

NATIONAL Assessment Centre Services		Job description		Date & Time Completed	Done by
Date In: 09/03/2013	16/4/13	SAS e-filing			
Ref No: NB01/1138002511/Y		E-mail (within 24h, A/C 24h)			
Veh No: PC-8888B		1-Motor Claim Form			
D.O.A: 05/03/2013	19:05	1-Motor W/O (Within 24h, 24h 10h)			
QC: TP: Reporting Only		1-Photo Uploaded			
TP Insurer:		Assessment/Survey Report			
		Ass't Report by Fax / Hand to Owner/Whse			
Preferred Wksp / INC Assign Wksp / QW: (Tel:		Fax:	
TP Particulars:	Veh No: SUG 1091C	INC () / Non-INC ()			
Owner / Driver: (Tel:			
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:		Printer:	
Insured/Driver Liability: (95) (Note-List Status (WO): 10-0-30%, P: 21-72%, P: 30-100%)			
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: ()					
1) Apply for Transport Allowance () / Courtesy Car ()		2) QC Check / Post Repair Inspection ()		3) Upload Recovery Photo (Repair Cost > \$3000) ()	
Injury: ()					
Date/Time/Action:					
NA2300706					
Invoice Preparation Checklist:		1) All Accident Paperwork (\$30)			
2) DA: Damage Assessment (\$100)		INC (\$55)			
3) TP: Towing Fee		\$10/\$45			
4) PC: Follow-Through Survey		\$125			
5) PT: Follow-Through Survey (Emergency)		\$36			
6) TR: Re/Inspection		\$75			
7) N1: Re/DA, & EMPT Survey		\$140			
8) NTUC Additional Services:					
9) N1: Courtesy Car / Tel Allowance		\$5			
10) N1: Repair Coordination		\$12			
11) N1: Post Repair Inspection		\$33			
12) N1: BY / Collect Excess Coordination		\$1			
13) N1: TP (Non-INC) against INC		\$20			
14) N1: 24h Mobile		\$10			
Invoice Total		Fees 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 16:43 (SGT)
Reported by	Owner
Date of Accident	05/03/2023 19:05 (SGT)
Exact Location of Accident	HarbourFront, Singapore
Additional Location Information	COACH PARKING BAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC8318B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MERIDIEN TRAVEL SERVICES PTE. LTD.
Company Reg No	2XXXXX223K
Email Address	alantan6168@gmail.com
Mobile Phone No	(Phone) +65-91086328
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Scania
Model	K124ZB4X2
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	11705

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MCV0007665

DRIVER

Name of Driver	TAN KIM SUA
NRIC No	SXXXX804D
Date Of Birth	10/06/1966
Occupation	Outdoor

Date Of Driving Pass	17/05/1985
Driving experience	37 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91086328
Alt. Phone Number	-
Email Address	alantan6168@gmail.com
Address	BLK 102 TAMPINES STREET 11 #04-113
Address complement	-
Postcode	521102
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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 - Major/Minor Rd
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 STATEMENT AND ATTACHMENT

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	SNG1091C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	MOHAMAD TAIB BIN MOHAMAD ISA
NRIC No	SXXXX279E

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

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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.
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.



