NATIONAL Assessment Centre Services

DateIn 17/03/2023	Job description	Date & Time Completed	Done by
RefNO NA/III 23002788/d4	SAS e-filing		
VehNo SH 577K	E-mail (within 8hrs, AP: 2hrs)		
DOA 11/03/2023 18:00	i-Motor Claim Form		
OD/ TP/ Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:

TP Particulars: Veh No: UNKNOWN INC ( ) / Non-INC ( )

Owner / Driver: (Tel:)

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

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

Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. 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: 6788 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

NA2300784

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt Add
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TP : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2005)	$75		
6) TR : Re-inspection	$160		
7) N1 : Idac DA + SMRT Survey			
8) NTUC Additional Services:-			
OD*			
*N5: Courtesy Car / Tpt Allowance	$5		
*N6: Repair Co-ordination	$10		
*N7: Post Repair Inspection	$25		
*N8: DV / Collect Excess Coordination	$5		
TP (N11) : TP (Non INC) against INC	$20		
9) N12: Idac Mobile	30		
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

SN09233H0002 / National Assessment Centre Services [408933]
ENTRY DATE & TIME: 17/03/2023 14:21 (SGT)
SUBMITTED BY: NIVITHA
VERSION: 1 (17/03/2023 14:21 (SGT))

Your NCD will be affected due to late reporting

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 witholding 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	17/03/2023 14:21 (SGT)
Reported by	Driver
Date of Accident	11/03/2023 18:00 (SGT)
Exact Location of Accident	Malaysia
Additional Location Information	INFRONT OF CIQ JOHOR BAHRU
Country/State of Loss	Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH577K

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SINGAPORE-JOHORE EXPRESS (PRIVATE) LIMITED
Company Reg No	1XXXXX108D
Email Address	pjwang@sje.com.sg
Mobile Phone No	(Phone) +65-62928149
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Man
Model	SU 283F (A91)
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	6871

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D19MFL0000003_04

DRIVER

Name of Driver	WONG YIH HOE
Passport No/FIN	FXXXX52BN
Date Of Birth	22/06/1977
Occupation	Outdoor

Date Of Driving Pass	29/09/2022
Driving experience	6 MONTHS
Gender	Male
Mobile Number	(Phone) +60-1127382600
Alt. Phone Number	-
Email Address	pjwang@sje.com.sg
Address	149 ROCHOR ROAD
Address complement	# 04-16
Postcode	188425
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	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 THE ATTACHED STATEMENT

**THERE WERE 70 PASSENGERS INCLUDING DRIVER IN THE BUS DURING THE ACCIDENT.
DRIVER UNABLE TO PROVIDE THE PASSENGERS DETAILS.

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	UNKNOWN
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 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.

