

# NATIONAL Assessment Centre Services

(Ref: 1/20100)

MANAGER/TECH

Date In: 01/12/2012 12:05

Ref No: NBA/INC/20122855/1

Veh No: PC 2800 J

D.O.A: 30/11/2012 11:30

OD: TP Reporting Only

TP Insurer:

Job description

SAS e-illing

E-mail (with 3hrs, AIC 3hrs)

1-Motor Claim Form

1-Motor W/O (with 3hrs, TP 3hrs)

1-Photo Uploaded

Assessment/Survey Report

Ass'l Report by Fax/Hand to Owner/Wksp

Date & Time Completed

01/12/2012

Done by

13:02

Preferred Wksp / INC Assign Wksp / OWI:

Tel:

Fax:

TP Particulars:

Veh No: XE 2357L

INC ( ) / Non-INC ( )

Owner / Drivers:

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 0016)

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

NANO 7515

Customer's Particulars:

Driver/Owner:

Contact No:

Assigned Portion:

Checked by (Bugs-In-Charge):

Inspector's Comments:

1/1

1/2/3

Invoice Breakdown Checklist

1) AR: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100)

3) TP: Towing Fee

4) FT: Follow-Through Survey

5) RT: Follow-Through Survey (Resurvey)

6) TR: Re-inspection

7) NI: (excl DA + SMRT Survey

8) NTUC Additional Services:

Q11:

\*N3: Courtesy Car / Tpl Allowance

\*N6: Repair Co-ordination

\*N7: Post Repair Inspection

\*N9: DY / Collect Unsettled Coordination

TE (N1): TP (Non-INC) against INC

\*N12: Idm Mobile

Invoice total

Fee Charged

Grand Total

Notes:

Bill:

Bill:

Bill:

Bill:

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## 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 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 ability.
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 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 Report	01/12/2017 12:05
Date Of Accident	30/11/2017 11:30
Exact Location Of Accident	KAMPONG BAHRU TO PSA ENTRANCE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC2802J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JET WIN CONVEYANCE
Co Reg No	52887560D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93218822
Alternative Phone No	OFFICE-90665783

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	GOING TO PICK UP PASSENGER AT PSA
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5073980207-02
Cover Note Number	

### Driver

Name of Driver	CHUA TONG CHUAN(CAI ZHONGCHUAN)
NRIC No	S8310063Z
Date Of Birth	02/04/1983
Occupation	OUTDOOR
Date Of Driving Pass	09/04/2009
Driving Experience	8 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93218822
Fax Number	
Contact Number	OTHERS-90665783
Email Address	NOEMAIL

Address:	BLK 886A WOODLANDS DRIVE 50
	#09-531
Postcode	731886
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
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
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE2557L
Vehicle Make/Model/Colour	UD TRUCK
Details Of Properties	
Name of Driver	JOHAN BIN NOORDIN
NRIC/Passport Number	S16598561
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

## 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

PICTURE ATTACHED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I had come from Kampong Bahru.  
I was on the driveway of Brani Gate 2. I was in the 4th lane from the right as I was moving a trailer bang me off the left rear portion of my van.  
The trailer did not stop at <sup>Stop line</sup> ~~giveaway~~ sign and I was bang onto me.  
The lorry was coming from bridge into Brani Gate 2.

DECLARATION

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

Policyholder's Signature  
Date & Time:

