

NATIONAL Assessment Centre Services (011-1-800-555-5555) **SN0823589004**

Date In: 08/05/2023 16:19	Job description	Date & Time Completed	Done by
Ref No: NIA/C1723064651/	SAS e-iling		
Yeh No: PA-727PK	E-mail (within 24hr, AIC 24hr)		
D.O.A: 24/04/2023 16:45	I-Motor Claim Form		
QC <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (within 24hr, AIC 24hr)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Writer		

Preferred Pickup / INC Assgn Pickup / QW: () Tel: () Fax: ()

TP Particulars: Yeh No: **SLW 1216A** INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

Confirmed by: () Date: () Writer: ()

Insured/Driver Liability: () % (Note: Bst Status (VO): N: 0-30%, F: 21-79%, P: 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: ()

REPAIRS: () (INC Code: 6788, 6615) Date of Repair Completion: () Done by: ()

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Damage: ()

Other: ()

<p>XIA230/831</p> <p>Customer Particulars:</p> <p>Owner/Owner:</p> <p>Contact No:</p> <p>Addressed Portion:</p> <p>Checked by (Engi-In-Charge):</p> <p>Workshop Comment:</p> <p>TP Insurer:</p> <p>TP No:</p>	Invoice/Preparation Charges:		TP No:
	1) AR: Accident Processing (\$50)		
	2) DA: Damage Assessment (\$1000)	INC (\$50)	
	3) TP: Towing Fee	\$10/\$45	
	4) PE: Follow-Through Survey	\$150	
	5) PT: Follow-Through Survey (Basic Fee)	\$50	
	*Excludes: Insurance Deductible, Excess, Loss, QW, etc.		
	6) TR: Rep/Inspection	\$75	
	7) NI: No DA, + SMIT Survey	\$145	
	8) NTLC Additional Fee (if applicable)		
	QW:		
	*NI: Courtesy Car / Tot Allowance	\$5	
	*NI: Repair Coordination	\$15	
	*NI: Post Repair Inspection	\$30	
	*NI: DV / Collect Excess Coordination	\$1	
*TP (11): TP (Non-INC) Insurer INC	\$20		
TP Insurer:			
TP No:			
Invoice filed	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	08/05/2023 16:19 (SGT)
Reported by	Actual Driver
Date of Accident	24/04/2023 16:45 (SGT)
Exact Location of Accident	Bartley Rd, Singapore
Additional Location Information	TOWARDS BRADDELL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA7272R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	AKP COACH SERVICES PTE. LTD.
Company Reg No	2XXXXX066D
Email Address	akpcoach.parmeshsingh@gmail.com
Mobile Phone No	(Phone) +65-86869704
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00003022304

DRIVER

Name of Driver	ZAINUDIN BIN MOHAMMAD JAINI
NRIC No	SXXXX005G
Date Of Birth	31/03/1964
Occupation	Outdoor

Date Of Driving Pass	06/11/2000
Driving experience	22 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86869704
Alt. Phone Number	-
Email Address	akpcoach.parmeshsingh@gmail.com
Address	BLK 63 LORONG 5 TOA PAYOH #02-324
Address complement	-
Postcode	310063
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	Collision - Head to Rear
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 SKETCH PLAN

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	SLW1216A
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

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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.

AKP Coach Services Pte. Ltd.
(ROC/GST No. 201500066D)
Blk 79B Toa Payoh Central
#36-27 Singapore 312079
Fax: 6884 7481
Policyholder's Signature / Date & Time

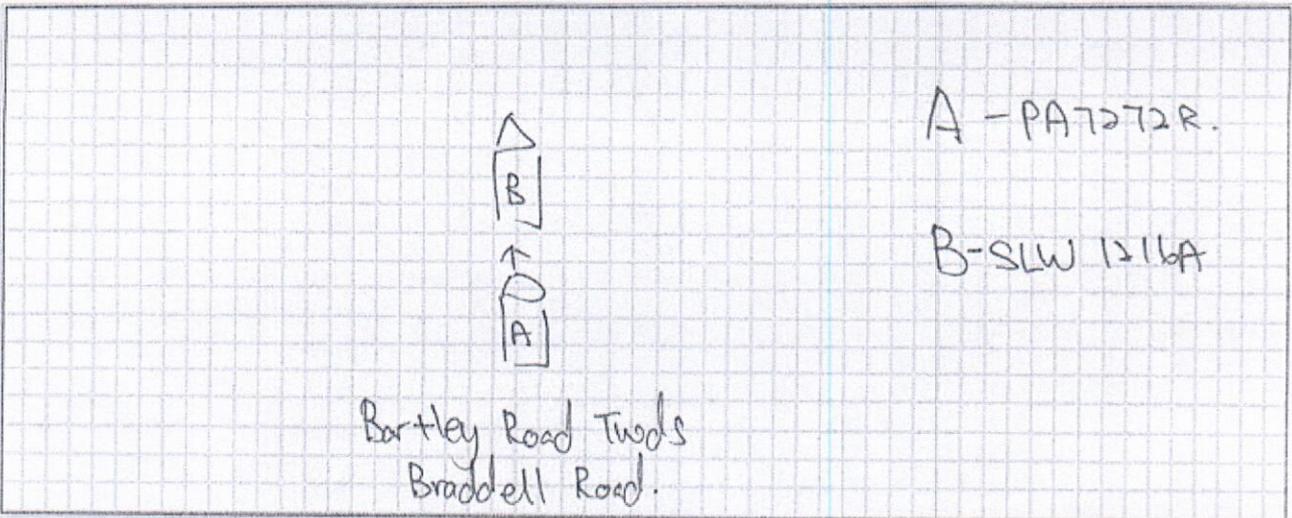
[Handwritten Signature]

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

[Handwritten Signature]
08/05/2023

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

Sketch Plan



Describe Circumstance of the Accident

ON 24/4/2023 around 1645hrs, I was driving my Bus PA777R along Bartley Rd Tuds Braddell Road Veh B SLW 1216A in front of my bus slowed down and stop. I cannot stop in time and collided onto veh B rear portion.

Declaration

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

AKP Coach Services Pte. Ltd.

(ROC/GST No. 201500066D)

Blk 79B Toa Payoh Central

#36-27 Singapore 312079

Fax: 6884 7481

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)

Vehicle Registration Details

<i>Vehicle No.</i> PA7272R	<i>Make/ Model</i> TOYOTA/HIACE COMMUTER GL 3.0 AT 2WD 4DR LWB	<i>Vehicle Scheme</i> Public Service Vehicle (Others)
<i>Current Propellant</i> Diesel	<i>Chassis No.</i> KDH2230022295	<i>Vehicle Type</i> Private Hire (Chauffeur) Bus/Coach/Minibus

Owner's Details

Owner Name:
AKP COACH SERVICES PTE. LTD.

Owner ID Type:
Company

NRIC/Passport/Company Cert No.:
201500066D

Registered Address
**79B TOA PAYOH CENTRAL #36-27
 CENTRAL HORIZON SINGAPORE 312079**

Mailing Address:
-

Birth Date
-

Registration Details

Previous Vehicle No.:
-

Effective Date of Ownership:
03 Mar 2015

Original Registration Date:
03 Mar 2015

Registration Date:
03 Mar 2015

No. of Transfers:
1

IU Label No.:
1550274070

Vehicle Specifications

Engine No.:
1KD2470402

Chassis No.:
KDH2230022295

Year of Manufacture:

2014

Primary Colour:

Silver

Secondary Colour:

-

Passenger Capacity:

13

Engine Capacity / Power Rating :

2982 cc / -

Maximum Power Output:

-

Max Unladen Weight:

2140 kg

Maximum Laden Weight:

2990 kg

Vehicle Attachment 1:

Air-Conditioned

Vehicle Attachment 2:

-

Vehicle Attachment 3:

-

Additional Registration Fee (ARF) and COE Information

Open Market Value:

\$37,159.00

Additional Registration Fee Rate:

5.00 %

Actual ARF Paid:

\$1,858.00

Vehicle Lifespan Expiry Date:

02 Mar 2035

OPC Cash Rebate Eligibility:

No

QP during COE Bidding Exercise:

\$0.00

COE No.:

2015030305000407N

COE Expiry Date:

02 Mar 2025

COE Category:

C - Goods Vehicle & Bus

COE Registration Category:

C - Goods Vehicle & Bus

Quota Premium (QP) / Prevailing Quota Premium :

- / \$54,572.00

PQP Paid

\$27,022.00

QP (Regn Cat):

--

PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

No

Minimum PARF Benefit:

-

Vehicle Emissions Details

CO2 Emission:

-

CO Emission:

-

NOx Emission:

-

HC Emission:

-

PM Emission:

-

Message:

The vehicle is registered under Early Turnover Scheme. This is a public service vehicle.

Printed on 04 Apr 2023 13:08:44

Copyright © Land Transport Authority of Singapore 2023

Motor Bus

MZ601

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)

R SN

AN0580A

Cov. Type:F

CERTIFICATE No.	DMB1SNW00003022304	Engine No.: 1KD2470402	Cha. No.:KDH2230022295
1. Index Mark and Registration Number of Vehicle	PA7272R		
2. Name of Policy Holder	AKP COACH SERVICES PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	03/03/2023 (00:00:00)	Excess Sect. II	S\$1,500.00
4. Date of Expiry of Insurance	02/03/2024		

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. : LIAN HONG 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.*

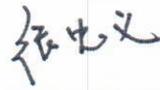
I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: _____
Authorized Officer



_____ 
Authorized Signatory