

NATIONAL Assessment Centre Services. (part 1 of 2) 5009225000C

Date In: 17/11/2022 16:24	Job description	Date & Time Completed	Done by
Ref No: NPA 22011576/V	SAS e-filing		
Veh No: PA 977L	E-mail (with In, A/C In)		
D.O.A: 15/11/2022 10:20	I-Motor Claim Form		
OO: (TP) Reporting Only	I-Motor W/O (with: OD In, TP In)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Vision		

Preferred Wkop / INC Assgn Wkop / QW: (Tel:	Fax:
TP Particulars:	Veh No: unknown	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: (% (Note: Est Status (WO): N: 0-20%, P: 21-79%, 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 repairer.
 () Total Loss Case: to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC hotline: 0788 0616)	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:

NA2203259 Insured's Particulars: Owner/Owner: Contact No: Damaged Portion: Checked by (Engr-In-Charge): Comments:	<h3>Invoice Preparation Checklist</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>1) AR: Accident Reporting (\$30)</td> <td>INC (\$50)</td> </tr> <tr> <td>2) DA: Damage Assessment (\$100)</td> <td>\$100/\$40</td> </tr> <tr> <td>3) TP: Towing Fee</td> <td>\$120</td> </tr> <tr> <td>4) FT: Follow-Through Survey</td> <td>\$30</td> </tr> <tr> <td>5) FT: Follow-Through Survey (Resurvey)</td> <td>\$30</td> </tr> <tr> <td colspan="2">Excluding repair: INC Only Avail 10 Jan 2023</td> </tr> <tr> <td>6) TR: Rep/Inspection</td> <td>\$75</td> </tr> <tr> <td>7) NI: Idea DA + SMRT Survey</td> <td>\$160</td> </tr> <tr> <td>8) NTUC Additional Services:</td> <td></td> </tr> <tr> <td> * NI: Courtesy Car / Trip Allowance</td> <td>\$5</td> </tr> <tr> <td> * NI: Repair Coordination</td> <td>\$10</td> </tr> <tr> <td> * NI: Post Repair Inspection</td> <td>\$25</td> </tr> <tr> <td> * NI: DV / Collect Excess Coordination</td> <td>\$5</td> </tr> <tr> <td> * NI: (H1): TP (Non-INC) against INC</td> <td>\$10</td> </tr> <tr> <td>9) NI: 12th Month</td> <td>\$0</td> </tr> <tr> <td> Invoice dated</td> <td>Fee Charged</td> </tr> <tr> <td> Invoice total</td> <td>Due Amount</td> </tr> </table>	1) AR: Accident Reporting (\$30)	INC (\$50)	2) DA: Damage Assessment (\$100)	\$100/\$40	3) TP: Towing Fee	\$120	4) FT: Follow-Through Survey	\$30	5) FT: Follow-Through Survey (Resurvey)	\$30	Excluding repair: INC Only Avail 10 Jan 2023		6) TR: Rep/Inspection	\$75	7) NI: Idea DA + SMRT Survey	\$160	8) NTUC Additional Services:		* NI: Courtesy Car / Trip Allowance	\$5	* NI: Repair Coordination	\$10	* NI: Post Repair Inspection	\$25	* NI: DV / Collect Excess Coordination	\$5	* NI: (H1): TP (Non-INC) against INC	\$10	9) NI: 12th Month	\$0	Invoice dated	Fee Charged	Invoice total	Due Amount
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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	17/11/2022 16:24 (SGT)
Reported by	Driver
Date of Accident	15/11/2022 10:00 (SGT)
Exact Location of Accident	Depot Ln, Singapore
Additional Location Information	OPEN SPACE CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA977L
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	AURORA WORLD PTE LTD
Company Reg No	2XXXXX992D
Email Address	jtestan@singnet.com.sg
Mobile Phone No	(Phone) +65-90811636
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Rosa
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	2998

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V03495/VBZ/R03

DRIVER

Name of Driver	SELVARASU RAJA
Passport No/FIN	GXXXX608P
Date Of Birth	07/12/1986
Occupation	Outdoor

Date Of Driving Pass	07/05/2019
Driving experience	3 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90811636
Alt. Phone Number	-
Email Address	jtestan@singnet.com.sg
Address	BLK 105A DEPOT ROAD #02-605
Address complement	-
Postcode	101105
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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	Telok Blangah Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002729999
Alt. Police Station Phone No	(Fax) +65-63776526
Police Station Address	Blk 51 Telok Blangah Drive #01-116/ 118 Singapore 100051
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20221115/2100

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	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	NA / Unknown
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 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

Open space

CP @
Dupst Lane



(A) PAQ7H

Describe Circumstances of the Accident

Refer to Police Report No. P/2022/115/2100

Declaration

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

Witnessed by Reporting Centre Personnel

17/4/2022



SINGAPORE POLICE FORCE



T/20221115/2100

1 of 3

Report No. T/20221115/2100

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/11/2022 20:48	Vide Report No.:	Station Diary No.: 17
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Informant's Particulars			
Name of Informant: SELVARASU RAJA		Address: APT BLK 105A DEPOT ROAD #02-605 DEPOT HEIGHTS SINGAPORE 101105	
ID Type / ID No.: FIN NO / G7748608P		Contact No.: Home/Office: Mobile: 90811636	
Nationality: INDIAN		Email:	
Sex: Male	Age: 35	Date of Birth: 07/12/1986	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: Bus driver		Driving Licence Information: Class: 2B,3,4 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 15/11/2022 10:00	Type of Location: Car Park
Location: DEPOT LANE				
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	Condition	No of Passenger
PA977L	Bus/Coach/Mi nibus				Slightly Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20221115/2100

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

2 of 3

Report No. T/20221115/2100

CONTINUATION OF REPORT

Driver			
Name	SELVARASU RAJA	ID No.	G7748608P
Related Vehicle	PA977L (Bus/Coach/Minibus)	Contact No.	90811636
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 15/11/2022 at about 1000hrs, I park my bus (PA977L) at parking lot beside 4008 Depot Lane. Carpark No: BMTB27, Lot no: 29L. Everything was intact. I then went back home to rest.

