

NATIONAL Assessment Centre Services

Date In: 07/03/2023 16:13	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: X/A2300636	E-mail (attach form, AIC form)		
Veh No: PC 6737M	1-Motor Claim Form		
D.O.A: 28/07/2023 11:55	1-Motor W/O (White: OD form, 28/07/2023)		
OS: (A) Repairing Only	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whan		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Yeh No: BARRIER	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: (% (Note: Use Status (WO): N: 0-20%, F: 21-72%, P: 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 Noting: 07/03/2023)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: ()

Other: ()

X/A2300636	Invoice Preparation Checklist	
1) AR: Accident Reporting (\$300)		
2) DA: Damage Assessment (\$1000)	INC (\$50)	
3) TP: Towing Fee (\$10/\$40)		
4) PT: Follow-Through Survey (\$150)		
5) PT: Follow-Through Survey (Barotay) (\$50)		
6) TR: Repairs (\$30)		
7) NI: New DA + SMR Survey (\$140)		
8) NTUC Additional Services		
9) QP		
* No: Courtesy Car / Tot Allowance	\$5	
* No: Repair Coordination	\$15	
* No: Post Repair Inspection	\$20	
* No: DV / Collect Excess Coordination	\$5	
* TP (NI) / TP (Non-INC) against INC	\$20	
* No: 100% Mile	10	
Invoice filed	File Charged	
Invoice dated	Due Date	

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	02/03/2023 16:13 (SGT)
Reported by	Driver
Date of Accident	28/02/2023 11:55 (SGT)
Exact Location of Accident	56 Bedok North Street 3, Singapore 469623
Additional Location Information	YU NENG PRIMARY SCHOOL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6737M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SINGAPORE COACH SERVICES PTE. LTD.
Company Reg No	2XXXX711H
Email Address	accounts@singaporecoachservices.com
Mobile Phone No	(Phone) +65-96695458
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	DMB1SNA00011742202

DRIVER

Name of Driver	LUM KAR KIT
NRIC No	SXXXX764A
Date Of Birth	18/08/1966
Occupation	Outdoor

Date Of Driving Pass	04/12/1998
Driving experience	24 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87999782
Alt. Phone Number	-
Email Address	accounts@singaporecoachservices.com
Address	BLK 94 DAWSON ROAD #26-56
Address complement	-
Postcode	141094
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 by fallen tree / Other objects
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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)	35
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	Female

PASSENGER 5

Name	UNKNOWN
Gender	Female

PASSENGER 6

Name	UNKNOWN
Gender	Female

PASSENGER 7

Name	UNKNOWN
Gender	Female

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number -
 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 BARRIER
 No. Of Passenger (Including Driver) -

SKETCH PLAN

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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.
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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.

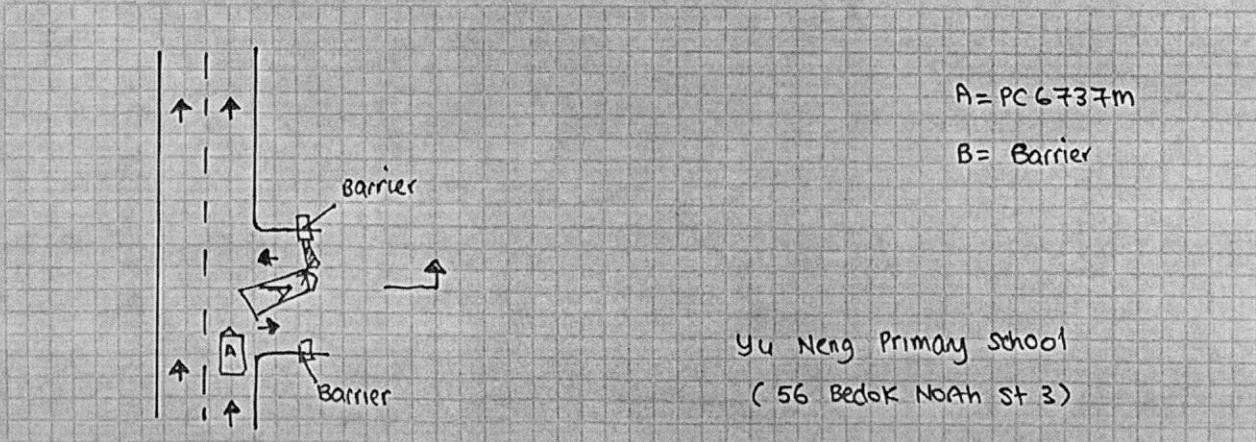


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 28/02/2023 @ 11:55hrs, I was driving my bus PC6737M into Yu Neng Pri Sch
x as I was in the midst of entering the school gate, the barrier on the
bus LH side dropped downwards x hit onto my bus front LH portion x
causing damages to my bus as a result.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

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

02/03/2023
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: Employee & Employer
Witness (if any): yes / no
Witness name: _____
Witness hp: _____
Witness email (if any): _____
Witness add: _____
Witness IC no: _____

Third party veh number: Barrier
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: _____

S173676YA

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: 35

17 Male
18 Female

Connect3 client vehicle no: PC 6737M

Owner contact no: 9669 5458

Email Address: admin @ singapore road services . com

Date of accident: 28/02/2023

Location of accident: Barrier of Yu Neng Pri Sch (56 Bedok North st 3)

Time of accident : 11:55hrs

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



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

M2661

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, 1969
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No:

DMB1SNA00011742202

Engine No.: ISB67E52502229582

Chassis No.: LZYTE6D61H1032098

1 Index Mark and Registration
Number of Vehicle

PC6737M

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 Enactment

12/07/2022
(00:00:00)

Excess Sect I

SS\$2,500.00

Excess Sect. II

SS\$1,500.00

EX ON WINDSCREEN

SS\$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 mentioned operative 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

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

☎ 6389 6111

☎ 6222 1033

🌐 www.singtaiping.com

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.:	PC6737M
Previous Vehicle No.:	-
Effective Date of Ownership:	21 Dec 2017
Original Regn Date:	21 Dec 2017
Registration Date:	21 Dec 2017
Year of Manufacture:	2017
	Private Hire (Chauffeur) Bus/Coach/Minibus

Vehicle Type:

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.:

LZYTBD61H1032098

Engine No.:

ISB67E525022229582

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.: 2050111308

COE No.: 2017120105000038R

COE Expiry Date: 20 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: 20 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.