

NATIONAL Assessment Centre Services

MMWA118090455

Date In: 13/7/18 14:47	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: WA1INC18012775164	E-mail (within 3hrs, M-F 2hrs)		
Veh No: PC 90J	i-Motor Claim Form	MT/1003021-201	16/7/18 09:43
POA: 13/7/18 12:00	i-Motor W/O (Within 24hrs, M-F 4hrs)		
OD: TP Rep (only)	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:

FL 8433 Y.

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	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$10)	30.00	
Contact No:	2) DA: Damage Assessment (\$100), INC (\$40)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) RT: Follow-Through Survey (Resurvey) \$30		
at 1:	For claiming against INC Only (wef 10 Jan 2005)		
at 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idsc DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*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: Idsc Mobile \$10		
	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	13/07/2018 14:47
Date Of Accident	13/07/2018 12:00
Exact Location Of Accident	KAKI BUKIT ROAD 2 KAKI BUKIT AUTOHUB
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	PC90J
Insured/Policyholder	
Name Of Registered Owner	LKT TRANSPORT SERVICES PTE. LTD.
Co Reg No	201201351E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63485600
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5054800417-06
Cover Note Number	-
Driver	
Name of Driver	TAY LIANG CHIANG
NRIC No	S1549292I
Date Of Birth	09/04/1962
Occupation	OUTDOOR
Date Of Driving Pass	26/05/1995
Driving Experience	23 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98186550
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 117 BEDOK RESERVOIR RD #09-66
Postcode	470117
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 - 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	
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?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT

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	FL8433Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
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.

LKT TRANSPORT SERVICES PTE LTD
ROC: 201201351E

60 Paya Lebar Road, Paya Lebar Square
#10-57 Singapore 409051

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

Kaki Bukit Auto hub.

A = PC 90J.
B = FL 8433Y

Kaki Bukit Rd 2.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

DECLARATION

LKT TRANSPORT SERVICES PTE LTD
ROC: 201201351E

60 Paya Lebar Road, Paya Lebar Square
#10-57 Singapore 409051

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.:



SINGAPORE POLICE FORCE



T/20180713/2074

1 of 3

Report No. T/20180713/2074

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/07/2018 14:00		Vide Report No.: G/20180713/0106		Station Diary No.: 7	
Informant's Particulars					
Name of Informant: TAY LIANG CHIANG			Address: APT BLK 117 BEDOK RESERVOIR ROAD #09-66 SINGAPORE 470117		
ID Type / ID No.: NRIC NO / S1549292I			Contact No.: Home/Office: Mobile: 98186550		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 09/04/1962	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/07/2018 12:00	Type of Location: Straight Road
Location: Along Road 1 KAKI BUKIT AVENUE 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 20 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC90J	Bus/Coach/Mi nibus	TOYOTA	HIACE AUTO	White	Slightly Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date	
PC90J	NTUC Income Insurance Co-Operative Limited	5054800417-06	09/07/2018	08/07/2019	



**SINGAPORE
POLICE FORCE**



T/20180713/2074

2 of 3

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

Report No. T/20180713/2074

CONTINUATION OF REPORT

Brief Details.

On 13/07/2018 at about 12pm, I was at Kaki Bukit Avenue 2 AutoHub and was exiting the building turning into Kaki Bukit Ave 2 towards Bedok Reservoir Road. Upon seeing the road was clear, I started to make my right turn. Suddenly one motorcyclist appeared and I was not able to stop on time. Thus I hit his front left wheel which caused the rider to fall and he got injured. I quickly got off my vehicle and attended to him. I notice he had some abrasions on his hands, leg and face. Soon after the ambulance and TP arrived at scene vide G/20180713/0106. Subsequently the rider was conveyed to hospital. I was advised by the police to lodge a traffic accident report.

I would like to state that I did not see the rider approaching. I have built in camera in my vehicle however it is not working.



**SINGAPORE
POLICE FORCE**



T/20180713/2074

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

3 of 3

Report No. T/20180713/2074

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
G /
Staff Sgt IMTIAZ AHAMED BIN HAMID HAJA

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt NOR FAIZAL BIN YAHYA
Contact No.: 65476202

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
13/07/2018 14:00

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S15492921**

Name: **TAY LIANG CHIANG**

Birth Date: **09 Apr 1962**

Issue Date: **04 Feb 2004**

001106233H



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S15492921**

Name: **TAY LIANG CHIANG**

鄭良章

Race: **CHINESE**

Date of birth: **09-04-1962**

Country/Place of birth: **SINGAPORE**

Sex: **M**





Land Transport Authority

VOCATIONAL LICENCE

Licence No: **S15492921**

Name: **TAY LIANG CHIANG**

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



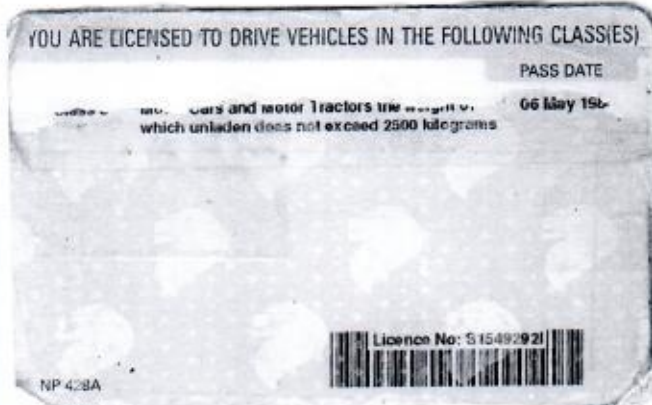
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE: **06 May 1962**

cars and motor tractors the weight of which unladen does not exceed 2500 kilograms

Licence No: **S15492921**

NP 428A



5783618

S15492921

Date of issue: **12-08-2017**

Address: **APT BLK 117 BEDOK RESERVOIR ROAD #09-66 SINGAPORE 470117**



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
12	TAXI VL	20/01/1995
03	BUS VL	26/05/1995
04	BUS ATTENDANT	26/05/1995



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"/>	5054800417-06	LKT TRANSPORT SERVICES PTE. LTD.	201201351E	GBS	Third Party, Fire & Theft	PC90J	PC90J	09/07/2018	08/07/2019

Claim Handling

Accident MT/1003021

Policy No.	5054800417-06	Vehicle No.	PC90J	GST Registration No.	1234567
Policyholder Name	LKT TRANSPORT SERVICES PTE. LTD.			Policyholder NRIC	201201351E
Product Code	BUS INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	63485600	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details					
Report Date	16/07/2018 09:39	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Roa
Date of Accident	13/07/2018	Time of Accident hh:mm	12:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KAKI BUKIT ROAD 2 KAKI BUKIT AUTOHUB				
Benefits					
Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	3,000.00	Outside Singapore TP Excess			
GST Registered Information					
GST Registered	Yes	GST Registration Date	16/01/2012		
GST Registration No.	1234567	GST Status Verified	No		
Modification History					
Policyholder Mailing Address					
Address 1	60 PAYA LEBAR ROAD	Address 2	#10-57 PAYA LEBAR SQUARE	Address 3	SINGAPORE 409051
Address 4		Address Type	Singapore address	Post Code	409051
Unit No.	#06-06	Related Policy Number	5054800417-06		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	09/04/1962
Unnamed driver Name	TAY LIANG CHIANG	Driver NRIC	S1549292I	Driving Experience	23
Register Date of Driver License	26/05/1995	Driver Age	56	Contact No.(Home)	
Contact No.(Mobile)	98186550	Contact No.(Office)		Address 3	EUNOS VISTA
Address 1	BLK 117 #09-66	Address 2	BEDOK RESERVOIR ROAD	Post Code	470117
Address 4	SINGAPORE 470117	Address Type	Singapore address		
Unit No.	09-66				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input 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		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	LKT TRANSPORT SERVICES PTE	Insured NRIC	201201351E
Contact No.(Mobile)	92999922	Contact No.(Home)		Contact No.(Office)	63485600
Email Address	john@yesir.com.sg	OI Vehicle Number	PC90J	TP Vehicle Number	FL8433Y
Claim Description	PC90J / FL8433Y ON 13 Jul 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	16/07/2018 00:00
Date Registered	16/07/2018 09:42	Claim Close Date			
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					
<div>Save</div> <div>Submit</div>					

Attachment

Accident No.	MT/1003021	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/07/2018 09:43
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Descr
Choose File	No file chosen		

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 09:43	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-16
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 09:43	SAS	Normal	SAS 2018-7-16
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 09:43	Photos	Normal	Photos 2018-7-16
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 09:43	Photos	Normal	Photos 2018-7-16
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 09:42	Photos	Normal	Photos 2018-7-16
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 09:42	Photos	Normal	Photos 2018-7-16
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 09:42	Photos	Normal	Photos 2018-7-16
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 09:42	Photos	Normal	Photos 2018-7-16
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 09:42	Photos	Normal	Photos 2018-7-16
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 09:42	Photos	Normal	Photos 2018-7-16
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 09:42	Photos	Normal	Photos 2018-7-16

Video List

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

Scan and uploading