

**NATIONAL Assessment Centre Services** (wef 1 Jan 06)

Date In: <b>12/07/2023</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/III 23007042/d4</b>	SAS e-filing		
Veh No: <b>SH112T</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>11/07/2023 12:00</b>	i-Motor Claim Form		
<b>OD / TP / Reporting Only</b>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

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

TP Particulars: Veh No: **JEB 957** 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

Claimant's Particulars	Invoice Preparation Checklist	Am't (\$)	Int. Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : 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		
	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
	7) N1 : Idao DA + SMRT Survey \$160		
Cat. 2 / 3:	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpl 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: Idao Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	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 ..... 12/07/2023 15:30 (SGT)  
Reported by ..... Actual Driver  
Date of Accident ..... 11/07/2023 12:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... WOODLANDS CHECKPOINT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SH112T

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SINGAPORE-JOHORE EXPRESS (S) PTE LTD  
Company Reg No ..... 1XXXXX108D  
Email Address ..... ljwang@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 ..... ABDULLAH BIN UMAR  
Passport No/FIN ..... GXXXX697Q  
Date Of Birth ..... 06/01/1970  
Occupation ..... Outdoor

Date Of Driving Pass	29/09/2022
Driving experience	10 MONTHS
Gender	Male
Mobile Number	(Phone) +60-164239311
Alt. Phone Number	-
Email Address	ljwang@sje.com.sg
Address	149 ROCHOR ROAD, FU LU SHOU COMPLEX
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	Collision - Head on collision
Weather Conditions	Raining
Road Surface	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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	-

#### FOREIGN VEHICLE 1

Vehicle Registration Number	JEB957
Vehicle Category	Commercial vehicle

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapur Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT -T/20230711/2085

#### 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	JEB957
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)	-

**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 Authorised 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. The 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.

**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.



*Shahid 12/7/23*

*gmuud 12/7/2023*

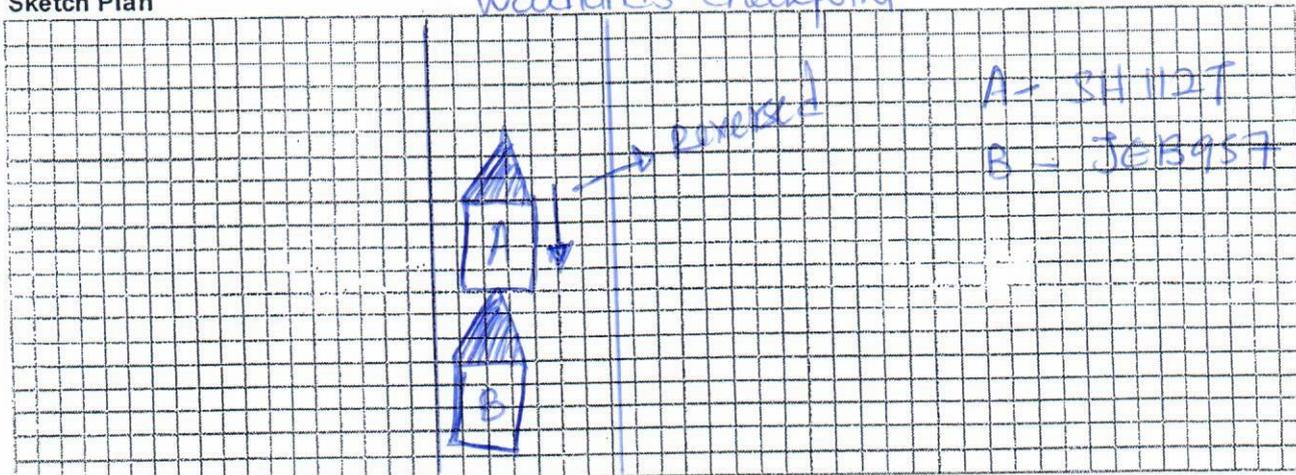
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

*woodlands cheepeat*



Describe Circumstance of the Accident

Handwritten note: please refer to the attached police report - T120230711/2023

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]* 12/7/23

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

*[Signature]* 12/7/2023

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



**SINGAPORE  
POLICE FORCE**



T/20230711/2085

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

1 of 3

Report No. T/20230711/2085

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/07/2023 16:45	Vide Report No.:	Station Diary No.: 60
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**Informant's Particulars**

Name of Informant: ABDULLAH BIN UMAR			Address: 149 ROCHOR ROAD #04-16 FU LU SHOU COMPLEX SINGAPORE 188425		
ID Type / ID No.: FIN NO / G3795697Q			Contact No.: Home/Office: 62928149      Mobile:		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 53	Date of Birth: 06/01/1970	Type of Informant: Driver		
Race: Malay			Language:		
Occupation: Bus driver			Driving Licence Information: Class:      Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 11/07/2023 12:00	Type of Location:
Location:  WOODLANDS CROSSING				
Weather: Raining		Road Surface: Wet		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JEB957	Lorry				Slightly Damaged	0
SH112T	Bus/Coach/Mi nibus				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20230711/2085

