

# NATIONAL Assessment Centre Services (NACS) (v1.1 7/2006)

MAA918031129

Date In: 05/03/2018 18:47	Job Description	Date & Time Completed	Done by
Ref No: NBAICT118004291/Y	SAS e-illing		
Veh No: PA 8152 Y	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 02/03/2018 17:30	f-Motor Claim Form		
OD: TP / Reporting Only	l-Motor W/O (within 2hrs, TP 2hrs)		
	l-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars: Yell No: SCE 2824P	INC ( ) / Non-INC ( )	
Owner / Driver: (	Tel:	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: (	Date:	Time:
Insured/Driver Liability: ( ) % (Note: BSL Status (WO): N: 0-20%; P: 21-79%; PI: 80-100%)		
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

General Rem: ( )	
( ) 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: ( )	Done by
1) Apply for Transition Allowance ( ) / Courtesy Car ( )	
2) QC Check / Post Repair Inspection ( )	
3) Upload Recovery Photo (Repair Cost > \$3000) ( )	

Injury: ( )	
Date/Time: ( )	
Action: ( )	

MAA 801464	Invoice Preparation Charge	
Customer/Owner:	1) AR: Accident Reporting (\$300)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)	
Assessed Portion:	3) TP: Towing Fee \$40/143	
	4) FT: Follow Through Survey \$110	
	5) RT: Follow Through Survey (Recovery) \$30	
	6) TR: Re-inspection \$35	
	7) NT: NTUC + SMRT Survey \$160	
	8) NTUC Additional Services	
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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 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	05/03/2018 18:47
Date Of Accident	02/03/2018 17:30
Exact Location Of Accident	ALONG LOWER DELTA ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA8152Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S SERI WANI SERVICES
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97281270
Alternative Phone No	OFFICE-97281270

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 COMMUTER GL (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMB1SN1689241701
Cover Note Number	

### Driver

Name of Driver	HAMZAH BIN MOHAMAD
NRIC No	S1135866G
Date Of Birth	04/06/1955
Occupation	OUTDOOR
Date Of Driving Pass	15/07/1982
Driving Experience	35 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97281270
Fax Number	
Contact Number	OTHERS-97281270
EMAIL Address	NOEMAIL

Address	BLK 704 WEST COAST ROAD #06-407
Postcode	120704
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	DRIZZLING
Road Surface	WET

#### 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?	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)	13
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 4	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 5	NAME: : UNKNOWN GENDER: : MALE
Passenger 6	NAME: : UNKNOWN GENDER: : MALE
Passenger 7	NAME: : UNKNOWN GENDER: : MALE
Passenger 8	NAME: : UNKNOWN GENDER: : MALE
Passenger 9	NAME: : UNKNOWN GENDER: : MALE
Passenger 10	NAME: : UNKNOWN GENDER: : MALE

Passenger 11	NAME:	: UNKNOWN
	GENDER:	: MALE
Passenger 12	NAME:	: UNKNOWN
	GENDER:	: MALE

#### 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	SCE2824P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	
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 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.

