

NATIONAL Assessment Centre Services

(Call 1-800-333-3333)

540953360009

Date In: 16/03/2023 16:06

Ref No: NIA/TIL28002749/Y

Veh No: PC 8130A

D.O.A: 15/03/2023 17:50

OD: TP Reporting Only

TP Insured:

Job description

Date & Time Completed

Done by

SAS e-illing

E-mail (within 24hrs, A/C 2hrs)

1-Motor Claim Form

1-Motor W/O (within 24hrs, A/C 2hrs)

1-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Whse

Preferred Wksp / INC Asson Wksp / QW: (

Tel:

Fax:

TP Particulars: Veh No: XE B183

INC () / Non-INC ()

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (

%)

(Note: Bsc 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 refer of repair.

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

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

Remarks: N/A

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date: ()

Time: ()

Location: ()

Weather: ()

Other: ()

Signature: ()

Date: ()

Time: ()

Location: ()

Weather: ()

Other: ()

Signature: ()

Date: ()

Time: ()

Location: ()

Weather: ()

Other: ()

Signature: ()

Date: ()

Time: ()

Location: ()

Weather: ()

Other: ()

Signature: ()

Date: ()

Time: ()

Invoice Preparation Charge:

1) AR: Accident Processing (\$300)

2) DA: Damage Assessment (\$1000) INC (\$55)

3) TP: Towing Fee \$10/\$45

4) PT: Follow-Through Survey \$125

5) FT: Follow-Through Survey (Barway) \$30

6) TR: Rep/Superior \$75

7) NI: New DA + SMPT Survey \$140

8) NTUC Additional Services

9) QC

*No: Courtesy Car / Tel Allowance \$5

*No: Repair Coordination \$10

*No: Post Repair Inspection \$25

*No: DV / Collect Excess Coordination \$1

TP (NIA) / TP (NIA INC) / TP (NIA INC) \$30

TP (NIA) / TP (NIA INC) / TP (NIA INC) \$30

TP (NIA) / TP (NIA INC) / TP (NIA INC) \$30

TP (NIA) / TP (NIA INC) / TP (NIA INC) \$30

TP (NIA) / TP (NIA INC) / TP (NIA INC) \$30

TP (NIA) / TP (NIA INC) / TP (NIA INC) \$30

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	16/03/2023 16:06 (SGT)
Reported by	Driver
Date of Accident	15/03/2023 17:50 (SGT)
Exact Location of Accident	Toh Guan Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC8130A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SOON KIONG BUS TRANSPORT SERVICE
Company Reg No	5XXXX883J
Email Address	henry73300@yahoo.com.sg
Mobile Phone No	(Phone) +65-90309689
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Golden Dragon
Model	XML6112J18
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	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MCV0007836

DRIVER

Name of Driver	WONG TEE KIANG
Passport No/FIN	SXXXX199G
Date Of Birth	28/02/1973
Occupation	Outdoor

Date Of Driving Pass	13/08/1993
Driving experience	29 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90309689
Alt. Phone Number	-
Email Address	henry73300@yahoo.com.sg
Address	BLK 263 JURONG EAST STREET 24 #05-493
Address complement	-
Postcode	600263
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	Side Swipe
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?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE1318S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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

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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:

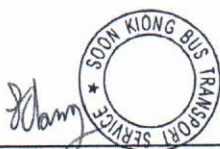
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (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.

X



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

16/03/2023

Sketch Plan

- Refer to attached statement. -

Describe Circumstances of the Accident

Refer to attached statement.

Declaration

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

16/03/2023

Accident Date: 15/03/2023

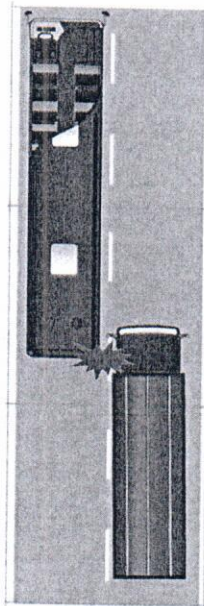
Accident Time: 17:50 Hr

Location: Toh Guan Road

Vehicle No. A) PC 8130 A
 B) XE 1318 S

On 15/03/2023, at around 5.50pm, I was driving my company vehicle PC 8130 A at Toh Guan Road. When I was driving on my centre lane moving straight and pass by a truck B) XE 1318 S on my right lane, I saw from my side mirror and noticed vehicle B) XE 1318 S left hand side mirror scratch my vehicle end of right-hand side body and his side mirror cover drop on the road side. We both slowed down the vehicle and I tried to liaise with him about the impact. The truck driver B) XE 1318 S mentioned I was the one that cut into his lane. I mentioned I have CCTV as prove and he just drive away. I only have his vehicle number.

