


NATIONAL Assessment Centre Services.

1992-1-1993

MMMA119046928

Date In: 10/14/19 16:57	Job description	Date & Time Completed	Done by
Ref No: NA1 INC19006402 164	SAS e-filing		
Veh No: PC 4725K	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 6/4/19 12:00	I-Motor Claim Form	MT/103968001	10/14/19 17:39
OD /  Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksn		

Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: <u>SGV 5600 L</u>	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 repolar.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Abstract

Remarks	(INC. Notice #/30/60/90)	2018-2019	2019-2020	2020-2021
1) Apply for Transport Allowance () / Courtesy Car ()				
2) QC Check / Post Repair Inspection ()				
3) Upload Resurvey Photo [Repair Cost > \$3000] ()				

Enthusiasm

[illegible]

MA 1902569

MA 1902569		Invoice/Repairation Charge by	Am (S)	Am (S)
Claimant's Particulars:		1) AR : Accident Reporting (\$30);	30.00	1) AR (S)
Driver/Owner:		2) DA : Damage Assessment (\$100); INC (\$80)		2) DA (S)
Contact No:		3) TP : Towing Fee \$40/\$45		3) TP (S)
Damage Portion:		4) FT : Follow-Through Survey \$120		4) FT (S)
		5) FT : Follow-Through Survey (Resurvey) \$30		5) FT (S)
		For claiming against INC Only (wef 10 Jan 2005)		
		6) TR : Re-Inspection \$75		6) TR (S)
		7) NI : Idao DA + SMRT Survey \$160		7) NI (S)
		8) NTUC Additional Services:-		8) NTUC (S)
		ON*		
		*N5: Courtesy Car / Tpt Allowance \$3		*N5 (S)
		*N6: Repair Co-ordination \$10		*N6 (S)
		*N7: Post Repair Inspection \$25		*N7 (S)
		*N8: DV / Collect Excess Coordination \$5		*N8 (S)
		TP (N11) : TP (N-on INC) against INC \$20		TP (N11) (S)
		9) N12: Idao Mobile \$0		9) N12 (S)
		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	10/04/2019 16:57
Date Of Accident	06/04/2019 12:00
Exact Location Of Accident	BUKIT BATOK EAST AVE 3 NEAR BUS STOP ID 42319
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	PC4725K
Insured/Policyholder	
Name Of Registered Owner	ALAN TRANSPORT & SERVICES
Co Reg No	53278419K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92952745
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5081498889-02
Cover Note Number	-
Driver	
Name of Driver	LAW KIEN HUEY
NRIC No	S7370365D
Date Of Birth	04/05/1973
Occupation	OUTDOOR
Date Of Driving Pass	11/09/2012
Driving Experience	6 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92952745
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 231 BUKIT BATOK EAST AVE 5 #13-69
Postcode	650231
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	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?	
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

PLEASE REFER TO 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	SGV5600L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TNG CHEE SENG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

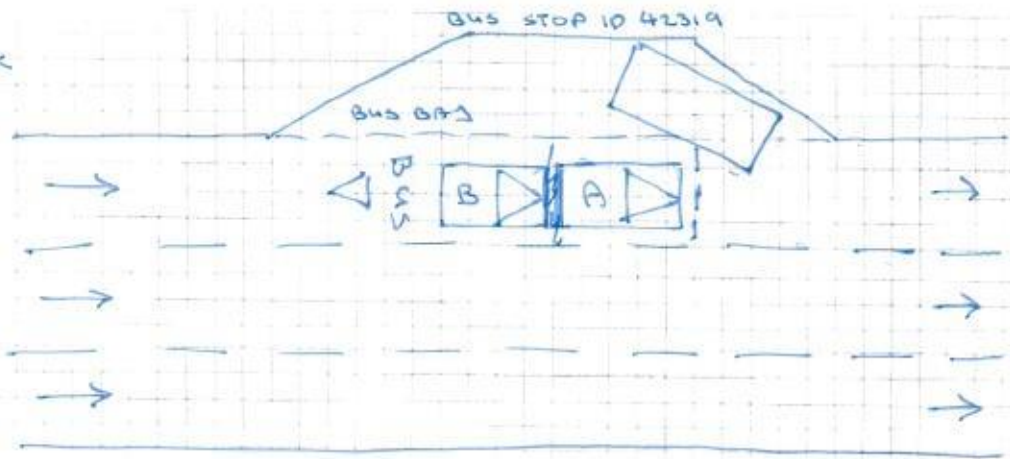
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

VEHICLE A
- PC 4725K

VEHICLE B
- SGV 5600L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG BUKIT BARU EAST AVE 3 TOWARDS TON TUCK AVE DIRECTION. I WAS ON THE EXTREME LEFT LANE.

WHILE GOING STRAIGHT AND APPROACHING BUS STOP ID 42319. WITH (GIVE WAY TO BUS MARKING ON FLOOR) I BRAKED AND STOP MY VEHICLE TO GIVE WAY TO THE BUS THAT EXITING FROM THE BUS STOP. SUDDENLY AFTER A FEW SECONDS I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE.

ALIGHTED AND REALIZED IT WAS A VEHICLE WITH LICENCE PLATE NUMBER (SGV 5600L) THAT COLLIDED TO THE REAR OF MY VEHICLE.

VEHICLE A - PC 4725K

VEHICLE B - SGV 5600L

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.:

Vehicle No.	PC 4725K	Model / Make	TOYOTA HIACE
Date of Accident	06/04/2019		
Time of Accident	1200	HRS	
Location of Accident	BUKIT BATOK EAST AVE 3	^{NEAR TO} BUS STOP ID 42319	
Exact purpose use during accident	WORKING HOUR		
Name of Owner	ALAN TRANSPORT & SERVICES		
Telephone No.	H/P: 9295 2745	Home :	Office :
NRIC	53278419K		
Address	729 WOODLANDS CIRCLE #01-37 S (730729)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	508149889-02		
Name of Driver	As Above If (No) LAW KIEH HUEY		
NRIC	57370365D	Any Passengers :	NIL
Date of birth	04 MAY 1973		
Occupation	Outdoor / Indoor		
Driving License Pass Date	16 JUL 2012 CLASS 4		
Gender	Male / Female		
Contact No.	H/P: 9295 2745	Home :	Office :
Address	BUK 231 BUKIT BATOK EAST AVE 5 #13-69 S (650231)		
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state		
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		
Any Injuries	No, If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	No, If Yes, Where?		
Vehicle B No.	SAV 5600L	Any Passengers :	
Name of Driver	TAN CHIE SINH	Contact No. :	
Vehicle C No.	57407260C	Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	REAR PORTION		
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n5i.com.sg		

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7370365D



Name

LAW KIEN HUEY



刘坚辉

Race

CHINESE

Date of Birth

04-05-1973

Sex

M

Country of Birth

MALAYSIA



2786389



NRIC No. S7370365D



Blood Group Date of issue

O+ 29-01-1996

APT BLK 231 BUKIT BATOK EAST AVENUE 5 #13-69
SINGAPORE 650231

NRIC No. S7370365D Date: 28/12/2018



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

Class 2B	Motorcycles =< 200 cc	11 Jan 1997
Class 2A	Motorcycles between 201 cc and 400 cc	29 Jun 1999
Class 2	Motorcycles > 400 cc	16 Jul 2002
Class 3	Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	07 Dec 2010
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	16 Jul 2012

NP 428A

Licence No: S7370366D

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	11/09/2012
04	BUS ATTENDANT	11/09/2012



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5081498889-02

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle

: PC4725K

Chassis Number

: KDH2230027717

2. Name of Policyholder

: ALAN TRANSPORT & SERVICES

3. Effective Date of Insurance

: 09 Jul 2018

4. Expiry Date of Insurance

: 08 Jul 2019

5. Persons or Classes of Persons entitled to drive*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use*

(a) Use for the carriage of passengers in connection with the Policyholder's business.

(b) Limited to carry 13 passengers.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

GEOGRAPHICAL LIMIT

: WITHIN THE REPUBLIC OF SINGAPORE ONLY

EXCESS (SECTION I)

: S\$2,000

EXCESS (SECTION II)

: S\$1,500

WINDSCREEN EXCESS

: S\$100

INSURE WITH COE

: YES

HIRE PURCHASE COMPANY

: UNITED OVERSEAS BANK LIMITED

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ABWIN PTE LTD (00000614234)

Date of Issue : 09 Jul 2018 14:55 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

Accident MT/1039680

Policy No.	508149889-02	Vehicle No.	PC4725K	GST Registration No.	
Certificate No.					
Policyholder Name	ALAN TRANSPORT & SERVICES			Policyholder NRIC	53278
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	92952745	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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(%)	15	Private Hire	No
Accident Details					
Report Date	10/04/2019 17:28	Accident Report Within 24 hrs	Yes	Accident Type	Collisio
Date of Accident	06/04/2019	Time of Accident hh:mm	12:00	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUKIT BATOK EAST AVE 3 NEAR BUS STOP ID 42319				
Excess					
Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
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	12 SIGLAP ROAD	Address 2	MARINE GARDEN	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	45584
Unit No.		Related Policy Number	508149889-02		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	04/05/
Unnamed driver Name	LAW KIEN HUEY	Driver NRIC	S7370365D	Driving Experience	6
Register Date of Driver License	11/09/2012	Driver Age	45	Contact No.(Home)	
Contact No.(Mobile)	92952745	Contact No.(Office)		Address 3	GOMB
Address 1	BLK 231 #13-69	Address 2	BUKIT BATOK EAST AVENUE 5	Post Code	65023
Address 4	SINGAPORE 650231	Address Type	Singapore address		
Unit No.	13-69				
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		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	ALAN TRANSPORT & SERVICES
Contact No.(Mobile)	92952745	Contact No.(Home)	
Email Address		OI Vehicle Number	PC4725K
Claim Description	PC4725K / SGV5600L ON 6 Apr 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	10/04/2019 17:38
			LIEW SHAN HUI
<input type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.	MT/1039680	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date

10/04/2019 17:39

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	Urgency *
Please Select	NO	Normal
Please Select	NO	Normal
Please Select	NO	Normal
Please Select	NO	Normal
Please Select	NO	Normal
Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Apr 2019 17:39	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Apr 2019 17:39	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Apr 2019 17:39	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Apr 2019 17:39	SAS	Normal	SAS 2019-4-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Apr 2019 17:39	Photos	Normal	Photos 2019-4-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Apr 2019 17:39	Photos	Normal	Photos 2019-4-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Apr 2019 17:39	Photos	Normal	Photos 2019-4-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Apr 2019 17:38	Photos	Normal	Photos 2019-4-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Apr 2019 17:38	Photos	Normal	Photos 2019-4-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Apr 2019 17:38	Photos	Normal	Photos 2019-4-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Apr 2019 17:38	Photos	Normal	Photos 2019-4-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Apr 2019 17:38	Photos	Normal	Photos 2019-4-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Apr 2019 17:38	Photos	Normal	Photos 2019-4-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Apr 2019 17:38	Photos	Normal	Photos 2019-4-10

Video List

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