

NATIONAL Assessment Centre Services

(wef 1 Jan 05)

200923850004

| | | | |
|----------------------------|------------------------------------------|-----------------------|---------|
| Date In: 03/08/2023 16:08 | Job description | Date & Time Completed | Done by |
| Ref No: N/A/C172200 7878/4 | SAS e-filing | | |
| Yeh No: PC 8902P | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 22/07/2023 18:10 | 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: (

Tel:

Fax:

TP Particulars:

Yeh No:

SM 898P

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

X/A2302307

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$30)
- 3) TF: Towing Fee \$40/\$43
- 4) FT: Follow-Through Survey \$120
- 5) FT: Follow-Through Survey (Resurvey) \$30
- For claiming against INC Only (wef 10 Jan 2005)
- 6) TR: Re-inspection \$75
- 7) NI: Idao DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- OP:
- *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: Idao Mobile \$30

Invoice dated

Fee Charged

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 03/08/2023 16:08 (SGT)
Reported by Actual Driver
Date of Accident 22/02/2023 18:10 (SGT)
Exact Location of Accident Tampines Street 81, Singapore
Additional Location Information
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC8902P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner KUMAR LIMOUSINE AND COACH SERVICES PTE. LTD.
Company Reg No 2XXXXX442H
Email Address kumarlimousine@yahoo.com.sg
Mobile Phone No (Phone) +65-92322463
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 DMB1SNW00018302203

DRIVER

Name of Driver MOHAMED RAFI S/O SYED SULTAN
NRIC No SXXXX397H
Date Of Birth 09/01/1961
Occupation Outdoor

| | |
|--------------------------------------------------------------------|--------------------------------------|
| Date Of Driving Pass | 07/05/2003 |
| Driving experience | 19 YEARS AND 9 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-866600391 |
| Alt. Phone Number | - |
| Email Address | kumarlimousine@yahoo.com.sg |
| Address | BLK 103 BEDOK RESERVOIR ROAD #06-410 |
| Address complement | - |
| Postcode | 470103 |
| 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 - Major/Minor Rd |
| 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) | 2 |
| 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 | KID |
| 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 |
| Was there any video captured by Car Camera? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SJM8188C |
| Vehicle Manufacturer | Mercedes |
| Vehicle Model | - |
| Vehicle Variant | - |

| | |
|-----------------------------------------------|----------------|
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | LIAN YEW CHENG |
| NRIC No | SXXXX202G |
| 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 willful 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 law yers/law firms), w hich may be sited outside of Singapore, for one or more of the above Purposes.