X

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

- Refer to attached statement -

- Refer to attached statement. -

I/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

Accident Date: 05/03/2023

Accident Time: 19:05 Hr

Location: HabourFront Coach Parking Bay

Vehicle No. A) PC 8318 B

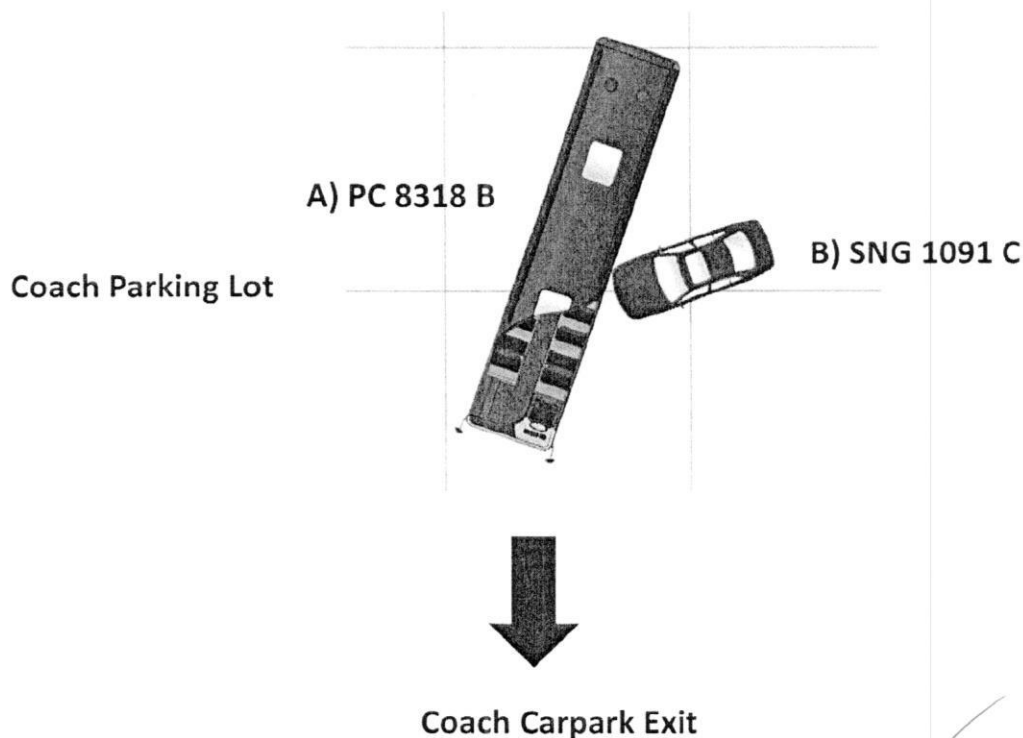
B) SNG 1091 C


On 05/03/2023, at 7.05pm, I was parking my company bus PC 8318 B at HabourFront Coach Parking Bay for passenger drop off. After done, I reserved my bus from the parking lot. Suddenly I felt an impact and I jammed brake immediately and get off from my bus. I saw there was a vehicle SNG 1091 C collided on my left hand side of vehicle.

The driver of SNG 1091 C told me that he was a Grab driver, and he got passenger waiting at coach parking bay and he want to go into coach parking bay to pick up the passenger. The parking bay actually is for coach only and the vehicle SNG 1091 C should not enter the coach parking bay. My bus has no damaged and do not require any repair. I am filing this for insurance reporting.

After the accident, the driver of SNG 1091 C said he will call me for settlement and I was waiting for the call but I did not receive any call until yesterday and caused my late reporting.

As a side note, the vehicle SNG 1091 C front right headlamp was already broken and paste by some sort of clay which was not caused by this collision. Please refer to onsite photo in the attachment.




Tan Kim Sua


09/03/2023

Send/Fax to: _____

Submitted: _____

SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION			
Date of Accident:	05/03/2023	Time of Accident:	19:05Hr
Exact Location:	HarbourFront Coach Parking Bay		

DETAILS OF OWN VEHICLE			
Vehicle Registration No.	PC8318B	NRIC / FIN / Passport no:	200513223 K
Name of Registered Owner:	Mendien Travel Services Pte Ltd		
Owner's Email:	alanfan6168@gmail.com		
Owner's Address:	100, Jalan Sultan #03-30A Sultan Plaza, Singapore 199001		
Vehicle Make:	Scania	Vehicle Model:	K124LB4x2
Engine Capacity (cc):	11705cc	Transmission:	Auto / Manual
Type of Claim:	Own Damage / Third Party / <u>Reporting Only</u>		
Vehicle Category:	Private / <u>Commercial</u> / Motorcycle / Private Hire		
Name of Insurance Co:	India International Insurance		
Type of Policy:	Comprehensive / Third Party / <u>Third Party, Fire & Theft</u>		
Policy Number:	D22MCV0007665		

DRIVER			
Name of Driver:	Tan Kim Sua	<input type="checkbox"/> same as	
NRIC / FIN / Passport no:	S1769804D	Date of Birth:	10/06/1966
Occupation:	Indoor / <u>Outdoor</u>	Driving Pass Date:	17/05/1985
Contact Number:	91086328	Gender:	<u>Male</u> / Female
Address:	81K102 Tampines Street 11 #04-113 Singapore 521102		
Relationship with Owner:	<u>Owner</u> / 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: <u>Parking Lot</u>		
Weather Condition:	<u>Clear</u> / Raining / Others:	Road Surface:	<u>Dry</u> / Wet
Video available:	<u>Yes</u> / No		
Was anybody injured?	Yes / <u>No</u>	Police Report Made?	Yes / <u>No</u>
No. of passenger onboard (including driver):	01		

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	SHG1091C		
Vehicle Make / Model:	-		
Name of Driver:	Mohamad Taib Bin Mohamad Isa		
NRIC / FIN / Passport no:	S0200279E		
Contact Number:			
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

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)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D22MCV0007665		COVER: Third Party Fire & Theft	
1. Index Mark and Registration Number of Vehicle	: PC8318B		
Chassis No	: 9BSK4X20003580092		
2. Name of Policyholder	: MERIDIEN TRAVEL SERVICES PTE. LTD.		
3. Effective date of Insurance	: 28 Aug 2022		
4. Expiry date of Insurance	: 27 Sep 2023		
5. Persons or Classes of Persons entitled to drive*	<p>Any person provided he is in the Policyholder's employ and is driving on their order or with their 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</p>		
6. Limitations as to use*	<p>Use only for the carriage of passengers or goods in connection with the Policyholder's business. The Policy does not cover a) Use for racing, pace-making, reliability trial or speed-testing. b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p>		
<p>*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.</p>			
<p>Excess Section II (Within Singapore) : SGD2,000.00 Excess Section II (Within West Malaysia): SGD4,000.00 TERRITORIAL LIMIT: WITHIN THE REPUBLIC OF SINGAPORE & WEST MALAYSIA ONLY Hire Purchase Company : LIAN HONG PTE LTD</p>			
<p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 70 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN ADDITIONAL EXCESS OF \$2500/- ON SECTION II WILL BE APPLICABLE.</p>			
<p>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).</p>			
<p>Agent/Broker : A000047/SINCL PTE LTD Date of Issue : 22/08/2022 17:11:56 M.Z. 600C - OMNIBUS (ORGANIZATION)</p>		<p>For India International Insurance Pte Ltd</p> <p></p> <p>Authorized Signatory</p>	

Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle No.
PC8318B

Make / Model
SCANIA / K124IB4X2

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

Vehicle Scheme :
Public Service Vehicle (Others)

Propellant :
Diesel

Motor No. :
-

Power Rating :
-

Maximum Laden Weight :
19000 kg

Year Of Manufacture :
2006

Lifespan Expiry Date :
27 Sep 2026

PQP Paid :
\$19,586.00

Road Tax Expiry Date :
27 Sep 2023

Inspection Due Date :
27 Sep 2023

CO2 Emission :
-

CO Emission :
-

NOx Emission :
-

Vehicle Attachment 1 :
Air-Conditioned

Chassis No. :
9BSK4X20003580092

Engine No. :
8060882

Engine Capacity :
11705 cc

Maximum Power Output :
-

Unladen Weight :
13680 kg

Original Registration Date :
28 Sep 2006

COE Category :
C - Goods Vehicle & Bus

COE Expiry Date :
27 Sep 2026

PARF Eligibility Expiry Date :
-

Intended Transfer Date :
10 Mar 2023

CEV/VES Rebate Utilised Amount :
-

HC Emission :
-

PM Emission :
-