On the same day at about 1415hrs, I came back to retrieve my bus for work. I did not check the vehicle and immediately drove to 58 Lowland Road, Kovan Dimensions International School to pick up student. Upon reaching the school, I press the auto-door button to open the passenger door however it did not open. I then went to make a check and discovered that my vehicle was involved in a Hit and Run when it was parked in the carpark. The left passenger door suffered dent and scratches. The left passenger door handle is broken, and the door lock is also broken. The scratch and dent stretch from the left passenger door until the middle part of the bus. I believed that a heavy vehicle collided into my bus and drove off.

The passenger door was not able to open thus I informed my company, HDT(BYD) supervisor namely, Ah Xiong, 90485685. He then sent a replacement bus to the location for me to continue the job. I was told by my company to lodge a Traffic Accident Report after work thus I came down to lodge a hit and run report.

Before I came down, I went back to the location and discovered that there is a CCTV pointing to the area i parked. The CCTV belongs to #01-84 however there was nobody there to assist. My bus in car camera only works when the engine is turn on.



**SINGAPORE
POLICE FORCE**



T/20221115/2100

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

3 of 3

Report No. T/20221115/2100

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report:
D /
SGT 3 BEE ZHI CHYE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
15/11/2022 20:48

Officer In Charge Of Case:
TP / HRT /
SR STAFF SGT IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

Classification Of Case:

NP168

3

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 15 / 11 / 2022 (dd/mm/yy) Time of Accident: 10 : 00 (24-HR-FORMAT)

Vehicle No.: PA977L Vehicle Make & Model / Engine (cc): MIT. ROSA BUS BE641JRM Private Hire: (Y / N)

Exact location of Accident: Open Space CPC Depot Lane

Policyholder's Name / IC No.: AURORA WORLD PTE LTD ROC/UEN (Company) 2010029920

Driver's Name / IC No.: Selvarasu Raja (67748608P) (As Above) ☐

Driver's Contact No.: 90811636 Company Contact No / Owner Contact No: _____

Driver's Address: 105A Depot Road #02-605 Depot Heights S(101105)

Owner Email address: JTESTANESIN@net.com.sg Insurance Company: Liberty

Driver Email address: _____

Relationship between Owner & Driver: (Please CIRCLE one only)
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

*No. of Passengers (Including Driver): NIL

*Passenger Name: NIL Gender: Male / Female x()

*Passenger Name: _____ Gender: Male / Female x()

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☐ No Remarks: _____

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: Telok Blangah

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: Telok Blangah NPP

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: UnKnown

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

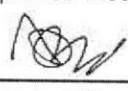
Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

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
 ROAD TRANSPORT (AMENDMENT) ACT 2019
 THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No	SD22V03495 /VBZ /R03
Form	MZ603A
Date Of Issue	04-MAR-2022
1.Index Mark and Registration No. of Vehicle:	PA977L
2.Chassis number of Vehicle:	BE641JK30020
3.Name of Policyholder:	AURORA WORLD PTE LTD
4.Effective date of Commencement of Insurance for the purpose of the Act:	02-MAR-2022 00:00 AM
5.Date of Expiry of Insurance:	01-MAR-2023 23:59 PM
6.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. 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.	
7.Limitations as to use*: A) Use only for the carriage of passengers or goods in connection with the Policyholder's business. B) Use only in the Republic of Singapore.	
8.Policy does not cover: A) Use for racing, pace-making, reliability trials or speed-testing. B) 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 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.	
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers  _____ Authorised Signature	
For Information only: COVERAGE : Windscreen Cover (No Reinstatement allowed), Geographical Area: Singapore only, Comprehensive SUM INSURED: MARKET VALUE AT THE TIME OF LOSS EXCESS: Section I S\$3000, Section II S\$3000, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Limit S\$2000 - Excess S\$400 FINANCE COMPANY: YONG KHIONG CREDIT PTE LTD PRODUCER NAME: E TAY TRADING COMPANY	

PLSL/-/04-MAR-22

S1_CL_T1_T3_OE_Template2-Ver1.

04-MAR-22

Mar 4, 2022, 11:14 AM

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	992D
Vehicle Details	
Vehicle No.:	PA977L
Vehicle to be Exported:	No
Intended Deregistration Date:	10 Dec 2022
Vehicle Make:	MITSUBISHI
Vehicle Model:	ROSA BUS BE641JRMDEB
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	4P10B62854
Chassis No.:	BE641JK30020
Maximum Power Output:	-
Open Market Value:	\$64,044.00
Original Registration Date:	17 Jun 2015
First Registration Date:	17 Jun 2015
Transfer Count:	2
Actual ARF Paid:	\$3,203.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	16 Jun 2025
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$41,321.00
COE Rebate Amount:	\$10,399.00
Total Rebate Amount:	\$10,399.00

The information contained herein is correct as at 16 Nov 2022

OK