NATIONAL Assessment Centre Services. [Not Insured] MUA4280457 07

Date Inv: 05/04/2018 19:08	Job description	Date & Time Completed	Done by
Ref No: NBA/SMC1800633/4	SAS e-filing		
Veh No: PE 659 4	E-mail (white slip, AIO slip)		
D.O.A: 03/04/2018 18:10	I-Motor Claim Form	MA10989232	05/04/2018 19:26
OD / TP / Reporting Only	I-Motor W/O (white OD slip, TP slip)		
	I-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

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

TP Details: Veh No: SHB 606Y INC ( ) / Non-INC ( )

Owner / Driver: (Tel:)

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: (Date: Time:)

Insured/Driver Liability: (%) (Note: B/L Stand (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 sales of repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ): Invoice: YES ( ) / NO ( ): Towing Cost ( )

Remarks: INC Policy 6788 0016	Date/Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Reservoy Photo (Repair Cost > $3000) ( )		

Injury:

Date/Time	Action	Done by

MA2802188

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Work Comment:

1.

2.

Invoice Fixed Data Upon Check		Job Bill
1) AR: Accident Reporting ($30)		
2) DA: Damage Assessment ($100)	INC ($40)	
3) TP: Towing Fee	Exempted	
4) FT: Follow-Through Survey	$100	
5) FT: Follow-Through Survey (Reservoy)	$70	
For claims received INC Only (Wef 1st Jan 2018)		
6) TR: Re-Inspection	$30	
7) N1: Idv DA + SMART Survey	$140	
8) NTUC Additional Safty (Soft)		
OTH		
9) N2: Courtesy Car / Tpt Allowance	$5	
10) N3: Repair Co-ordination	$10	
11) N4: Post Repair Inspection	$30	
12) N5: OV / Collect Vehicle Coordination	$5	
13) N6: TP (Non INC) Follow INC	$30	
14) N7: Idv Medical		
Invoice total	Fee Charged	
Invoice total	Fee Charged	

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 05/04/2018 19:21

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 witholding 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	05/04/2018 19:08
Date Of Accident	03/04/2018 18:10
Exact Location Of Accident	SWISSOTEL STAMFORD HOTEL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC659U
Insured/Policyholder	
Name Of Registered Owner	BILLY'S LIMOUSINE
Co Reg No	53119709C
Email Address	DARRINTAN@LIVE.COM
Mobile Phone No	(LOCAL) +65-97367173
Alternative Phone No	OFFICE-97367173
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE-3.0 D HIGH-ROOF 14 SEATER (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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098117586
Cover Note Number	
Driver	
Name of Driver	TAN YOEK HOE
NRIC No	S1376876E
Date Of Birth	16/05/1959
Occupation	OUTDOOR
Date Of Driving Pass	29/06/2009
Driving Experience	8 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97367173
Fax Number	
Contact Number	OTHERS-97367173
EMail Address	DARRINTAN@LIVE.COM

Address	BLK 163 STIRLING ROAD #03-1230
Postcode	140163
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	
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)	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

PLEASE REFER TO SKETCH PLAN (TYPE OF COLLISION IS INSURED REVERSE AND HIT TP)

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	SHB606Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	POOVANTHAN S/O THIRUMALAI
NRIC/Passport Number	S6836594E
Contact Number	94351637
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Veh A: PC659U

Veh B: SHB 606Y

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**.
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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.

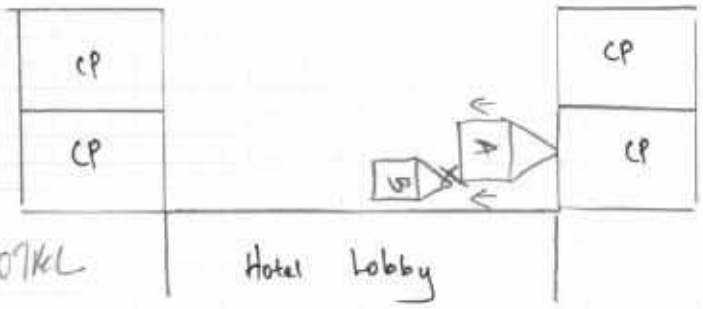
BILLY'S LIMOUSINS AGENT

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 5/4 1350	05/04/2018 Reporting Centre Personnel's Signature Name: Rosli Wahab NRIC/FIN No.:

SKETCH PLAN

Veh A : PC 659 U

Veh B : SHB 606 Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was reverse my Vehicle from Car Park and have a Collision with Vehicle B.

DECLARATION

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

BILLY'S LIMOUSINS AGENT

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 5/4 1350	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: 05/04/2018

Claim Handling

Exit

Accident MT/0999232

Policy No.	5098117586	Vehicle No.	PC659U	GST Registration No.	
Policyholder Name	BILLY'S LIMOUSINE AGENT			Policyholder NRIC	S3119709C
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	97367173	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
EPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15	Private Hire	No

Accident Details

Report Date	05/04/2018 19:21	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Head to Rear
Date of Accident	03/04/2018	Time of Accident hh:mm	16:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SWISSOTEL STAMFORD HOTEL				

Benefits

Excess

Own damage Excess	2,000.00	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	No	GST Registration Date	
GST Registration No.		GST Status Verified	No

Modification History

Policyholder Mailing Address

Address 1	BLK 271 #01-210	Address 2	QUEEN STREET	Address 3	ALBERT CENTRE
Address 4	SINGAPORE 180271	Address Type	Singapore address	Post Code	180271
Unit No.	B48/50	Related Policy Number	5098997968		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TAN YOEK HOE	Driver NRIC	S1376876E	Driver DOB	26/05/1959
Register Date of Driver License	26/06/2006	Driver Age	58	Driving Experience	8
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 163 #03-1230	Address 2	STIRLING ROAD	Address 3	MEI LING VISTA
Address 4	SINGAPORE 140163	Address Type	Foreign address	Post Code	140163
Unit No.	03-1230				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	PC659U	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	BILLY'S LIMOUSINE AGENT	Insured NRIC	S3119709C
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	PC659U	TP Vehicle Number	SHB6069
Claim Description	PC659U / SHB6069 ON 3 Apr 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	05/04/2018 19:26	Claim Close Date		Date Received	05/04/2018 00:00
Report Taken By	ROSLI WAHAB				

Print A4 letter

Save Submit

Attachment

Accident No.	MT/0999232	Claim No.	001
Last Doc. Received	Yes No	Upload Date	05/04/2018 19:26

Path *		Category *	Confidential	Urgency *	Description *
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	

Message Read Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 Apr 2018 19:26	Photos	Normal	Photos 2018-4-5		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 Apr 2018 19:26	Photos	Normal	Photos 2018-4-5		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 Apr 2018 19:26	Photos	Normal	Photos 2018-4-5		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 Apr 2018 19:26	Photos	Normal	Photos 2018-4-5	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 Apr 2018 19:26	Photos	Normal	Photos 2018-4-5	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 Apr 2018 19:26	Photos	Normal	Photos 2018-4-5	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 Apr 2018 19:26	Photos	Normal	Photos 2018-4-5	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 Apr 2018 19:26	Photos	Normal	Photos 2018-4-5	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 Apr 2018 19:26	Photos	Normal	Photos 2018-4-5	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 Apr 2018 19:26	SAS	Normal	SAS 2018-4-5	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 Apr 2018 19:26	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-5	Edit

Video List

Uploaded By/Date	Folder Date	File Name	?	Source	Action

Display in New Window | Scan and uploading

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: ay claims@mycarworkshop.com

Particular Of Insured/Driver & Details Of The Accident

Motor Accident Report

*Date of Accident: 3/4/2018 *Time of Accident: 1810 HRS

*Accident Location: Swissotel Stamford Hotel

Vehicle Details

*Vehicle Number: PC659U * Make & Model: Toyota Hiace Hiroof A 1.4

Insured / Policyholder

*Owner Name: Billy's Limousins Agent *NRIC: ~~S1376876E~~ 5098117586

*Address:

*Email: * HP: 97367173

*Occupation: (Indoor / Outdoor) * Tel /H /Other:

Driver ( ) same as above

*Driver Name: Tan Hoek Hoe *NRIC: S1376876E

*Address: Blk 163 Stirling Rd #03-1230 S140163

*Date of Birth: 16/5/1959 *Driving Pass Date: * HP: 81139163

*Email: darrintan@live.com *Gender: Male / Female

*Occupation: (Indoor / Outdoor) * Tel /H /Other:

*Driver an employee: Yes / No (*If no, what is relationship with the policyholder :)

Passengers Details

* P/Name: (Male/Female) * P/Name: (Male/Female)

* P/Name: (Male/Female) * P/Name: (Male/Female)

Insurance Company

*Insurer: *Coverage: C /TPFT / TPO *Policy No:

Detail of other vehicle / Property 1

Vehicle No.: SHB 6064

Make & Model:

Vehicle Category:

Name of Driver: Poovanthan S/o Thirumalai

NRIC : S 6836594 E

HP : 9435 1637

No. of Passengers (Including Driver):

Detail of other vehicle / Property 2

Vehicle No.:

Make & Model:

Vehicle Category:

Name of Driver:

NRIC :

HP :

No. of Passengers (Including Driver):

For Official Use Only

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Rear / Side swipe / others: Reverse and Hit to TP

*Weather conditions: Clear / Raining / others: *Any video cam: Yes / No

*Road Surface: Dry / Wet / others:

*Witness: Yes / No (Name: NRIC : HP:)

*Accident reported to police: Yes / No *Summon against whom:

*Injured party: Yes / No *No. of passengers (include driver): 1

-I/Name: *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

-I/Name: *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

4571555

NRIC No. S1376876E

Date of issue
10-05-2010

Address
APT BLK 163 STIRLING ROAD
#03-1230
SINGAPORE 140163

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1376876E

Name
TAN YOEK HOE
陳育和
Race
CHINESE
Date of birth
16-05-1959
Sex
M
Country of birth
SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

		PASS DATE
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	29 Jun 2009

Licence No. S1376876E

NP 428A

PUBLIC OF SINGAPORE DRIVING LICE

S1376876E

TAN YOEK HOE

16 May 1959
29 Jun 2009

0017595908

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	29/07/2010
04	BUS ATTENDANT	29/07/2010

Land Transport Authority

VOCATIONAL LICENCE

Licence No. S1376876E
Name TAN YOEK HOE
Valid Until 20.6.2013
Please visit www.lta.gov.sg to check the status of this vocational licence

income
made different

THE SCHEDULE

Private Bus Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).
The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract.
We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.
The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.
GST Reg No. M4-0003030-8

Policy Number	:	5098117586
The Policyholder	:	BILLY'S LIMOUSINS AGENT BLK 271 #05-210 QUEEN STREET ALBERT CENTRE SINGAPORE 180271
Period of Insurance	:	16 Feb 2018 To 15 Feb 2019
Sum Insured	:	Market Value of Insured Vehicle less Residual COE/PARF Value at Time of Loss
Premium (inclusive GST)	:	S$1,608.66

Interest Insured

Cover Type	:	Comprehensive			
Make/Model	:	TOYOTA/HIACE			
Capacity	:	0.96 ton(s)	Number of Seater	:	14
Registration Number	:	PC659U	Registration Date	:	11 Jul 2011
Chassis Number	:	JTFST22P900010717	Insure with COE	:	No
Excess (Section I)	:	S$2,000	NCD Entitlement	:	15%
Excess (Section II)	:	S$1,500			
Windscreen Excess	:	S$500			
Geographical Limit	:	WITHIN THE REPUBLIC OF SINGAPORE ONLY			
Hire Purchase Company	:	LIAN HONG PRIVATE LIMITED			

Memo A : N/A

Endorsement Operative : M3

Agency	:	B.A.S. INSURANCE AGENCY (00000573236)
Date of Issue	:	13 Feb 2018 13:13 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive