

# NATIONAL Assessment Centre Services

(wef 1 Jan 05)

SL10823P1000/

Date In: 01/08/2023 11:59	Job description	Date & Time Completed	Done by
Ref No: N/A/C112300729/4	SAS e-filing		
Veh No: RA 6616 P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 01/08/2023 13:15	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:	Veh No: GRG 369B	INC ( ) / Non-INC ( )	Tel:	Fax:
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

NA2302292

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$)	Am't Add.
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		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 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 \$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 First Submission	01/08/2023 17:59 (SGT)
Reported by	Actual Driver
Date of Accident	01/08/2023 13:15 (SGT)
Exact Location of Accident	Boon Lay, Singapore
Additional Location Information	CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA6616P
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	EBUS EXPRESS PTE LTD
Company Reg No	2XXXXX275G
Email Address	scyz69@gmail.com
Mobile Phone No	(Phone) +65-96888195
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	Commercial vehicle
Transmission	Auto
CC	2494

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00020522205

#### DRIVER

Name of Driver	TAN KOK PENG
NRIC No	SXXXX760E
Date Of Birth	16/02/1956
Occupation	Outdoor

Date Of Driving Pass .....	01/12/1975
Driving experience .....	47 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-89172773
Alt. Phone Number .....	-
Email Address .....	scyz69@gmail.com
Address .....	BLK 759 JURONG WEST STREET 74 #09-100
Address complement .....	-
Postcode .....	640759
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 .....	Collided into Parked Vehicle
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 .....	GBG369B
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 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

  
01/08/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

### Sketch Plan

A = PA6616P  
B = GBG369B

Boon Lay Carpark



Describe Circumstance of the Accident

On 01/08/23 @ 13.15hrs, I was reversing my bus PA6616P @ Boon Lay carpark into the parking lot & I did not notice there is a van GB6369B had its rear tailgate open up & my bus hit onto the van rear tailgate causing my rear windscreen to crack.

Declaration

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






Policyholder's Signature / Date & Time



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

  
01/08/2023  
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 & Employer  
Witness (if any): yes / no  
Witness name: \_\_\_\_\_  
Witness hp: \_\_\_\_\_  
Witness email (if any): \_\_\_\_\_  
Witness add: \_\_\_\_\_  
Witness IC no: \_\_\_\_\_

Third party veh number: GB9 369 B  
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: 01

01 Male  
\_\_\_\_\_ Female

Connect3 client vehicle no: PA 6616P

Owner contact no: 9688 8145

Email Address: scy269@gmail.com

Date of accident: 01/08/2023

Location of accident: Boon Lay Carpark

Time of accident : 13:15hrs

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



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

AN0626A

Cov. Type:C

CERTIFICATE No.

DMB1SNW00020522205

Engine No.: 4P10C35389

Cha. No.: BE641JK30234

1. Index Mark and Registration  
Number of Vehicle

PC5414B

AUTOSAFE

=====

2. Name of Policy Holder

EBUS EXPRESS PTE LTD

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations, (00:00:00)  
Ordinance or Enactment

30/12/2022

Excess Sect. I. S\$4,000.00

Excess Sect. II S\$3,000.00

4. Date of Expiry of Insurance

29/12/2023

EX ON WINDSCREEN. S\$100.00

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. : MAYBANK 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.

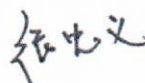
**I/We hereby Certify** that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: UNIVERSAL INSURANCE AGENCY PTE

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



## Enquire Vehicle Registration Details

### Owner Particulars

NRIC/Passport/Company Cert No.: 200914275G  
 Owner ID Type: Company  
 Owner Name: EBUS EXPRESS PTE LTD  
 Registered Address: 138 ROBINSON ROAD #03-45 THE CORPORATE OFFICE SINGAPORE 068906  
 Mailing Address: -  
 Birth Date: -

### Vehicle Particulars

Vehicle No.: PA6616P  
 Previous Vehicle No.: -  
 Effective Date of Ownership: 13 Apr 2017  
 Original Regn Date: 21 Apr 2007  
 Registration Date: 21 Apr 2007  
 Year of Manufacture: 2007  
 Vehicle Type: Private Hire (Chauffeur) Bus/Coach/Minibus  
 Vehicle Scheme: Public Service Vehicle (Others)  
 Vehicle Attachment 1: Air-Conditioned  
 Vehicle Attachment 2: -  
 Vehicle Attachment 3: -  
 Vehicle Make: TOYOTA  
 Vehicle Model: HIACE 2.5 M  
 Primary Colour: Silver  
 Secondary Colour: -  
 Passenger Capacity: 11  
 Chassis No.: KDH2000067717  
 Engine No.: 2KD1575211  
 Engine Capacity/Power Rating: 2494 cc / -  
 Maximum Power Output: -  
 Propellant: Diesel  
 Max Unladen Weight: 1800 kg  
 Maximum Laden Weight: 3145 kg  
 Open Market Value: \$23,843.00  
 PARF Eligibility: No  
 PARF Eligibility Expiry Date: -  
 Minimum PARF Benefit: -  
 No. of Transfers: 2  
 IU Label No.: 1550163827  
 COE No.: 2007010105000759G  
 COE Expiry Date: 20 Apr 2022  
 COE Category: C - Goods Vehicle & Bus  
 COE Registration Category: C - Goods Vehicle & Bus  
 Quota Premium (QP) / Prevailing Quota: \$1.00 / -



Premium:  
PQP Paid: \$24,005.00  
QP (Regn Cat): \$1.00  
OPC Cash Rebate Eligibility: No  
QP during COE Bidding Exercise: \$1.00  
Additional Registration Fee Rate: 5.00 %  
Actual ARF Paid: \$0.00  
Vehicle Lifespan Expiry Date: 20 Apr 2027  
CO2 Emission: -

Message: Upon the expiry of the vehicle's 5-year COE on 20 Apr 2022, you may further renew the COE of your vehicle for another 5 years, subject to the statutory lifespan (if applicable) of the vehicle. This is a public service vehicle.