

# NATIONAL Assessment Centre Services. (wef 1 Jan 05) MNA18039591

Date In: 23/3/18-14:58	Job description	Date & Time Completed	Done by
Ref No: NA/INC805455/24	SAS e-filing		
Veh No: PC8294	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 20/3/18-11:45	i-Motor Claim Form	M/0987386	23/3/18 15:47
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: SLS9747C	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: (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

NA1801852

## Invoice Preparation Checklist

Am't (\$)	Am't (\$)
Inc Bill	Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Dat. 1:

Dat. 2 / 3:

- |   |  |
|---|--|
| 1) AR: Accident Reporting (\$30);               |  |
| 2) DA: Damage Assessment (\$100); INC (\$80)    |  |
| 3) TF: Towing Fee \$40/\$45                     |  |
| 4) FT: Follow-Through Survey \$120              |  |
| 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:-                   |  |
| OT:   |  |
| *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 (Non 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 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	23/03/2018 14:58
Date Of Accident	20/03/2018 11:45
Exact Location Of Accident	ALONG TAMPINES RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC889Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ST XPRESS
Co Reg No	53197030B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA HIACE HIROOF AUTO 14 SEATER
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	5096362314
Cover Note Number	

### Driver

Name of Driver	TAMIZUDIN S/O ABDUL RAHIM
NRIC No	S8412345E
Date Of Birth	25/04/1984
Occupation	OUTDOOR
Date Of Driving Pass	01/11/2017
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91248727
Fax Number	
Contact Number	OFFICE-91248727
Email Address	NOEMAIL

Address	BLK 178C RIVERVALE CRESCENT #14-425
Postcode	543178
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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	SLS9747C
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

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.



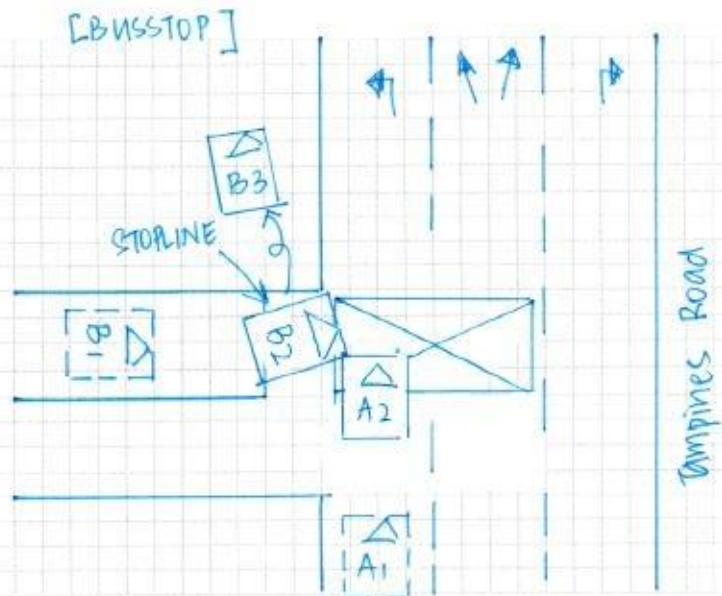
Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN

Vehicle A: PC 889Y  
Vehicle B: SLS 9747C



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle 'A', PC 889Y, was travelling straight along the stated venue. Suddenly, vehicle 'B', SLS 9747C, turned out from the carpark and collided onto my vehicle's front left portion.

## 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.:



# ACCIDENT STATEMENT

ACCIDENT DATE: (20 / 03 / 2018) (DD/MM/YYYY), TIME: (11 : 45) (HH:MM)

LOCATION: Along Tampines Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC 889Y  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5096362314  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Toyota Hiace  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Work purpose  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: ST Xpress (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 53197030B CONTACT:  
 c) ADDRESS: 36 Chai Chee Avenue #01-61 Ansar Garden S(461036)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Tamizudin S/O Abdul Rahim (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S0412345E CONTACT: 91248727  
 c) ADDRESS: 178C Rivervale Crescent #14-425 S(543178)

