

NATIONAL Assessment Centre Services

[Print / Save]

MNA/19019823

Date In: 19/06/2019 12/19	Job description	Date & Time Completed	Done by
Ref No: NBS/C219010886/Y	SAS e-filing		
Veh No: CB 7288 U	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 18/06/2019 01:10	I-Motor Claim Form		
OD: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SHC 5469M	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 () / Towel-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

NA1904605

Claimant's Particulars:-	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)		In Bill	Add. Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TP: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30			
Cat. J:	For claims against INC Only (wef 10 Jan 2005)			
Cat. 2/3:	6) TR: Re-inspection \$75			
1/1	7) N1: Idno DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
	• N3: Courtesy Car / Tpt Allowance \$5			
	• N6: Repair Co-ordination \$10			
	• N7: Post Repair Inspection \$25			
	• N8: DV / Collect Excess Coordination \$5			
	• N11: TP (Non INC) against INC \$20			
	• N12: Idno Mobile \$30			
	Invoice dated	Pen Charged		
	Invoice dated	Pen Charged		

07-MAY-2019 16:39

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	19/06/2019 12:19
Date Of Accident	18/06/2019 01:10
Exact Location Of Accident	ALONG CHOA CHU KANG WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB7288U
Insured/Policyholder	
Name Of Registered Owner	TAY LAY KEOW
NRIC No	S7107743H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91663069
Alternative Phone No	OTHERS-83785634

Vehicle Particulars

Manufacturer	JOYLONG
Model	HKL6540RC-2.8 D LWB (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES

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
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Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SN3072931800
Cover Note Number	

Driver

Name of Driver	YAP CHUAN JOO
NRIC No	S1807246G
Date Of Birth	21/12/1967
Occupation	OUTDOOR
Date Of Driving Pass	01/10/1993
Driving Experience	25 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91663069
Fax Number	
Contact Number	OTHERS-83785634
Email Address	NOEMAIL

Address BLK 483 SEGAR ROAD
#13-344
Postcode 670483

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? 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) 2

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 SKETCH PLAN

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 SHC5469M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

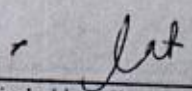
SKETCH PLAN


IMPORTANT NOTICE

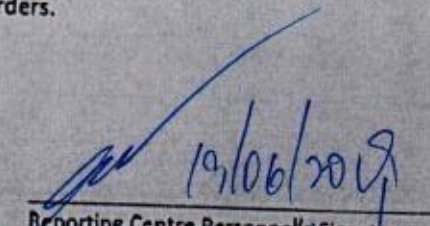
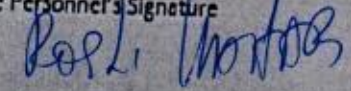
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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate 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:

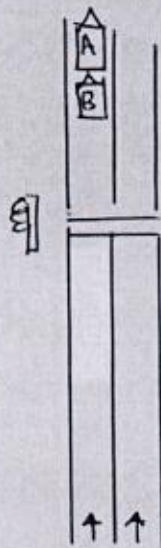
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:


19/06/2019
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

SKETCH PLAN



A = CB7J88U

B = SHC5469M.

Choa Chu Kang Way.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/06/2019 @ 01:10 hrs, I on my hazard light for my bus CB7J88U to alight passenger & before I can stop my bus, a taxi SHC5469M hit onto my rear from behind.

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.:

Road surface: Dry / Wet
Weather condition: Clear / Raining
Speed: _____

Usage of veh during of accident:

Does driver own a vehicle: yes / no

if yes, veh number plate: _____

veh insurance co: _____

Relationship with insured: Employee & Employer

Witness (if any): yes / no

Witness name: _____

Witness hp: _____

Witness email (if any): _____

Witness add: _____

Witness IC no: _____

Third party veh number: SH C 5469 M

Name of third party driver: _____

IC of third party driver: _____

HP of third party driver: _____

Address of third party driver: _____

Insured/Co name of third party vehicle: _____

Contact number of insured/Co: _____

Insurance co of third party vehicle: _____

Police report (if any): yes / no

Police report reported at which police station: _____

Any intended prosecution given: yes / no

if yes, against whom: veh A / veh B driver

Action taken : claiming third party / claiming own damage / reporting only

No of Pax: 02 Pax

Connect3 client vehicle no: CB72884

Owner contact no: 8378 5634

Date of accident: 18/06/2019

Location of accident: CCK Way

Time of accident: 01:10hrs

Any Injury: yes / no (if yes, must have police report)

