

NATIONAL Assessment Centre Services

(Unit 1) (Page 1)

000528590002

Date In: 09/05/2023 12:17	Job description	Date & Time Completed	Done by
Ref No: X12301360	SAS e-Milling		
Yeh No: PE 8887	E-mail (within 24hrs, AIC 24hrs)		
D.O.A: 08/05/2023 18:15	1-Motor Claim Form		
OD: TP Repairing Only	1-Motor W/O (within 24hrs, AIC 24hrs)		
TP Insured:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / QW: (Tel:	Fax:
TP Particulars: Yeh No: 96L96917	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: ()	(%) (Note: Inc Status (WO): 1% 0-30%, 2% 31-70%, 3% 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 0011, 0788, 0014)

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Info: ()

()

()

()

()

X12301360	Invoice Preparation Charge		
	1) All: Accident Paperwork (\$300)		
	2) DA: Damage Assessment (\$1000)	INC (\$50)	
	3) TP: Towing Fee	\$50/\$40	
	4) PE: Yellow-Through Survey	\$120	
	5) TP: Through Survey (Barney)	\$300	
	6) TR: Disbursement	\$75	
	7) NI: New DA + SMART Survey	\$140	
	8) NTUC Additional Fee		
	9) QW:		
Checked by (Engn-In-Charge):	*NI: Courtesy Car / Tel Allowance	\$50	
	*NI: Repair Coordination	\$120	
	*NI: Post Repair Inspection	\$300	
	*NI: EV / Collect Excess Coordination	\$1	
	*TP (111) : TP (Non-INC) against INC	\$750	
Total:	Invoice Total		
	Net 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	09/05/2023 13:17 (SGT)
Reported by	Actual Driver
Date of Accident	08/05/2023 18:15 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TOWARDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC8488T
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SMH TRADING & TRANSPORTATION SERVICES
Company Reg No	5XXXX598C
Email Address	raman1328@gmail.com
Mobile Phone No	(Phone) +65-96164646
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 - Claiming third party
Vehicle Category	Bus
Transmission	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00004732301

DRIVER

Name of Driver	MOHAMMED BIN JAIS
NRIC No	SXXXX641F
Date Of Birth	26/06/1954
Occupation	Outdoor

Date Of Driving Pass	27/07/1979
Driving experience	43 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91834979
Alt. Phone Number	-
Email Address	raman1328@gmail.com
Address	BLK 236 JURONG EAST STREET 21
Address complement	-
Postcode	600236
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	4
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

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
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Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBL9697T
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SML4752U
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.



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

A= PC8488T
B= 6BL9697T
C= SML4752U

AYE TWO TWO.

Describe Circumstance of the Accident

On 08/05/2023 @ 18:15hrs, I was driving my bus PC8488T along AYE
twice Tues when another bus hit my bus from behind & the impact is
so huge that my bus was pushed forward & hit onto a car SML4752U
infront of me.

Declaration

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



Pamai

Policyholder's Signature / Date & Time

Mohd Jais

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

[Signature] 09/05/2023

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

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 x Employer
Witness (if any): ~~yes~~/no
Witness name: _____
Witness hp: _____
Witness email (if any): _____
Witness add: _____
Witness IC no: _____

Third party veh number: GBL 9697T (veh B) x SML 4752U (veh C)
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: 04

04 Male
_____ Female

Connect3 client vehicle no: PC8488T

Owner contact no: 96164646

Email Address: raman.1328@gmail.com

Date of accident: 08/05/2023

Location of accident: Aye to Tuos.

Time of accident : 18:15hrs.

Any Injury: ~~yes~~/no (if yes, must have police report)

Motor Bus

MZ601

R SN

AN0580A

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.	DMB1SNW00004732301	Engine No.: 1KD2548345 Cha. No.:KDH2230025206
1. Index Mark and Registration Number of Vehicle	PC8488T	AUTOSAFE =====
2. Name of Policy Holder	SMH TRADING & TRANSPORTATION SERVICES	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	09/04/2023 (00:00:00)	Excess Sect. I . \$S\$2,000.00 Excess Sect. II \$S\$750.00 EX ON WINDSCREEN . \$S\$100.00
4. Date of Expiry of Insurance	08/04/2024	
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. : MOTOR CREDIT PTE LTD

* 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: _____

Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com

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Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle No.

PC8488T

Make / Model

TOYOTA / HIACE COMMUTER GL 3.0 AT 2WD 4DR LWB

Vehicle Type :

Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus

Vehicle Attachment 1 :

Air-Conditioned

Vehicle Scheme :

Public Service Vehicle (Others)

Chassis No. :

KDH2230025206

Propellant :

Diesel

Engine No. :

1KD2548345

Motor No. :

-

Engine Capacity :

2982 cc

Power Rating :

-

Maximum Power Output :

-
Maximum Laden Weight :

2990 kg

Unladen Weight :

2140 kg

Year Of Manufacture :

2015

Original Registration Date :

09 Oct 2015

Lifespan Expiry Date :

08 Oct 2035

COE Category :

C - Goods Vehicle & Bus

PQP Paid :

\$37,423.00

COE Expiry Date :

08 Oct 2025

Road Tax Expiry Date :

08 Oct 2023

PARF Eligibility Expiry Date :

-

Inspection Due Date :

08 Oct 2023

Intended Transfer Date :

09 May 2023

CO2 Emission :

-

CEV/VES Rebate Utilised Amount :

-

CO Emission :

-

HC Emission :

-

NOx Emission :

-
PM Emission :
-

Fees To Be Paid For Transfer

Transfer Fees

\$25.00

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