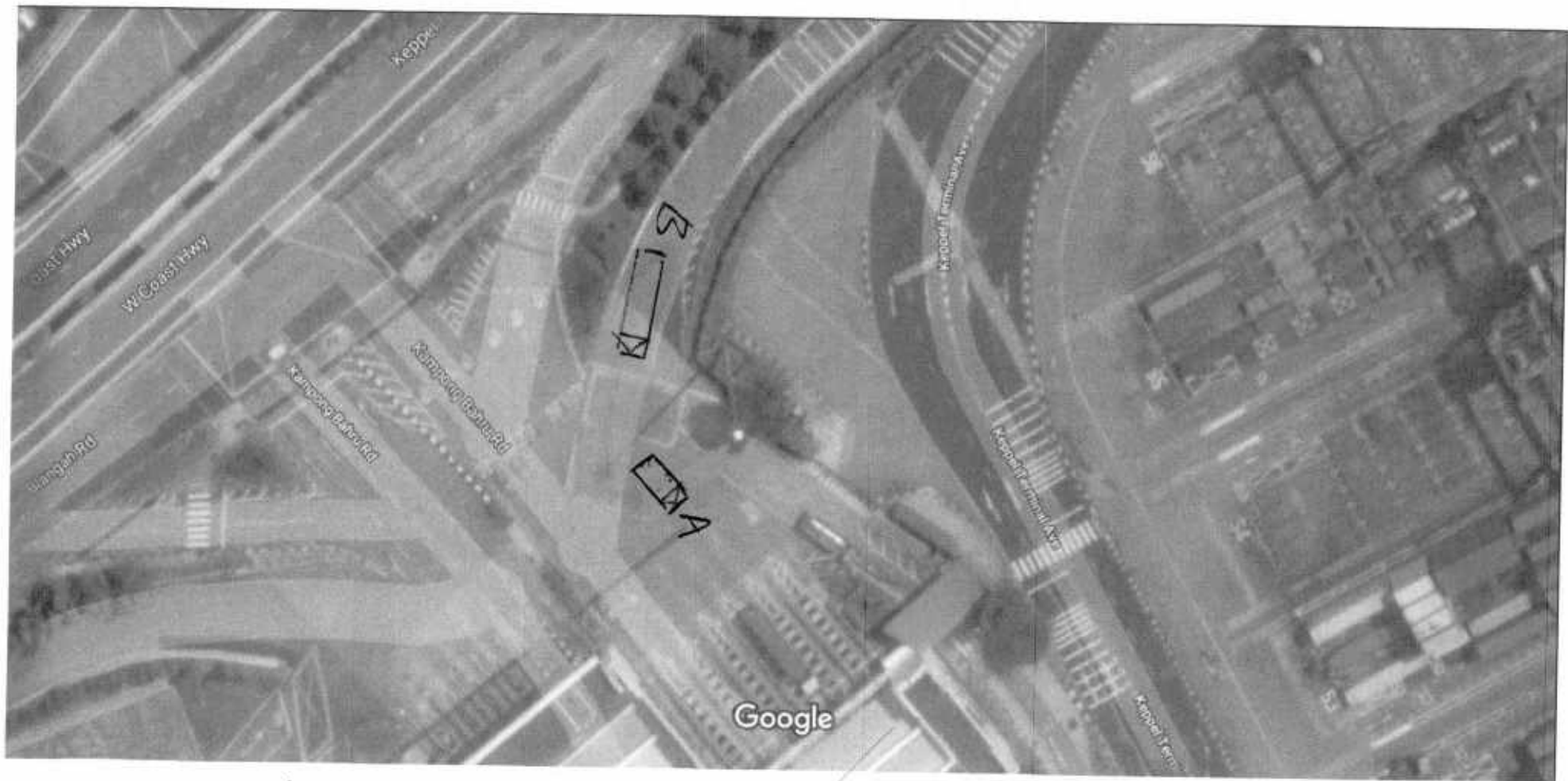
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



*[Signature]* 01/12/2017  
*[Signature]*





A) PC 2802-J

B) XE 2557L

Imagery ©2017 DigitalGlobe, Map data ©2017 Google 10 m

01/12/2017

## Claim Handling

Accident MT/0971917

Policy No.	5073980207-02	Vehicle No.	PC2802J	GST Registration No.	
Policyholder Name	JET WIN CONVEYANCE			Policyholder NRIC	
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading	
Contact No.(Mobile)	93218822/90665783	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20		
<b>Accident Details</b>					
Report Date	01/12/2017 12:29	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	30/11/2017	Time of Accident hh:mm	11:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KAMPONG BAHRU TO PSA ENTRANCE				
<b>Benefits</b>					
<b>Excess</b>					
Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	No		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 77 #01-521	Address 2	INDUS ROAD	Address 3	
Address 4	SINGAPORE 160077	Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5073980207-02		
<b>DI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	CHUA TONG CHUAN(CAI ZHONG)	Driver NRIC	58310661Z	Driving Experience	
Register Date of Driver License	09/04/2009	Driver Age	34	Contact No.(Home)	
Contact No.(Mobile)	93218822/90665783	Contact No.(Office)		Address 3	
Address 1	BLK 885A #09-531	Address 2	WOODLANDS DRIVE 50	Post Code	
Address 4	SINGAPORE 731886	Address Type	Foreign address		
Unit No.	09-531				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	PC2802J	Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Modification History					

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	JET WIN CONVEYANCE	Insured NRIC	
Contact No.(Mobile)	90065459	Contact No.(Home)		Contact No.(Office)	
Email Address		DI Vehicle Number	PC2802J	TP Vehicle Number	
Claim Description	PC2802J / XE2557L ON 30 Nov 2017				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	01/12/2017 13:00	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLI WAHAB	Workshop Repairer			
<input type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/0971917	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	01/12/2017 13:02
Path *		Category *	Confidential Urgency
		Browse... Clear	Please Select

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N/A"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N/A"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N/A"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N/A"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N/A"/>	Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Dec 2017 13:02	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Dec 2017 13:02	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Dec 2017 13:02	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Dec 2017 13:02	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Dec 2017 13:02	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Dec 2017 13:02	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Dec 2017 13:01	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Dec 2017 13:01	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Dec 2017 13:01	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Dec 2017 13:01	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Dec 2017 13:01	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Dec 2017 13:01	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Dec 2017 13:01	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Dec 2017 13:00	NRIC/ Driving License	Normal	NRIC/ Driving

## Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>



# Email Xinya Auto

## 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 Authorised Driver.
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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. This report will be forwarded by the insurers of 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 if/when so.

### ACCIDENT STATEMENT

Date Of Report 30/11/17  
 Date Of Accident 30/11/17 11:30AM  
 Exact Location Of Accident ~~101, 101, 101, 101~~ Kampong Bahru To PSA Entrance  
 Country/State of Loss

### DETAILS OF OWN VEHICLE

Vehicle Registration Number PC28023  
 Insured/Policyholder  
 Name Of Registered Owner / company Jet Win Conveyance  
 NRIC No / CO-REG NO. 528875603  
 Email Address  
 Mobile Phone No 93218822  
 Alternative Phone No 90665783  
 Vehicle Particulars  
 Manufacturer ~~Toyota~~ NS  
 Model NV350  
 Exact Purpose for which vehicle was being used at time of accident going to pickup passenger at PSA  
 Are you claiming under your own insurance policy for repair to your vehicle? TP  
 If No, Please state action to be taken  
 Vehicle Category  
 Insurance Company  
 Name of Insurance Company NTUC  
 Type Of Coverage  
 Fleet Policy  
 Policy Number 5073980207-02  
 Cover Note Number  
 Driver  
 Name of Driver CHUA TONG HUAN  
 NRIC No S83100632  
 Date Of Birth 2/4/1983  
 Occupation 9/4/2009  
 Date Of Driving Pass  
 Driving Experience  
 Gender  
 Mobile Number  
 Fax Number  
 Contact Number  
 Email Address NO email

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S8310063Z**



Name  
**CHUA TONG CHUAN**  
**(CAI ZHONGCHUAN)**  
**蔡忠劍**

Race  
**CHINESE**

Date of birth  
**02-04-1983**

Country/Place of birth  
**SINGAPORE**

Sex  
**M**




REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Number **S8310063Z**

CHUA TONG CHUAN  
(CAI ZHONGCHUAN)

Birth Date **02 Apr 1983**

Issue Date **09 Apr 2009**




00172976J

3615850



NRIC No. **S8310063Z**



Date of issue  
**09-06-2016**

Address  
**APT BLK 888A WOODLANDS DRIVE 50**  
**#09-S31**  
**SINGAPORE 731888**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Class 2 Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver and motor tractors/vehicles <= 2000 kg


Class 4 Heavy motor cars and motor tractors > 2000 kg

EXPIRY DATE  
**09 Apr 2009**  
**27 Aug 2009**

S/No. **9000108815**

58310063Z

Licence No. **S8310063Z**



## THE SCHEDULE

### Private Bus Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number : 5073980207-02  
The Policyholder : JET WIN CONVEYANCE  
BLK 77 #01-521  
INDUS ROAD  
INDUS GARDEN  
SINGAPORE 160077

Period of Insurance : 15 Oct 2017 To 14 Oct 2018  
Sum Insured : Market Value of Insured Vehicle at Time of Loss  
Premium (inclusive GST) : S\$1,494.66

#### Interest Insured

Cover Type	: Comprehensive	
Make/Model	: NISSAN/NV350	
Capacity	: 1.2 ton(s)	Number of Seater : 11
Registration Number	: PC2802J	Registration Date : 15 Oct 2014
Chassis Number	: JN1TC2E2620000899	Insure with COE : Yes
Excess (Section I)	: S\$2,000	NCD Entitlement : 20%
Excess (Section II)	: S\$1,500	Loyalty Discount : 5%
Windscreen Excess	: S\$100	Other Discount : 10%
Geographical Limit	: WITHIN THE REPUBLIC OF SINGAPORE ONLY	
Hire Purchase Company	: MAYBANK	

Memo A : N/A

Endorsement Operative : N/A

Agency : S'PORE SCH&PTE HIRE BUS OWNS ASS (00000601247)  
Date of Issue : 20 Sep 2017 14:24 hrs

#### DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive