

NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In: 18/07/2023	Job description	Date & Time Completed	Done by
Ref No: NA/III 23007261 /d4	SAS e-filing		
Yeh No: SH 577K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 17/07/2023 12:48	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: () Veh No: WDC 1202 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%. 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 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

NA2302154	Invoice Preparation Checklist		Am't (\$)	A
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
	2) DA : Damage Assessment (\$100); INC (\$80)			
Driver/Owner:	3) TF : Towing Fee \$40/\$45			
	4) FT : Follow-Through Survey \$120			
Contact No:	5) FT : Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
Damaged Portion:	6) TR : Re-inspection \$75			
	7) NI : Idao DA + SMRT Survey \$160			
QC Checked by (Engr-In-Charge):	8) NTUC Additional Services:-			
	OP*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
Auditors Comments :-	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Cat. 1:	TP (N11) : TP (Non INC) against INC \$20			
Cat. 2 / 3:	9) N12: Idao Mobile \$30			
	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	18/07/2023 17:41 (SGT)
Reported by	Actual Driver
Date of Accident	17/07/2023 12:48 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	FROM LARKIN TOWARDS JIM QUEE ROAD
Country/State of Loss	Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH577K
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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) +65-62928149
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 - Claiming third party
Vehicle Category	Commercial vehicle
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	LAU SIE WEI
Passport No/FIN	GXXXX110U
Date Of Birth	12/08/1979
Occupation	Outdoor

Date Of Driving Pass	25/02/2022
Driving experience	1 YEAR AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +60-1110581068
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

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	WDC1202
Vehicle Category	Bus

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

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	WDC1202
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Bus
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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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.



Policyholder's Signature / Date & Time

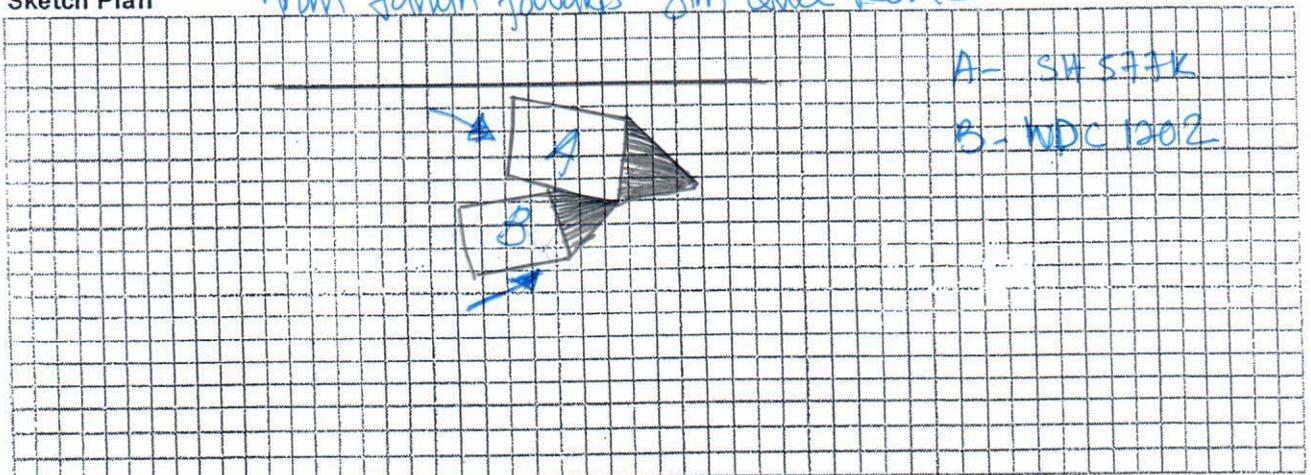
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Jim 18-07-23
from Jarkin towards Jim Quee Road

Jim 18/7/2023



Describe the Circumstance of the Accident

on the above stated date and time, I was from
Larkin heading to Jalan Jim Quee. As I was making the
right turn at Jim Quee Road, suddenly vehicle B
came from my right side and turned to left and my vehicle's
side right portion of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Jim 18-07-23
Actual Driver's Signature (if driver is not the policyholder)
/ Date & Time

Amu Aris 18/7/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

E8081162
Visa/Visas



Holder has been granted
use of eLACS

Date of expiry: **06 JUL 2025**

for Commissioner
Immigration & Checkpoints Authority
06 JUL 2023

S9478000

E7 Visa/Visas
SINGAPORE
VIBOPASS
Permitted to enter and
remain in Singapore
for thirty days from
date shown above.
06 JUL 2023
Subject to Reg. 12 (7)
Immigration Regulations

SINGAPORE IMMIGRATION

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.

