,
(12:41:57)
Ordinance or Enactment

29/09/2022

Excess Sect. II S\$2,000.00

4. Date of Expiry of Insurance

28/09/2023

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: TATCO ENTERPRISE

Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com

達高企業
TATCO ENTERPRISE
250/252 JALAN KAYU
SINGAPORE 799475/78
TEL: 5402 0153 FAX: 6481 1903

Vehicle Registration Details

Vehicle No. PA7257K	Make/ Model ISUZU/LT134P	Vehicle Scheme Public Service Vehicle (Others)
Current Propellant Diesel	Chassis No. JALLT134P77000124	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.:

-

Effective Date of Ownership:

29 Sep 2022

Original Registration Date:

28 Nov 2007

Registration Date:

28 Nov 2007

No. of Transfers:

2

IU Label No.:

2050120549

Vehicle Specifications

Engine No.:

6HK1453385

Chassis No.:

JALLT134P77000124

Year of Manufacture:

2007

Primary Colour:

Multicolor

Secondary Colour:

-

Passenger Capacity:

49

Engine Capacity / Power Rating :

7790 cc / -

Maximum Power Output:

-

Max Unladen Weight:

10000 kg

Maximum Laden Weight:

15200 kg

Vehicle Attachment 1:

Air-Conditioned

Vehicle Attachment 2:

-

Vehicle Attachment 3:

-

Additional Registration Fee (ARF) and COE Information

Open Market Value:

\$87,117.00

Additional Registration Fee Rate:

5.00 %

Actual ARF Paid:

\$0.00

Vehicle Lifespan Expiry Date:

27 Nov 2027

OPC Cash Rebate Eligibility:

No

QP during COE Bidding Exercise:

\$6,890.00

COE No.:

2007090105000452M

COE Expiry Date:

31 Aug 2026

COE Category:

C - Goods Vehicle & Bus

COE Registration Category:

C - Goods Vehicle & Bus

Quota Premium (QP) / Prevailing Quota Premium :

\$6,890.00 / -

PQP Paid

\$46,254.00

QP (Regn Cat):

\$6,890.00

PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

No

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 29 Sep 2022 13:10:27

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