

**NATIONAL Assessment Centre Services** (Ref: 12-001) **Sub 22A V009**

Date In: 31/10/2022 17:59	Job description	Date & Time Completed	Done By
Ref No: NBR/1722010295/Y	SAS e-filing		
Veh No: 88-6567 Y	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 29/10/2022 21:10	I-Motor Claim Form		
QC (TP) Reporting Only	I-Motor W/O (within 24hrs, 27-48hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whan		

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

TP Particulars: Vch No: **GBC 9640D** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

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

Confirmed by: ( ) Date: ( ) Title: ( )

Insured Driver Liability: ( ) % (Note: Est. Status (WO): N: 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 & Strictly NO refer of repeller.

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

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

Rems Pls: ( ) (INC Hotline: 6788 6616) 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: ( )

Date: ( ) Time: ( )

Actions: ( )

**x/19 2003048**

Injunctant's Particulars: ( )

Contact No: ( )

Damaged Portion: ( )

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

Comments: ( )

1/2/3:

1) AR: Accident Reporting (\$300)	
2) DA: Damage Assessment (\$1000)	INC (\$50)
3) TP: Towing Fee	\$10/\$40
4) FT: Follow-Through Survey	\$150
5) FT: Follow-Through Survey (Resurvey)	\$50
6) TR: Re-inspection	\$70
7) NI: NI & DA + SMRT Survey	\$140
8) NTUC Additional Services	
9) NI: NI & DA + SMRT Survey	\$15
10) NI: NI & DA + SMRT Survey	\$15
11) NI: NI & DA + SMRT Survey	\$15
12) NI: NI & DA + SMRT Survey	\$15
13) NI: NI & DA + SMRT Survey	\$15
14) NI: NI & DA + SMRT Survey	\$15
15) NI: NI & DA + SMRT Survey	\$15
16) NI: NI & DA + SMRT Survey	\$15
17) NI: NI & DA + SMRT Survey	\$15
18) NI: NI & DA + SMRT Survey	\$15
19) NI: NI & DA + SMRT Survey	\$15
20) NI: NI & DA + SMRT Survey	\$15



## 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	31/10/2022 17:59 (SGT)
Reported by	Driver
Date of Accident	29/10/2022 21:10 (SGT)
Exact Location of Accident	Boon Keng Rd, Singapore
Additional Location Information	TURN RIGHT TOWARDS BENDEMEER ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA6567Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	GOLDEN TOP TRAVEL
Company Reg No	5XXXX000M
Email Address	goldentoptravel@live.com
Mobile Phone No	(Phone) +65-98900572
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 - 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	DMB1SNW00002992202

#### DRIVER

Name of Driver	KRISHNAMOORTHY RAMKUMAR
Passport No/FIN	GXXXX986Q
Date Of Birth	14/07/1983
Occupation	Outdoor

Date Of Driving Pass	06/01/2015
Driving experience	7 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98900572
Alt. Phone Number	-
Email Address	goldentoptravel@live.com
Address	BLK 686C CHOA CHU KANG CRESCENT #04-212
Address complement	-
Postcode	683686
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 - 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?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC9640D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-

Contact Number .....	(Phone) +65-84987307
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 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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")

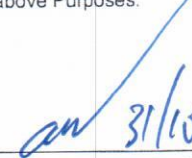
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

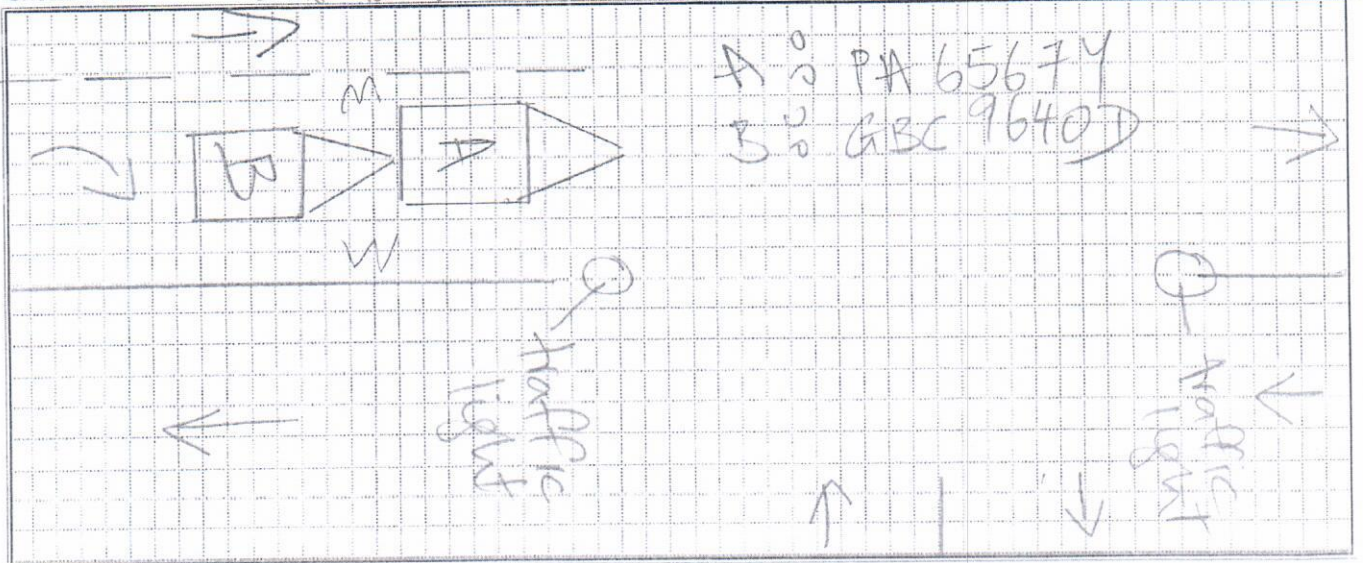


  
Driver's Signature (if driver is not the policyholder) / Date & Time

 31/10/2022  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan

BOOK KEELEY ROAD TURN RIGHT TOWARDS SANDIMARKER ROAD



Describe Circumstance of the Accident

On 29 10 2022 at 9.10 pm I was driving my vehicle p# 6568 Y  
Along Boonkong road. at the traffic light into Bandanagar road,  
I stopped to adhere to the traffic light.

Suddenly, there was an impact at my rear, I alight and saw 4819640 b  
collided into my rear. we exchanged particulars and left the scene.  
Nobody was injured

Was there any video captured by Car Camera? ☒ Yes / ☐ No

Has the driver been approached by unknown person(s)? ☐ Yes / ☒ No

Number of Passengers (Including Driver)? 01

Name \_\_\_\_\_ Gender: \_\_\_\_\_

Name \_\_\_\_\_ Gender: \_\_\_\_\_

Name \_\_\_\_\_ Gender: \_\_\_\_\_

Declaration

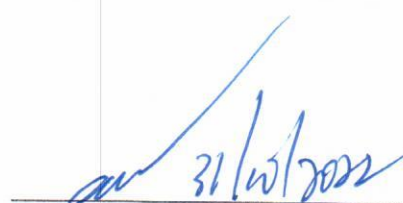
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time



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

 31/10/2022  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



Send/Fax to: \_\_\_\_\_

Submitted: \_\_\_\_\_

## SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION	
Date of Accident:	29/10/2022
Exact Location:	Boon Keng Road turn right towards Bendemeer Road
Time of Accident:	2110
DETAILS OF OWN VEHICLE	
Vehicle Registration No.	PA 65674
Name of Registered Owner:	Golden Top Travel
Owner's Email:	goldentoptravel@live.com
Owner's Address:	65A Jalan Kram (S) 328958
Vehicle Make:	ISUZU LT134P
Engine Capacity (cc):	7790CC
Vehicle Model:	LT134P
Transmission:	Auto/Manual
Type of Claim:	Own Damage / Third Party / Reporting Only
Vehicle Category:	Private / Commercial / Motorcycle / Private Hire
Name of Insurance Co:	Chine Taiping
Type of Policy:	Comprehensive / Third Party / Third Party, Fire & Theft
Policy Number:	DMB18N W00002992202

DRIVER	
Name of Driver:	Krishnamoorthy Ramkumar
NRIC / FIN / Passport no:	G6992986X
Date of Birth:	14/7/1983
Occupation:	Indoor / Outdoor
Driving Pass Date:	25/10/2017
Contact Number:	98400572
Gender:	Male / Female
Address:	686C Chua Chu Kang Crescent #04-212 (683686)
Relationship with Owner:	Owner / Employee / Spouse / Child / Hirer / Other:
Translator Name:	
Translator NRIC:	
Translator Contact no:	
Translator email:	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision:	Chain collision / Side Swipe / Front to Rear / Others:
Weather Condition:	Clear / Raining / Others:
Road Surface:	Dry / Wet
Video available:	Yes / No
Was anybody injured?	Yes / No
Police Report Made?	Yes / No
No. of passenger onboard (including driver):	01

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	GBC 9640D		
Vehicle Make / Model:			
Name of Driver:			
NRIC / FIN / Passport no:			
Contact Number:	84987307		
Name of Insurance Co:			

DETAILS OF WITNESS	
Name:	
Contact Info:	

DETAILS OF INJURED PERSON			
	Person 1	Person 2	Person 3
Name / In which vehicle?:			

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.

Signature of Driver

Date and time

Motor Bus

MZ601

R SN

AN0580A

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.

DMB1SNW00002992202

Engine No.: 6HK1433711

Cha. No.: JALLT134P67000085

1. Index Mark and Registration  
Number of Vehicle

PA6567Y

2. Name of Policy Holder

GOLDEN TOP TRAVEL

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

26/03/2022  
(00:00:00)

Excess Sect. II S\$1,500.00

4. Date of Expiry of Insurance

25/03/2023

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.

\* 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:

ODDS SEVEN  
Authorised Officer

Authorised Signatory



ROC 51621000M

## Vehicle Details

Vehicle No.	Make / Model
PA6567Y	ISUZU / LT134P
Vehicle Type :	Vehicle Attachment 1 :
Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus	Air-Conditioned
Vehicle Scheme :	Chassis No. :
Public Service Vehicle (Others)	JALLT134P67000085
Propellant :	Engine No. :
Diesel	6HK1433711
Motor No. :	Engine Capacity :
-	7790 cc
Power Rating :	Maximum Power Output :
-	-
Maximum Laden Weight :	Unladen Weight :
15200 kg	9860 kg
Year Of Manufacture :	Original Registration Date :
2006	26 Sep 2006
Lifespan Expiry Date :	COE Category :
25 Sep 2026	C - Goods Vehicle & Bus
PQP Paid :	COE Expiry Date :
\$19,761.00	31 Aug 2026
Road Tax Expiry Date :	PARF Eligibility Expiry Date :
28 Feb 2023	-
Inspection Due Date :	Intended Transfer Date :
28 Feb 2023	31 Oct 2022
CO2 Emission :	CEV/VES Rebate Utilised Amount :