

NATIONAL Assessment Centre Services

Date In: 21/06/2019 10:53	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC19010966/14			
Veh No: PC2034J	E-mail (within 8hrs, At: 2hrs)		
DDA: 14/06/2019 07:35	i-Motor Claim Form: MT/1050338-001 24/6/19 19:52		
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: PC3458M 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)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time Actions

NA1904722

Invoice Preparation Checklist

Amt (\$) Amt (\$) 1st Bill Add Bill

Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) RT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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 \$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	21/06/2019 10:53
Date Of Accident	14/06/2019 07:35
Exact Location Of Accident	UPP JURONG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC2034J
Insured/Policyholder	
Name Of Registered Owner	ZHONG TONG BUS INTERNATIONAL (S) PTE. LTD.
Co Reg No	201009745W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97251379
Alternative Phone No	OFFICE-97251379

Vehicle Particulars

Manufacturer	ZHONG TONG
Model	LCK6107H
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	REPORTING ONLY
Vehicle Category	BUS

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5067992960-04
Cover Note Number	

Driver

Name of Driver	ZAKARIA BIN JAMIL
NRIC No	S2182976E
Date Of Birth	20/08/1962
Occupation	OUTDOOR
Date Of Driving Pass	07/05/1998
Driving Experience	21 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97251379
Fax Number	
Contact Number	OTHERS-97251379
EMail Address	NOEMAIL

Address	BLK 879 TAMPINES AVENUE 8 #04-272
Postcode	520879
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)	21

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	PC3458M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	NEO JIT SUN
NRIC/Passport Number	S1802402J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Driver Company Details.



山河旅游

TRAVEL GSH PTE LTD

101 Upper Cross Street

People's Park Centre

B1-17M Singapore 058357

Tel: 6536 9300 Fax: 6534 3633

Email: jonathan.ng@travelgsh.com Website: www.travelgsh.com

黄腾永
Jonathan Ng
General Manager
HP: 8613 3011

Our Services

- Coach Charter
- Incentive Tours
- Cruises
- Visa Assistance
- Meetings, Conferences
- Holiday Tour Packages
- Travel Insurance
- Worldwide Ticketing



TRAVELGSH



Reported on 19/6/2019
@ 10:40 AM

ACCIDENT STATEMENT

ACCIDENT DATE: 14/6/2019 (DD/MM/YYYY), TIME: 07:35 AM (HH:MM)

LOCATION: UPP Jurong Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC 2034J BIS
b) INSURANCE COMPANY: Bus
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: 97251379
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: PC 3458M MODEL: _____
b) DRIVER'S NAME: NEO JIT SUN
c) NRIC/FIN/PASSPORT: S1802402J CONTACT: _____

9. THIRD PARTY VEHICLE

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

? email =

fax =

VIDEO =

Waiting for Company Chop? ✓
& VDL? ✓ OK

Given chop
on 21/6/19
@ 10:45 AM

* No of passenger
(including driver)
(21)

20
18-F
6-M

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2182976E



Name

ZAKARIA BIN JAMIL

زكريا بن جامل

Race

MALAY

Date of birth

20-08-1962

Country/Place of birth

MALAYSIA



For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S2182976E

Name

ZAKARIA BIN JAMIL

Birth Date 20 Aug 1962

Issue Date 04 Mar 2003



For LKK/NAC Use Only

5791350



NRIC No. S2182976E



Date of issue

28-08-2017

Address

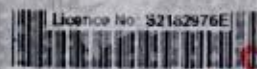
APT BLK 879 TAMPINES AVENUE 8
#04-272
SINGAPORE 520879

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YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

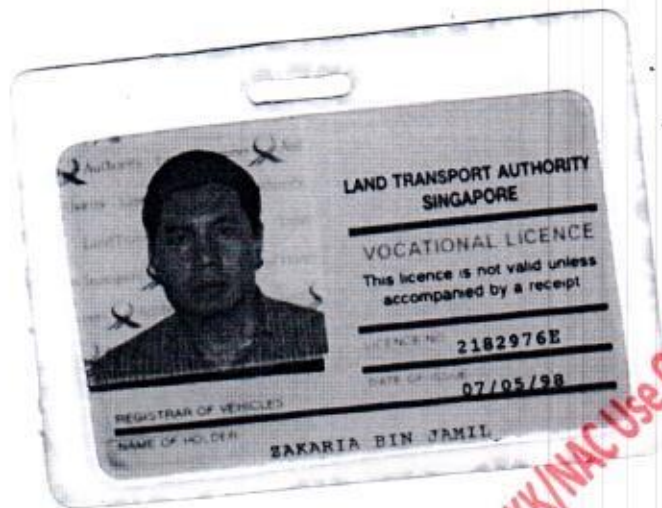
PASS DATE

Class 2B	Motorcycles not exceeding 200 cc	23 Mar 1984
Class 2A	Motorcycles between 201 cc and 400 cc	23 Mar 1984
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	26 Apr 1980
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	22 Feb 1985



NP 428A

For LKK/NAC Use Only



For LKK/NAC Use Only

Hello, NAC_PAYA_UBI_800601

[Change Language](#) [Change Password](#) [Log Out](#)

[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No.		Date of Accident	14/06/2019 07:35	
Vehicle No.(For Motor)	PC2034J	Certificate Number		
Search				

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5067992960-04		ZHONG TONG BUS INTERNATIONAL (S) PTE. LTD.	201009745W	GFT	Comprehensive	PC2034J	PC2034J	09/10/2018	

▼ Policy Information

Policy No.	5067992960-04	Policyholder Name	ZHONG TONG BUS INTERNATIO	Policyholder NRIC	201009745W
Certificate No.					
Address	101 UPPER CROSS STREET #B1-17M PEOPLE'S PARK CENTRE SINGAPORE 058357				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	09/10/2018	Effective Date	09/10/2018 00:00	Expiry Date	08/10/2019 23:59
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			
Agent	NLE INSURANCE AGENCIES PTE	Agent Tel.	65673612	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	101 UPPER CROSS STREET	Address 2	#B1-17M PEOPLE'S PARK CENTR	Address 3	SINGAPORE 058357
Address 4		Address Type	Singapore address	Post Code	058357
Unit No.	B1-12	Related Policy Number	5052506425-07		

► Insured Object: PC2034J

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
Continue Cancel					

Claim Handling

Accident MT/1050338

Policy No.	5067992960-04	Vehicle No.	PC2034J	GST Registration No.	
Certificate No.				Policyholder NRIC	
Policyholder Name	ZHONG TONG BUS INTERNATIONAL (S) PTE. LTD.	Cover Type	Comprehensive	Loading	
Product Code	FLEET INSURANCE	Contact No.(Office)	0	Contact No.(Home)	
Contact No.(Mobile)	97251379	Special Remark		eCode	
Email Address		TCA	☒ No ☐ Yes	eCode Reason	
KFK	☒ No ☐ Yes	NCD Entitlement(%)	0	Private Hire	No
NCD Protection	No	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Report Date	24/06/2019 19:38	Time of Accident hh:mm	07:35	Country of Accident	Singapore
Date of Accident	14/06/2019	Orange Force		ICM No.	
Reporting Centre					
Accident Location	UPP JURONG ROAD				
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	Yes	GST Registration Date	12/07/2010		
GST Registration No.	201009745W	GST Status Verified	Yes		
Modification History	24/06/2019 19:42:20 System changed GST Registered from No to Yes 24/06/2019 19:42:20 System changed GST Registration No. from null to 201009745W 24/06/2019 19:42:20 System changed GST Registration Date from null to 12/07/2010				
Policyholder Mailing Address					
Address 1	101 UPPER CROSS STREET	Address 2	#B1-17M PEOPLE'S PARK CENTI	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	B1-12	Related Policy Number	5052506425-07		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	ZAKARIA BIN JAMIL	Driver NRIC	S2182976E	Driving Experience	
Register Date of Driver License	07/05/1998	Driver Age	56	Contact No.(Home)	
Contact No.(Mobile)	97251379	Contact No.(Office)	0	Address 3	
Address 1	BLK 879 #	Address 2	TAMPINES AVENUE 8	Post Code	
Address 4	SINGAPORE 520879	Address Type	Singapore address		
Unit No.		Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	☐ Yes ☒ No				
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	☐ Yes ☒ No		

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	ZHONG TONG BUS INTERNATIO	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	PC2034J	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	PC2034J / PC3458M ON 14 Jun 2019				
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	24/06/2019 19:53	Claim Close Date		Date Received	
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
☒ Print AK letter					

Save Submit

Attachment

Accident No.	MT/1050338	Claim No.	001
Last Doc. Received	☒ Yes ☐ No	Upload Date	24/06/2019 19:40
Path *	Browse... Clear Please Select Browse... Clear Please Select Browse... Clear Please Select Browse... Clear Please Select Browse... Clear Please Select Browse... Clear Please Select		
	Category *	Confidential	Urgency
		No	Normal
		No	Normal
		No	Normal
		No	Normal
		No	Normal
		No	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Jun 2019 19:52	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Jun 2019 19:52	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Jun 2019 19:51	SAS	Normal	SAS 2019-6-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Jun 2019 19:50	Photos	Normal	Photos 2019-6-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Jun 2019 19:50	Photos	Normal	Photos 2019-6-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Jun 2019 19:50	Photos	Normal	Photos 2019-6-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Jun 2019 19:49	Photos	Normal	Photos 2019-6-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Jun 2019 19:49	Photos	Normal	Photos 2019-6-24
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Jun 2019 19:48	Photos	Normal	Photos 2019-6-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Jun 2019 19:48	Photos	Normal	Photos 2019-6-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Jun 2019 19:48	Photos	Normal	Photos 2019-6-24
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