SINGAPORE JOHORE EXPRESS (PTE) LTD 新柔巴士(私人)有限公司 SINGAPORE

Policyholder's Signature / Date & Time

17/03/23

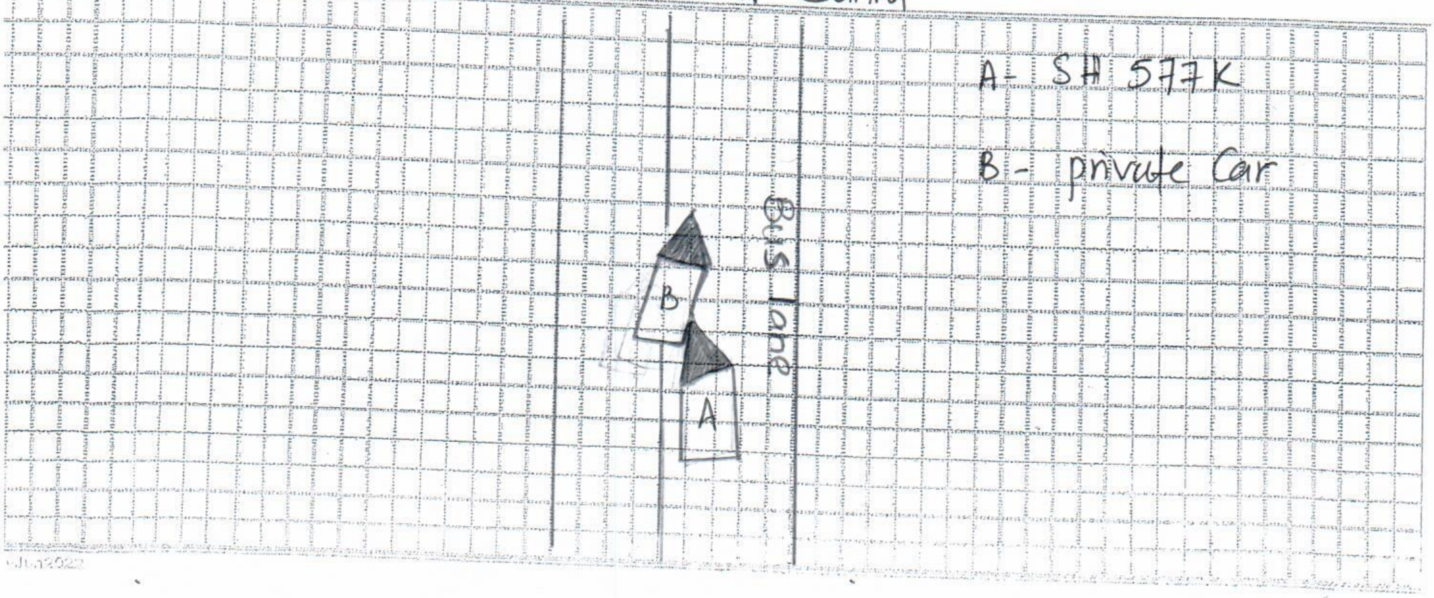
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

17/03/2023

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

Sketch Plan

Infront of CIQ Johor Bahru



JUL 2022

Describe circumstance of the Accident

On the above stated date and time I was driving my bus bearing plate NO. SH 577K from Singapore heading to Johor Bahru. After Arrived at the route of the CIQ Johor a car, I didn't know She came from which direction of left cut Into my bus lane and collided with my bus. No Injuries for myself and my passengers. there was 70 passengers on my bus.

After the Incident, we just talked through phone as I couldn't come down to exchange particulers or take pictures of her car Sine I had passengers on board.

I told her through phone to exchenge perticulers and to go down to report together but she did not provide any details till date.

I have made a police Report at Johor's Police Station.

I am making a report here, for my safety purpose as this Car driver did not provide me any details and I also did not have any pictures of the Incident, the car number as well as her particulars.

Declaration

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

[stamp: JOHORE EXPRESS (私人)有限公司 SINGAPORE 新加坡 柔佛士巴]

Policyholder's Signature / Date & Time

[signature] 17/03/23

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

[signature] 17/03/2023

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

POLIS DIRAJA MALAYSIA
REPOT POLIS

Balai : TRAFIK JOHOR BAHRU(S)
Daerah : J/BAHRU SELATAN
Kontinjen : JOHOR
No Repot : TRAFIK JOHOR BAHRU(S)/006687/23
Tarikh : 13/03/2023
Waktu : 1259 PM
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R188489

Butir-butir Penerima Repot
Nama : HAZRUL IZWAN B MOHD MARZUKI
No Personel : S17293 **Pangkat** : KPL/S
Butir-butir Jurubahasa (Jika Ada)
Nama : ---
No K/P (Baru) : --- **No Polis/Tentera**: ---
Bahasa Asal : ---
No Paspot: ---
Alamat: ---

Butir-butir Pengadu
Nama : WONG YIH HOE
No K/P (Baru) : 770622015049 **No Polis/Tentera** : A3664480 **No Paspot** : ---
No Sijil Beranak : ---
Jantina : Lelaki **Tarikh Lahir** : 22/06/1977 **Umur** : 45 tahun 8 bulan
Keturunan : Cina **Warganegara** : Malaysia
Pekerjaan : PEMANDU BAS
Alamat Tempat Tinggal : NO 28 JALAN SUTERA JINGGA 1 TAMAN SUTERA, 81200 JOHOR
Alamat Ibu/Bapa : ---
Alamat Pejabat : ---
No Tel (Rumah) : --- **No Tel (Pejabat)** : --- **No Tel (HP)** : 01127382600

Pengadu Menyatakan:-
PADA 11/03/2023 JAM L/KURANG 1800HRS SAYA SEDANG MEMANDU M/BAS NO SH557K DARI SINGAPURA MENUJU KE BANDARA JOHOR BAHRU. SETIBANYA DI LALUAN KASTAM JOHOR BAHRU BAS SEBUAH M/KAR NO TIDAK PASTI DARI ARAH KIRI MEMOTONG BARISAN DAN MASUK KE LALUAN BAS DAN BERGESEL DENGAN M/BAS SAYA. TIADA KECEDERAAN HANYA KEROSAKAN PADA M/BAS DI BAHAGIAN BUMPER HADAPAN KIRI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu: Tandatangan Jurubahasa(Jika ada) : Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak : R8211549 | 13/03/2023 02:34:57 PM

SALINAN REPORT
TRAFIK JOHOR BAHRU (S)
SALINAN YANG DISAHKAN BENAR
(HANYA UNTUK TUNTUTAN SIVIL)

ZAMRI BIN SHARIFF (DSP)
KETUA BAHAGIAN SIASATAN DAN PENGUATKUASAAN TRAFIK
JOHOR BAHRU SELATAN
TIDAK BOLEH DIGUNAKAN UNTUK TUJUAN PERBICARAAN

POLIS DIRAJA MALAYSIA
CAWANGAN TRAFIK
IBU PEJABAT POLIS DAERAH JOHOR BAHRU SELATAN,
JALAN TEBRAU, 80250 JOHOR BAHRU
07-2237977

Bil.k : No6
Tahun : 2

Resit Akuan Penerimaan Repot Polis :

Nama Pengadu : WONG YIH HOE
No Kad Pengenalan / Paspot : 770622015049
No Repot Polis : TRAFIK JOHOR BAHRU(S)/006687/23
Tarikh @ Masa Repot Polis : 13/03/2023 @ 12:59
Pengesahan Penerimaan Repot : .....

Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

Nama Pegawai Penyiasat : (R188489) SJN MURNIHIDAYAH BINTI MOHD
Tempat Tugas : JOHOR , J/BAHRU SELATAN
No Telefon Pejabat : No Telefon Bimbit : 011-39353850
Tarikh @ masa Perjumpaan : .....
Pengesahan Penerimaan Repot : .....

13/3/23 1342

Tandatangan Pegawai Penyiasat

Juru Gambar :

Nama : ..... No Badan : ..... Pangkat : .....

Tarikh @ Masa Gambar Diambil : .....
Pengesahan Gambar Diambil : .....

Tandatangan Juru Gambar

Unit Pembekalan Dokumen Siasatan :

No Telefon Unit Pembekalan Dokumen : .....

Waktu Pejabat :

Ahad - Rabu : 08:00 Pagi - 01:00
Tengah Hari 02:00 Petang - 04:00
Petang Khamis : 08:00 Pagi - 01:00
Tengah Hari 02:00 Petang - 02:30
Petang Rehat - 1.00 T/Hari-2.00 Petang
Jumaat,Sabtu-Tutup Cuti

Jenis Dokumen Dibekal Kepada Pengadu :

1.Salinan Repot Polis ☐
2.Gambar Kenderaan ☐
3.Rajah Kasar Kemalangan ☐
4.Keputusan Siasatan ☐
5.Lain-lain Dokumen ☐

Tarikh @ Masa Dokumen Diserah : .....

Pengesahan Kaunter Pembekalan Dokumen : .....

Tandatangan Pegawai Kaunter Pembekalan Dokumen


Visa/Visas
Visa/Visas
IMMIGRATION SINGAPORE
VISIT PASS
Subject to Reg. 12 (7)
Immigration Regulations
19 AUG 2022
PERMITTED TO ENTER AND REMAIN IN SINGAPORE FOR THIRTY DAYS FOR SOCIAL VISIT ONLY FROM DATE SHOWN ABOVE
SINGAPORE IMMIGRATION
No
IMS/N
Permitted to enter Singapore from West Malaysia only. Each visit not to exceed 30 days from date of arrival. Valid for any number of journeys within 24 months
19 AUG 2024
Date 19 AUG 2022
for Controller of Immigration
Singapore

ACCIDENT STATEMENT

ACCIDENT DATE: (11 / 03 / 2023) (DD/MM/YYYY), TIME: (18 : 00) (HH:MM)

LOCATION: infront of CIQ Johor Bahru

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SH 577K
   b) INSURANCE COMPANY: India International
   c) POLICY NUMBER: D19MFL0000003_04
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: _____ (AUTO / MANUAL)
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: working time
   i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE? (YES/NO)
   IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER
   a) NAME: Singapore - Johore Express (Pte) Ltd (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: 194700108D CONTACT: 62928149
   c) ADDRESS: _____

no. of passenger (including driver) (70)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER
   a) NAME: Wong Yih Hoe
   b) NRIC/FIN/PASSPORT: F1199528N (MALE / FEMALE) CONTACT: 011-27382600
   c) ADDRESS: _____
   *d) DATE OF BIRTH: (22 / 06 / 1977) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) YEARS OF DRIVING EXPRERIENCE: 29/09/2022
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS _____)
   b) ROAD SURFACE: (DRY / WET / OTHERS _____)
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
   IF YES, PLEASE STATE WHICH POLICE STATION: _____

no. of passenger (including driver) ( )

8. THIRD PARTY VEHICLE
   a) VEHICLE NUMBER: Car MODEL: _____
   b) DRIVER'S NAME: _____
   c) NRIC/FIN/PASSPORT: _____ CONTACT: 88264262

no. of passenger (including driver) ( )

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: _____ MODEL: _____
   e) DRIVER'S NAME: _____
   f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = pjwang@sje.com.sg

Face = NO

Video =

INDIA INTERNATIONAL INSURANCE PTE LTD
Co. Reg. No. 198703792K | GST Reg. No. M2-0078806-X
64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711
Office (65) 63476100 Email insure@iii.com.sg
Fax (65) 62244174 Website www.iii.com.sg

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.: D19MFL0000003_04 **COVER:** Third Party Only

1.	**Index Mark and Registration Number of Vehicle**	:	**SH577K**
	Chassis No	:	**WMAA91ZZ8BC016677**
2.	**Name of Policyholder**	:	**SINGAPORE-JOHORE EXPRESS (PTE) LTD**
3	**Effective date of Insurance**	:	**01 Jan 2023**
4.	**Expiry date of Insurance**	:	**31 Dec 2023**

5. **Persons or Classes of Persons entitled to drive***

Any person provided he/she 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

6. **Limitations as to use***

Within The Republic of Singapore & Johor Bahru only.
Use only for the carriage of passengers or goods in connection with the Policyholder's business,

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.

*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.

Excess All Claims : SGD 5,000.00

FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OLD AND/OR WITH LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN ADDITIONAL EXCESS OF $1,500.00 ON ALL CLAIMS WILL BE APPLICABLE.

TERRITORIAL LIMIT: WITHIN THE REPUBLIC OF SINGAPORE & JOHOR ONLY

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).

Agent/Broker : B000005/HL SUNTEK INSURANCE BROKERS PTE LTD
Date of Issue : 26/10/2022 12:15:19
M.Z. 601CM - OMNIBUS Company's use

For **India International Insurance Pte Ltd**

Authorised Signatory