

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 19/05/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18009110/13	SAS e-filing		
Veh No: PC8082E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 19/05/18 0100	i-Motor Claim Form	MT/0995046-001	
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: SKN7111M	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

NA1803158

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
	5) iFT : 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:-		
QC Checked by (Engr-In-Charge):	OD*		
	*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		
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:			

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	19/05/2018 15:54
Date Of Accident	19/05/2018 01:00
Exact Location Of Accident	SINGAPORE INDOOR STADIUM LOADING BAY C/PARK GANTRY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC8082E
Insured/Policyholder	
Name Of Registered Owner	RAINBOW BUS SERVICES
Co Reg No	52835750J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97952882

Vehicle Particulars

Manufacturer	TOYOTA
Model	-
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5067137012-03
Cover Note Number	

Driver

Name of Driver	TAN CHEN WEE
Passport No/FIN	G7948523W
Date Of Birth	27/09/1984
Occupation	OUTDOOR
Date Of Driving Pass	31/07/2014
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91577652
Fax Number	
Contact Number	
Email Address	JACKTAN9448@GMAIL.COM

Address	BLK 919 JURONG WEST ST 91 #02-124
Postcode	640919
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	AFTER RAIN
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?	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)	16
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE
Passenger 4	NAME: : UNKNOWN GENDER: : MALE
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
Passenger 13	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 14	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 15	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

MY VEH WAS STATIONARY WAITING TO EXIT THE SINGAPORE INDOOR STADIUM LOADING BAY CARPARK. INFRT OF MY VEH REVERSED HIS VEH AT THE GANTRY DUE TO THE BARRIER DIDN'T OPEN. WHILE REVERSING HIS VEH HIT ONTO MY FRT PORTION OF MY VEH.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH THE DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKN7111M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEUNG TIN LUNG ALAN
NRIC/Passport Number	G6003984X
Contact Number	96511793
Address	
Postcode	
Insurance Company Name	
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.

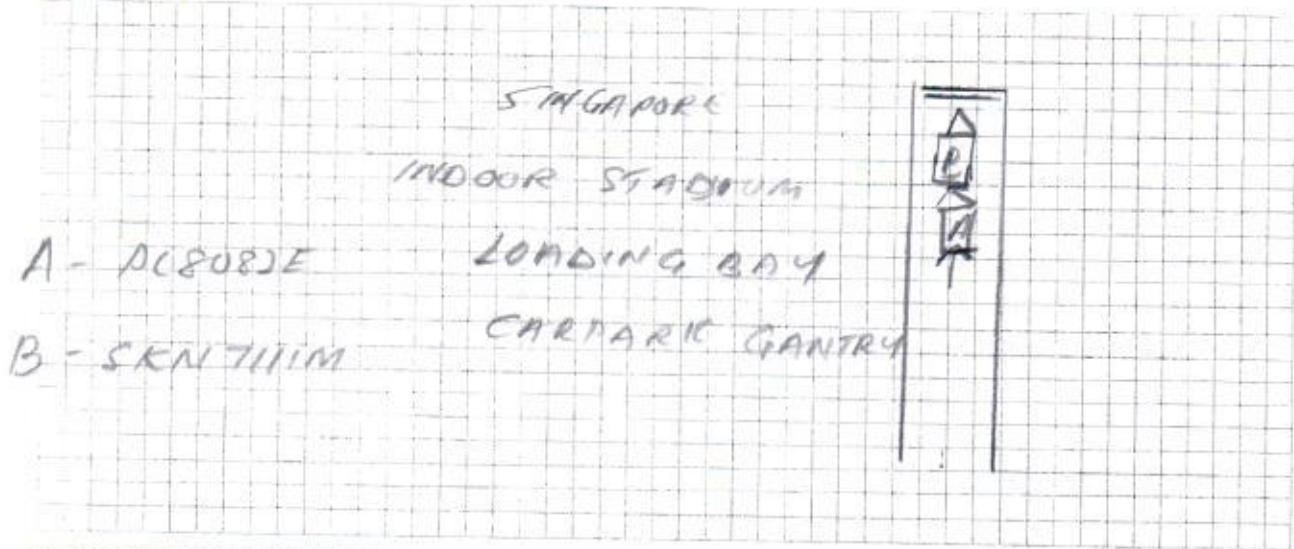


Policyholder's Signature
Date & Time:

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

pls ref to the 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:

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

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
RAINBOW BUS SERVICES



Name:
TAN CHEN WEE

Work Permit No.
4 02350180

Employer
SERVICE



K0318160

VISIT PASS
Immigration Regulations

Name
TAN CHEN WEE



FIN
G7948523W

Date of Birth
27-09-1984

Nationality
MALAYSIAN

Sex
M

Download SGWorkPass App to check status



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



Land Transport Authority




VOCATIONAL LICENCE
Licence No : **G7948523W**
Name : **TAN CHEN WEE**

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

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	02/05/2018

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence number: **G7948523W**
Name: **TAN CHEN WEE**

Birth Date: **27 Sep 1984**
Issue Date: **06 Oct 2015**
Valid Till: **30/07/2019**



SG 50

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

Class	Description	Effective Date	Valid Till
Class 2B	Motorcycles <= 200 CC	31 Jul 2014	14
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	31 Jul 2014	14
Class 4A	Omni-buses	22 Sep 2014	11.4
Class 4	Heavy motor cars and motor tractors > 2500 kg	16 Jun 2017	11.4

G7948523W

S / No. 9000270733

NP 428A

Licence No: G7948523W



Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)**Policy Query**

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="19/05/2018 01:00"/>						
Vehicle No.(For Motor)	<input type="text" value="PC8082E"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5067137012-03	RAINBOW BUS SERVICES	528357501	GFT	Comprehensive	PC8082E	PC8082E	15/08/2017	
<input type="button" value="Continue"/>									

Claim Handling

Accident MT/0995046

Policy No.	5067137012-03	Vehicle No.	PC8082E	GST Registration No.	
Policyholder Name	RAINBOW BUS SERVICES			Policyholder NRIC	52835750J
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	97952882	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

▼ Accident Details

Report Date	19/05/2018 16:30	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	19/05/2018	Time of Accident hh:mm	01:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SINGAPORE INDOOR STADIUM LOADING BAY C/PARK GANTRY				

▼ 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	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 40 #02-119	Address 2	CAMBRIDGE ROAD	Address 3	SINGAPORE 210040
Address 4		Address Type	Singapore address	Post Code	210040
Unit No.		Related Policy Number	5077301097-02		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	27/09/1984
Unnamed driver Name	TAN CHEN WEE	Driver NRIC	G7948523W	Driving Experience	3
Register Date of Driver License	31/07/2014	Driver Age	33	Contact No.(Home)	0
Contact No.(Mobile)	91577652	Contact No.(Office)	0	Address 3	SINGAPORE 640919
Address 1	BLK 919	Address 2	JURONG WEST STREET 91	Post Code	640919
Address 4		Address Type	Singapore address		
Unit No.	#02-124				
Does he own a Singapore Registered car?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	RAINBOW BUS SERVICES	Insured NRIC	52835750J
Contact No.(Mobile)	97952882	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	PC8082E	TP Vehicle Number	SKN7111M
Claim Description	PC8082E / SKN7111M ON 19 May 2018				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	19/05/2018 00:00
Date Registered	19/05/2018 16:42	Claim Close Date		Total Loss but Repaired	
Report Taken By	R.OSLINDA	Workshop Repairer			

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0995046	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/05/2018 00:00

Choose File	No file chosen	Path *	Category *	Confidential	Urgency *	Descr
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	

5/19/2018

Claim Handling(accident reporting Claim Task 001 OD-MX)

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	

Send

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 May 2018 16:35	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 May 2018 16:35	SAS	Normal	SAS 2018-5-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 May 2018 16:35	Photos	Normal	Photos 2018-5-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 May 2018 16:35	Photos	Normal	Photos 2018-5-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 May 2018 16:35	Photos	Normal	Photos 2018-5-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 May 2018 16:35	Photos	Normal	Photos 2018-5-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 May 2018 16:34	Photos	Normal	Photos 2018-5-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 May 2018 16:34	Photos	Normal	Photos 2018-5-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 May 2018 16:34	Photos	Normal	Photos 2018-5-19
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 May 2018 16:34	Photos	Normal	Photos 2018-5-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 May 2018 16:34	Photos	Normal	Photos 2018-5-19

Video List

Uploaded By/Date	Folder Date	File Name	Source
<div>Display in New Window</div> <div>Scan and uploading</div>			