\*d) DATE OF BIRTH: (25 / 04 / 1984) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 9 years

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

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: SL59747C 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:

\*No of passenger  
 (including driver)  
 (01)

\*No of passenger  
 (including driver)  
 1 female (01)

\*No of passenger  
 (including driver)  
 ( )

Email = zoomautoworks@gmail.com

fax =


Land Transport Authority

**VOCATIONAL LICENCE**

Licence No: 88412345E  
 Name: TAMIZUDIN S/O ABDEL RAHIM

Card Issue Date: 01/11/2017

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





REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8412345E

Name: TAMIZUDIN S/O ABDEL RAHIM

Birth Date: 25 Apr 1984  
 Issue Date: 30 May 2008

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8412345E



Name: TAMIZUDIN S/O ABDEL RAHIM

Race: INDIAN

Date of birth: 25-04-1984


Country of birth: SINGAPORE

Sex: M




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	01/11/2017
04	BUS ATTENDANT	01/11/2017



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

PASS DATE: 30 May 2008

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

Licence No: S8412345E



NP 428A

4912469



NRIC No: S8412345E



Date of issue: 11-12-2012

APT BLK 178C RIVERVALE CRESCENT #14-425  
 SINGAPORE 543178

NRIC No: S8412345E Date: 10/03/2015



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number** : 5096362314

**Cover** : Comprehensive

1. Index mark and Registration Number of Vehicle : **PC889Y**  
 Chassis Number : JTFST22P200011806
2. Name of Policyholder : ST XPRESS
3. Effective Date of Insurance : 30 Nov 2017 ✓
4. Expiry Date of Insurance : 29 Nov 2018
5. Persons or Classes of Persons entitled to drive\*  
 (a) The Policyholder.  
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.  
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use\*  
 (a) Use for the carriage of passengers in connection with the Policyholder's business.  
 (b) Limited to carry 14 passengers

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

GEOGRAPHICAL LIMIT	: WITHIN THE REPUBLIC OF SINGAPORE ONLY
EXCESS (SECTION I)	: S\$2,000
EXCESS (SECTION II)	: S\$3,000
WINDSCREEN EXCESS	: S\$500
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: THINK ONE CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : S'PORE SCH&PTE HIRE BUS OWNS ASS (00000601247)  
 Date of Issue : 30 Nov 2017 14:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive



eBaoTech

General Claim

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"/>	5096362314	ST XPRESS	531970308	GBS	Comprehensive	PC889Y	PC889Y	30/11/2017	29/11/2018

Continue

[Exit](#)

## Claim Handling

Accident MT/0987386

Policy No.	S096362314	Vehicle No.	PC889Y	GST Registration No.	
Policyholder Name	ST XPRESS			Policyholder NRIC	S31970308
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Leading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	hc
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	Private Hire	Not available

**Accident Details**

Report Date	23/03/2018 14:50	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	20/03/2018	Time of Accident hh:mm	11:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	Tampines Road				

**Benefits**

**Excess**

Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	500.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	3,000.00	Outside Singapore TP Excess			

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

**Policyholder Mailing Address**

Address 1	BLK 36 #01-151	Address 2	CHAI CHEE AVENUE	Address 3	SINGAPORE 461036
Address 4		Address Type	Singapore address	Post Code	461036
Unit No.	01-151	Related Policy Number	S096362314		

**01 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	ST XPRESS	Insured NRIC	S31970308
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		01 Vehicle Number	PC889Y	TP Vehicle Number	SL59747C
Claim Description	PC889Y / SL59747C ON 20 Mar 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	23/03/2018 15:47	Claim Create Date		Date Received	23/03/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

[Save](#) [Submit](#)

**Attachment**

Accident No.	MT/0987386	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/03/2018 15:48

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

☐ Send Message [Upload](#)

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent Action (CD)
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NAC\_PAYA\_UBI\_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar



<http://gicclaim.income.com.sg/gcs/icm/eclaim/claimantEdit.do?caseId=2446182&objectId=...> 23/3/2018