

NATIONAL Assessment Centre Services			
Date In: 18/02/2019 14:36	Job description	Date & Time Completed	Done by
Ref No: NA/INC19002979/ky	SAS e-filing		
Veh No: PC 889Y	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 17/02/2019 03:20	i-Motor Claim Form	MT/16326011-001	19/2/19 0:03
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: SHB 414J	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:	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 (\$)
		Est. Bill	Add. Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	on:		
	*N5: Courtesy Car / Tp 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: Idao 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 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	18/02/2019 14:36
Date Of Accident	17/02/2019 03:20
Exact Location Of Accident	BUKIT PANJANG RD TWDS PETIR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC889Y
Insured/Policyholder	
Name Of Registered Owner	ST XPRESS
Co Reg No	53197030B
Email Address	STSIHA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87767433
Alternative Phone No	OFFICE-87767433

Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA HIACE HIROOF AUTO 14 SEATER
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	THIRD PARTY
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	5096362314-01
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ASRAF BIN MAHAT
NRIC No	S9317699E
Date Of Birth	02/05/1993
Occupation	OUTDOOR
Date Of Driving Pass	29/11/2016
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87767433
Fax Number	
Contact Number	OTHERS-87767433
Email Address	STSIHA@GMAIL.COM

Address	BLK 18 JALAN SULTAN #12-166
Postcode	190018
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB414J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHEN KIM FOY
NRIC/Passport Number	S0065087J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

18/2/2019

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

Reported on 18/2/19
@ 1255 HRS

ACCIDENT STATEMENT

ACCIDENT DATE: (17/2/2019) (DD/MM/YYYY), TIME: (03:20 AM) (HH:MM)

LOCATION: Bukit Panjang Rd towards PETIR Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC 889Y
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 87767433
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHB 414J MODEL: _____
b) DRIVER'S NAME: Chen Kim Jey
c) NRIC/FIN/PASSPORT: S0065087J CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Mu Lim Chee Siong (Ah Siong)

HP: 9786 4483

workshop: autohub325@gmail.com

email = ~~sst~~ stsina@gmail.com

fax = stsina@gmail.com

VIDEO = NO

Waiting for Company chop? ✓

* No of passengers
(including driver)
(1)

* No of passengers
(including driver)
(1)

* No of passengers
(including driver)
(1)

← Tax

Driver

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9317699E



Name
MUHAMMAD ASRAF BIN MAHAT

Race
MALAY

Date of birth
02-05-1993

Country of birth
SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number
S9317699E

Name
MUHAMMAD ASRAF BIN MAHAT

Birth Date
02 May 1993

Issue Date
29 Nov 2016



4219396



NRIC No. **S9317699E**

APT BLK 18 JALAN SULTAN #12-166
SINGAPORE 190018

NRIC No: **S9317699E** Date: **19/04/2010** No: **6487556**

520804

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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	29 Nov 2016


NP 428A



Licence No: S9317699E

Driver

Land Transport Authority



VOCATIONAL LICENCE
Licence No : **S9317699E**
Name : **MUHAMMAD ASRAF BIN MAHAT**

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	18/12/2018
04	BUS ATTENDANT	18/12/2018



Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.

Date of Accident

17/02/2019 03:20

Vehicle No.(For Motor)

PC889Y

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5096362314-01		ST XPRESS	53197030B	GBS	Third Party, Fire & Theft	PC889Y	PC889Y	26/12/2018	25/12/2019

▼ Policy Information

Policy No.	5096362314-01	Policyholder Name	ST XPRESS	Policyholder NRIC	53197030B
Certificate No.					
Address	BLK 36 #01-161 CHAI CHEE AVENUE SINGAPORE 461036				
Product Name	BUS INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	26/12/2018	Effective Date	26/12/2018 00:00	Expiry Date	25/12/2019 23:59
Third Party Excess	3000	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	S'PORE SCH&PTE HIRE BUS OW	Agent Tel.	67410788	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 36 #01-161	Address 2	CHAI CHEE AVENUE	Address 3	SINGAPORE 461036
Address 4		Address Type	Singapore address	Post Code	461036
Unit No.	01-161	Related Policy Number	5096362314-01		

▶ Insured Object: PC889Y

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

Accident MT/1032601

Policy No.	5096362314-01	Vehicle No.	PC889Y	GST Registration No.
Certificate No.				
Policyholder Name	ST XPRESS	Cover Type	Third Party, Fire & Theft	Policyholder NRIC
Product Code	BUS INSURANCE	Contact No.(Office)	0	Loading
Contact No.(Mobile)	87767433	Special Remark		Contact No.(Home)
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason
NCD Protection	No			Private Hire

▼ Accident Details

Report Date	19/02/2019 09:57	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	17/02/2019	Time of Accident hh:mm	03:20	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BUKIT PANJANG RD TWDS PETIR RD			

▼ Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	3,000.00	Outside Singapore TP Excess		

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 36 #01-161	Address 2	CHAI CHEE AVENUE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-161	Related Policy Number	5096362314-01	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	MUHAMMAD ASRAF BIN MAHAT	Driver NRIC	S9317699E	Driving Experience
Register Date of Driver License	29/11/2016	Driver Age	25	Contact No.(Home)
Contact No.(Mobile)	87767433	Contact No.(Office)	0	Address 3
Address 1	BLK 18 #	Address 2	JALAN SULTAN	Post Code
Address 4		Address Type	Singapore address	
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

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 *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop		Insured Liability	Partially at Fault	GIA report	Received
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown		

Date Registered

Report Taken By

Print AK letter

OD-MX Insured Name ST XPR

Contact No. (Home)

OI Vehicle Number PC889Y

PC889Y / SHB414J ON 17 Feb 2019

19/02/2019 10:04 Claim Close Date

Workshop Repairer

Save Submit

Attachment

Accident No. MT/1032601 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 19/02/2019 10:00

Path *

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

Category * Confidential
 Clear Please Select NO
 Clear Please Select NO
 Clear Please Select NO
 Clear Please Select NO
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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2019 10:03	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2019 10:03	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2019 10:02	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2019 10:01	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2019 10:01	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2019 10:01	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2019 10:01	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2019 10:01	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2019 10:01	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2019 10:01	Photos	Normal	Photos