

NATIONAL Assessment Centre Services *NA22A0007*

Date: *25/10/2022 16:18* Job description: *SAS e-filing* Date & Time Completed: Done by:

Ref No: *NR8/1722010526/y* E-mail (please fill, A/C only)

Val No: *PC 92420* I-Motor Claim Form

D.O.A: *20/10/2022 18:15* I-Motor W/O (where applicable)

QD (TP, R, etc.) Only: *QD* I-Photo Uploaded

Assessment/Survey Report

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

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

TP Particulars: Vch No: *SUE #280N* INC () / Non-INC ()

Owner / Driver () Tel: ()

Policy No: () Period: () Cover Type: ()

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

Insured Driver Details: () (Note: Use Status (WC) Y=0-20%, P=21-70%, 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 & Subject to NO refer or repetition.

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

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

Remarks: () (INC Hotline: 0788 0615)

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

2) QD Check / Post Repair Inspection ()

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

Injury: ()

Date: () Time: ()

()

()

()

NA2202972

Investor Preparation Checklist

Item	Amount	Task By
1) AR - Accident Report - 0300		
2) DA - Damage Assessment - 0100	INC (150)	
3) TP - Towing Fee	\$100	
4) PT - Yellow Tag - Survey	\$150	
5) PT - Blue Tag - Survey (Repair)	\$200	
6) TR - Dr - Inspection	\$100	
7) NCR - DA - FORM - Survey	\$150	
8) NCR - DA - FORM - Survey	\$150	
9) NCR - DA - FORM - Survey	\$150	
10) NCR - DA - FORM - Survey	\$150	
11) NCR - DA - FORM - Survey	\$150	
12) NCR - DA - FORM - Survey	\$150	
13) NCR - DA - FORM - Survey	\$150	
14) NCR - DA - FORM - Survey	\$150	
15) NCR - DA - FORM - Survey	\$150	
16) NCR - DA - FORM - Survey	\$150	
17) NCR - DA - FORM - Survey	\$150	
18) NCR - DA - FORM - Survey	\$150	
19) NCR - DA - FORM - Survey	\$150	
20) NCR - DA - FORM - Survey	\$150	

Checked by (Engr-In-Charge):

Comments:

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 16:18 (SGT)
Reported by	Driver
Date of Accident	20/10/2022 18:10 (SGT)
Exact Location of Accident	6 Loyang Way 4, Singapore 507605
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC9242D
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	AVIVA COACH SERVICES
Company Reg No	5XXXX647D
Email Address	avivacoach@gmail.com
Mobile Phone No	(Phone) +65-97659180
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Coaster
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	4009

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00001042200

DRIVER

Name of Driver	ANG CHIN LOO
NRIC No	SXXXX105J
Date Of Birth	12/05/1953
Occupation	Outdoor

Date Of Driving Pass	04/06/1975
Driving experience	47 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82806688
Alt. Phone Number	-
Email Address	avivacoach@gmail.com
Address	BLK 42A MARGARET DRIVE #09-302
Address complement	-
Postcode	143042
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	Collision - Opening Door of 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?	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	SNE8240M
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

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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



A - PC9242P

B - SNE8240D

Describe Circumstances of the Accident

On 20/10/2022 around 1810 hrs, I was driving my bus PC9247D stop at 6 Lymington Way 4. My bus was stationary at the road side to pick up my passengers. I check to see any on coming vehicle, which was clear. I open my door suddenly vehicle B SNE 8240D collided onto my door. I am unaware.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

J M

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

25/10/2022

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: Employee & employer
Witness (if any): yes/no
Witness name: _____
Witness hp: _____
Witness email (if any): _____
Witness add: _____
Witness IC no: _____

Third party veh number: SNE 8240N
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: 1

Male

Female

Connect3 client vehicle no: PC9242D
Owner contact no: 9765 9180
Date of accident: 20/10/2022
Location of accident: 6 Lajong Way
Time of accident: 18:10hrs.
Any Injury: yes/no (if yes, must have police report)

Email Address: aniva coach@gmail.com

Motor Bus

MZ601

N SN

AN0729A

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.

DMB1SNW00001042200

Engine No.: N04CWA10177

Cha. No.: JTGFD838X06000117

1. Index Mark and Registration
Number of Vehicle

PC9242D

AUTOSAFE

2. Name of Policy Holder

AVIVA COACH SERVICES

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment28/01/2022
(00:00:00)

Excess Sect. I. S\$2,300.00

Excess Sect. II S\$3,300.00

EX ON WINDSCREEN, S\$100.00

4. Date of Expiry of Insurance

27/01/2023

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.: UNITED OVERSEAS BANK LIMITED

* 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: ACCORD MOTOR PTE LTD
Authorised Officer
Authorised Signatory

Vehicle Registration Details

Vehicle No. PC9242D	Make/ Model TOYOTA/COASTER 23 SEATER AUTO	Vehicle Scheme Public Service Vehicle (Others)
Current Propellant Diesel	Chassis No. JTGFD838X06000117	Vehicle Type Private Hire (Chauffeur) Bus/Coach /Minibus

Owner's Details

Owner Name:

AVIVA COACH SERVICES

Owner ID Type:

Business

NRIC/Passport/Company Cert No.:

53265647D

Registered Address

APT BLK 162 WOODLANDS STREET 13 #04-615 NULL SINGAPORE 730162

Mailing Address:

-

Birth Date

-

Registration Details

Previous Vehicle No.:

-

Effective Date of Ownership:

22 Jan 2020

Original Registration Date:

22 Jan 2020

Registration Date:

22 Jan 2020

No. of Transfers:

0

IU Label No.:

1550324320

Vehicle Specifications

Engine No.:

N04CWA10177

Chassis No.:

JTGFD838X06000117

Year of Manufacture:

2019

Primary Colour:

White

Secondary Colour:

-

Passenger Capacity:

23

Engine Capacity / Power Rating :

4009 cc / -

Maximum Power Output:

-

Max Unladen Weight:

4040 kg

Maximum Laden Weight:

5600 kg

Vehicle Attachment 1:

Air-Conditioned

Vehicle Attachment 2:

-

Vehicle Attachment 3:

-

Additional Registration Fee (ARF) and COE Information

Open Market Value:

\$91,459.00

Additional Registration Fee Rate:

5.00 %

Actual ARF Paid:

\$4,573.00

Vehicle Lifespan Expiry Date:

21 Jan 2040

OPC Cash Rebate Eligibility:

No

QP during COE Bidding Exercise:

\$23,200.00

COE No.:

2020010105000450M

COE Expiry Date:

21 Jan 2030

COE Category:

C - Goods Vehicle & Bus

COE Registration Category:

C - Goods Vehicle & Bus

Quota Premium (QP) / Prevailing Quota Premium :

\$23,200.00 / -

Actual QP Paid

\$23,200.00

QP (Regn Cat):

\$23,200.00

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 30 Dec 2020 16:01:59

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