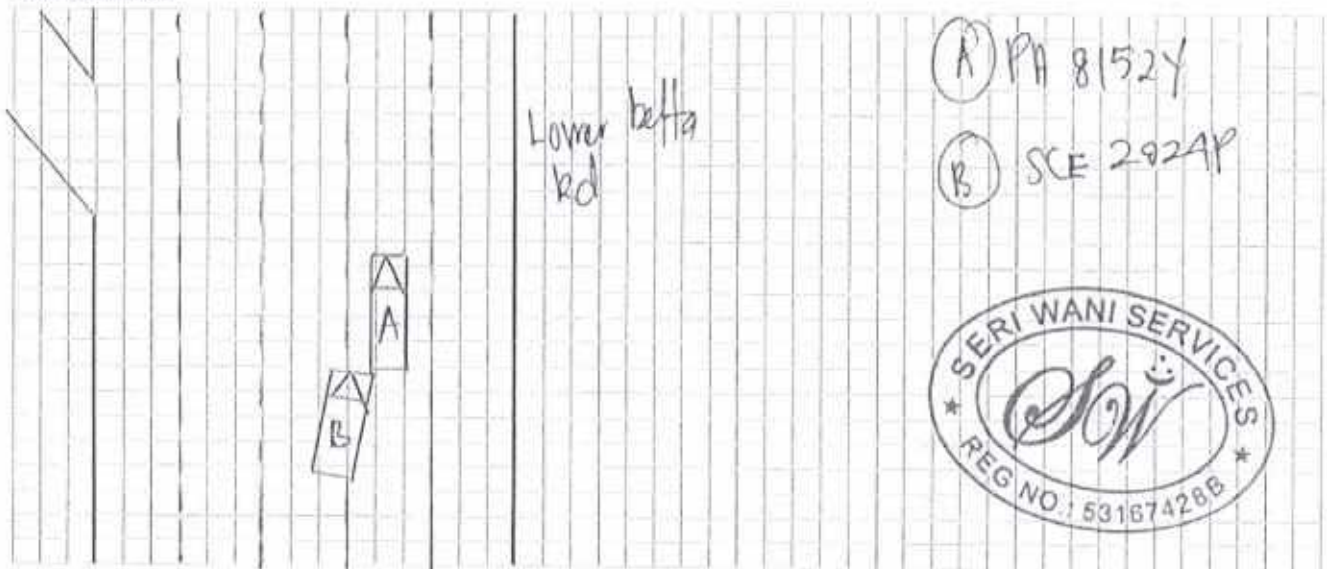


Policyholder's Signature  
Date & Time:

  
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

On 02.03.2018 at about 1730hrs, I was travelling along Lower beta Road. The traffic was on slow moving. As I approached traffic junction, I slow down & stop. Once the traffic lights turn green, I start to move forward, all of a sudden I felt an impact from the rear. Then I realised a vehicle SCE 2824P had collided onto my Lft side position.

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.:

# SINGAPORE ACCIDENT STATEMENT

4 F  
9 M

ACCIDENT DATE: 02.08.2018		TIME: 1730 hrs.	(hh:mm) 24 hrs Format
LOCATION: Lower Delta Road			
VEHICLE NUMBER: PA 81527			
INSURED NAME: Seri Nani Services			
NRIC / FIN: 53167428B		CONTACT:	
MAKE: Toyota Hiace		MODEL: Commuter GL 3.0A	
Are you claiming under your own insurance policy for repair to your vehicle?			
( ) Yes, If No, Pls Select : ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting Only			
INSURANCE COMPANY: Chind			
TYPE OF POLICY ( <input checked="" type="checkbox"/> ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT			
POLICY NUMBER: DMBISN1689241701			
NAME DRIVER: Hamzah Bin Muhammad		( ) SAME AS INSURED	
NRIC / FIN: 811358666		CONTACT: 9728 1270	
DATE OF BIRTH: 04.06.1955			
DRIVING PASS DATE: 15.07.1992			
OCCUPATION: ( <input checked="" type="checkbox"/> ) INDOOR ( <input checked="" type="checkbox"/> ) OUTDOOR			
GENDER: ( <input checked="" type="checkbox"/> ) MALE ( ) FEMALE			
EMAIL ADDRESS:		( ) NO EMAIL	
ADDRESS OF DRIVER: 104 West Coast Rd #06-407			
Number Of Passenger Include Driver: (13 pax Include driver)			
Was driver an employee of the Insured's Company? ( <input checked="" type="checkbox"/> ) YES ( ) NO			
If No, Relationship Of The Driver With The Insured			
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling ( <input checked="" type="checkbox"/> ) Others			
Does The Driver Own Any Other Vehicle?: ( ) YES ( <input checked="" type="checkbox"/> ) NO <span style="float: right;">Employee</span>			
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:			
Insurance Company Of Driver's Own Vehicle			
Weather Conditions: ( ) Clear ( ) Raining ( <input checked="" type="checkbox"/> ) Drizzling ( ) Others			
Road Surface : ( ) Dry ( <input checked="" type="checkbox"/> ) Wet ( ) Others			
Was Any Foreign Vehicle Involved In This Accident? ( ) YES ( <input checked="" type="checkbox"/> ) NO			
Was Anybody Injured In The Accident? ( ) YES ( <input checked="" type="checkbox"/> ) NO			
If YES, Injured details :			
Convey By Ambulance: ( ) YES ( <input checked="" type="checkbox"/> ) NO			
Was There Any Video Capture By Car Camera? ( ) YES ( <input checked="" type="checkbox"/> ) NO			
Was There Accident Reported To The Police? ( ) YES ( <input checked="" type="checkbox"/> ) NO If Yes Attach Police Report			
Police Report Number (if any)			
Details Of 3rd Party		Name / NRIC	Contact
Veh B	SCE 2824P	(Nric)	
Veh C			
Veh D			
Veh E			
Veh F			
Veh G			

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO S1135866G



NAME  
HAMZAH BIN MOHAMAD

RACE  
MALAY  
Date of Birth  
04-06-1955 Sex  
M  
Country of Birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1135866G

