

NATIONAL Assessment Centre Services

(wef 1 Jan 05)

MA118009039

Date In: 18/1/18 13:45	Job description	Date & Time Completed	Done by
Ref No: NA/INC18001095/24	SAS e-filing		
Veh No: PC 262E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 17/1/18 15:15	i-Motor Claim Form	17/09/18 428	18/1/18 13:54
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: 6Q475R

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

NA1800421	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
QC Checked by (Engr-In-Charge):	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	* N5: Courtesy Car / Tpt Allowance \$5		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Lat 1:	9) N12: Idao Mobile \$0		
Lat 2 / 3:	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 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 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	18/01/2018 13:40
Date Of Accident	17/01/2018 18:15
Exact Location Of Accident	JUNC CENTRAL BOULEVARD & BAYFRONT AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC262E
Insured/Policyholder	
Name Of Registered Owner	BUS CONCIERGE PTE LTD
Co Reg No	201701628E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94579785
Alternative Phone No	OFFICE-94579785

Vehicle Particulars

Manufacturer	GOLDEN DRAGON
Model	XML6103J98
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	BUS

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090816411
Cover Note Number	

Driver

Name of Driver	ONG CHYE BENG
NRIC No	S1589906I
Date Of Birth	16/05/1963
Occupation	OUTDOOR
Date Of Driving Pass	27/01/1997
Driving Experience	20 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97521489
Fax Number	
Contact Number	OFFICE-97521489
EMail Address	NOEMAIL

Address	BLK 208 TAMPINES STREET 21 #08-1425
Postcode	520208
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

REFER TO STATEMENT.

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	SGQ475R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

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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 lodging 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: 18 Jan 2018, 11 am

 **BUS CONCIERGE**
Co. Reg. 201701628E
BUS CONCIERGE PTE. LTD.

Driver's Signature

(If driver is not the policyholder)

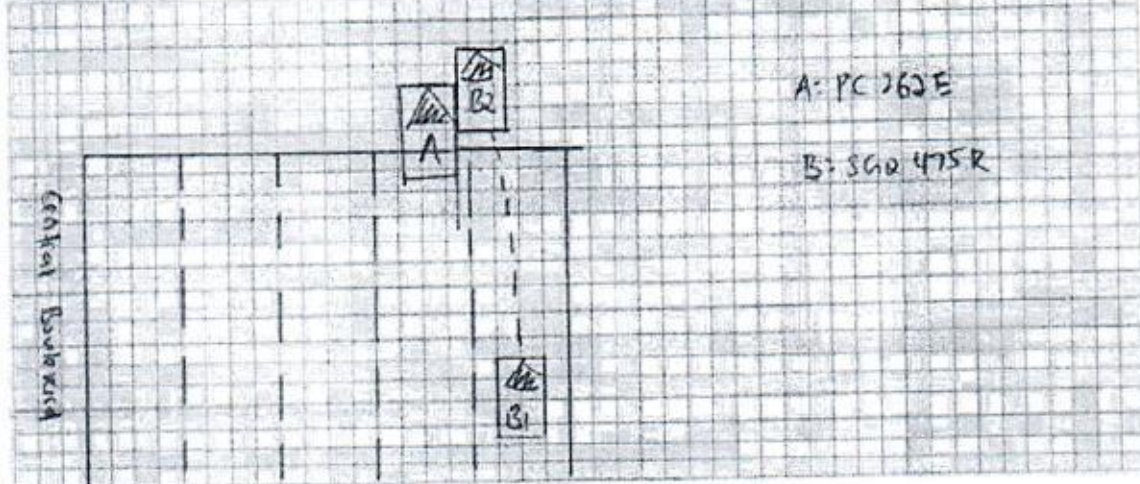
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/1/18 18:15 I was travelling along Central Boulevard junction. Suddenly vehicle B was speeding and hit onto my vehicle front right portion.

DECLARATION

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

Policyholder's Signature

Date & Time: 18 Jan 2018, 11 am

BUS CONCIERGE

Co. Reg. 201701628E

BUS CONCIERGE PTE. LTD

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 17/1/18 (DD/MM/YYYY), TIME: 18:15 (HH:MM)

LOCATION: Junc Central Boulevard & Bayfront Ave

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC262E
b) INSURANCE COMPANY: NTU
c) POLICY NUMBER: 5090816411
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: BMW
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) - Bus
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Working
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Bus Concierge Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 201701628E CONTACT: 94579785
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ong chye peng (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S15899061 CONTACT: 97521489
c) ADDRESS: Blk 206 Tampines St 21 #08-1525 (S20208)

*d) DATE OF BIRTH: 16/5/1963 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 27/1/1997 (class 3)

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____

b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 59Q 475R MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. Any video captured by car camera? (Yes or No)

Email =

Fax =

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S15899061**

Name: **ONG CHYE BENG**

Birth Date: **16 May 1963**

Issue Date: **07 Feb 2005**

001319993D




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S15899061**

Name: **ONG CHYE BENG**

王再民

Race: **CHINESE**

Date of birth: **16-05-1963**

Country of birth: **SINGAPORE**

Sex: **M**





3680220

Barcode

NRIC No: **S15899061**

Date of issue: **07-02-2005**

Address: **APT BLK 208 TAMPINES STREET 21 #08-1425 SINGAPORE 520208**



Land Transport Authority


VOCATIONAL LICENCE

Licence No: **S15899061**

Name: **ONG CHYE BENG**

Issue Date: **18/2/2006**

Expiry Date: **28/2/2009**



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	27/01/1997
04	BUS ATTENDANT	27/01/1997

