

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In 02/07/2018 15:29	Job description	Date & Time Completed	Done by
Ref No NA/INC18011982/K4	SAS e-filing		
Veh No PC5664X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 30/06/2018 14:10	i-Motor Claim Form	MT/1001320-1001 3/7/18 10:45	
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: SHC8400R	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

NA1804172		Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-		1) AR : Accident Reporting (\$30);			
Driver/Owner:		2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:		3) TP : Towing Fee \$40/\$45			
Damaged Portion:		4) FT : Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):		5) FT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-		For claiming against INC Only (wef 10 Jan 2005)			
at 1:		6) TR : Re-inspection \$75			
at 2/3:		7) N1 : Idac DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
		ON*			
		*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	02/07/2018 15:29
Date Of Accident	30/06/2018 14:10
Exact Location Of Accident	VIVO CITY ENTRANCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC5664X
Insured/Policyholder	
Name Of Registered Owner	GUILLEMARD BUS SERVICE
Co Reg No	20973700W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97920384
Alternative Phone No	OFFICE-97920384

Vehicle Particulars

Manufacturer	ISUZU
Model	LT434P 7.8 SMT
Exact Purpose for which vehicle was being used at time of accident	WORK
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	NO
Policy Number	5087461493-01
Cover Note Number	

Driver

Name of Driver	YANG BIN
Passport No/FIN	G2565827U
Date Of Birth	25/11/1984
Occupation	OUTDOOR
Date Of Driving Pass	09/03/2015
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97920384
Fax Number	
Contact Number	OTHERS-97920384
Email Address	NOEMAIL

Address GUILLEMARD BUS SERVICE

Postcode

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 - CHANGE/CROSS LANE

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC8400R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver TANG KAH SHUN

NRIC/Passport Number S1657169E

Contact Number 90907836

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

基理瑪巴士服務
GUILLEMARD BUS SERVICE

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.:

VIVO entry

→ city

A - PC5664
B - SHC84006

PC 5664X-A
SHC 8400R = B

At 1410hrs, My bus was heading toward City, the taxi over took me and came to my front and had an abrasion with my right front side. He claimed he was in front of me. ~~and~~ He only overtook me a few seconds and swerve into my lane. ~~He~~ My body bus body had some paint off. ~~but should be OK for him.~~

We have both signed a private settlement agreement as we have CCTV to show him ~~turning into~~ cutting into our lane at a fast speed.

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

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

Land Transport Authority



VOCATIONAL LICENCE

Licence No : **G2565827U**

Name : **YANG BIN**

Issue Date : **6/3/2017**

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 the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	06/03/2017



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

Employer:
GUILLEMARD BUS SERVICE

Service: **SERVICE**

Name:
YANG BIN

Occupation:
DRIVER, BUS

C. Page No:
0 76474087

Date of Application:
16-01-2017

Date of Issue:
09-02-2017

Date of Expiry:
09-02-2019

L7622449





REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G2565827U**

Name:
YANG BIN

Birth Date: **25 Nov 1984**

Issue Date: **09 Mar 2015**

Valid Till: **06 Mar 2020**

002402949C




SG 50

VISIT PASS
Immigration Regulations

Name:
YANG BIN

Date of Birth: **25-11-1984** Sex: **M** Nationality: **CHINESE**

FIN: **G2565827U** Date of Issue: **09-02-2017** Date of Expiry: **09-02-2019**

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)

		EFFECTIVE DATE
Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	09 Mar 2015
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	09 Mar 2015
Class 4	HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN EXCEED 2500 KILOGRAMS	26 Apr 2016

S / No. 9000247224

G2565827U

NP 428A

Licence No: **G2565827U**



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"/>	5087461493-01	GUILLEMARD BUS SERVICE	20973700W	GBS	Comprehensive	PC5664X	PC5664X	12/01/2018	11/01/2019

▼ Policy Information

Policy No.	5087461493-01	Policyholder Name	GUILLEMARD BUS SERVICE	Policyholder NRIC	20973700W
Address	52 FOWLIE ROAD SINGAPORE 428496				
Product Name	BUS INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	08/01/2018	Effective Date	12/01/2018 00:00	Expiry Date	11/01/2019 23:59
Third Party Excess	1500	Own damage Excess	3000	Windscreen Excess	500
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	ODDS & EVEN	Agent Tel.	63163238	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	52 FOWLIE ROAD	Address 2	SINGAPORE 428496	Address 3	
Address 4		Address Type	Singapore address	Post Code	428496
Unit No.		Related Policy Number	5087461493-01		

► Insured Object: PC5664X

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Claim Handling

Accident MT/1001320

Policy No.	5087461493-01	Vehicle No.	PC5664X	GST Registration No.	209
Policyholder Name	GUILLEMARD BUS SERVICE			Policyholder NRIC	209
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	97920384	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

▼ Accident Details

Report Date	03/07/2018 10:41	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	30/06/2018	Time of Accident hh:mm	14:10	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	VIVO CITY ENTRANCE				

▼ Benefits

▼ Excess

Own damage Excess	3,000.00	Additional Excess		Windscreen Excess	500.
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	01/01/2014
GST Registration No.	20973700W	GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	52 FOWLIE ROAD	Address 2	SINGAPORE 428496	Address 3	
Address 4		Address Type	Singapore address	Post Code	428.
Unit No.		Related Policy Number	5087461493-01		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	YANG BIN	Driver NRIC	G2565827U	Driver DOB	25/1
Register Date of Driver License	09/03/2015	Driver Age	33	Driving Experience	3
Contact No.(Mobile)	97920384	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	GUILLEMARD BUS SERVICE	Address 2		Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	GUILLEMARD BUS SERVICE	Insured NRIC	209
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	684
Email Address		OI Vehicle Number	PC5664X	TP Vehicle Number	SHC
Claim Description	PC5664X / SHC8400R ON 30 Jun 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	GIA report	Rec
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	03/7
Date Registered	03/07/2018 10:50	Claim Close Date		Total Loss but Repaired	
Report Taken By	KRISHNASAMY	Workshop Repairer			

☒ Print AK letter

Attachment

Accident No. MT/1001320 Claim No. 001
Last Doc. Received ☒ Yes ☐ No Upload Date 03/07/2018 10:45

Path *

Category *

Confidential

Urgency *

Choose File No file chosen
Choose File No file chosen
Choose File No file chosen
Choose File No file chosen
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
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jul 2018 10:49	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jul 2018 10:49	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jul 2018 10:47	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jul 2018 10:47	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jul 2018 10:46	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jul 2018 10:46	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jul 2018 10:46	Photos	Normal	Photos 20
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jul 2018 10:46	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jul 2018 10:46	Photos	Normal	Photos 20

Video List

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