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1807246G



Name

YAP CHUAN JOO



Race

CHINESE

Date of Birth

21-12-1967

Sex

M

Country of Birth

SINGAPORE

For LKK/NAC Use Only



0054481



NRIC No. S1807246G

53529

For LKK/NAC Use Only

Blood Group

O+

Date of issue

22-08-1991

APT BLK 483 SEGAR ROAD #13-344
SINGAPORE 670483

NRIC No: S1807246G

Date: 04-07-2006 No: 5431740

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number
Name

S1807246G

YAP CHUAN JOO

For LKK/NAC Use Only

Birth Date 21 Dec 1967

Issue Date 18 Aug 2003

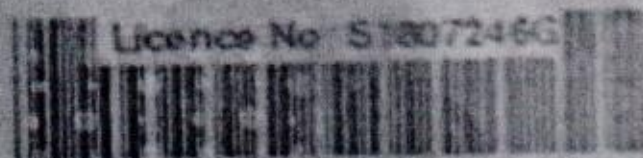


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	29 Mar 1986
Class 2A Motorcycles between 201 cc and 400 cc	18 Nov 1987
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	01 Oct 1988

For LKK/NAC Use Only

NP 428A



For LKK/NAC Use Only

Land Transport  Authority



VOCATIONAL LICENCE

Licence No : S1807248G

Name : YAP CHUAN JOO

Issue Date : 30/12/2013

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 the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	30/12/2013
04	BUS ATTENDANT	30/12/2013

For LKK/NAC Use Only

Licence Group: 03/04
Renewal: 29/12/16
Net Expiry: 29-12-16

Licence Group: 03/04
Net Expiry: 29/12/19



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7107743H



TAY LAY KEOW
戴丽娇

CHINESE
Date of Birth: 02-03-1971
Country of Birth: SINGAPORE

For LKK/NAC Use Only

2479541



MARC No: S7107743H



Blood Group: A+ Date of issue: 14-10-1994

APT BLK 188 JALAN TECK WHYE #08-111
SINGAPORE 680168

MARC No: S7107743H Date: 08-07-2002 No: 4222652

For LKK/NAC Use Only

H/P: 0166 3069

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 No.	DMB1SN3072931800	Engine No : ISF28S5129T89594604 Chassis No: LJSKA3BG9DD850121
1. Index Mark and Registration Number of Vehicle	CB7288U	
2. Name of Policy Holder	M/S TAY LAY KEOW	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	29 NOVEMBER 2018	EX SECT. IS\$1,500.00 EX SECT. IIS\$3,000.00 EX ON WINDSCREENS\$100.00
4. Date of Expiry of Insurance	28 NOVEMBER 2019	
5. Persons or Classes of Persons entitled to drive *		

ANY PERSON PROVIDED HE IS IN THE POLICYHOLDER'S EMPLOY AND IS DRIVING ON THEIR ORDER OR WITH THEIR 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: *

USE ONLY FOR THE CARRIAGE OF PASSENGERS OR GOODS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS AS SPECIFIED IN THE SCHEDULE.

THE POLICY DOES NOT COVER

- (1) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
- (2) USE WHILST DRAWING A TRAILER, EXCEPT THE TOWING (OTHER THAN FOR REWARD) OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

HIRE PURCHASE CO. : ABWIN PTE LTD AS HP OWNER

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (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.

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). Please see reverse

SG MOTOR TRADER PTE LTD

Reg. No.: 201537467C

172 Sin Ming Drive

Singapore 575720

Tel: 6933 9400 Fax: 6456 0678

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Countersigned By:

Authorised Officer

Authorised Signatory

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type:

Singapore NRIC

Owner ID:

7743H

Vehicle Details

Vehicle No.:

CB7288U

Vehicle to be Exported:

Yes

Intended Deregistration Date:

19 Jun 2019

Vehicle Make:

JOYLONG

Vehicle Model:

HKL6540RC LWB

Primary Colour:

Silver

Manufacturing Year:

2013

Engine No.:

ISF2855129T89594604

Chassis No.:

LJKA3BG9DD850121

Maximum Power Output:

-

Open Market Value:

\$33,900.00

Original Registration Date:

29 Nov 2013

First Registration Date:

29 Nov 2013

Transfer Count:

0

Actual ARF Paid:

\$1,695.00

Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Rebate Amount:

\$0.00

Total Rebate Amount:**\$0.00**

The information contained herein is correct as at 19 Jun 2019

OK