Barcode

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	PASS DATE
Class 2B	Motorcycles <= 200 cc	02 Jan 1965
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors / vehicles <= 2500 kg	09 Feb 1963
Class 4	Heavy motor cars and motor tractors > 2500 kg	16 Aug 1964
Class 5	Motor vehicles > 7250 kg not constructed to carry any load	14 Dec 1964

NP 428A

Licence No: **S15899061**



eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#) [Change Password](#) [Log Out](#)[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

17/01/2018 18:15

Vehicle No. (For Motor)

PC262E

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5090816411	BUS CONCERGE PTE LTD	201701628E	GBS	Comprehensive	PC262E	PC262E	02/05/2017	01/05/2018

Policy Information

Policy No.	5090816411	Policyholder Name	BUS CONCIERGE PTE LTD	Policyholder NRIC	201701628E
Address	51 CUPPAGE ROAD #07-22 51 CUPPAGE ROAD SINGAPORE 229469				
Product Name	BUS INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	02/05/2017	Effective Date	02/05/2017 00:00	Expiry Date	01/05/2018 23:59
Third Party Excess	1500	Own damage Excess	3000	Windscreen Excess	500
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	ABWIN PTE LTD	Agent Tel.	68423301	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	51 CUPPAGE ROAD	Address 2	#07-22 51 CUPPAGE ROAD	Address 3	SINGAPORE 229469
Address 4		Address Type	Singapore address	Post Code	229469
Unit No.	07-22	Related Policy Number	5090816411		

Insured Object: PC262E

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	15/08/2017 00:00	Basic Information Endorsement	Endorsement Take Effective	orangeeye0514 -To less \$100 on renewal premium for Orange Eye discount.

Continue

Cancel

Claim Handling

Accident MT/0978428

Policy No.	5090016411	Vehicle No.	PC262B	GST Registration No.	
Policyholder Name	BUS CONCIERGE PTE LTD			Policyholder NRIC	201701628B
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No. (Mobile)	94579785	Contact No. (Office)	0	Contact No. (Home)	0
Email Address		Special Remark		aCode	<div><div>N</div><div>▼</div></div>
KFK	<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(%)	0	Private Hire	No
<div><div></div> Accident Details</div>					
Report Date	18/01/2018 13:51	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	17/01/2018	Time of Accident hh:mm	18:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC CENTRAL BOULEVARD & BAYFRONT AVE				
<div><div></div> Benefits</div>					
<div><div></div> Excess</div>					
Own Damage Excess	3,000.00	Additional Excess		Windscreen Excess	500.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			
<div><div></div> GST Registered Information</div>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	51 CURPAGE ROAD	Address 2	#07-22 51 CURPAGE ROAD	Address 3	SINGAPORE 229469
Address 4		Address Type	Singapore address	Post Code	229469
LINE NO.	07-22	Related Policy Number	S090816411		

⇒ **Q1 Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	16/05/1963
Unnamed driver Name	ONG CHYE BENG	Driver NRIC	S1589906E	Driving Experience	20
Register Date of Driver License	27/01/1997	Driver Age	54	Contact No (Home)	0
Contact No.(Mobile)	97521489	Contact No.(Office)	0	Address 3	SINGAPORE 520208
Address 1	BLK 208	Address 2	TAMPINES STREET 21	Post Code	520208
Address 4		Address Type	Singapore address		
Unit No.	08-1425				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 [New](#)

Claim Type *	OD-MX	Insured Name	BUS CONCEERGE PTE LTD	Insured NRJC	201701628E
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		Ol Vehicle Number	PC262E	TP Vehicle Number	SGQ475R
Claim Description	PC262E / SGQ475R ON 17 Jan 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	18/01/2018 00:00
Date Registered	18/01/2018 13:54	Claim Close Date			
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0976428	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/01/2018 13:54

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	<input type="text"/>
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	<input type="text"/>
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	<input type="text"/>
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	<input type="text"/>
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	<input type="text"/>
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	<input type="text"/>

 Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAVA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 13:54	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-1-18		Edit
	NAC_PAVA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 13:54	SAS	Normal	SAS 2018-1-18		Edit
	NAC_PAVA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 13:54	Photos	Normal	Photos 2018-1-18		Edit
	NAC_PAVA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 13:54	Photos	Normal	Photos 2018-1-18		Edit
	NAC_PAVA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 13:54	Photos	Normal	Photos 2018-1-18		Edit
	NAC_PAVA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 13:54	Photos	Normal	Photos 2018-1-18		Edit
	NAC_PAVA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 13:54	Photos	Normal	Photos 2018-1-18		Edit
	NAC_PAVA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 13:54	Photos	Normal	Photos 2018-1-18		Edit
	NAC_PAVA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 13:54	Photos	Normal	Photos 2018-1-18		Edit
Video List						
Uploaded By/Date	Folder Date	File Name		Source		Action
<div>Display in New Window</div> <div>Scan and uploading</div>						