

NATIONAL Assessment Centre Services (NAC) SNU 822R 002

Date In: 08/11/2022 10:32	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NAB 17720/1127/4	E-mail (within 3hrs, A/C 2hrs)		
Veh No: PG-70115	I-Motor Claim Form		
D.O.A: 07/11/2022 19:15	I-Motor W/O (within 3hrs, A/C 2hrs)		
OO / (T) / Reporting Only	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / GW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: YQ 3526U	INC () / Non-INC ()	
Owner / Driver: ()		Tel: ()	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by: ()		Date: ()	Time: ()
Insured/Driver Liability: ()	9% (Note: Hst Status (WO): 10-0-30%, P: 21-79%, P: 30-1100%)		
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: ()

Remarks: (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

<p>N/A 2203123</p> <p>Insured's Particulars:</p> <p>Owner/Owner:</p> <p>Contact No: _____</p> <p>Damaged Portion: _____</p> <p>Checked by (Engr-In-Charge): _____</p> <p>All tort Comments: _____</p> <p>1. 2. 3.</p>	<p>Invoice Preparation Checklist</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Item</th> <th>Amount</th> <th>INC (\$50)</th> </tr> <tr> <td>1) AR: Accident Reporting (\$30)</td> <td></td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100)</td> <td></td> <td></td> </tr> <tr> <td>3) TP: Towing Fee</td> <td>\$40/\$45</td> <td></td> </tr> <tr> <td>4) PT: Follow-Through Survey</td> <td>\$150</td> <td></td> </tr> <tr> <td>5) PT: Follow-Through Survey (Resurvey)</td> <td>\$30</td> <td></td> </tr> <tr> <td colspan="3">Excluding season INC Only (up to 10 Jan 2023)</td> </tr> <tr> <td>6) TR: Re-inspection</td> <td>\$75</td> <td></td> </tr> <tr> <td>7) NI: Hst DA + SMRT Survey</td> <td>\$140</td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:</td> <td></td> <td></td> </tr> <tr> <td> GP:</td> <td></td> <td></td> </tr> <tr> <td> * NI: Courtesy Car / Tol Allowance</td> <td>\$5</td> <td></td> </tr> <tr> <td> * NI: Repair Coordination</td> <td>\$10</td> <td></td> </tr> <tr> <td> * NI: Post Repair Inspection</td> <td>\$25</td> <td></td> </tr> <tr> <td> * NI: DV / Collect Excess Coordination</td> <td>\$5</td> <td></td> </tr> <tr> <td> * NI: (Hst) TP (Non-INC) against INC</td> <td>\$30</td> <td></td> </tr> <tr> <td> * NI: (Hst) TP (Non-INC) against INC</td> <td>\$10</td> <td></td> </tr> <tr> <td>9) Hst 14th Month</td> <td></td> <td></td> </tr> <tr> <td>Invoice Total</td> <td></td> <td></td> </tr> <tr> <td>Free Charged</td> <td></td> <td></td> </tr> <tr> <td> </td> <td></td> <td></td> </tr> </table>	Item	Amount	INC (\$50)	1) AR: Accident Reporting (\$30)			2) DA: Damage Assessment (\$100)			3) TP: Towing Fee	\$40/\$45		4) PT: Follow-Through Survey	\$150		5) PT: Follow-Through Survey (Resurvey)	\$30		Excluding season INC Only (up to 10 Jan 2023)			6) TR: Re-inspection	\$75		7) NI: Hst DA + SMRT Survey	\$140		8) NTUC Additional Services:			GP:			* NI: Courtesy Car / Tol Allowance	\$5		* NI: Repair Coordination	\$10		* NI: Post Repair Inspection	\$25		* NI: DV / Collect Excess Coordination	\$5		* NI: (Hst) TP (Non-INC) against INC	\$30		* NI: (Hst) TP (Non-INC) against INC	\$10		9) Hst 14th Month			Invoice Total			Free Charged					
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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	08/11/2022 10:32 (SGT)
Reported by	Driver
Date of Accident	07/11/2022 19:15 (SGT)
Exact Location of Accident	Jln. Ahmad Ibrahim, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7011S
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	AEDGE HOLDINGS PTE. LTD
Company Reg No	2XXXXX323E
Email Address	william@aedge.com.sg
Mobile Phone No	(Phone) +65-91460806
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 - Claiming third party
Vehicle Category	Bus
Transmission	Auto
CC	6690

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNA00009062203

DRIVER

Name of Driver	MUHAMMAD ISMAIL BIN SALEH
NRIC No	SXXXX870Z
Date Of Birth	08/03/1964
Occupation	Outdoor