Age

HAMZAH BIN MOHAMAD

Birth Date: 04 Jun 1955

Issue Date: 12 Dec 2017



Land Transport & Authority



### VOCATIONAL LICENCE

Licence No: S1135866G

Name: HAMZAH BIN MOHAMAD

Issue Date: 16/7/2015

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence



2870360  
ID Card No S1135866G



Date of Issue  
24-02-2005

Address  
APT BLK 704 WEST COAST ROAD  
#06-407  
SINGAPORE 120704

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

EFFECTIVE DATE

Class 2	Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg	15 Jul 1982
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq$ 7250kg	27 May 1998



NP 428A

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	16/07/2015
04	BUS ATTENDANT	16/07/2015





中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Anson Road #18-00 Springleaf Tower Singapore 079909  
Tel: 6389 4111 Fax: 6222 1033  
Website: www.sg.cntaiping.com  
Co. Reg. No. 200208394E

ORIGINAL

THE SCHEDULE

Agency	AN0435A	Class of Policy	MOTOR PRIVATE BUS	Policy Number	..... DMB1SN1689241701
Account	AN0435A	Issued on	..... 22/12/2017 in SINGAPORE	Replacing Policy no.	DMB1SN1689241600
Client	3193457	Acceptance Date	22/12/2017		

Period of Insurance from 23/12/2017 to 22/12/2018, both dates inclusive

Insured's Name...	M/S SERI WANI SERVICES
Address.	BLK 804A KEAT HONG CLOSE #07-04 SINGAPORE 681804

Business/Occupn... FOOD CATERING & CHARTERED SERVICE  
Financial interest MV CREDIT PTE LTD AS HP OWNER

Premium	Base Annual Premium	.....	S\$1,588.80		
	Less 5% Loyalty Discount	.....	S\$79.44-		
	No Claim Discount	.....15.00%	S\$226.40-		
	Promotion Discount	.....	S\$150.00-		
	Total Annual Premium	.....	S\$1,132.96	Premium Due	S\$1,132.96
				Premium GST	S\$79.31
				Total Due	S\$1,212.27

Risk No. 001	MOTOR PRIVATE BUS				
	ORIGINAL REGN DATE: 08.01.2009				
1. Registration	PA8152Y	Make/Model ..	TOYOTA HIACE COMBUTER GL 3.0 A		
Type of Cover	Third Party, Fire & Theft	No. of seats	14	Body Type	..... BUS
Engine No. ..	1KD1857099	Capacity co's	0	Yr of Manuf/Regn	2008/2009
Chassis No...	KDB2230004803				
		Tonnage .....	0.83	Certificate Ref.	MZ601
Sum Insured..Market value at the time of loss					
Excess Sect. II	.....		S\$1,250.00		

RESTRICTION TO USE:

1. USE FOR TRANSPORTING OF PASSENGERS, SCHOOL CHILDREN OR WORKERS
2. THE COMPANY SHALL NOT BE LIABLE FOR ANY CLAIMS WHEN:
- a. THE BUS IS USED TO TRANSPORT TOURISTS OR
  - b. THE BUS IS USED AS PUBLIC SERVICE TRANSPORT

The geographical limit of this Policy is restricted to Singapore only and not as otherwise stated.

Other terms and conditions remain unchanged.

MEMORANDUM (SHORT-PERIOD REFUND)

It is hereby declared and agreed that should this Policy be cancelled, the refund shall base on short-period basis as stated in the Policy Wording.

Other terms and conditions remain unchanged.  
The following clauses and endorsements apply to this policy

Continued on page 2

## Enquire PARF/COE Rebate for Registered Vehicle

## Vehicle Owner Particulars

Owner ID Type: Business

Owner ID: 7428B

## Vehicle Details

Vehicle No.: PA8152Y

Vehicle to be Exported: No

Intended De-registration  
Date: 31 Mar 2018

Vehicle Make: TOYOTA

Vehicle Model: HIACE COMMUTER GL 3.0  
A

Primary Colour: Silver

Manufacturing Year: 2008

Engine No.: 1KD1857099

Chassis No.: KDH2230004803

Maximum Power Output: -

Open Market Value: \$42,780.00

Original Registration Date: 08 Jan 2009

First Registration Date: 08 Jan 2009

Transfer Count: 1

Actual ARF Paid: \$2,139.00

## Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry  
Date: -

PARF Rebate Amount: \$0.00

## Intended COE Rebate Details

COE Expiry Date: 07 Jan 2019

COE Category: C - Goods Vehicle &amp; Bus

COE Period(Years): 10

QP Paid: \$4,001.00

COE Rebate Amount: \$322.00

Total Rebate Amount: \$322.00

The information contained herein is correct as at 03 Mar 2018

OK