

**NATIONAL Assessment Centre Services**

Job No: **SKX02390001**

Date In: <b>09/03/2023 10:15</b>	Job description: <b>SAS e-filing</b>	Date & Time Completed:	Done by:
Ref No: <b>4134/1728002485</b>	E-mail (with photo, NIC 2013)		
Yeh No: <b>CB: 6349J</b>	I-Motor Claim Form		
D.O.A: <b>07/03/2023 06:05</b>	I-Motor W/O (with: OD 2013, or 1013)		
OD: <b>TP / Reporting Only</b>	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / QW: ( )

TP Particulars: Yeh No: **SKX022Z** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

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

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % (Note: list Status (WO): N: 0-30%, F: 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 info of repairer.

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

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

- Remarks: ( )
- 1) Apply for Transport Allowance ( ) / Courtesy Car ( )
  - 2) QC Check / Post Repair Inspection ( )
  - 3) Upload Resurvey Photo (Repair Cost > \$3000) ( )

Injury: ( )

Date of Injury: ( )

Location: ( )

**NA2300698**

Invoice Particulars	Invoice Preparation Charge	Amount	Done by
1) A/R: Accident Report (330)			
2) DA: Damage Assessment (\$1000)	INC (\$55)		
3) TP: Towing Fee		\$105.00	
4) PE: Follow Through Survey		\$1.00	
5) FE: Follow Through Survey (Emergency)		\$30.00	
6) TR: Repairs		\$7.00	
7) NI: New DA + EMT Survey		\$14.00	
8) NTC: Additional Services			
Checked by (Engr-In-Charge):	QW:		
	*NI: Courtesy Car / Tel Allowance	\$5	
	*NI: Repair Coordination	\$15	
	*NI: Post Repair Inspection	\$3.00	
	*NI: DV / Collect Excess Coordination	\$1	
	*NI: (H1) TP (Non-INC) against INC	\$30	
	TP (H1) Fee	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 ..... 09/03/2023 10:15 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 07/03/2023 06:05 (SGT)  
Exact Location of Accident ..... Bukit Batok West Ave. 5, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... CB6349J

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... KAL T&T SERVICES  
Company Reg No ..... 5XXXX838C  
Email Address ..... kaltransport@tts.edu.sg  
Mobile Phone No ..... (Phone) +65-67767371  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Hiace  
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 ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 2982

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... DMB1SNW00007872207

### DRIVER

Name of Driver ..... TAN KOK BOON  
NRIC No ..... SXXXX134G  
Date Of Birth ..... 03/12/1952  
Occupation ..... Outdoor

Date Of Driving Pass .....	27/02/1971
Driving experience .....	52 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-96608206
Alt. Phone Number .....	-
Email Address .....	kaltransport@tts.edu.sg
Address .....	BLK 19 TELOK BLANGAH CRESCENT #12-144
Address complement .....	-
Postcode .....	090019
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) .....	2
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 .....	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? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SKX622Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour ..... -  
Vehicle Category ..... Private car  
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 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 insured 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 lodging 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.



Jan.

