

NATIONAL Assessment Centre Services (not a contract)

NA2330005

Date In: 23/08/2023 13:31	Job description	Date & Time Completed	Done by
Ref No: NBA/C7223008014/1	SAS e-filing		
Yeh No: Pct 230805	E-mail (within 24hrs, A/C 2hrs)		
D.O.A: 23/08/2023 08:16	1-Motor Claim Form		
OS: TP: Reporting Only	1-Motor W/O (within 24hrs, A/C 2hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand in Owner/Whom		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars: Yeh No: SGM 23305	INC: () / Non-INC: ()	
Owner / Driver: (Tel: (
Policy No: (Period: (Cover Type: (
Confirmed by: (Date: (Time: (
Insured/Driver Liability: (95) (Note: Hst Status (WO): N: 0-20%, F: 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 repair.
() Total Loss Case: to e-mail Insurer URGENTLY.

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

Remarks: () INC: () / Non-INC: () ; Date & Time Completed: () ; Done by: ()

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

Injury: ()

Date: ()	Time: ()
Location: ()	Weather: ()
Vehicle: ()	Damage: ()
Witness: ()	Signature: ()

NA2300851	Invoice Generation Charge	NA2300851
1) AR: Accident Reporting (\$50)	2) DA: Damage Assessment (\$100)	3) TP: Towing Fee (\$10/\$15)
4) PC: Follow-Through Survey (\$12)	5) PT: Follow-Through Survey (Emergency) (\$30)	6) TR: Roadside Assistance (\$15)
7) NI: New DA / EMET Survey (\$140)	8) NTUC Additional Services	9) QW: ()
10) NI: New DA / EMET Survey (\$140)	11) NTUC Additional Services	12) QW: ()
13) NI: New DA / EMET Survey (\$140)	14) NTUC Additional Services	15) QW: ()
16) NI: New DA / EMET Survey (\$140)	17) NTUC Additional Services	18) QW: ()
19) NI: New DA / EMET Survey (\$140)	20) NTUC Additional Services	21) QW: ()
22) NI: New DA / EMET Survey (\$140)	23) NTUC Additional Services	24) QW: ()
25) NI: New DA / EMET Survey (\$140)	26) NTUC Additional Services	27) QW: ()
28) NI: New DA / EMET Survey (\$140)	29) NTUC Additional Services	30) QW: ()
31) NI: New DA / EMET Survey (\$140)	32) NTUC Additional Services	33) QW: ()
34) NI: New DA / EMET Survey (\$140)	35) NTUC Additional Services	36) QW: ()
37) NI: New DA / EMET Survey (\$140)	38) NTUC Additional Services	39) QW: ()
40) NI: New DA / EMET Survey (\$140)	41) NTUC Additional Services	42) QW: ()
43) NI: New DA / EMET Survey (\$140)	44) NTUC Additional Services	45) QW: ()
46) NI: New DA / EMET Survey (\$140)	47) NTUC Additional Services	48) QW: ()
49) NI: New DA / EMET Survey (\$140)	50) NTUC Additional Services	51) QW: ()
52) NI: New DA / EMET Survey (\$140)	53) NTUC Additional Services	54) QW: ()
55) NI: New DA / EMET Survey (\$140)	56) NTUC Additional Services	57) QW: ()
58) NI: New DA / EMET Survey (\$140)	59) NTUC Additional Services	60) QW: ()
61) NI: New DA / EMET Survey (\$140)	62) NTUC Additional Services	63) QW: ()
64) NI: New DA / EMET Survey (\$140)	65) NTUC Additional Services	66) QW: ()
67) NI: New DA / EMET Survey (\$140)	68) NTUC Additional Services	69) QW: ()
70) NI: New DA / EMET Survey (\$140)	71) NTUC Additional Services	72) QW: ()
73) NI: New DA / EMET Survey (\$140)	74) NTUC Additional Services	75) QW: ()
76) NI: New DA / EMET Survey (\$140)	77) NTUC Additional Services	78) QW: ()
79) NI: New DA / EMET Survey (\$140)	80) NTUC Additional Services	81) QW: ()
82) NI: New DA / EMET Survey (\$140)	83) NTUC Additional Services	84) QW: ()
85) NI: New DA / EMET Survey (\$140)	86) NTUC Additional Services	87) QW: ()
88) NI: New DA / EMET Survey (\$140)	89) NTUC Additional Services	90) QW: ()
91) NI: New DA / EMET Survey (\$140)	92) NTUC Additional Services	93) QW: ()
94) NI: New DA / EMET Survey (\$140)	95) NTUC Additional Services	96) QW: ()
97) NI: New DA / EMET Survey (\$140)	98) NTUC Additional Services	99) QW: ()
100) NI: New DA / EMET Survey (\$140)	101) NTUC Additional Services	102) QW: ()