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

2 of 3

Report No. T/20230711/2085

**CONTINUATION OF REPORT**

Driver			
Name	ABDULLAH BIN UMAR	ID No.	G3795697Q
Related Vehicle	SH112T (Bus/Coach/Minibus)	Contact No.	62928149
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 11/07/2023 around 12pm, i was driving my vehicle (SH112T) at Woodlands checkpoint . I was at the immigration checkpoint when the lane i was in had some computer issues. The ICA officer directed me to another lane as such i began to reverse my bus out of the lane. As i was doing so, i collided with another Malaysian vehicle (JEB957). Both vehicles sustained minor scratches and small dents for both vehicle. No one was injured. I have personally settled with the other party, however my company insurance requires a traffic report. As such i am making this report for insurance purposes.



**SINGAPORE  
POLICE FORCE**



T/20230711/2085

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

3 of 3  
Report No. T/20230711/2085

**CONTINUATION OF REPORT**

Signature of Officer Recording The Report: A / SGT 3 ANG ZHEN HUI, NICHOLAS 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 11/07/2023 16:45
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

NP168

55276490

Visa/Visas

937956978

IMMIGRATION SINGAPORE  
VISA PASS  
Subject to Prop. 12 (7)  
Immigration Regulations  
22 AUG 2022  
PERMITTED TO ENTER AND  
REMAIN IN SINGAPORE  
FOR THIRTY DAYS FOR  
SOCIAL VISIT ONLY FROM  
DATE SHOWN ABOVE.

SINGAPORE IMMIGRATION

No. IMSN/1622

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.

22 AUG 2022 for Controller of Immigration Singapore  
Date.....

937956978

Visa/Visas



Holder has been granted use of eIACS

Date of expiry : 22 AUG 2024

for Commissioner  
Immigration & Checkpoints Authority

22 AUG 2022

## IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 11/07/2023	TIME OF ACCIDENT : 12:00
VEHICLE NO : SH112T	TRANSMISSION : AUTO / MANUAL
MAKE & MODEL :	LOCATION : woodlands checkpoint
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY : India International	POLICY NO : DIAMFL0000003-04
TYPE OF COVERAGE :	VEHICLE TYPE : ( SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE) BUS
COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	NRIC :
NAME OF OWNER : Singapore-Johore Express (PTE) LTD	CONTACT NO : 62928149
ADDRESS :	VIDEO RECORDING : YES / NO
EMAIL ADDRESS :	NRIC: G37956970 CONTACT NO: 0164239311
NAME OF DRIVER : AS ABOVE / IF NO : Abdullah Bin Umar	PASSENGER : 0 MALE ( ) FEMALE ( )
DRIVER OWNER RELATIONSHIP: employe	DRIVING PASSING DATE : 29 / 09 / 2022
DATE OF BIRTH : 06 / 01 / 1970	ADDRESS : 149 Rochor Road # 04-16 Fu Lu shou complex
OCCUPATION: INDOOR / OUTDOOR	POLICE REPORT : NO / IF YES WHERE ? Rochor N-P-C
ANY INJURIES: NO, IF YES :	ROAD SURFACE: DRY / WET / OTHERS
WEATHER CONDITION: CLEAR / RAINING / OTHERS:	
VEHICLE B REG NO : JEB 957	VEHICLE C REG NO : _____
DRIVER NAME : _____	DRIVER NAME : _____
NRIC : _____	NRIC : _____
CONTACT : _____	CONTACT : _____
VEHICLE D REG NO : _____	ANY WITNESS ? NO, IF YES :
DRIVER NAME : _____	NAME : _____
NRIC : _____	CONTACT : _____
CONTACT : _____	
WAS NOTICE OF PROSECUTION GIVEN? ( YES / NO) IF YES, AGAINST WHOM :	WERE SEAT BELTS WORN ? : YES / NO
	WERE INJURY CONVEYED BY AMBULANCE : YES / NO
DOES THE ACTUAL DRIVER OWN OTHER VEHICLES: YES / NO	
VEHICLE NUMBER:	HANDLING INSURER:



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.

<b>CERTIFICATE NO.:</b> D19MFL0000003_04		<b>COVER:</b> Third Party Only
1. Index Mark and Registration Number of Vehicle	: SH112T	
Chassis No	: WMAA91ZZ8CC017071	
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.		
<b>The Policy does not cover</b>		
(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	For India International Insurance Pte Ltd
Date of Issue	: 26/10/2022 12:15:19	
M.Z. 601CM	- OMNIBUS Company's use	
		 _____ Authorised Signatory