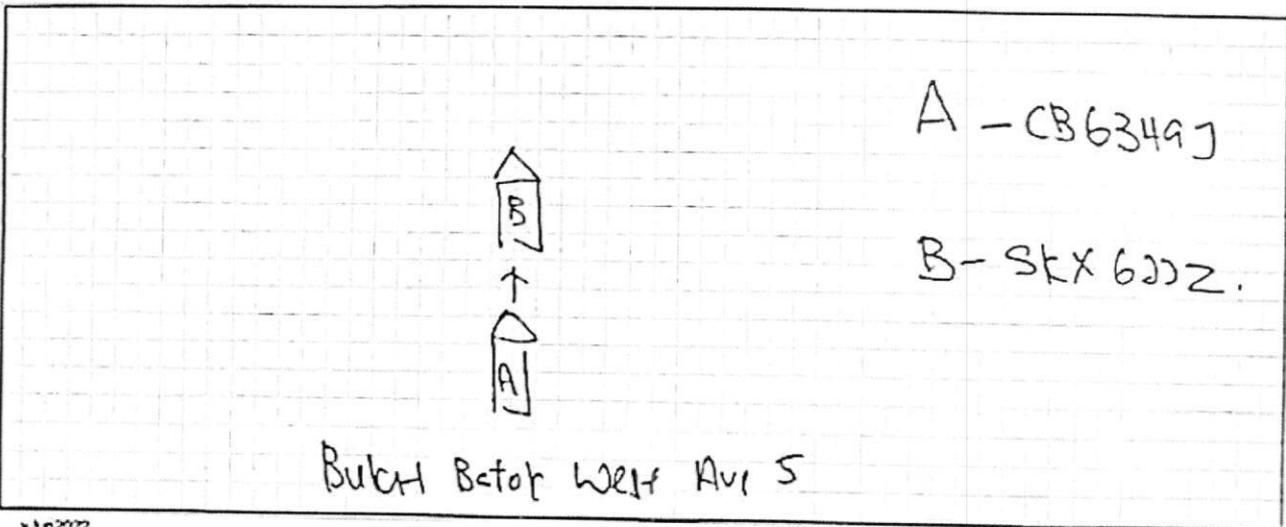
09/03/2023

Policyholder's Signature / Date & Time

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

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

Sketch Plan



vAn2022

Describe Circumstance of the Accident

On 7/3/2023 around 0650hrs. I was driving my Bus CB 63497 along Bukit Batok West Ave 5. Veh B SKR 6232 suddenly stop. I cannot stop in time and collided onto Veh B rear portion.

Declaration

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



Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel (Name as in NR/CID card)

*[Signature]* 09/03/2023

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: S 6X 6222  
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: 2  
\_\_\_\_\_ Male  
\_\_\_\_\_ Female

Connect3 client vehicle no: C8 6349J  
Owner contact no: 6776 7371  
Date of accident: 7/3/2023  
Location of accident: Butat Befole Vrsf Ave 5  
Time of accident : 0650hrs  
Any Injury: yes/no ( if yes, must have police report)

Email Address: KALTransport@tts.edu.sg

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.	DMB1SNW00007872207	Engine No.: 1KD1766250	Cha. No.:KDH2010014695
1. Index Mark and Registration Number of Vehicle	CB6349J		
2. Name of Policy Holder	KAL T&T SERVICES		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	16/05/2022 (00:00:00)	Excess Sect. II	S\$750.00
4. Date of Expiry of Insurance	15/05/2023		
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 SEVEN  
Authorised Officer



*杨亚美*

Authorised Signatory

## Vehicle Registration Details

<i>Vehicle No.</i> <b>CB6349J</b>	<i>Make/ Model</i> <b>TOYOTA/HIACE 3.0DX A</b>	<i>Vehicle Scheme</i> <b>School Bus with AWC</b>
<i>Current Propellant</i> <b>Diesel</b>	<i>Chassis No.</i> <b>KDH2010014695</b>	<i>Vehicle Type</i> <b>School Transport Bus /Coach/Minibus</b>

### Owner's Details

Owner Name:

**KAL T&T SERVICES**

Owner ID Type:

**Business**

NRIC/Passport/Company Cert No.:

**53005838C**

Registered Address

**12 FABER CRESCENT FABER HILLS  
SINGAPORE 129460**

Mailing Address:

-

Birth Date

-

### Registration Details

Previous Vehicle No.:

-

Effective Date of Ownership:

**18 Dec 2014**

Original Registration Date:

**16 May 2008**

Registration Date:

**16 May 2008**

No. of Transfers:

**2**

IU Label No.:

**1550223506**

### Vehicle Specifications

Engine No.:

**1KD1766250**

Chassis No.:

**KDH2010014695**

Year of Manufacture:

**2008**

Primary Colour:

**White**

Secondary Colour:

-

Passenger Capacity:

12

Engine Capacity / Power Rating :

2982 cc / -

Maximum Power Output:

-

Max Unladen Weight:

1800 kg

Maximum Laden Weight:

3205 kg

Vehicle Attachment 1:

Air-Conditioned

Vehicle Attachment 2:

-

Vehicle Attachment 3:

-

#### Additional Registration Fee (ARF) and COE Information

Open Market Value:

\$29,920.00

Additional Registration Fee Rate:

5.00 %

Actual ARF Paid:

\$1,496.00

Vehicle Lifespan Expiry Date:

15 May 2028

OPC Cash Rebate Eligibility:

No

QP during COE Bidding Exercise:

-

COE No.:

-

#### PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

Minimum PARF Benefit:

-

#### Vehicle Emissions Details

CO2 Emission:

-

CO Emission:

-

HC Emission:

-

NOx Emission:

-

PM Emission:

-

Message:

**This is a public service vehicle.**

*Printed on 22 Nov 2021 17:00:20*

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