06 JUL 2023 for Controller of Immigration
Singapore



POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai : TRAFIK JOHOR BAHRU(S) **Pegawai Penyasat** : R188489
Daerah : J/BAHRU SELATAN
Kontinjen : JOHOR
No Repot : TRAFIK JOHOR BAHRU(S)/018754/23
Tarikh : 17/07/2023
Waktu : 1610 PM
Bahasa Diterima : B. Malaysia

Butir-butir Penerima Repot

Nama : IZUWAN NAZREEN BIN CHE IBRAHIM **No Personel** : R193765 **Pangkat** : KONST/P
Butir-butir Jurubahasa (Jika Ada)
Nama : --- **No K/P (Baru)** : --- **No Polis/Tentera** : ---
No Paspot : --- **Bahasa Asal** : ---
Alamat : ---

Butir-butir Pengadu

Nama : LAU SIE WEI **No Polis/Tentera** : --- **No Paspot** : ---
No K/P (Baru) : 790812135533
No Sijil Beranak : ---
Jantina : Lelaki **Tarikh Lahir** : 12/08/1979 **Umur** : 43 tahun 11 bulan
Keturunan : Cina **Warganegara** : Malaysia
Pekerjaan : PEMANDU BAS
Alamat Tempat Tinggal : 256,TINGKAT 14,BLOK BFLAT LARKIN, JOHOR BAHRU, 80350 JOHOR
Alamat Ibu/Bapa : ---
Alamat Pejabat : ---
No Tel (Rumah) : --- **No Tel (Pejabat)** : --- **No Tel (HP)** : 01110581068

Pengadu Menyatakan:-

PADA 17/07/2023 JAM LEBIH KURANG 1248HRS,SAYA MEMANDU M/BAS NO SH577K JENIS MANN DARI LARKIN MENUJU KE JALAN JIM QUEE.SEMASA SAYA MEMANDU BELOK KE KANAN DI JALAN JIM QUEE TIBA-TIBA SEBUAH MBAS NO WDC1202 DARI ARAH BELAKANG KANAN BELOK KE KIRI MASUK KE KAWASAN TEMPAT TURUN PENUMPANG DAN TERLANGGAR BAHAGIAN TEPI KANAN M/BAS SAYA.TIADA KECEDERAAN SEMASA KEMALANGAN.KEROSAKAN M/BAS SAYA IALAH DI BAHAGIAN (TEPI KANAN):PANEL,PINTU TEMPAT LETAK BARANGAN DAN LAIN-LAIN KEROSAKAN BELUM PASTI LAGI.SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

R8211549 | 18/07/2023 10:31:39 AM

POLIS DIRAJA MALAYSIA
 JOHOR BAHRU (S)
 YANG DISAHKAN BENAR
 UNTUK TUNTUTAN SIVIL
 MARI BIN SHARIFF (DSP)
 SUA BAHAGIAN SIASATAN DAN PENGUATKUASAAN TRAFIK
 JOHOR BAHRU SELATAN
 TIDAK BOLEH DIGUNAKAN UNTUK TUJUAN PERBICARAAN



**POLIS DIRAJA
MALAYSIA**

RESIT RASMI

Nombor Resit Induk : 0201002023P0005970
Kaedah Bayaran : Tunai
Nombor Siri : -
Jumlah : RM4.00
Tarikh Bayaran : 18/07/2023
Pengeluar Resit : JOHOR BAHRU
Nama : LAU SIE WEI
Nombor K/P :
Bilangan : 1 muka surat 1/1
Nombor Resit Kecil :
1 0201002023L010496

Jenis Kutipan	RM
REPOT KEMALANGAN	4
018754/23	



SILA SIMPAN RESIT UNTUK REKOD ANDA
TERIMA KASIH
320375R8823021P0100015591870490207010019
KK/BPKS/10/600-2/1/2 (2)

KPL M42hu



POLIS DIRAJA MALAYSIA
CAWANGAN TRAFIK
IBU PEJABAT POLIS DAERAH JOHOR BAHRU SELATAN,
JALAN TEBRAU, 80250 JOHOR BAHRU
07-2237977

POL-316
T2
B1

Resit Akuan Penerimaan Repot Polis :

Nama Pengadu : LAU SIE WEI
No Kad Pengenalan / Pasport : 790812135533
No Repot Polis : TRAFIK JOHOR BAHRU(S)/018754/23
Tarikh @ Masa Repot Polis : 17/07/2023 @ 16:10
Pengesahan Penerimaan Repot :

Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :
Nama Pegawai Penyiasat : (R188489) SJM MURNIHIDAYAH BINTI MOHD
Tempat Tugas : JOHOR , J.BAHRU SELATAN
No Telefon Pejabat : No Telefon Bimbit : 011-39353850

Tarikh @ masa Perjumpaan :

Pengesahan Penerimaan Repot :

Tandatangan Pegawai Penyiasat

Juru Gambar :

Nama : No Badan : Pangkat :

Tarikh @ Masa Gambar Diambil :

Pengesahan Gambar Diambil :

Tandatangan Juru Gambar

Unit Pembekalan Dokumen Siasatan :

No Telefon Unit Pembekalan Dokumen :

Waktu Pejabat :

Ahad - Rabu : 08:00 Pagi - 01:00
Tengah Hari 02:00 Petang - 04:00
Petang Khamis : 08:00 Pagi - 01:00
Tengah Hari 02:00 Petang - 02:30
Petang Rehat - 1.00 T/Hari-2.00 Petang
Jumaat,Sabtu-Tutup Cuti

Jenis Dokumen Dibekal Kepada Pengadu :

- 1. Salinan Repot Polis
- 2. Gambar Kenderaan
- 3. Rajah Kasar Kemalangan
- 4. Keputusan Siasatan
- 5. Lain-lain Dokumen

B

Tarikh @ Masa Dokumen Diserah :

Pengesahan Kaunter Pembekalan Dokumen :

Tandatangan Pegawai Kaunter Pembekalan Dokumen

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 17/07/2023	TIME OF ACCIDENT : 12:48 pm
VEHICLE NO : SH 577K	TRANSMISSION : AUTO / MANUAL
MAKE & MODEL : MAN	LOCATION : From barkin towards Jim Quee Road
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY : India International	POLICY NO : DIAMFL00.000003-04
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 :
ADDRESS :	VIDEO RECORDING : YES / NO
EMAIL ADDRESS :	NRIC: 971931104 CONTACT NO: 01110581068
NAME OF DRIVER : AS ABOVE / IF NO : Lau Sie Wei	PASSENGER : <input checked="" type="radio"/> MALE () FEMALE ()
DRIVER OWNER RELATIONSHIP: employee	DRIVING PASSING DATE : 25 / 02 / 2022
DATE OF BIRTH : 12 / 08 / 1979	ADDRESS :
OCCUPATION: INDOOR / OUTDOOR	POLICE REPORT : NO / IF YES WHERE ?
ANY INJURIES: NO, IF YES :	ROAD SURFACE: DRY / WET / OTHERS
WEATHER CONDITION: CLEAR / RAINING / OTHERS:	VEHICLE B REG NO : WDC 1202
VEHICLE B REG NO : WDC 1202	DRIVER NAME : _____
DRIVER NAME : _____	NRIC : _____
NRIC : _____	CONTACT : _____
CONTACT : _____	ANY WITNESS ? NO, IF YES :
VEHICLE D REG NO : _____	NAME : _____
DRIVER NAME : _____	CONTACT : _____
NRIC : _____	WERE SEAT BELTS WORN ? : YES / NO
CONTACT : _____	WERE INJURY CONVEYED BY AMBULANCE : YES / NO
WAS NOTICE OF PROSECUTION GIVEN? (YES / NO) IF YES, AGAINST WHOM :	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.

CERTIFICATE NO.: D19MFL000003_04		COVER: Third Party Only
1. Index Mark and Registration Number of Vehicle	:	SH577K
Chassis No	:	WMAA91ZZ8BC016677
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, 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.		
*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
Date of Issue	:	26/10/2022 12:15:19
M.Z. 601CM	:	OMNIBUS Company's use
		For India International Insurance Pte Ltd
		
		Authorised Signatory