

NATIONAL Assessment Centre Services

(wef 1 Jan 2005) MHA 119 078839

Date In: 13/9/19-16:30	Job description	Date & Time Completed	Done by
Ref No: NA/INC/9010649/24	SAS e-filing		
Veh No: PA 98071C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 15/6/19 - 19:00	i-Motor Claim Form	M/1049363 001	17/6/19 16:35
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: QR 6734 B	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	Ant (\$) Est Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
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		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
Cat. 1:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
Cat. 2 / 3:	9) N11 : TP (Non INC) against INC \$20		
	9) N12 : Idac 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	17/06/2019 16:32
Date Of Accident	15/06/2019 19:00
Exact Location Of Accident	BLK 458 TAMPINES ST 42 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA9807K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GUILLEMARD BUS SERVICE
Co Reg No	20973700W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97920384
Alternative Phone No	OFFICE-97920384

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ROSA 4.9L MT 2WD 6T TURBO 4DR 24 SEATER
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	5102731694
Cover Note Number	

### Driver

Name of Driver	LIU WANYANG
Passport No/FIN	G2228089P
Date Of Birth	30/10/1973
Occupation	OUTDOOR
Date Of Driving Pass	18/06/2018
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81193673
Fax Number	
Contact Number	OFFICE-81193673
EMail Address	NOEMAIL

Address	52 FOWLIE ROAD
Postcode	428496
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?	
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)	23

### 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

REFER TO STATEMENT.

### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJQ6339B
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)	2
Passenger 1	NAME: ;
	GENDER: ;

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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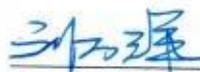
#### 8. Consent under the Personal Data Protection Act (PDPA)

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.

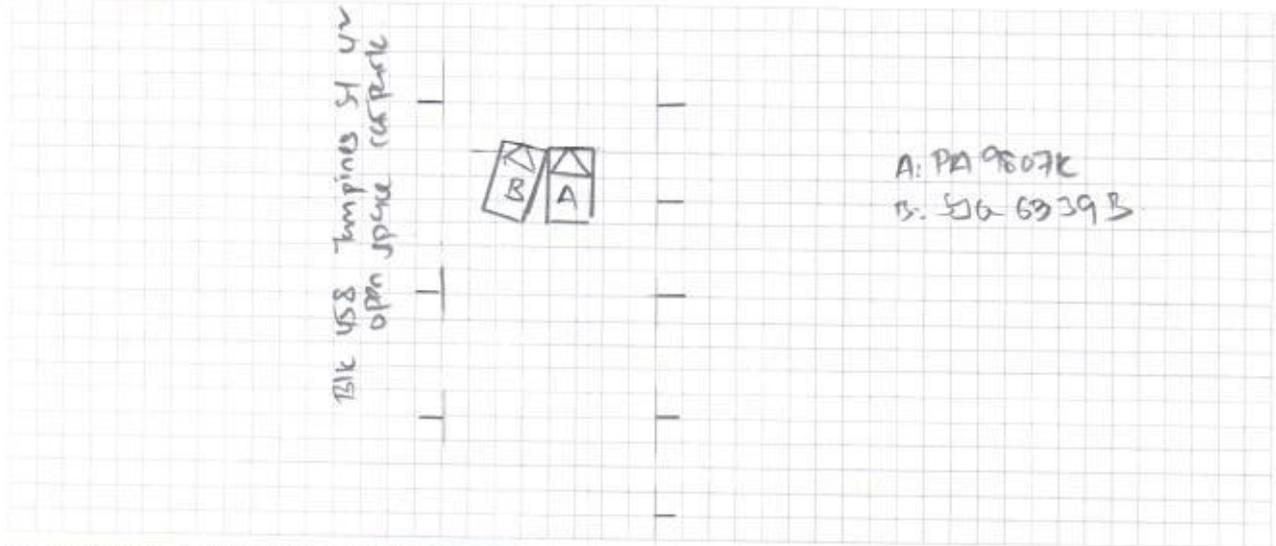
基理瑪巴士服務  
GUILLEMARD BUS SERVICE  
Co. Reg No. 209737100W

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

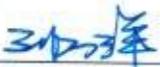
Refer to statement.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

基理瑪巴士服務  
GUILLEMERD BUS SERVICE  
Co. Reg No. 209737/00w

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.:

ON STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT ALONG THE STATED VENUE. I NOTICED THAT VEHICLE B WAS STATIONARY PARKED OUTSIDE OF THE DROP OFF POINT AND TURNING ON EMERGENCY INDICATOR LIGHT. SUDDENLY VEHICLE B INCH OUT ONTO MY LANE AND HIT ONTO MY VEHICLE FRONT LEFT PORTION.

# ACCIDENT STATEMENT

ACCIDENT DATE: 15 / 6 / 19 (DD/MM/YYYY), TIME: 19 : 00 (HH:MM)

LOCATION: Blk 458 Tampines H 4~ open space carpark.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PAG807K  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5102231694  
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: Working  
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: Maillemaerd Bus Services. (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9792 084  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: Lin Winying (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 6780847 CONTACT: 8119 3673  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: 20 / 12 / 1977 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 8/6/2008

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: SD2633915 MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
(including driver)  
(2)

\* No of passenger  
(including driver)  
(2)

\* No of passenger  
(including driver)  
( )

Email =

fax =

VIDE.O =

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

Employer  
**GUILLEMARD BUS SERVICE**



Name  
**LIU WANYANG**

Work Permit No. **07550800-** Sector  
**SERVICE**



**K0422610**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License No. **G2228089P**



**LIU WANYANG**

Valid From: **30 Oct 1973**  
Issue Date: **30 May 2018**  
Valid Till: **08/07/2023**



**002607960E**

For LKK/NAC Use Only

**Land Transport Authority**

**VOCATIONAL LICENCE**

Licence No: **G2228089P**  
Name: **LIU WANYANG**



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

For LKK/NAC Use Only

**VISIT PASS**  
Immigration Regulations

Name  
**LIU WANYANG**

FIN  
**G2228089P**

Date of Birth **30-10-1973** Sex **M**

Nationality  
**CHINESE**

**MULTIPLE JOURNEY VISA ISSUED**

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.



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

Class	Description	EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	09 Jul 2013
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	09 Jul 2013
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 or passengers and the unladen weight =< 7250kg	01 Nov 2016

Licence No: **G2226069P**



NP 428A

For LKK/NAC Use Only

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	18/06/2018



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="15/06/2019 19:00"/>
Vehicle No. (For Motor)	<input type="text" value="PA9807K"/>	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"/>	5102731694		GUILLEMARD BUS SERVICE	20973700W	GFT	Comprehensive	PA9807K	PA9807K	29/07/2018	

▼ Policy Information

Policy No.	5102731694	Policyholder Name	GUILLEMARD BUS SERVICE	Policyholder NRIC	20973700W
Certificate No.					
Address	52 FOWLIE ROAD SINGAPORE 428496				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	27/07/2018	Effective Date	29/07/2018 00:00	Expiry Date	28/07/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	3000	Windscreen Excess	500
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			Young/Inexperience Driver 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	52 FOWLIE ROAD	Address 2	SINGAPORE 428496	Address 3	
Address 4		Address Type	Singapore address	Post Code	428496
Unit No.		Related Policy Number	5102731694		

▶ Insured Object: PA9807K

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	29/08/2018 00:00	Basic Information Endorsement	000001286891218	Endorsement Take Effective	<p>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: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. CB2629C 29-08-2018 \$2,212.82 In view of this amendment, an additional premium of \$2,212.82 (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.</p>
2	29/08/2018 00:00	Basic Information	000001286891622	Endorsement Take	<p>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: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. BE639JD00129 31-08-2018 \$1,975.72 In view of this amendment, an additional premium of \$1,975.72 (inclusive of GST) is payable under your policy. Please ignore this premium payment</p>

**Claim Handling**

[EXIT](#)

Accident MT/1049363

Policy No.	5102731694	Vehicle No.	PA9807K	GST Registration No.	20973700W
Certificate No.					
Policyholder Name	GUILLEMAR BUS SERVICE	Cover Type	Comprehensive	Policyholder NRIC	20973700W
Product Code	FLEET INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	97920384	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	11
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
<b>Accident Details</b>					
Report Date	17/06/2019 16:53	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	15/06/2019	Time of Accident hh:mm	19:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 458 TAMPINES ST 42 OPEN SPACE CARPARK				
<b>Excess</b>					
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			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	Yes	GST Registration Date	01/01/2014		
GST Registration No.	20973700W	GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	52 FOWLIE ROAD	Address 2	SINGAPORE 428496	Address 3	
Address 4		Address Type	Singapore address	Post Code	428496
Unit No.		Related Policy Number	5102731694		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	30/10/1973
Unnamed driver Name	LIU WANYANG	Driver NRIC	G2228089P	Driving Experience	0
Register Date of Driver License	18/06/2018	Driver Age	45	Contact No. (Home)	0
Contact No. (Mobile)	81193673	Contact No. (Office)	0	Address 3	
Address 1	52 FOWLIE ROAD	Address 2	SINGAPORE 428496	Post Code	428496
Address 4		Address Type	Singapore address		
Unit No.				Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			
<b>Declaration</b>					
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	GUILLEMAR BUS SERVICE	Insured NRIC	20973700W	
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	68419813	
Email Address		OI Vehicle Number	PA9807K	TP Vehicle Number	SJQ63398	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	PA9807K / SJQ63398 ON 15 Jun 2019				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	17/06/2019 00:00	
Date Registered	17/06/2019 16:55	Claim Close Date				
Report Taken By	Jackson					
<input checked="" type="checkbox"/> Print AK letter						
<b>Save</b> <b>Submit</b>						

**Attachment**

Accident No. MT/1049363 Claim No. 001  
 Last Doc. Received  Yes  No Upload Date 17/06/2019 16:57

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