A) PC 8130 A



B) XE 1318 S


Wong Tee Kiang



 16/03/2023

Send/Fax to: _____

Submitted: _____

SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION			
Date of Accident:	15/03/2023	Time of Accident:	17:50 Hr
Exact Location:	Toh Guan Road		

DETAILS OF OWN VEHICLE			
Vehicle Registration No.	PC8130A	NRIC / FIN / Passport no:	53102883J
Name of Registered Owner:	Soon Kiong Bus Transport Service		
Owner's Email:	henry73300@yahoo.com.sg		
Owner's Address:	263 Jurong East Street 24, #05-493 Singapore 600263		
Vehicle Make:	Golden Dragon	Vehicle Model:	XML6112J18 Auto
Engine Capacity (cc):	6690cc	Transmission:	Auto/Manual
Type of Claim:	Own Damage / <u>Third Party</u> / Reporting Only		
Vehicle Category:	Private / <u>Commercial</u> / Motorcycle / Private Hire		
Name of Insurance Co:	India International Insurance		
Type of Policy:	<u>Comprehensive</u> / Third Party / Third Party, Fire & Theft		
Policy Number:	D22 MCV0007836		

DRIVER			
Name of Driver:	Wong Tee Kiang	<input type="checkbox"/>	same as
NRIC / FIN / Passport no:	57306199G	Date of Birth:	28/02/1973
Occupation:	Indoor / <u>Outdoor</u>	Driving Pass Date:	13/08/1993
Contact Number:	90309689	Gender:	<u>Male</u> / Female
Address:	Same as above.		
Relationship with Owner:	<u>Owner</u> / Employee / Spouse / Child / Hirer / Other:		
Translator Name:		Translator NRIC:	
Translator Contact no:		Translator email:	

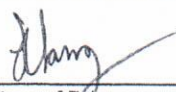
GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision:	Chain collision / Side Swipe / Front to Rear / Others: <u>Front to Side</u>		
Weather Condition:	<u>Clear</u> / Raining / Others:	Road Surface:	<u>Dry</u> / Wet
Video available:	<u>Yes</u> / No		
Was anybody injured?	Yes / <u>No</u>		
Police Report 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:	XE 1318S		
Vehicle Make / Model:	-		
Name of Driver:	-		
NRIC / FIN / Passport no:	-		
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.: D22MCV0007836		COVER: Comprehensive
1. Index Mark and Registration Number of Vehicle	: PC8130A	
Chassis No	: LL3AGCDH7KA031429	
2. Name of Policyholder	: SOON KIONG BUS TRANSPORT SERVICE	
3. Effective date of Insurance	: 10 Sep 2022	
4. Expiry date of Insurance	: 09 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 I & II Separately : SGD2,000.00 Windscreen Excess : SGD500.00 TERRITORIAL LIMIT : WITHIN THE REPUBLIC OF SINGAPORE ONLY Hire Purchase Company : ABS Financial Pte Ltd</p> <p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 75 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN ADDITIONAL EXCESS OF S\$1500/- ON SECTION I & II (SEPARATELY) 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 : 16/03/2023 12:23:53 M.Z. 600C - OMNIBUS (ORGANIZATION)</p>		<p>For India International Insurance Pte Ltd</p> <p></p> <p>Authorised Signatory</p>

Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle No.
PC8130A

Make / Model
GOLDEN DRAGON / XML6112J18 AUTO

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

Vehicle Scheme :
Public Service Vehicle (Others)

Propellant :
Diesel

Motor No. :
-

Power Rating :
-

Maximum Laden Weight :
16500 kg

Year Of Manufacture :
2019

Lifespan Expiry Date :
09 Sep 2039

Quota Premium :
\$25,089.00

Road Tax Expiry Date :
09 Sep 2023

Inspection Due Date :
09 Sep 2023

CO2 Emission :
-

CO Emission :
-

NOx Emission :
-

Vehicle Attachment 1 :
Air-Conditioned

Chassis No. :
LL3AGCDH7KA031429

Engine No. :
ISB67E6C29022334508

Engine Capacity :
6690 cc

Maximum Power Output :
-

Unladen Weight :
11900 kg

Original Registration Date :
10 Sep 2019

COE Category :
C - Goods Vehicle & Bus

COE Expiry Date :
09 Sep 2029

PARF Eligibility Expiry Date :
-

Intended Transfer Date :
17 Mar 2023

CEV/VES Rebate Utilised Amount :
-

HC Emission :
-

PM Emission :
-