

NATIONAL Assessment Centre Services

(Part 1 of 2)

510823240002

| | | | |
|--|--|-----------------------|---------|
| Date In: 17/01/2023 16:57 | Job description | Date & Time Completed | Done by |
| Ref No: X180/C128001809/Y | SAS e-illing | | |
| Veh No: PC6122L | E-mail (within 3hrs, A/C this) | | |
| D.O.A: 17/01/2023 08:02 | i-Motor Claim Form | | |
| OD: <input checked="" type="checkbox"/> Repairing Only | i-Motor W/O (within 3hrs, A/C this) | | |
| | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| TP Insurer: | Ass't Report by Fax / Hand to Owner/Whom | | |

| | | |
|--|--|-----------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: Vch No: EX5959R | INC () / Non-INC () | |
| Owner / Driver: (| Tel: | |
| Policy No: () | Period: () | Cover Type: () |
| Confirmed by: (| Date: | Time: |
| Insured/Driver Liability: () | (Note: Ltd Status (WO): N: 0-30%, 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 repairer.

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

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

| | | |
|---|-----------------------|---------|
| Remarks: (INC Hotline: 0788 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 |
|------|------|---------|
| | | |
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| | | |

| | | | | |
|--|--|------------|--------|----------|
| <p>X1A2800510</p> <p>TP Particulars:</p> <p>Owner/Owner:</p> <p>Contact No:</p> <p>Assessed Portion: Wagon</p> <p>Checked by (Engr-In-Charge):</p> <p>Comments:</p> <p>Signature:</p> <p>Date:</p> | Invoice Preparation Checklist | | Amount | Assessed |
| | 1) AR: Accident Reporting (\$30) | | | |
| | 2) DA: Damage Assessment (\$1000) | INC (\$50) | | |
| | 3) TP: Towing Fee | \$10/\$40 | | |
| | 4) PF: Follow-Through Survey | \$15 | | |
| | 5) PF: Follow-Through Survey (Barrow) | \$30 | | |
| | Excess/Insurance/TP Only (Covered by Ins 2023) | | | |
| | 6) TR: Re-Inspection | \$75 | | |
| | 7) NI: Issue DA, SMART Survey | \$150 | | |
| | 8) NTUC Additional Services | | | |
| GP: | | | | |
| *NS: Courtesy Car / Tol Allowance | | \$5 | | |
| *NS: Repair Coordination | | \$15 | | |
| *NS: Post Repair Inspection | | \$20 | | |
| *NS: DV / Collect Excess Coordination | | \$1 | | |
| *TP (NI): TP (Non-INC) against INC | | \$10 | | |
| *TP (NI): TP (Non-INC) against INC | | \$10 | | |
| *TP (NI): TP (Non-INC) against INC | | \$10 | | |
| Invoice Total | | | | |
| 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 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 | 17/02/2023 16:57 (SGT) |
| Reported by | Driver |
| Date of Accident | 17/02/2023 08:02 (SGT) |
| Exact Location of Accident | Tampines Ave 10, Singapore |
| Additional Location Information | TOWARDS PASIR RIS |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | PC6122L |
|-----------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------|------------------------|
| Is company? | Yes |
| Name Of Registered Owner | CHAN BUS SERVICES |
| Company Reg No | 5XXXX878C |
| Email Address | enquiry@chanbus.com.sg |
| Mobile Phone No | (Phone) +65-94285034 |
| 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 - Reporting only |
| Vehicle Category | Bus |
| Transmission | Manual |
| CC | 7790 |

INSURANCE COMPANY

| | |
|-----------------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | DMB1SNW00011952202 |

DRIVER

| | |
|----------------|----------------------------------|
| Name of Driver | MOHAMAD FADLY BIN MOHAMAD YUSOFF |
| NRIC No | SXXXX346F |
| Date Of Birth | 27/09/1981 |
| Occupation | Outdoor |

| | |
|--|-----------------------------------|
| Date Of Driving Pass | 05/04/2002 |
| Driving experience | 20 YEARS AND 10 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-94285034 |
| Alt. Phone Number | - |
| Email Address | enquiry@chanbus.com.sg |
| Address | BLK 410A NORTHSHORE DRIVE #11-540 |
| Address complement | - |
| Postcode | 821410 |
| 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? | Yes |
| Police Station Name | Traffic Police |
| Police Station Phone No | (Phone) +65-65470000 |
| Alt. Police Station Phone No | (Fax) +65-65474900 |
| Police Station Address | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230217/7044

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 | EX5959R |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |

| | |
|---|-----------------------|
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | DON BERNIE RAJAPAKSHA |
| NRIC No | SXXXX880F |
| Contact Number | (Phone) +65-91061971 |
| 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

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

Sketch Plan

TAMPINES AVE 10 TOWARDS BASIL RISE

Describe Circumstance of the Accident

Refer to police report no. T/20230217/7044.

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

[Signature]

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

[Signature] 17/02/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20230217/7044

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20230217/7044

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|---|--|----------------------------|--|
| Date/Time Report Made: 17/02/2023 15:52 | | Vide Report No.: G/20230217/0064 | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: MOHAMAD FADLY BIN MOHAMAD YUSOFF | | | Address: 410A NORTHSORE DRIVE #11-540 SINGAPORE 821410 | | |
| ID Type / ID No.: NRIC NO / S8131346F | | | Contact No.: Home/Office: Mobile: 94285034 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: FADLYYUSOFF30@GMAIL.COM | | |
| Sex: Male | Age: 41 | Date of Birth: 27/09/1981 | Type of Informant: Driver | | |
| Race: Malay | | Language: English | | Institution / School Name: | |
| Occupation: | | Driving Licence Information: Class: Date of Expiry: | | | |

| | | | | |
|--|----------------------------------|------------------------------------|--|-------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Non-Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 17/02/2023 08:00 | Type of Location: Straight Road |
| Location: TAMPINES PLACE | | | | |
| Weather: Sunny | | Road Surface: Dry | | Road Speed Limit: 60 Km/h |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

| | | | | | | |
|------------------------------------|-------|------|-------|-------|----------|-------|
| Details of Vehicle Involved | | | | | | |
| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
| EX5959R | Car | | | | | 0 |
| PC6122L | Lorry | | | | | 0 |

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



**SINGAPORE
POLICE FORCE**



T/20230217/7044

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20230217/7044

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|----------------------------------|--|--|
| Name | MOHAMAD FADLY BIN MOHAMAD YUSOFF | | ID No. S8131346F |
| Related Vehicle | PC6122L (Lorry) | | Contact No. 94285034 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL |
| Date | NIL | | Date NIL |
| No. of Days granted Medical Leave | NIL | | Degree of NIL |

Brief Details.

On 17/02/2023, 8.00am, I was driving bus PC 6122 L along Tampines Ave 10 towards Pasir Ris. Suddenly the vehicle EX 5959 R in front of me apply emergency brake and I couldn't brake on time and cause the collision. We exchanged particular and left the scene. Nobody was injured.



**SINGAPORE
POLICE FORCE**



T/20230217/7044

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20230217/7044

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
GOH WEI LI
Contact No.: 65476394

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
17/02/2023 15:52

Classification Of Case:

Send/Fax to: _____

Submitted: _____

SINGAPORE ACCIDENT STATEMENT

| BASIC INFORMATION | | | |
|---------------------------|---|---------------------------|---------------|
| Date of Accident: | 17/02/2023 | Time of Accident: | 08:02 Hr |
| Exact Location: | Tampines Ave 10 towards Pasir Ris | | |
| DETAILS OF OWN VEHICLE | | | |
| Vehicle Registration No. | PC 6122L | NRIC / FIN / Passport no: | 52995878C |
| Name of Registered Owner: | Chan Bus Services | | |
| Owner's Email: | enquiry@chanbus.com.sg | | |
| Owner's Address: | 1 Bukit Batok Cres #05-44 WCEGA Plaza Singapore 658064 | | |
| Vehicle Make: | Isuzu | Vehicle Model: | LT134P |
| Engine Capacity (cc): | 7790cc | Transmission: | Auto / Manual |
| Type of Claim: | Own Damage / Third Party / Reporting Only | | |
| Vehicle Category: | Private / Commercial / Motorcycle / Private Hire | | |
| Name of Insurance Co: | China Taiping Insurance (Singapore) Pte Ltd. | | |
| Type of Policy: | Comprehensive / Third Party / Third Party, Fire & Theft | | |
| Policy Number: | DMB1SNW00011952202 | | |

| DRIVER | | | |
|--|---|---------------------|-----------------|
| Name of Driver: | Mohamad Fadly Bin Mohamad Yusoff <input type="checkbox"/> same as | | |
| NRIC / FIN / Passport no: | S8131346 F | Date of Birth: | 27/09/1981 |
| Occupation: | Indoor / Outdoor | Driving Pass Date: | 05/6/2002 |
| Contact Number: | 94285034 | Gender: | (Male) / Female |
| Address: | Blk 410A Northshore Drive #11-540 Singapore 821410 | | |
| 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: | (Clean) / Raining / Others: | Road Surface: | (Dry) / Wet |
| Video available: | Yes / No | | |
| Was anybody injured? | Yes / No | Police Report Made? | (Yes) |
| No. of passenger onboard (including driver): | 0 | | |

| DETAILS OF OTHER VEHICLE | | | |
|---------------------------|----------------------|-----------|-----------|
| | Vehicle 1 | Vehicle 2 | Vehicle 3 |
| Vehicle Registration No: | EX 5959R | | |
| Vehicle Make / Model: | - | | |
| Name of Driver: | Don Bernie Rajapaksa | | |
| NRIC / FIN / Passport no: | S7134880 F | | |
| Contact Number: | 91061971 | | |
| 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: _____



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

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.

DMB1SNW00011952202

Engine No.: 6HK1489806

Cha. No.: JALLT134PA7000056

1. Index Mark and Registration

PC6122L

Number of Vehicle

2. Name of Policy Holder

CHAN BUS SERVICES

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

28/07/2022
(00:00:00)

Excess Sect. II

S\$1,000.00

4. Date of Expiry of Insurance

27/07/2023

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. : BOARDINGHOUSE 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:

ODDS & EVEN

Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)

3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com

Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle No.
PC6122L

Make / Model
ISUZU / LT134P

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

Vehicle Scheme :
Public Service Vehicle (Others)

Propellant :
Diesel

Motor No. :
-

Power Rating :
-

Maximum Laden Weight :
15200 kg

Year Of Manufacture :
2010

Lifespan Expiry Date :
27 Jul 2030

PQP Paid :
\$24,271.00

Road Tax Expiry Date :
27 Jul 2023

Inspection Due Date :
27 Jul 2023

CO2 Emission :
-

CO Emission :
-

NOx Emission :
-

Vehicle Attachment 1 :
Air-Conditioned

Chassis No. :
JALLT134PA7000056

Engine No. :
6HK1489806

Engine Capacity :
7790 cc

Maximum Power Output :
-

Unladen Weight :
10360 kg

Original Registration Date :
28 Jul 2010

COE Category :
C - Goods Vehicle & Bus

COE Expiry Date :
27 Jul 2030

PARF Eligibility Expiry Date :
-

Intended Transfer Date :
18 Feb 2023

CEV/VES Rebate Utilised Amount :
-

HC Emission :
-

PM Emission :
-