

NATIONAL Assessment Centre Services. [wef 1 Jan'05] **NA118026913**

Date In: 26/2/18 - 10:49	Job description	Date & Time Completed	Done by
Ref No: NA/INC18003669/24	SAS e-filing		
Veh No: PC1975A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 24/2/18 - 11:50	i-Motor Claim Form	M76983584	26/2/18 19:28
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: Vch No: **ABC4350Z** 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

NA 1801198	Invoice Preparation Checklist:	Amt (\$) Int Bill	Amt (\$) 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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Ref. 1:	6) TR: Re-inspection \$75		
Ref. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpl 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 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	26/02/2018 10:49
Date Of Accident	24/02/2018 11:50
Exact Location Of Accident	ALONG MANDAI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC1975A
Insured/Policyholder	
Name Of Registered Owner	YUNJU BUS TRANSPORT SERVICES PTE LTD
Co Reg No	201307766M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87998351
Alternative Phone No	OFFICE-87998351

Vehicle Particulars

Manufacturer	YUTONG
Model	ZK6107H
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	REPORTING ONLY
Vehicle Category	BUS

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5089242307
Cover Note Number	

Driver

Name of Driver	LOH YAT MENG (LUO RIMING)
NRIC No	S2006217G
Date Of Birth	07/12/1952
Occupation	OUTDOOR
Date Of Driving Pass	09/06/1987
Driving Experience	30 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96870055
Fax Number	
Contact Number	OFFICE-96870055
EMail Address	NOEMAIL

Address	BLK 11 TOA PAYOH LORONG 8 #01-310
Postcode	310011
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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)	25

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 TRAVELLING ALONG MANDAI RD. SUDDENLY VEHICLE B BRAKE OF HIS VEHICLE AS VEHICLE PLATE NO: SJR9142B TRYING TO MAKE A U-TURN. IN A RESULT, I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR 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	GBC4350Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

SKETCH PLAN

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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.

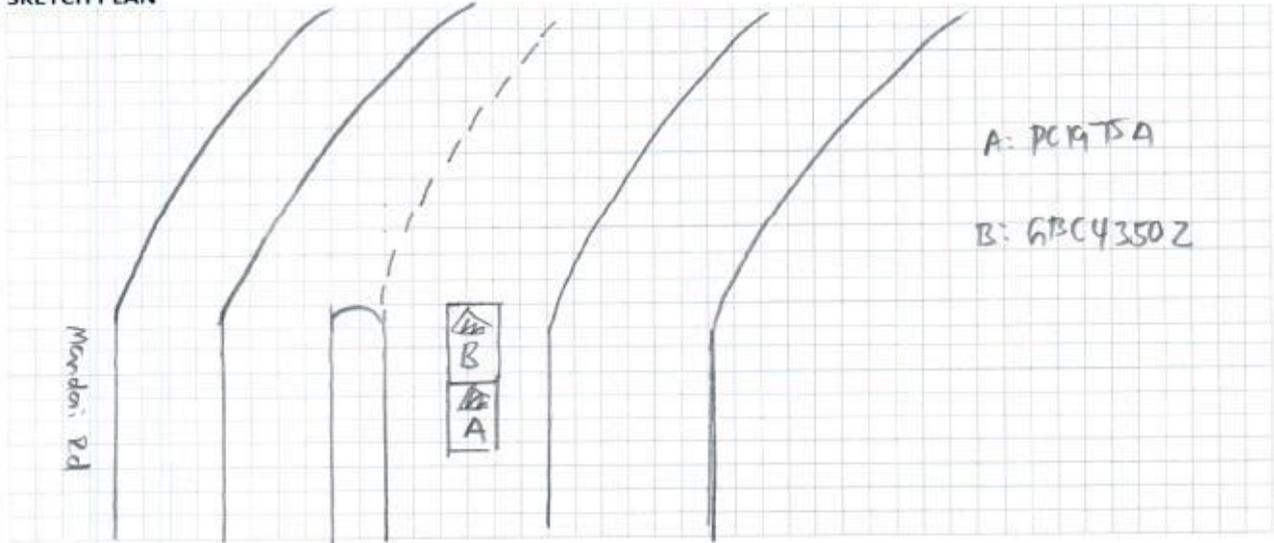


Policyholder's Signature
Date & Time:

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:

[Handwritten signature]

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

[Handwritten signature]

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA118026913 Vehicle Registration No: PC 1975A
 Name (as shown in NRIC) : Loh Yaf Meng C Luo Riming NRIC/FIN/Passport No : S20062179
 (*Vehicle Driver / ~~Vehicle Owner~~) (*) Please delete as appropriate
 Address : Blk 11 Toa Payoh Lorong 8 # 01-310 Singapore (310011)
 Contact (Tel) : _____ Mobile No. : 96870055
 Email Address : _____
 Date of Accident : 24/2/18 Time of Accident : 11:50
 Place of Accident : Along Mandai Rd
 Insurance Company : NITVC

(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:

1. Amend Name of Registered owner (Yujin Bus Transport Services Pte Ltd)

 Policyholder / Driver's Signature
 Date:

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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S2006217G**

Name: **LOH YAT MENG (LUO RIMING)**

Birth Date: **07 Dec 1952**

Issue Date: **28 Jan 2003**

000104154J



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S2006217G**

Name: **LOH YAT MENG (LUO RIMING)**
罗日明

RACE: **CHINESE**

Date of Birth: **07-12-1952** Sex: **M**

Country of Birth: **MALACCA**




Land Transport Authority

VOCATIONAL LICENCE

Licence No: **S2006217G**

Name: **LOH YAT MENG**

Issue Date: **30/5/2011**

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



0256742

30940

sgIC No. **S2006217G**

Blood Group: **O+** Date of issue: **09-02-1992**

Address: **APT BLK 11 TOA PAYOH LORONG 8 #01-310 SINGAPORE 310011**

NUMC No: **S2006217G** Date: **08-05-2001** No: **3656859**




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	03 Nov 1976
Class 2A	Motorcycles between 201 cc and 400 cc	03 Nov 1976
Class 2	Motorcycles exceeding 400 cc	03 Nov 1976
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	27 Mar 1976
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	06 May 1978
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	03 Apr 1979

Licence No: **S2006217G**

NP 426A



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

Type	Description	Issue Date
03	BUS VL	09/06/1987



Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5089242307	YUNJU BUS TRANSPORT SERVICES PTE LTD	201307766M	GFT	Comprehensive	PC1975A	PC1975A	18/04/2017	

Continue

Policy Information

Policy No.	5089242307	Policyholder Name	YUNJU BUS TRANSPORT SERVIC	Policyholder NRIC	201307766M
Address	BLK 543 #10-1300 BEDOK NORTH STREET 3 SINGAPORE 460543				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	27/03/2017	Effective Date	18/04/2017 00:00	Expiry Date	17/04/2018 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	YETTA INSURANCE AGENCY PTE	Agent Tel.	67741318	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 543 #10-1300	Address 2	BEDOK NORTH STREET 3	Address 3	SINGAPORE 460543
Address 4		Address Type	Singapore address	Post Code	460543
Unit No.	10-1300	Related Policy Number	5089242307		

Insured Object: PC1975A

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	22/12/2017 00:00	Basic Information Endorsement	000001286717497	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. PC1515U 08-12-2017 \$1,009.99 In view of this amendment, a refund of \$1,009.99(inclusive of GST) will be adjusted against the outstanding premium.

Exit

Claim Handling

Accident HT/0983584

Policy No.	5089242307	Vehicle No.	PC1975A	GST Registration No.	201307766M
Policyholder Name	YUNJU BUS TRANSPORT SERVICES PTE LTD			Policyholder NRIC	201307766M
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
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	Not available

Accident Details

Report Date	26/02/2018 11:07	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	24/02/2018	Time of Accident hh:mm	11:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	MANDAI ROAD				

Benefits

Excess

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			

GST Registered Information

GST Registered	Yes	GST Registration Date	10/06/2013
GST Registration No.	201307766M	GST Status Verified	Yes

Policyholder Mailing Address

Address 1	BLK 343 # 10-1300	Address 2	BEDOK NORTH STREET 3	Address 3	SINGAPORE 460543
Address 4		Address Type	Singapore address	Post Code	460543
Unit No.	10-1300	Related Policy Number	5089242307		

OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	YUNJU BUS TRANSPORT SERVIT	Insured NRIC	201307766M
Contact No.(Mobile)	96606091	Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	PC1975A	TP Vehicle Number	GBC43502
Claim Description	PC1975A / GBC43502 ON 24 Feb 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Full at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	26/02/2018 00:00
Date Registered	26/02/2018 19:28	Claim Close Date			
Report Taken By	Jackson				

Print AK letter

Save **Submit**

Attachment

Accident No.	HT/0983584	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/02/2018 19:30

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>				
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Send Message **Upload**

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mig Sent Action (CD)
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NAC_PAYA_ULB_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Fe

	0 2018 19:30	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-2-26	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 19:29	SAS	Normal	SAS 2018-2-26	Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 19:29	Photos	Normal	Photos 2018-2-26	Edit

Video List

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