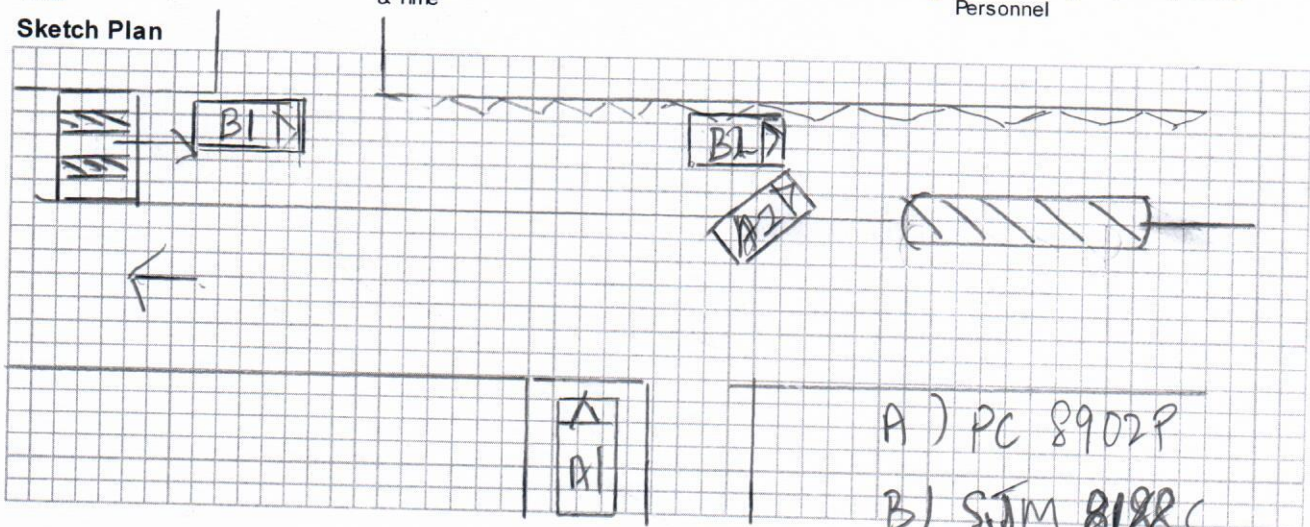


Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



897 Tompkins 57 81

Describe Circumstances of the Accident

ON 22/02/2023 AT ABOUT 18:10 HRS I WAS AT CARPARK
OF BIK 897 TAMPINES STREET 81. AND B/E MAKING
A RIGHT TURN STOP & LOOK LEFT & RIGHT. SAW A
CAR FROM THE LEFT 200 METERS AWAY. SLOWLY MOVE
OFF. HALF WAY THRU I FELT A BANG ON MY LEFT
THE CAR THAT I SAW SQUASH INTO THE LEFT SIDE
DAMAGE MY VAN PC 8902P HE WAS TRAVELLING VERY
FAST. DASH THRU BANG & STOP 50 METERS AWAY
FROM THE ACCIDENT POINT.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

[Signature] 3/8/2023

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

[Signature] 03/08/2023
Witnessed by Reporting Centre
Personnel

IDAC ACCIDENT STATEMENT

| | |
|----------------------------------------------------------------------------|-----------------------------------------------------------|
| DATE OF ACCIDENT : 22.02.2023. | TIME OF ACCIDENT : 1810. |
| VEHICLE NO : PC 8902 P. | TRANSMISSION : AUTO / MANUAL |
| MAKE & MODEL : TOYOTA HIACE. | LOCATION : TAMPAING ST 81. |
| EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / PRIVATE USE / PRIVATE HIRE | CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY |
| INSURANCE COMPANY : CHINA TAIPING. | POLICY NO : |
| TYPE OF COVERAGE : | VEHICLE TYPE : (SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE) |
| COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT | NRIC : 2007074424. |
| NAME OF OWNER : KUMAR LIMOUSINE PTE LTD. | CONTACT NO : 92322463. |
| ADDRESS : | VIDEO RECORDING : YES / NO |
| EMAIL ADDRESS : | NRIC : CONTACT NO : 86660391 |
| NAME OF DRIVER : AS ABOVE / IF NO : MOHAMED RAFI S/O SYED SULTAN. | PASSENGER : 1 MALE (✓) FEMALE () |
| DRIVER OWNER RELATIONSHIP: | DRIVING PASSING DATE : / / |
| DATE OF BIRTH : 09 / 01 / 1961. | ADDRESS : |
| OCCUPATION: INDOOR / OUTDOOR | POLICE REPORT : NO / IF YES WHERE ? |
| ANY INJURIES: NO, IF YES : NO. | ROAD SURFACE: DRY / WET / OTHERS |
| WEATHER CONDITION: CLEAR / RAINING / OTHERS: | |
| VEHICLE B REG NO : SJM 8188C. | VEHICLE C REG NO : |
| DRIVER NAME : LIAN YEW CHENG. | DRIVER NAME : |
| NRIC : S1075202G. | 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: |



Motor Bus

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)

MZ601

R SN

AN0580A

Cov. Type:C

CERTIFICATE No.

DMB1SNW00018302203

Engine No.: 1KD2634970

Cha. No.:KDH2230029066

1. Index Mark and Registration
Number of Vehicle

PC8902P

AUTOSAFE

=====

2. Name of Policy Holder

KUMAR LIMOUSINE AND COACH SERVICES PTE. LTD.

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

15/11/2022

(00:00:00)

Excess Sect. I . SS\$1,500.00

Excess Sect. II SS\$2,000.00

4. Date of Expiry of Insurance

14/11/2023

EX ON WINDSCREEN . SS\$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. : MOTOR CREDIT 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:

ODDS GIVEN

Authorised Officer



Authorised Signatory

张中义

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SM0923830004 Vehicle Registration No: PC 8902P

Name (as shown in NRIC): MOHAMMAD RAFI NRIC/FIN/Passport No: SXXXX3974

(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 86660391

Email Address: _____

Date of Accident: 22/02/2023 Time of Accident: 18:10

Place of Accident: Tampines 87 87

Insurance Company: ATAA 2019125

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

To Indicate Policy Number DMBISUNW0001832203

Policyholder / Actual Driver's Signature
Date:

03/08/2023

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: