

NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

MNA118063705

Date In: 16/5/18-12:23	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18008926/24	SAS e-filing		
Veh No: PC9332C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 15/5/18-09:00	i-Motor Claim Form	M/0094576-001	17/5/18 09:24
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: 6M8899U

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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	for Bill	Add Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: 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		
Ref 1:	For claiming against INC Only (wef 10 Jan 2005)		
Ref 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*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-in 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 16/05/2018 12:23 ✓
Date Of Accident 15/05/2018 09:00 ✓
Exact Location Of Accident AMK AVE 6 BEFORE JUNC AMK AVE 3
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC9332C ✓
Insured/Policyholder
Name Of Registered Owner GTS TRAVEL PTE LTD ✓
Co Reg No 201312002G
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No OFFICE-63833933

Vehicle Particulars

Manufacturer GOLDEN DRAGON
Model XML6113J98 AUTO
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 5068503350-03 ✓
Cover Note Number

Driver

Name of Driver YIN YANNAN ✓
Passport No/FIN G6910106U
Date Of Birth 12/03/1987
Occupation OUTDOOR
Date Of Driving Pass 08/08/2016
Driving Experience 1 YEAR AND 9 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-86525452
Fax Number
Contact Number OFFICE-86525452
Email Address NOEMAIL

Address 8 UBI ROAD 2
#06-32 ZERVEX
Postcode 408538
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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident SIDE SWIPE
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 GM8899U
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
Passenger 1
NAME: :
GENDER: :

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.

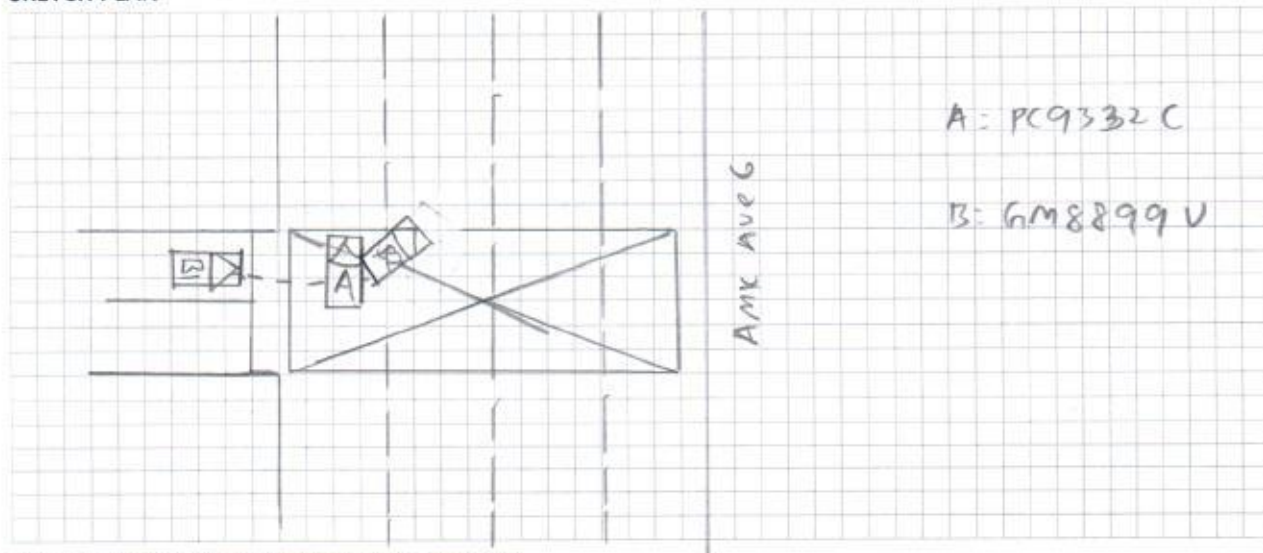


Policyholder's Signature
Date & Time:

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:

[Signature]

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

[Signature]

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 4 AMK AVE 6. VEHICLE B COMING OUT FROM MINOR RD HDB BLK 700A. WHEN HE TURNING LEFT TO AMK AVE 6 VEHICLE B SUDDENLY BARKE HIS VEHICLE IN THE JUNCTION. IN A RESULT, I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR LEFT PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 5 / 18) (DD/MM/YYYY), TIME: (09 : 00) (HH:MM)

LOCATION: Amk Ave 6 before junction Amk Ave 3

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC 9332 C
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5068503350-03
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Working
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Working
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: GTS Travel Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 2013120026 CONTACT: 63833933
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Yin Yunnan (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 669101060 CONTACT: 86525452
c) ADDRESS:

*d) DATE OF BIRTH: (12 / 3 / 1987) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 8/8/2016

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

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: GM88990 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:

Email = ops@gts.car.com.sg

fax =

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **G6910106U**

YIN YANNAN

Birth Date: **12 Mar 1987**
 Issue Date: **15 Aug 2016**
 Valid Till: **21/08/2021**

002598627A

S PASS
 Employment of Foreign Manpower Act (Chapter 91A)
 Republic of Singapore

Employer: **GTS EXPRESS N CAR RENTAL**

Worker: **SERVICE**

Name: **YIN YANNAN**
 Occupation: **BUS DRIVER**

S Pass No: **0 74526756**

Date of Application: **09-06-2016**
 Date of Issue: **28-06-2016**
 Date of Expiry: **28-06-2018**

L6953187

Land Transport Authority

VOCATIONAL LICENCE

Licence No: **G6910106U**

Name: **YIN YANNAN**

Issue Date: **8/8/2016**

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

VISIT PASS
 Immigration Regulations

Name: **YIN YANNAN**

Date of Birth: **12-03-1987** Sex: **M** Nationality: **CHINESE**

FIN: **G6910106U** Date of Issue: **28-06-2016** Date of Expiry: **28-06-2018**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

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

Class	Description	EFFECTIVE DATE
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	22 Aug 2011
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 <= 7250kg	11 Feb 2012

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	08/08/2016



eBaoTech

GeneralClaim

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)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5068503350-03	GTS TRAVEL PTE. LTD.	201312002G	GFT	Comprehensive	PC9332C	PC9332C	17/12/2017	/

Policy Information

Policy No.	5068503350-03	Policyholder Name	GTS TRAVEL PTE. LTD.	Policyholder NRIC	201312002G
Address	8 UBI ROAD 2 #06-32 ZERVEX SINGAPORE 408538				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	05/12/2017	Effective Date	17/12/2017 00:00	Expiry Date	16/12/2018 23:59
Excess Type		All Claim Excess			
Third Party Excess	1500.00	Own damage Excess	3000.00	Windscreen Excess	500.00
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	NLE INSURANCE AGENCIES PTE	Agent Tel.	65673612	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	8 UBI ROAD 2	Address 2	#06-32 ZERVEX	Address 3	SINGAPORE 408538
Address 4		Address Type	Singapore address	Post Code	408538
Unit No.	01-03	Related Policy Number	5068503350-03		

Insured Object: PC9332C

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	18/12/2017 00:00	Basic Information Endorsement	000001286714668	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: CHASSIS NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. JALLT434PH7000045 22-12-2017 \$1,651.43 In view of this amendment, an additional premium of \$1,651.43 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p>
2	22/12/2017 00:00	Basic Information Endorsement	000001286722456	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that from 22 Dec 2017, the Vehicle Number is amended as follows: VEHICLE REGISTRATION NUMBER: PC93B</p> <p>Thank you for giving us the opportunity to serve you. We confirm and endorse that from 26 Feb 2018, the geographical limit of the policy is extended to cover West Malaysia for the following vehicles: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. PC93B 26-</p>

Claim Handling

Task Transfer Exit

Accident MT/0994576

LOS SAL SUB

Policy No.	5068503350-03	Vehicle No.	PC9332C	GST Registration No.	201312002G
Policyholder Name	GTS TRAVEL PTE. LTD.			Policyholder NRIC	201312002G
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	63833933	Contact No.(Home)	0
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	No

Accident Details

Report Date	17/05/2018 09:22	Accident Report Within 24 Hrs	Yes	Accident Type	Side Swipe
Date of Accident	15/05/2018	Time of Accident hh:mm	09:00	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	ANK AVE 6 BEFORE JUNG ANK AVE 3				

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	15/07/2013
GST Registration No.	201312002G	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	8 UBI ROAD 2	Address 2	#06-32 ZERVEX	Address 3	SINGAPORE 408538
Address 4		Address Type	Singapore address	Post Code	408538
Unit No.	01-03	Related Policy Number	5068503350-03		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	12/03/1987
Unnamed driver Name	YIN YANNAN	Driver NRIC	G6910106U	Driving Experience	1
Register Date of Driver License	08/08/2016	Driver Age	31	Contact No.(Home)	0
Contact No.(Mobile)	86525452	Contact No.(Office)	0	Address 3	SINGAPORE 408538
Address 1	8 UBI ROAD 2	Address 2	ZERVEX	Post Code	408538
Address 4		Address Type	Singapore address		
Unit No.	06-32				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Modification History	21/05/2018 13:10 s055990 Modify Date of Accident(16/05/2018-->15/05/2018)		

Investigation

Claim 001 OD-MX New

Claim Case Officer

LOS SAL SUB

Claim Type	OD-MX	Insured Name	GTS TRAVEL PTE. LTD.	Insured NRIC	201312002G
Contact No.(Mobile)	93233933	Contact No.(Home)		Contact No.(Office)	
Email Address		DI Vehicle Number	PC9332C	TP Vehicle Number	GM8899U
Claim Description	PC9332C / GM8899U ON 15 May 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability	Partially at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	17/05/2018 13:40	Claim Close Date		Date Received	17/05/2018 09:25
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	
Print AK letter					
Modification History	21/05/2018 13:11 s055990 Modify Claim Description(PC9332C / GM8899U ON 15 May 2018-->PC9332C / GM8899U ON 15 May 2018)				

Special Claim Creation Approval

Approval	Reason
Remarks	

Attachment

Accident No.	MT/0994576	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/05/2018 09:25

Path *

Browse...	Clear	Category *	Confidential	Urgency *	Description *
		Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal	
Browse...	Clear	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal	
Browse...	Clear	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal	
	Clear	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal	

