

NATIONAL Assessment Centre Services

(Ref 1 Jan 2022)

SNDR22C50004

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 05/12/2022 15:40 | Job description | Date & Time Completed | Done by |
| Ref No: NGA/CT720121304 | SAS e-filing | | |
| Veh No: PC 68885 | E-mail (within 2hrs, A/C 2hrs) | | |
| D.O.A: 05/12/2022 07:59 | I-Motor Claim Form | | |
| OD: 05/12/2022 07:59 | I-Motor W/O (within OD 2hrs, TP 2hrs) | | |
| TP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Whse | | |

| | | |
|---|-----------------------|-------|
| Preferred Wksp / INC Assgn Wksp / QW: (| Tel: | Fax: |
| TP Particulars: Vch No: XE 64994 | 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 repair.

() 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: ()

| | | |
|---|-------------|-------|
| Invoice Preparation Checklist | Ass't | Ass't |
| 1) AR: Accident Reporting (\$30) | | |
| 2) DA: Damage Assessment (\$100) | INC (\$50) | |
| 3) TP: Towing Fee | \$40/\$40 | |
| 4) PT: Follow-Through Survey | \$120 | |
| 5) FT: Follow-Through Survey (Resurvey) | \$30 | |
| 6) TR: Re-inspection | \$75 | |
| 7) NI: Initial DA + SMRT Survey | \$140 | |
| 8) NTUC Additional Services | | |
| 9) QD: | | |
| *NS: Courtesy Car / Tpt Allowance | \$5 | |
| *NS: Repair Coordination | \$10 | |
| *NT: Post Repair Inspection | \$25 | |
| *NS: DV / Collect Excess Coordination | \$1 | |
| TP (NI): TP (Non INC) against INC | \$30 | |
| 9) NI: NIe Mobile | 10 | |
| Invoice dated | Fee Charged | |
| Invoice total | Fee Charged | |

12/3

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 | 05/12/2022 15:40 (SGT) |
| Reported by | Driver |
| Date of Accident | 05/12/2022 07:59 (SGT) |
| Exact Location of Accident | Tuas Ave 13, 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) +65-93869274 |
| 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 3 MONTHS |
| 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) | 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 | XE6499U |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| 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 Authorized 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;

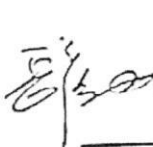

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(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

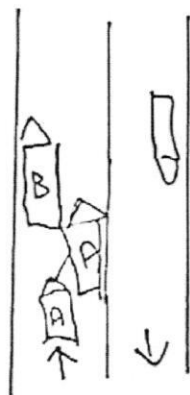


Driver's Signature (if driver is not the policyholder) / Date & Time

 05/12/2022

Witnessed by Reporting Centre Personnel

Sketch Plan



Tuas Ave B.

A-PC68088.

B-XE6499U

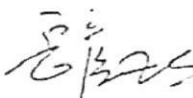
(TRD04817)

Describe Circumstances of the Accident


ON 5/12/2022, around 0759 hrs, I was driving my bus PC 6845 along Tuas Ave 13. VEH B XE 6845U (TRD3481T) stopped. I waited for very long, I decided to overtake VEH B. When I overtake VEH B, my bus right rear view mirror hit onto VEH B rear portion.

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

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

Third party veh number: XE 6A99U (TRD 34817)
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: PC 68088
Owner contact no: 9386 9274
Date of accident: 5/12/2022
Location of accident: Tuas Ave 13
Time of accident: 0759 hrs.
Any Injury: yes / no (if yes, must have police report)

Email Address: Accounts@SingaporeCoachServices.com

Motor Bus

MZ601

R SN

BR0057A

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)

Engine No.: ISB67E525022231466

Cha. No.: LZYTBTD6XH1032097

CERTIFICATE No.

DMB1SNA00011742202

1. Index Mark and Registration
Number of Vehicle

PC5808S

2. Name of Policy Holder

SINGAPORE COACH SERVICES PTE. LTD.

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment12/07/2022
(00:00:00)

Excess Sect I. S\$2,500.00

Excess Sect. II S\$1,500.00

EX ON 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 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.: THINK ONE CREDIT PTE LTD 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

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. |