

**NATIONAL Assessment Centre Services** [wef 1 Jan 05] **NA118105352**

Date In: 15/8/18 - 10:54	Job description	Date & Time Completed	Done by
Ref No: NA/INC18014896/24	SAS e-filing		
Veh No: PC21394	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 14/8/18 - 17:20	i-Motor Claim Form	M7/1007372-001	15/8/18 19:44
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: **J6EJT36D** 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% P: 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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

NA1805106	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			Est Bill	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			
	5) FT : Follow-Through Survey (Resurvey) \$30			
QC Checked by (Engr-In-Charge):	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR : Re-inspection \$75			
Auditors' Comments :-	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
Cat 1:	OD*			
	*N5: Courtesy Car / Tpt Allowance \$5			
Cat 2 / 3:	*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 \$0			
	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 willful 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	15/08/2018 10:54
Date Of Accident	14/08/2018 17:20
Exact Location Of Accident	HOUANG AVE 3 BEFORE JUNC TAMPINES RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7139H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TPK TRANSPORTATION SERVICES
Co Reg No	53251999W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94597084
Alternative Phone No	OFFICE-94597084

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE COMMUTER GL 2.8 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	THIRD PARTY
Vehicle Category	BUS

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100200481
Cover Note Number	

### Driver

Name of Driver	NG SHI YIN, GERALDINE (HUANG SHIYING)
NRIC No	S8805296Z
Date Of Birth	13/02/1988
Occupation	OUTDOOR
Date Of Driving Pass	22/12/2015
Driving Experience	2 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-85532553
Fax Number	
Contact Number	OFFICE-85532553
Email Address	NOEMAIL

Address	BLK 871C TAMPINES STREET 86 #10-52
Postcode	523871
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	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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 3 HOUGANG AVE 3. SUDDENLY VEHICLE B TRAVELLING ALONG LANE 2 CUT ONTO MY LANE WHICH RESULTING MY VEHICLE FRONT RIGHT PORTION WAS DAMAGED.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGE5536D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WU JUNGAO
NRIC/Passport Number	S2650795B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## 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.:



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8805296Z



Name  
NG SHI YIN, GERALDINE  
(HUANG SHIYING)  
黄诗莹

Race  
CHINESE

Date of Birth 13-02-1988 Sex F

Country of Birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8805296Z

Name  
NG SHI YIN, GERALDINE  
(HUANG SHIYING)

Birth Date 13 Feb 1988  
Issue Date 28 Jun 2011




001977415K

Land Transport Authority

VOCATIONAL LICENCE

Licence No : S8805296Z

Name : NG SHI YIN GERALDINE

Issue Date : 22/12/2015

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence



3314059



NRIC No. S8805296Z



Blood Group - Date of issue 21-02-2003

APT BLK 871C TAMPINES STREET 88 #10-52  
SINGAPORE 523871  
NRIC No: S8805296Z Date: 11/04/2016

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

Class	Description	EFFECTIVE DATE
Class 3	Motor Cars=<=3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =<=2500kg	28 Jun 2011

NP 426A



Licence No: S8805296Z

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	22/12/2015
04	BUS ATTENDANT	22/12/2015



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="14/08/2018 17:20"/>
Vehicle No.(For Motor)	<input type="text" value="PC7139H"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5100200481		TPK TRANSPORTATION SERVICES	53251999W	GBS	Comprehensive	PC7139H	PC7139H	08/05/2018	07/05/2019

Policy Information

Policy No.	5100200481	Policyholder Name	TPK TRANSPORTATION SERVICE	Policyholder NRIC	53251999W
Certificate No.					
Address	BLK 202 #07-1225 TAMPINES STREET 21 SINGAPORE 520202				
Product Name	BUS INSURANCE	Plan	.	Group Policy Flag	N
Policy Issue Date	07/05/2018	Effective Date	08/05/2018 00:00	Expiry Date	07/05/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	3000	Own damage Excess	2000	Windscreen Excess	500
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			Young/Inexperience Driver Excess
Agent	COSMO INSURANCE AGENCY PT	Agent Tel.	64651090	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 202 #07-1225	Address 2	TAMPINES STREET 21	Address 3	SINGAPORE 520202
Address 4		Address Type	Singapore address	Post Code	520202
Unit No.	07-1225	Related Policy Number	5100200481		

