

NATIONAL Assessment Centre Services. (wef 1 Jan 2005) MNA1814263

Date In: 2/11/18 - 14:56	Job description	Date & Time Completed	Done by
Ref No: NA/INC80/9949/24	SAS e-filing		
Veh No: R8202B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 1/11/18 - 16:00	i-Motor Claim Form	M7/1018202-001	2/11/18 15:12
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: JKJ5984	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:- (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

NA1807143	Invoice Preparation Checklist	Amt (\$) Inc 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)		
Pat. 1:	6) TR: Re-inspection \$75		
Pat. 2/3:	7) N1: Idac 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 (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 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. 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	02/11/2018 14:56
Date Of Accident	01/11/2018 16:00
Exact Location Of Accident	NEWTON CIRCUS TWDS SCOTT RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC8202B
Insured/Policyholder	
Name Of Registered Owner	RAINBOW BUS SERVICES
Co Reg No	52835750J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97952882
Alternative Phone No	OFFICE-97952882

Vehicle Particulars

Manufacturer	TOYOTA
Model	COASTER 23 SEATER ABS
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	YES
Policy Number	5067137012-04
Cover Note Number	

Driver

Name of Driver	CHONG CHIN SONG
Passport No/FIN	F1106038L
Date Of Birth	09/06/1968
Occupation	OUTDOOR
Date Of Driving Pass	09/04/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90227723
Fax Number	
Contact Number	OFFICE-90227723
Email Address	NOEMAIL

Address	BLK 40 CAMBRIDGE ROAD #02-119
Postcode	210040
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	RAINING
Road Surface	WET

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 NEWTON CIRCUS TWDS SCOTT RD. SUDDENLY I FELT AN IMPACT OF MY VEHICLE. I ALIGHT FROM MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR RIGHT PORTION.

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	SKG598A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
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.
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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.

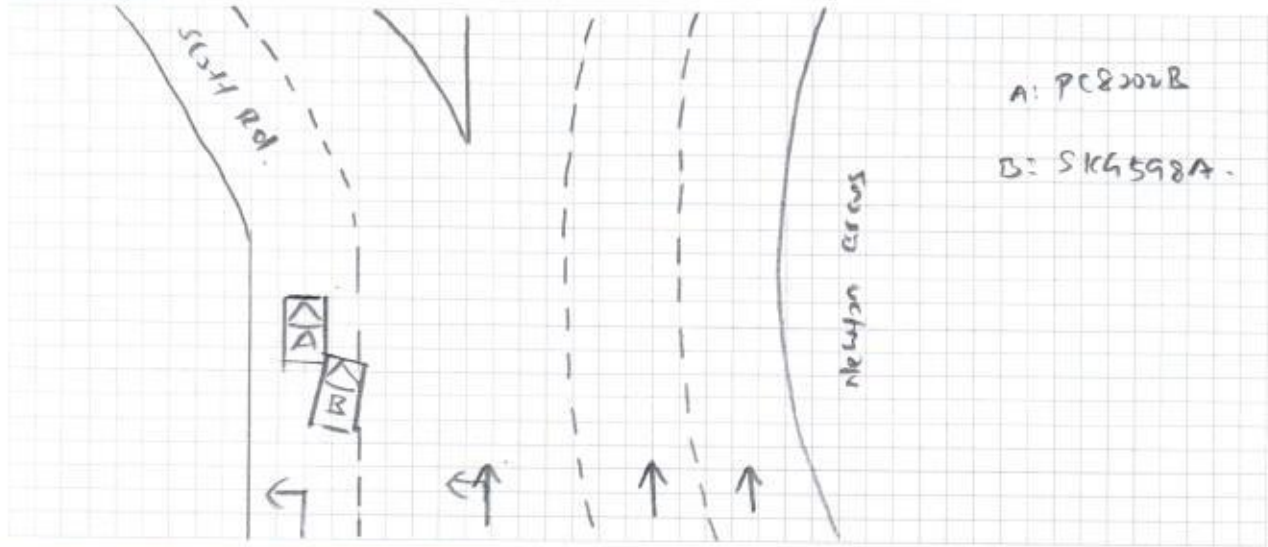


Policyholder's Signature
Date & Time:

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:

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

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



Handwritten signature of the driver.

Handwritten signature of the reporting centre personnel.

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number: **F1106038L**
 Name: **CHONG CHIN SONG**
 Birth Date: **09 Jun 1968**
 Issue Date: **16 Apr 2016**
 Valid Till: **12/05/2023**

0027934011


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


 Name: **CHONG CHIN SONG**
 Work Permit No.: **5 13790104** Sector: **SERVICE**

RAINBOW BUS SERVICES

K0238820

Land Transport Authority


VOCATIONAL LICENCE
 Licence No: **F1106038L**
 Name: **CHONG CHIN SONG**
 Card Issue Date: **09/04/2018**
 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)

	EFFECTIVE DATE
Class 2B	Motorcycles ≤ 200 cc
Class 3	Motor cars with unladen weight ≤ 3000 kg with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight ≤ 2500 kg
Class 4A	Omnibuses
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500 kg
	Motor vehicles which are not constructed to carry load or passengers and the unladen weight ≤ 7250 kg

NP 428A
 Licence No: F1106038L

VISIT PASS
Immigration Regulations

Name: **CHONG CHIN SONG**
 PIN: **F1106038L**
 Date of Birth: **09-06-1968** Sex: **M**
 Nationality: **MALAYSIAN**

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.

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	09/04/2018

Log Out

Notice of Loss

Search

Continue

Policy Information

Policy No.	5067137012-04	Policyholder Name	RAINBOW BUS SERVICES	Policyholder NRIC	52835750J
Certificate No.					
Address	BLK 40 #02-119 CAMBRIDGE ROAD SINGAPORE 210040				
Product Name	FLEET INSURANCE	Plan	Group Policy Flag N		
Policy issue Date	15/08/2018	Effective Date	15/08/2018 00:00	Expiry Date	14/08/2019 23:59
Excess Type	All Claims 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					

Young/Inexperience Driver Excess

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
Unit No.			Related Policy Number	5077301097-03	210040

Insured Object: PC8202B

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	01/10/2018 00:00	Basic Information Endorsement	000001286913141	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: CHASSIS NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GDH2232000166 02-10-2018 \$1,745.98 In view of this amendment, an additional premium of \$1,745.98 (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.
2	02/10/2018 00:00	Basic Information Endorsement	000001286915114	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 02 Oct 2018, the Vehicle Number is amended as follows: VEHICLE REGISTRATION NUMBER: PA8280K

[Continue](#) [Cancel](#)

Claim Handling

[Exit](#)

Accident MT/1018202

Policy No.	SG67137612-04	Vehicle No.	PC8202B	GST Registration No.	
Certificate No.					
Policyholder Name	RAINBOW BUS SERVICES			Policyholder NRIC	528357501
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	
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	02/11/2018 15:10	Accident Report Within 24 hrs	Yes	Accident Type	Collision - head to Rear
Date of Accident	01/11/2018	Time of Accident hh:mm	15:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NEWTON CIRCUS TWIS SCOTT RD				

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			

Benefits

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	SG77301097-03		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	09/06/1968
Unnamed driver Name	CHONG CHIN SONG	Driver NRIC	FL108038L	Driving Experience	0
Register Date of Driver License	09/04/2018	Driver Age	50	Contact No.(Home)	0
Contact No.(Mobile)	90227723	Contact No.(Office)	0		
Address 1	BLK 40	Address 2	CAMBRIDGE ROAD	Address 3	SINGAPORE 210040
Address 4		Address Type	Singapore address	Post Code	210040
Unit No.	02-119				
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 *	OD-MX	Insured Name	RAINBOW BUS SERVICES	Insured NRIC	528357501
Contact No.(Mobile)	97952882	Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	PC8202B	TP Vehicle Number	SKG598A
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	PC8202B / SKG598A ON 1 Nov 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GSA report	Received
Date Registered	02/11/2018 15:12	Claim Close Date		Date Received	02/11/2018 00:00
Report Taken By	Jackson				

☐ Print AK letter

[Save](#) [Submit](#)

Attachment

Accident No.	MT/1018202	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/11/2018 15:13

Path *	Category *	Confidential	Urgency *	Description *
Browse...	Clear Please Select	<input type="checkbox"/> <input checked="" type="checkbox"/>	Normal	
Browse...	Clear Please Select	<input type="checkbox"/> <input checked="" type="checkbox"/>	Normal	
Browse...	Clear Please Select	<input type="checkbox"/> <input checked="" type="checkbox"/>	Normal	
Browse...	Clear Please Select	<input type="checkbox"/> <input checked="" type="checkbox"/>	Normal	

Please Select

Please Select

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mag Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Nov 2018 15:13	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Nov 2018 15:13	SAS	Normal	SAS 2018-11-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Nov 2018 15:13	Photos	Normal	Photos 2018-11-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Nov 2018 15:13	Photos	Normal	Photos 2018-11-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Nov 2018 15:13	Photos	Normal	Photos 2018-11-2		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Nov 2018 15:12	Photos	Normal	Photos 2018-11-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Nov 2018 15:12	Photos	Normal	Photos 2018-11-2		Edit

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"/>				