

NATIONAL Assessment Centre Services [wef 1 Jan'05] **MAA118024628**

Date In: 20/1/18 - 16:21	Job description	Date & Time Completed	Done by
Ref No: NA/INC1800 3264/24	SAS e-filing		
Veh No: PC 3219L	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 20/1/18 - 06:00	i-Motor Claim Form	MT/0982952	20/1/18 22:45
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 <u>Fax / Hand to Owner/Wksp</u>		

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

TP Particulars: Veh No: **PC34148ED** 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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury : _____

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			In Bill	Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);			
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TP : 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			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR : Re-inspection \$75			
	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	Q1* :			
	*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 (N'n INC) against INC \$20			
	9) N12: Idac 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 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 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	20/02/2018 16:21
Date Of Accident	20/02/2018 06:00
Exact Location Of Accident	JUNC PIE & BEDOK NORTH AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3219L
Insured/Policyholder	
Name Of Registered Owner	GO-IN ENTERTAINMENT PTE LTD
Co Reg No	201022085H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93699928
Alternative Phone No	OFFICE-93699928

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE COMMUTER GL 3.0 AT 2WD 4DR LWB
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5070001969-03
Cover Note Number	

Driver

Name of Driver	SENG LEONG HAI (CHENG LONGHAI)
NRIC No	S8230547E
Date Of Birth	14/09/1982
Occupation	OUTDOOR
Date Of Driving Pass	04/06/2012
Driving Experience	5 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90624691
Fax Number	
Contact Number	OFFICE-90624691
Email Address	NOEMAIL

Address: BLK 2C UPPER BOON KENG ROAD
 #07-668
 Postcode: 383002
 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
 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): 2

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

ON STATED DATE AND TIME I WAS STATIONARY STOPPED AS A PRIVATE VEHICLE IMMEDIATELY STOPPED ALONG THE JUNC FOR NO REASON. SUDDENLY VEHICLE B WAS BEHIND OF MY VEHICLE, TRYING TO AVOID THE COLLISION AND CUTTING OUT OF MY LANE. IN A RESULT VEHICLE B HIT ONTO MY VEHICLE REAR RIGHT PORTION.

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: FBH1488D
 Vehicle Make/Model/Colour:
 Details Of Properties:
 Vehicle Category: MOTORCYCLE
 Name of Driver: MUHD FARID SHAH
 NRIC/Passport Number: S9019196I
 Contact Number: 92231306
 Address: BLK 14 BEDOK SOUTH AVENUE 2
 #16-578
 Postcode: 460014
 Insurance Company Name:
 Nature Of Damage:
 No. Of Passenger (Including Driver): 2

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:

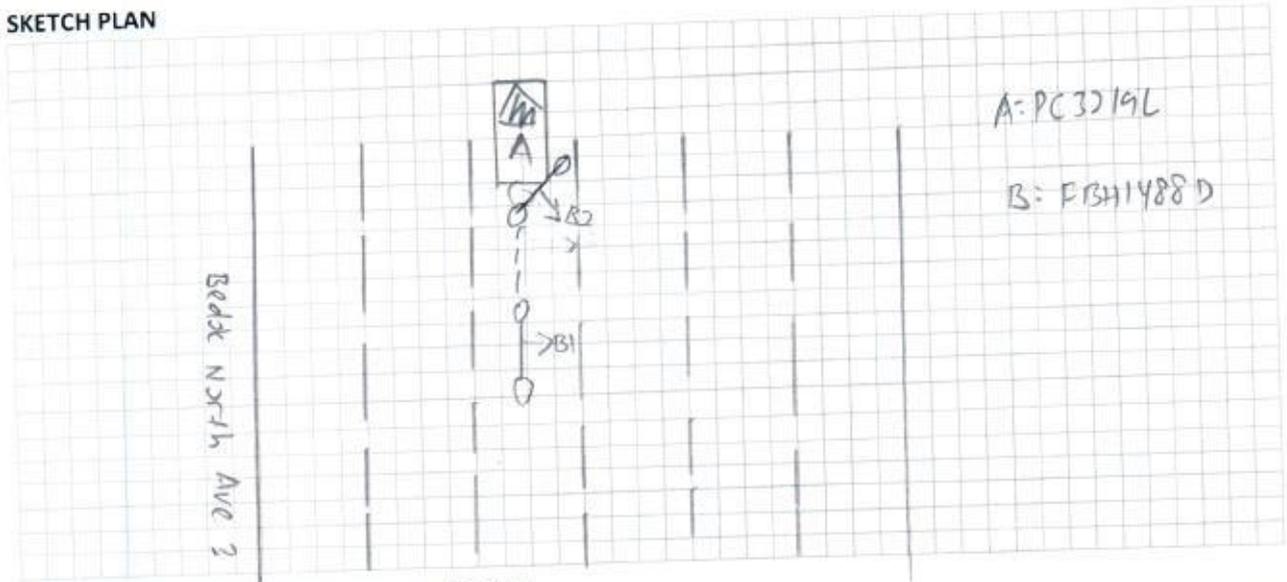


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

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.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8230547E



Name
SENG LEONG HAI
(CHENG LONGHAI)

成 隆 海

Race
CHINESE
Date of birth Sex
14-09-1982 M
Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8230547E
Name:
SENG LEONG HAI
(CHENG LONGHAI)

Birth Date: 14 Sep 1982
Issue Date: 14 Oct 2010

001901681E

Land Transport Authority

VOCATIONAL LICENCE

Licence No: S8230547E
Name: SENG LEONG HAI
Issue Date: 14/9/2016

Please visit www.lta.gov.sg to check the status of this vocational licence

4884753

NRIC No: S8230547E

Date of issue
17-09-2012

Address
APT BLK 2C UPPER BOON KENG ROAD
#07-66B
SINGAPORE 383002

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

Class	Description	Effective Date
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	14/09/2015

NP 428A

Licence No: S8230547

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
02	TAXI VL	14/09/2015
03	BUS VL	04/06/2012
04	BUS ATTENDANT	04/06/2012

Hello, NAC_PAYA_UBI_800601

[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5070001969-03	GO-IN ENTERTAINMENT PTE LTD	201022085H	GBS	Comprehensive	PC3219L	PC3219L	12/02/2018	11/02/2019

Policy Information

Policy No.	5070001969-03	Policyholder Name	GO-IN ENTERTAINMENT PTE LTI	Policyholder NRIC	201022085H
Address	19 TANGLIN ROAD #B2-12 TANGLIN SHOPPING CENTRE SINGAPORE 247909				
Product Name	BUS INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	10/02/2018	Effective Date	12/02/2018 00:00	Expiry Date	11/02/2019 23:59
Third Party Excess	3000	Own damage Excess	2000	Windscreen Excess	500
Additional Excess		OS Premium	1482.82		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	THIAM HENG AUTO (S) PTE LTD	Agent Tel.	64695691	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	19 TANGLIN ROAD	Address 2	#B1-09 TANGLIN SHOPPING CE	Address 3	SINGAPORE 247909
Address 4		Address Type	Singapore address	Post Code	247909
Unit No.	B1-09	Related Policy Number	5070001969-03		

Insured Object: PC3219L

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
----------	---------------------	------------------	--------------------	---------------------

Continue

Cancel

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Meg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2018 22:45	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-2-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2018 22:45	SAS	Normal	SAS 2018-2-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2018 22:45	Photos	Normal	Photos 2018-2-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2018 22:45	Photos	Normal	Photos 2018-2-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2018 22:45	Photos	Normal	Photos 2018-2-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2018 22:45	Photos	Normal	Photos 2018-2-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2018 22:45	Photos	Normal	Photos 2018-2-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2018 22:45	Photos	Normal	Photos 2018-2-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2018 22:45	Photos	Normal	Photos 2018-2-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2018 22:45	Photos	Normal	Photos 2018-2-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2018 22:45	Photos	Normal	Photos 2018-2-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2018 22:45	Photos	Normal	Photos 2018-2-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2018 22:45	Photos	Normal	Photos 2018-2-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2018 22:45	Photos	Normal	Photos 2018-2-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2018 22:45	Photos	Normal	Photos 2018-2-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2018 22:45	Photos	Normal	Photos 2018-2-20		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in new Window	Scan and uploading	