LP/3: () 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	23/03/2023 13:31 (SGT)
Reported by	Actual Driver
Date of Accident	22/03/2023 08:16 (SGT)
Exact Location of Accident	Tanjong Kling Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6808S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SINGAPORE COACH SERVICES PTE. LTD.
Company Reg No	2XXXXX110H
Email Address	accounts@singaporecoachservices.com
Mobile Phone No	(Phone) +65-66945458
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 - Reporting only
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	ABDUL RAHMAN BIN OLI MOHAMAD
NRIC No	SXXXX704C
Date Of Birth	07/03/1968
Occupation	Outdoor

Date Of Driving Pass	25/09/1998
Driving experience	24 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93869274
Alt. Phone Number	-
Email Address	accounts@singaporecoachservices.com
Address	BLK 121 BEDOK RESERVOIR ROAD #08-196
Address complement	-
Postcode	470121
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)	6
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

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	SGM2332S
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 willful 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;

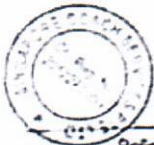
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(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 envelops/postal 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/are 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.



3

Policyholder's Signature / Date & Time

x / Khin

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

23/03/2023

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

Sketch Plan

A - Pcb8083

B - SGM3223C

v.3.0 2022

Describe Circumstance of the Accident

On 22/3/2023 around 0816hrs, I was driving my Bus A 6808S along Tu-Jong Kling Road. I forgett to pull my hand brake, my Bus rolled forward, to the left lane, veh B Sam 3223C travel on the left lane. My Bus collided onto veh B.

Declaration

We declare the foregoing particulars are true in every respect.



3

Policyholder's Signature / Date & Time

X [Signature]

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

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

22/03/2023

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: SGM 3003C.
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: 6

3. Male
2 Female

Connect3 client vehicle no: PC6808S.
Owner contact no: 66 94 5458
Date of accident: 2013/2013
Location of accident: Tanjong Kling Road .
Time of accident : 816hrs.
Any Injury: yes / no (If yes, must have police report)

Email Address: Accounts@SingaporeCoachServices.com

Motor Bus

MZ601

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, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMB1SNA00011742202	Engine No.: ISB67E52502231466	Cha. No.: LZYTBD6XH1032097
1. Index Mark and Registration Number of Vehicle	PC6808S		
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 .	S\$2,500.00
		Excess Sect. II	S\$1,500.00
4. Date of Expiry of Insurance	11/07/2023	EX ON WINDSCREEN .	S\$300.00
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 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 Tan Jia Hwei
Authorised Officer
Authorised SignatoryChina Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200708384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaiping.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.:	PC6808S
Previous Vehicle No.:	-
Effective Date of Ownership:	14 Dec 2017
Original Regn Date:	14 Dec 2017
Registration Date:	14 Dec 2017
Year of Manufacture:	2017
Vehicle Type:	Private Hire (Chauffeur) Bus/Coach/Minibus
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.:	LZYTBD6XH1032097
Engine No.:	ISB67E525022231466
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.:	-
COE No.:	2017120105000042Z
COE Expiry Date:	13 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:	13 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.

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

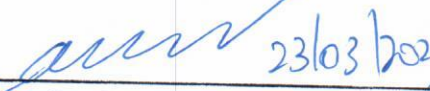
Original Report No: SACR23340005 Vehicle Registration No: PC 6885
Name (as shown in NRIC): ABDUL RAHMAN BIN ALI MOHAMMAD NRIC/FIN/Passport No: SXXXX704C
(*Vehicle Driver/Policyholder) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 93869274
Email Address: _____
Date of Accident: 27/03/2023 Time of Accident: 08:16
Place of Accident: Tanjong Kling Road
Insurance Company: China Insurance

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Include Vehicle Number to PC6885

Policyholder / Actual Driver's Signature
Date:

 23/03/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: