

NATIONAL Assessment Centre Services

Wef 1 Jan 05 MHA11 9080884

Date In: 21/6/19-14:00	Job description	Date & Time Completed	Done by
Ref No: NA/INC 15012982/24	SAS e-filing		
Veh No: CB 7434	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 21/6/19-14:00	i-Motor Claim Form	21/6/19 14:00	
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: CB 7434	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 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

NA/INC 15012982/24

Claimant's Particulars:-	Invoice Preparation Checklist		Amf (\$)	Amf (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		Inc Bill	Add Bill
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			
	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:-			
	9) N12: Idao Mobile 30			
	• 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 (N'n INC) against INC \$20			
	• N12: Idao Mobile 30			
	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		

Auditors' Comments:-

2at. 1:

2at. 2 / 3:

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 14:02
Date Of Accident	21/06/2019 11:20
Exact Location Of Accident	TAMPINES RD BEFORE JUNC HOUGANG AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB7431Y
Insured/Policyholder	
Name Of Registered Owner	YANG BUS TRANSPORT SERVICES
Co Reg No	53106240J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96795133
Alternative Phone No	OFFICE-96795133

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350 HR MICROBUS 2.5 4DR 5AT ABS D/AB
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	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	5102731596
Cover Note Number	

Driver

Name of Driver	TAN SHIEH LIN (CHEN XUELING)
NRIC No	S7430590C
Date Of Birth	22/09/1974
Occupation	OUTDOOR
Date Of Driving Pass	09/09/1999
Driving Experience	19 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91730840
Fax Number	
Contact Number	OFFICE-91730840
Email Address	NOEMAIL

Address	BLK 4 BEDOK SOUTH AVENUE 1 #05-823
Postcode	460004
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)	4

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY VEHICLE B JAMMED BRAKE. I SWERVE MY VEHICLE TO THE RIGHT SIDE IN ORDER TO AVOID COLLISION WITH VEHICLE B. HOWEVER, MY VEHICLE FRONT LEFT PORTION HIT ONTO VEHICLE B REAR RIGHT PORTION.

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	SLT5124X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	96607361
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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.

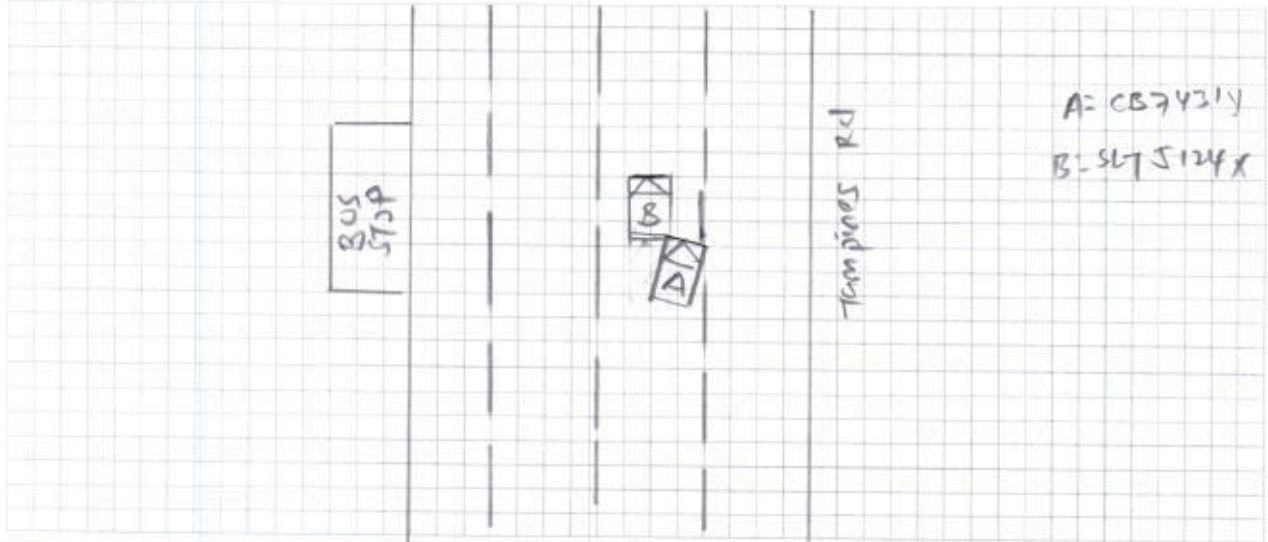


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

DECLARATION

I/We declare the following 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.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7430590C



Name
**TAN SHIEH LIN
(CHEN XUELING)**

Race
CHINESE
Date of birth
22-09-1974 Sex
F
Country of birth
SINGAPORE

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



NRIC No. S7430590C

Name
**TAN SHIEH LIN
(CHEN XUELING)**

Date of birth
22 Sep 1974

Issue Date
10 Jun 2003



Land Transport Authority

VOCATIONAL LICENCE

Licence No. S7430590C

Name TAN SHIEH LIN

Issue Date 18/5/2011

Please visit www.lta.gov.sg to check the status of this vocational licence

For LKK/NAC Use Only



NRIC No. S7430590C

Date of issue
27-12-2012

Address

**APT BLK 4 BEDOK SOUTH AVENUE 1
#05-823
SINGAPORE 460004**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

- | Class | Description |
|----------|--|
| Class 3 | Motor cars <= 3500 kg with <= 7 passengers, exclusive of the drivers, and motor tractors/vehicles <= 2500 kg |
| Class 4A | Omni-buses |
| Class 4 | Heavy motor cars and motor tractors > 2500 kg |

Pass OA
13 Aug 1996
29 Dec 2004
15 Feb 2006

S / No. 9000048470

S7430590C

Licence No. S7430590C



T/P 42/A

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
03	BUS VL
04	BUS ATTENDANT

Issue Date
09/09/1999
09/09/1999



eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor) 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"/>	5102731596		YANG BUS TRANSPORT SERVICES	53106240J	GBS	Comprehensive	CB7431Y	CB7431Y	21/08/2018	20/08/2019

Policy Information

Policy No.	5102731596	Policyholder Name	YANG BUS TRANSPORT SERVICE	Policyholder NRIC	53106240J
Certificate No.					
Address	BLK 171 #13-1473 HOUGANG AVENUE 1 SINGAPORE 530171				
Product Name	BUS INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	08/08/2018	Effective Date	21/08/2018 00:00	Expiry Date	20/08/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	500
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	ODDS & EVEN	Agent Tel.	63163238	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 171 #13-1473	Address 2	HOUGANG AVENUE 1	Address 3	SINGAPORE 530171
Address 4		Address Type	Singapore address	Post Code	530171
Unit No.		Related Policy Number	5102731596		

Insured Object: CB7431Y

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/1049977

Exit

Policy No.	S102731596	Vehicle No.	CB7431Y	GST Registration No.	
Certificate No.					
Policyholder Name	YANG BUS TRANSPORT SERVICES	Cover Type	Comprehensive	Policyholder NRIC	S3106240J
Product Code	BUS INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	96795133	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="1"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	21/06/2019 14:17	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	21/06/2019	Time of Accident (Approx)	11:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TAMPINES RD BEFORE JUNC HOUGANG AVE 3				

Excess

Own damage Excess	2,000.00	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	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 171 #13-1473	Address 2	HOUGANG AVENUE 1	Address 3	SINGAPORE 530171
Address 4		Address Type	Singapore address	Post Code	530171
Unit No.		Related Policy Number	S102731596		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	22/09/1974
Unnamed driver Name	TAN SHIEH LIN (CHEN XUELIN)	Driver NRIC	S7430590C	Driving Experience	19
Register Date of Driver License	09/09/1999	Driver Age	44	Contact No. (Home)	0
Contact No. (Mobile)	91730840	Contact No. (Office)	0	Address 3	SINGAPORE 460004
Address 1	BLK 4	Address 2	REDOK SOUTH AVENUE 1	Post Code	460004
Address 4		Address Type	Singapore address		
Unit No.	05-823			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			

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 New

Claim Type *	DO-MX	Insured Name	YANG BUS TRANSPORT SERV(C)	Insured NRIC	S3106240J
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	63163238
Email Address		OT Vehicle Number	CB7431Y	TP Vehicle Number	SLT5124X
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	CB7431Y / SLT5124X ON 21 Jun 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	21/06/2019 14:20	Claim Close Date		Date Received	21/06/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1049977	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/06/2019 14:20

Path *	Category *	Confidential	Urgency *	Description *
<input type="text" value="Browse..."/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="text" value="Browse..."/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="text" value="Browse..."/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="text" value="Browse..."/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	

Browse...

Browse...

Browse...

Clear

Please Select

/50

Normal

Clear

Please Select












/50

Normal

☐ Send Message

Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 21 Jun 2019 14:20	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 21 Jun 2019 14:20	SAS	Normal	SAS 2019-6-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 21 Jun 2019 14:20	Photos	Normal	Photos 2019-6-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 21 Jun 2019 14:20	Photos	Normal	Photos 2019-6-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 21 Jun 2019 14:20	Photos	Normal	Photos 2019-6-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 21 Jun 2019 14:20	Photos	Normal	Photos 2019-6-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 21 Jun 2019 14:20	Photos	Normal	Photos 2019-6-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 21 Jun 2019 14:20	Photos	Normal	Photos 2019-6-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 21 Jun 2019 14:20	Photos	Normal	Photos 2019-6-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 21 Jun 2019 14:20	Photos	Normal	Photos 2019-6-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 21 Jun 2019 14:20	Photos	Normal	Photos 2019-6-21		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid #ccc; padding: 2px;">Display in New Window</div> <div style="border: 1px solid #ccc; padding: 2px;">Scan and uploading</div> </div>				