

NATIONAL Assessment Centre Services (Call 1300 222 222) *210822Apoort*

Date In: *21/10/2022 15:07* Job description: *SAS e-filing* Date & Time Completed: Done ✓

Ref No: *NA20/C71220/0517/Y* E-mail (policy hld, A/C hld)

Val No: *PC 68888* i-Motor Claim Form

D.O.A: *20/10/2022 17:33* i-Motor W/O (where applicable)

TP (TP - Non-TP Only) i-Photo Uploaded

Assessment/Survey Report

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

Preferred Make / INC Assgn / Make / CW: Tel: Fax:

TP Particulars: Vch No: *SH 97674* INC () / Non-INC ()

Owner / Driver () Tel: ()

Policy No () Period () Cover Type ()

Confirmed by () Date: () Time: ()

Insured Driver Liability: () (Note: Use Status (NC) 1 = 0-2000 2 = 01-2000 3 = 20-10000)

Year of Registration () Warranty: YES () / NO ()

Excess (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

Walk-In Customer: Customer's information strictly Confidential & Susceptible to ID refer of reporter.

Total Loss Case: to e-mail Insurer URGENTLY.

Drawn-In () Towed-In () Invoice: YES () / NO () Towing Cost: ()

Remarks: (INC Ref: 6748 (6619) Date of Claim: () Date of Report: () Done by: ()

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

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Inquiry ()

Date Time Action

X/A2202970

Invoice Preparation Checklist		Amount	Appr'd
1) AR - Accidental Repairing	1500		
2) DA - Demerit Assessment	(\$1,000) INC (\$50)		
3) TF - Towing Fee	\$2,500		
4) PT - Police Through Police	\$100		
5) PFI - Police Through Survey (Support)	\$30		
6) TR - Disbursement	\$20		
7) NI - Nil DA / DMER Survey	\$10		
8) NTUC / National Services			
9) DM	\$1		
10) DM - Courtesy Car / Car Allowance	\$1		
11) DM - Insurer Coordination	\$1		
12) DM - Police Coordination	\$1		
13) DM - DV / Police Coordination	\$1		
14) DM - DV / Police Coordination	\$1		
15) DM - DV / Police Coordination	\$1		
16) DM - DV / Police Coordination	\$1		
17) DM - DV / Police Coordination	\$1		
18) DM - DV / Police Coordination	\$1		
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46) DM - DV / Police Coordination	\$1		
47) DM - DV / Police Coordination	\$1		
48) DM - DV / Police Coordination	\$1		
49) DM - DV / Police Coordination	\$1		
50) DM - DV / Police Coordination	\$1		

Policy and Particulars ()

Owner ()

Contact No: ()

Addressed Parties: ()

Checked by (Sign-in-Charge): ()

TP (TP - Non-TP Only)

Date Time Action

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	25/10/2022 15:05 (SGT)
Reported by	Driver
Date of Accident	20/10/2022 17:33 (SGT)
Exact Location of Accident	Stamford Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC6808S

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SINGAPORE COACH SERVICES PTE. LTD.
Company Reg No	2XXXXX110H
Email Address	accounts@singaporecoachservices.com
Mobile Phone No	(Phone) +65-90607556
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yutong
Model	Zk6107he
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	6690

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNA00011742202

DRIVER

Name of Driver	ABDUL RAHMAN BIN OLI MOHAMAD
NRIC No	SXXXX704C
Date Of Birth	07/03/1968
Occupation	Outdoor

Date Of Driving Pass	25/09/1998
Driving experience	24 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-93869274
Alt. Phone Number	-
Email Address	accounts@singaporecoachservices.com
Address	BLK 121 BEDOK RESERVOIR ROAD #08-196
Address complement	-
Postcode	470121
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	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)	25
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	-

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Male

PASSENGER 4

Name	UNKNOWN
Gender	Female

PASSENGER 5

Name	UNKNOWN
Gender	Female

PASSENGER 6

Name	UNKNOWN
Gender	Female

PASSENGER 7

Name	UNKNOWN
Gender	Female

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 SH9767U
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Taxi
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.
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 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 claim;
 - (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.

X

Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 25/10/2022

Witnessed by Reporting Centre Personnel

Sketch Plan



A-PC 6808's

B-SH 9767U.

