NATIONAL Assessment Centre Services (Vol 1 Jan 03) SA1623/J0001

Date In: 19/01/2023 10:42	Job description	Date & Time Completed	Done by
Ref No: NBA/C7223000627/Y	SAS e-filing		
Veh No: PC 1217E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 18/01/2023 00:55	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SHF 7855 INC ( )/ Non-INC ( )

Owner / Driver: (Tel:)

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

Confirmed by : (Date: Time:)

Insured/Driver Liability: (%) [Note-Bst 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: 6788 6010)	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	Action	Completed

NA2300197

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Work Comments:

1:

2/3:

Invoice Preparation Checklist		Check	Ass'd
1) AR : Accident Reporting ($30)			
2) DA : Damage Assessment ($100)	INC ($50)		
3) TP : Towing Fee	$80/$45		
4) FT : Follow-Through Survey	$150		
5) FT : Follow-Through Survey (Resurvey)	$50		
Everything applies INC Only (wef 18 Jan 2023)			
6) TR : Reformention	$75		
7) N1 : New DA + SMART Survey	$140		
8) NIUC Additional Services:			
GDP			
*N3: Courtesy Car / Taxi Allowance	$5		
*N4: Repair Coordination	$15		
*N7: Post Repair Inspection	$35		
*N2: DV / Collect Excess Coordination	$5		
XP (N11) : TP (Non-INC) applies INC	$30		
5) N12: New Mobile	10		
*Invoice Filed	Fee Charged		
Invoice Sent	Fee Charged		

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 witholding 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	19/01/2023 10:42 (SGT)
Reported by	Driver
Date of Accident	18/01/2023 00:55 (SGT)
Exact Location of Accident	Telok Blangah Rise, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC1217E

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SINGAPORE BUS CHARTER
Company Reg No	5XXXX842J
Email Address	connect3lau@gmail.com
Mobile Phone No	(Phone) +65-94579785
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	LV434R
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	Private car
Transmission	Manual
CC	7790

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00003222200

DRIVER

Name of Driver	RAMESH KRISHNAN
NRIC No	SXXXX070D
Date Of Birth	25/04/1977
Occupation	Outdoor

Date Of Driving Pass	31/10/2018
Driving experience	4 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94579785
Alt. Phone Number	-
Email Address	connect3lau@gmail.com
Address	BLK 250 BANGKIT ROAD #02-346
Address complement	-
Postcode	670250
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?	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	SHF785S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	RICKY WAN

Contact Number	(Phone) +65-96159611
Address	-
Address complement	-
Postcode	-
Insurance Company Name	AXA Insurance Pte Ltd
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.
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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

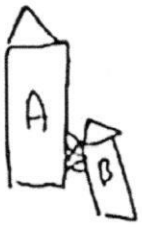
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
X	X	19/01/2023

Sketch Plan

A – PC 1217E

B – SHF 785S



Telok Blangah Rise

Describe Circumstances of the Accident

On 18/01/2023 around 0000hrs, I parked my Bus PC 1717 E along Telok Blangah Rise. and I went home. Then in the morning 0530hr, I went back to collect my Bus, and I saw there are damages on my Bus right rear portion. And I saw a note at hand I quickly inform my Boss. My Boss retrieval the CCTV and saw at 0055hrs, there was a Taxi SHF 7855 collided onto my parked Bus.

Declaration

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

X

Policyholder's Signature / Date & Time

X

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

19/01/2023

Witnessed by Reporting Centre Personnel

Road surface: Dry / Wet

Weather condition: Clear / Raining

Speed: _____

Usage of veh during of accident:

_____

Driver IC:

Driver Name :

Driver Pass date :

Drver Birth date :

Does driver own a vehicle: ~~yes~~ /no

if yes, veh number plate: _____

veh insurance co: _____

Relationship with insured: Employer Kem player

Witness (if any): ~~yes~~/no

Witness name: _____

Witness hp: _____

Witness email (if any): _____

Witness add: _____

Witness IC no: _____

Third party veh number: SHF 785S

Name of third party driver: Ricky Wan

IC of third party driver: _____

HP of third party driver: 9615 9611

Address of third party driver: _____

Insured/Co name of third party vehicle: _____

Contact number of insured/Co: _____

Insurance co of third party vehicle: AXA

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

53379842J

Action taken : claiming third party / claiming own damage / reporting only

No of Pax: 0

_____ Male

_____ Female

Connect3 client vehicle no: PC 1317E

Owner contact no: 9457 9785

Email Address: Connect3Law@gmail.com.

Date of accident: 18/01/2023

Location of accident: Telok Blangah Rise.

Time of accident : 0055hrs

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

Motor Bus

MZ601
E SN
AN0740A
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)

Engine No.: 6HK1619455
Cha. No.:JALLV434CC7000010

CERTIFICATE No. DMB1SNW00003222200

1. Index Mark and Registration Number of Vehicle: PC1217E
2. Name of Policy Holder: SINGAPORE BUS CHARTER
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment: 21/02/2022 (00:00:00)
4. Date of Expiry of Insurance: 22/02/2023

Excess Sect. II S$1,500.00

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. : TATCO CREDIT PTE LTD

** 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: Chai Huilin Lynn
Authorised Officer

Authorised Signatory

> Back to OneMotoring

Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle No.
PC1217E

Make / Model
ISUZU / LV434R

Vehicle Type :

Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus

Vehicle Attachment 1 :

Air-Conditioned

Vehicle Scheme :

Public Service Vehicle (Others)

Chassis No. :

JALLV434CC7000010

Propellant :

Diesel

Engine No. :

6HK1619455

Motor No. :

-

Engine Capacity :

7790 cc

Power Rating :

-

Maximum Power Output :

-

Maximum Laden Weight :

16800 kg

Unladen Weight :

12660 kg

Year Of Manufacture :

2011

Original Registration Date :

03 Jul 2012

Lifespan Expiry Date :

02 Jul 2032

COE Category :

C - Goods Vehicle & Bus

PQP Paid :

$43,284.00

COE Expiry Date :

29 Feb 2032

Road Tax Expiry Date :

22 Feb 2023

PARF Eligibility Expiry Date :

-

Inspection Due Date :

22 Feb 2023

Intended Transfer Date :

05 Sep 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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OK →