Insured Object: PC7139H

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	08/05/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 08 May 2018, the following policy details are amended as follows: HIRE PURCHASE COMPANY: UNITED OVERSEAS BANK LIMITED CHASSIS NUMBER: GDH2232000208 ENGINE NUMBER: 1GD8268816 VEHICLE REGISTRATION NUMBER: PC7139H ORIGINAL REGISTRATION DATE: 08 May 2018

Continue Cancel

Claim Handling

Exit

Accident MT/1007372

Policy No.	5100200481	Vehicle No.	PC7139H	GST Registration No.	
Certificate No.					
Policyholder Name	TRK TRANSPORTATION SERVICES			Policyholder NRIC	53251999W
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No. (Mobile)	94597084	Contact No. (Office)	0	Contact No. (Home)	0
Email Address		Special Remark		eCode	
KPK	<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(%)	15	Private Hire	No

**Accident Details**

Report Date	15/08/2018 19:42	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	14/08/2018	Time of Accident (hh:mm)	17:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	HOUGANG AVE 3 BEFORE JUNC TAMPINES RD				

**Benefits**

**Excess**

Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	500.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	3,000.00	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 3	BLK 202 #07-1225	Address 2	TAMPINES STREET 21	Address 3	SINGAPORE 520202
Address 4		Address Type	Singapore address	Post Code	520202
Unit No.	07-1225	Related Policy Number	5100200481		

DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	13/02/1988
Unnamed driver Name	NG SHE YIN, GERALDINE (HUAN)	Driver NRIC	S88052962	Driving Experience	2
Register Date of Driver License	22/12/2015	Driver Age	30	Contact No. (Home)	0
Contact No. (Mobile)	85522553	Contact No. (Office)	0	Address 3	TAMPINES GREENLACE
Address 1	BLK 871C	Address 2	TAMPINES STREET 86	Post Code	523871
Address 4	SINGAPORE 523871	Address Type	Singapore address		
Unit No.	10-52				
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 **New**

Claim Type *	CO-MX	Insured Name	TRK TRANSPORTATION SERVICE	Insured NRIC	53251999W
Contact No. (Mobile)	94597084	Contact No. (Home)		Contact No. (Office)	
Email Address		DI Vehicle Number	PC7139H	TP Vehicle Number	SGE5536D
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *		Name of Preferred Workshop	
Claim Description	PC7139H / SGE5536D ON 14 Aug 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	15/08/2018 19:44	Claim Close Date		Date Received	15/08/2018 00:00
Report Taken By	Jackson				

Print AK letter

**Save** **Submit**

Attachment

Accident No.	MT/1007372	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/08/2018 19:45

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_LBL_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 19:45	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-15		<a href="#">Edit</a>
	NAC_PAYA_LBL_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 19:44	SAS	Normal	SAS 2018-8-15		<a href="#">Edit</a>
	NAC_PAYA_LBL_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 19:44	Photos	Normal	Photos 2018-8-15		<a href="#">Edit</a>
	NAC_PAYA_LBL_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 19:44	Photos	Normal	Photos 2018-8-15		<a href="#">Edit</a>
	NAC_PAYA_LBL_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 19:44	Photos	Normal	Photos 2018-8-15		<a href="#">Edit</a>
	NAC_PAYA_LBL_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 19:44	Photos	Normal	Photos 2018-8-15		<a href="#">Edit</a>
	NAC_PAYA_LBL_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 19:44	Photos	Normal	Photos 2018-8-15		<a href="#">Edit</a>
	NAC_PAYA_LBL_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 19:44	Photos	Normal	Photos 2018-8-15		<a href="#">Edit</a>
	NAC_PAYA_LBL_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 19:44	Photos	Normal	Photos 2018-8-15		<a href="#">Edit</a>
	NAC_PAYA_LBL_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 19:44	Photos	Normal	Photos 2018-8-15		<a href="#">Edit</a>
	NAC_PAYA_LBL_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 19:44	Photos	Normal	Photos 2018-8-15		<a href="#">Edit</a>
	NAC_PAYA_LBL_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 19:44	Photos	Normal	Photos 2018-8-15		<a href="#">Edit</a>
	NAC_PAYA_LBL_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 19:44	Photos	Normal	Photos 2018-8-15		<a href="#">Edit</a>
	NAC_PAYA_LBL_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 19:44	Photos	Normal	Photos 2018-8-15		<a href="#">Edit</a>

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				