Date Of Driving Pass	26/07/1993
Driving experience	29 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85399164
Alt. Phone Number	-
Email Address	william@aedge.com.sg
Address	BLK 134 BUKIT BATOK WEST AVENUE 6 #04-457
Address complement	-
Postcode	650134
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	Raining
Road Surface	Wet

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)	31
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	Male

PASSENGER 5

Name	UNKNOWN
Gender	Male

PASSENGER 6

Name	UNKNOWN
Gender	Male

PASSENGER 7

Name	UNKNOWN
Gender	Male

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 YQ3526U
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name MSIG Insurance (Singapore) Pte. Ltd.
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

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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 willful misrepresentation or withholding of material facts may allow insurance companies to rescind policy liability.
4. The issue and acceptance of this Family Insurance Consensus 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 Insurance Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a long time be available upon application by interested parties.
7. By the acceptance 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 elsewhere.

B. Consent under the Personal Data Protection Act (PDPA)

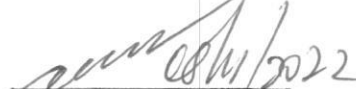
I understand, acknowledge, agree and consent that:

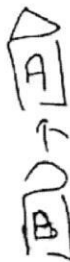
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data/personal information set out in this form (and any other personal information provided by me or possessed by my insurer (collectively the "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' Law Firms/Law Firms, the Registry 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 claim, including the settlement of the claim and any necessary investigations relating to the claim;
 - (ii) investigating the accident and/or my claim;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claim (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 and packages), and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claim.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' Law Firms/Law Firms, may be 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 be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their Law Firms/Law Firms), which may be used outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time

Sketch Plan


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


Witnessed by Reporting Centre Personnel



Jln Ahmad Ibrahim.

A-PC 7011S



B-YQ 3526U


Describe Circumstances of the Accident


On 7/11/2022 around 14:30hrs, I was driving my Bus PC10115 along Jln Ahmad Ibrahim. Suddenly I felt an impact from the rear van B RQ 35264 collided onto my bus rear portion.

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

 08/11/2022
Witnessed by Reporting Centre Personnel

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 Employer

Witness (if any): yes / no

Witness name: _____

Witness hp: _____

Witness email (if any): _____

Witness add: _____

Witness IC no: _____

Third party veh number: TQ3556U

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: MSLG

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: 31

30 Male

- Female

Connect3 client vehicle no: PC 70115

Owner contact no: 9146 0806

Date of accident: 7/11/2022

Location of accident: Jln Ahmad Ibrahim

Time of accident: 1915hrs

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

Usage of veh during of accident: _____

Driver IC: _____

Driver Name: _____

Driver Pass date: _____

Driver Birth date: _____

Email Address: William@Aedge.com.sg

Motor Bus

MZ601

R SN

BR0120A

Cov. Type:C

CERTIFICATE OF INSURANCEMotor 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.

DMB1SNA00009062203

Engine No.: ISB67E525022265833

Cha. No.:LZYTBD63H1041370

1. Index Mark and Registration
Number of Vehicle

PC7011S

AUTOSAFE

2. Name of Policy Holder

AEDGE HOLDINGS PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment01/06/2022
(00:00:00)

Excess Sect. I. S\$3,000.00

Excess Sect. II S\$3,000.00

EX ON WINDSCREEN. S\$500.00

4. Date of Expiry of Insurance

31/05/2023

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. : MAYBANK AS HP OWNER


* 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 Jia Hwei
Authorised Officer
Authorised Signatory

[> Back to OneMotoring](#)

Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle No.
PC7011S

Make / Model
YUTONG / ZK6107HE AUTO

Vehicle Type :
Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus

Vehicle Attachment 1 :
Air-Conditioned

Vehicle Scheme :
Public Service Vehicle (Others)

Chassis No. :
LZYTBD63H1041370

Propellant :
Diesel

Engine No. :
ISB67E525022265633

Motor No. :
-

Engine Capacity :
6690 cc

Power Rating :
-

Maximum Power Output :

-

Maximum Laden Weight :

15500 kg

Unladen Weight :

11200 kg

Year Of Manufacture :

2017

Original Registration Date :

28 Dec 2017

Lifespan Expiry Date :

27 Dec 2037

COE Category :

C - Goods Vehicle & Bus

Quota Premium :

\$45,112.00

COE Expiry Date :

27 Dec 2027

Road Tax Expiry Date :

27 Jun 2023

PARF Eligibility Expiry Date :

-

Inspection Due Date :

27 Dec 2023

Intended Transfer Date :

08 Nov 2022

CO2 Emission :

-

CEV/VES Rebate Utilised Amount :

-

CO Emission :

-

HC Emission :

-

NOx Emission :

PM Emission :

Fees To Be Paid For Transfer

Transfer Fees

\$25.00

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