Stamford Road

Describe Circumstances of the Accident

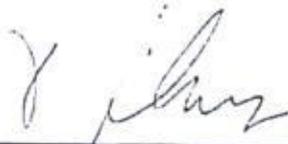
On 20/10/2022 around 1733hrs. I was driving my Bus PC6808S along Stamford Road. I check on the left bus, there is no vehicle, I signal and filter to the left, Suddenly I felt an impact van B 9H9767U travel on the left lane hit onto my bus.

Declaration

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

X

Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

Road surface: 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: Employer & employed
Witness (if any): yes/no
Witness name: _____
Witness hp: _____
Witness email (if any): _____
Witness add: _____
Witness IC no: _____

Third party veh number: SH 97674
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: 25

14 Male
10 Female

Connect3 client vehicle no: PC68085
Owner contact no: 9060 7556
Date of accident: 20/10/2022
Location of accident: Stamford Road.
Time of accident : 17 33hrs.
Any Injury: yes/no (if yes, must have police report)

Email Address: Accounts@SingaporeCoachServices.com

Motor Bus

M2661

R BN

DR0307A

Gov. Type: C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 199)
Motor Vehicles (Third Party Risks and Compensation) Rules, 1960
(Road Transport Act, 1987 (Malaysia))
Motor Vehicles (Third Party Risks) Rules, 1961 (Malaysia)

CERTIFICATE No.	OMB13NA00011742202	Engine No.: ISB67E525022231466	
		Chs. No.: L2Y1BT06X11032097	
1. Index (Make and Registration) Number of Vehicle	FC69055		
2. Name of Policy Holder	SINGAPORE COACH SERVICES PTE. LTD.		
3. Effective date of the Commencement of Insurance for the purpose of the Regulations, Ordinance or Enactment	12/07/2022 (06:00:00)	Excess Sect. I	S\$2,500.00
		Excess Sect. II	S\$1,500.00
		EX OR WINDSCREEN	S\$300.00
4. Date of Expiry of Insurance	11/07/2023		
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 their 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 - THINK ONE CREDIT PTE LTD AS HPI OWNER * Limitations imposed inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 199) and Section 85 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 199) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse.

FOR CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By

Tan Jia Hwei
Authorised Officer


Authorised Signatory

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport /Company Cert No.: 201227110H
 Owner ID Type: Company
 Owner Name: SINGAPORE COACH SERVICES PTE. LTD
 Registered Address: 71 WOODLANDS AVENUE 10 #01-18 WOODLANDS INDUSTRIAL XCHANGE SINGAPORE 737743
 Mailing Address: -
 Birth Date: -

Vehicle Particulars

Vehicle No.: PC6808S
 Previous Vehicle No.: -
 Effective Date of Ownership: 14 Dec 2017
 Original Regn Date: 14 Dec 2017
 Registration Date: 14 Dec 2017
 Year of Manufacture: 2017
 Vehicle Type: Private Hire (Chauffeur) Bus/Coach/Minibus
 Vehicle Scheme: Public Service Vehicle (Others)
 Vehicle Attachment 1: Air-Conditioned
 Vehicle Attachment 2: -
 Vehicle Attachment 3: -
 Vehicle Make: YUTONG
 Vehicle Model: ZK6107HE AUTO
 Primary Colour: Multi-Colour
 Secondary Colour: -
 Passenger Capacity: 45
 Chassis No.: LZYTBD6XH1032097
 Engine No.: ISB67E525022231466
 Engine Capacity /Power Rating: 6690 cc / -
 Maximum Power Output: -
 Propellant: Diesel

Max Unladen Weight:	11160 kg
Maximum Laden Weight:	15500 kg
Open Market Value:	\$115,520.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
Minimum PARF Benefit:	-
No. of Transfers:	0
IU Label No.:	-
COE No.:	2017120105000042Z
COE Expiry Date:	13 Dec 2027
COE Category:	C - Goods Vehicle & Bus
COE Registration Category:	C - Goods Vehicle & Bus
Quota Premium (QP) / Prevailing Quota Premium:	\$58,036.00 / -
Actual QP Paid:	\$58,036.00
QP (Regn Cat):	\$58,036.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$58,036.00
Additional Registration Fee Rate:	5.00 %
Actual ARF Paid:	\$5,776.00
Vehicle Lifespan Expiry Date:	13 Dec 2037
CO2 Emission:	-
Message:	To renew the COE, the Prevailing Quota Premium payable is that of Category C. This is a public service vehicle.