

NATIONAL Assessment Centre Services		Date & Time Completed	Done by
Date: 24/03/2023	Job description		
RefNO NA/III/23003049/d4	SAS e-filing		
VehNo SH 578H	E-mail (within 8hrs. AT: 2hrs)		
DOA 23/03/2023 09:05	i-Motor Claim Form		
OD/TP/Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SHA 5305M	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:-	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

Claimant's Particulars	Invoice Preparation Checklist	Amt (\$)	
		1st Bill	Add
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments:-	5) FT : Follow-Through Survey (Resurvey) \$30		
Call 1:	For claiming against INC Only (wef 10 Jan 2005)		
Call 2/3:	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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	Fax Charged	
	Invoice dated	Fax 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	24/03/2023 08:26 (SGT)
Reported by	Actual Driver
Date of Accident	23/03/2023 09:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	FROM STEVENS ROAD TO PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH578H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SINGAPORE-JOHORE EXPRESS (PTE) LTD
Company Reg No	1XXXXX108D
Email Address	ljwang@sje.com.sg
Mobile Phone No	(Phone) +65-62928754
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Man
Model	SU 283-F (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	MARIAPPEN A/L AYAVOO
Passport No/FIN	AXXXX9293
Date Of Birth	26/11/1961
Occupation	Outdoor



Date Of Driving Pass	10/10/2022
Driving experience	5 MONTHS
Gender	Male
Mobile Number	(Phone) +60-147158327
Alt. Phone Number	-
Email Address	ljwang@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 10 PASSENGERS INCLUDING DRIVER.
 DRIVER DO NOT HAVE THE DETAILS OF THE PASSENGERS.

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	SHA5305M
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

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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 use 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 submission 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 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 the Insurers' lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



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

From Stevens Road to PIE

A-SH 57814

B-SHA 5305M



PIE

Describe Circumstances of the Accident

I was driving along PIE on the above stated date and time and it was a 4 lane road and I was travelling on the fourth lane and suddenly vehicle B cut into my lane and jam brake so I also put on brake and I try to filter to 3rd lane and that's where my left side of the bus hit vehicle B's rear right portion of the vehicle. it was just a slight touch only. No injuries to both party's passengers and driver.

Declaration
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature] 23/3/23

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

[Signature] 24/3/2023

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

55249233

Visa/Visas



Holder has been granted
use of eIACS

Date of expiry : 15/12/2024

for Commissioner
Immigration & Checkpoints Authority

55249233

Visa/Visas

F 7440163P

IMMIGRATION SINGAPORE
VISAPASS
Subject to Reg. 12 (7)
Immigration Regulations

15 DEC 2022

PERMITTED TO ENTER AND
REMAIN IN SINGAPORE
FOR THIRTY DAYS FOR
SOCIAL VISIT ONLY FROM
DATE SHOWN ABOVE.

SINGAPORE IMMIGRATION

No
IMSW/11/6022

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.

45 DEC 2022
for Controller of Immigration
Singapore

ACCIDENT STATEMENT

ACCIDENT DATE: 23/03/2023 (DD/MM/YYYY) TIME: 09:05 (HH:MM)

LOCATION: From Stevens Road to PIE

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SH 578 H
 b) INSURANCE COMPANY: INDIA International
 c) POLICY NUMBER: DI9MFL0000003-04
 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) REPORTING ONLY
 IF NO, PLEASE STATE (THIRD PARTY CLAIM)

2. INSURED / POLICY HOLDER

a) NAME: Singapore - Johore Express (Pte) Ltd
 b) NRIC/FIN/PASSPORT: 194700108D (MALE / FEMALE)
 c) ADDRESS: CONTACT: 62928754

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER
 a) NAME: Mariappen M. Ayarud
 b) NRIC/FIN/PASSPORT: A56249293 (MALE / FEMALE)
 c) ADDRESS: 149 Rochor Road #04-16, S188425 CONTACT: 014-7158327

* d) DATE OF BIRTH: 26/11/1961 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 10/10/2022

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) YES
 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. c) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SHA 530SM MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT: 9339 7256

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

Email = ljwang@sje.com.sg


Phone =

Address = NO

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	: SH578H	
Chassis No	: WMAA91ZZXCC016729	
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*	<p>Any person provided he/she is in the Policyholder's employ and is driving on their order or with their permission.</p> <p>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>Within The Republic of Singapore & Johor Bahru only.</p> <p>Use only for the carriage of passengers or goods in connection with the Policyholder's business.</p> <p>The Policy does not cover</p> <p>(1) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>(2) 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>	
Excess All Claims	: SGD	5,000.00
<p>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.</p> <p>TERRITORIAL LIMIT: WITHIN THE REPUBLIC OF SINGAPORE & JOHOR ONLY</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 : B000005/HL SUNTEK INSURANCE BROKERS PTE LTD</p> <p>Date of Issue : 26/10/2022 12:15:19</p> <p>M.Z. 601CM - OMNIBUS Company's use</p>	<p>For India International Insurance Pte Ltd</p> <div style="text-align: center;">  <hr style="width: 100px; margin: 0 auto;"/> <p>Authorised Signatory</p> </div>	