

NATIONAL Assessment Centre Services [cont 1 Jan 06] **MNAY19074938-01**

Date In: 30/07/2009 14:27	Job description	Date & Time Completed	Done by
Ref No: NBA/TUC19073358/4	SAS e-filing		
Veh No: PA 4387M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 06/06/2009 of 55	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 /MNC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **SKA 284A** 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: (\$) Lending: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairs.

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

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

Remarks (INC Hotline: 07880616)	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	Am't (\$)	Am't (\$)
		Int Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
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		
Adaptor's Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Calc 1:	For claimant against INC Only (waf 10 Jan 2009)		
Calc 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idm 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: DY / Collect Excess Coordination \$5		
	* N11: TP (N11) - TP (N-in INC) against INC \$20		
	* N12: Idm Mobile \$0		
	Invoice dated	Fee Charged	
		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	10/06/2019 10:04
Date Of Accident	06/06/2019 08:55
Exact Location Of Accident	YISHUN AVENUE 2 TOWARDS YISHUN AVENUE 7
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA4387M
Insured/Policyholder	
Name Of Registered Owner	BT & TAN TRANSPORT PTE. LTD.
Co Reg No	200205272G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93229966
Alternative Phone No	OFFICE-90299388

Vehicle Particulars

Manufacturer	NISSAN
Model	JP252PSNRA-6.9 D (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	REPORTING ONLY
Vehicle Category	BUS

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5079622731-03
Cover Note Number	

Driver

Name of Driver	SUNDARAMOORTHY S/O R CHELLIAH
NRIC No	S1594495A
Date Of Birth	04/01/1963
Occupation	OUTDOOR
Date Of Driving Pass	12/02/1997
Driving Experience	22 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93229966
Fax Number	
Contact Number	OTHERS-90299388
Email Address	NOEMAIL

Address	BLK 512 HOUGANG AVENUE 10 #01-59
Postcode	530512
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)	11

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	SKH284A
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)	

Sketch Plan

SKETCH PLAN

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- ii. 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.



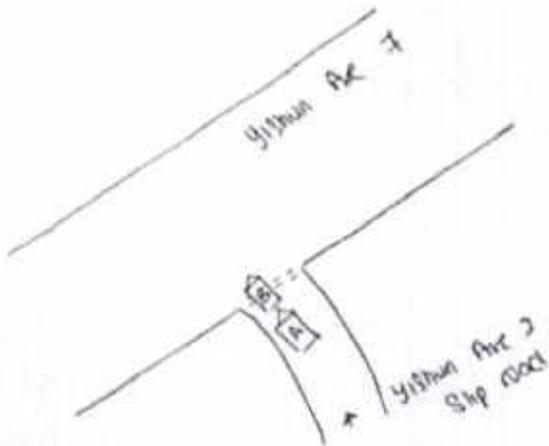
Policyholder's Signature
Date & Time:

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

10/06/2008
Reporting Centre Personnel's Signature
Name:
NRIC/TIN No.:

Sketch Plan #2

SKETCH PLAN



A=PAH387M
 B=SKH284A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 06/06/2019 @ 08:55hrs, I was waiting behind a vehicle SKH284A in front of me @ Yishun Ave 2 slip road waiting to turn out to Yishun Ave 7. As I check my right side for oncoming vehicles from Yishun Ave 7 & there is no oncoming vehicles & I presume the veh in front of me has moved off & I started to move off & hit onto the vehicle as the veh never turn out.

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/IN No.:

10/06/2019
 Rosh Ghorstons

Claim Handling

Accident MT/1047808

Policy No.	ST29622755-01	Vehicle No.	FA4387H	GST Registration No.	2002052726
Certificate No.					
Policyholder Name	BT & TAN TRANSPORT PTE LTD			Policyholder NRIC	2002052726
Product Code	FLEET INSURANCE	Cover Type	Third Party, Fire & Theft	Leading	0
Contact No. (Mobile)	NA	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	NA
KPI	= No - Yes	TCA	= No - Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hrs	Not available

Accident Details

Report Date	26/06/2019 12:47	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Head
Date of Accident	26/06/2019	Time of Accident (H:MM)	08:50	Country of Accident	Singapore
Reporting Centre		Charge Point		ICF No.	
Accident Location	FISHKIN AVE 3				

Own Damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			

GST Registered Information

GST Registered	Yes	GST Registration Date	01/09/2006
GST Registration No.	2002052726	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	7C30 ANG MO KIO AVENUE 5	Address 2	#C1-19 NORTHSTAR @ ANK	Address 3	SINGAPORE 509880
Address 4		Address Type	Singapore address	Post Code	509880
Unit No.		Related Policy Number	ST08907209		

OT Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed Driver Name		Driver BRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No. (Home)	
Contact No. (Mobile)		Contact No. (Office)		Address 1	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 [New](#)

Claim Type *

Contact No. (Mobile)

Email Address

Claim Description

Prefered Workshop

Report Taken By

Print AK letter

Insured Name: BT & TAN TRANSPORT PTE LTD

Contact No. (Home)

GE

Vehicle Number: FA4387H

Name of Preferred Workshop

Insured NRIC: 2002052726

Contact No. (Office): 84827280

Vehicle Number: SKH284A

FA4387H / SKH284A On 6 Jun 2019

Injured Liability: Fully at Fault

Prefered Workshop, Name unknown

GSA report: Received

Claim Date: 26/07/2019 14:57

Date Received: 30/07/2019 00:00

Report Taken By: ROSLI WAHAB

[Save](#) [Submit](#)

Attachment

Accident No.	MT/1047808	Claim No.	002
Last Del. Received	Yes - No	Upload Date	26/07/2019 14:57
Path		Category	Confidential
Choose File / No file chosen		Urgency	Normal
Choose File / No file chosen		Description	
Choose File / No file chosen			
Choose File / No file chosen			
Choose File / No file chosen			
Choose File / No file chosen			
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Req Sent (CD)
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 30 Jul 2019 14:57	Photos	Normal	Photos 2019-7-30	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 30 Jul 2019 14:57	Photos	Normal	Photos 2019-7-30	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 30 Jul 2019 14:57	Photos	Normal	Photos 2019-7-30	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 30 Jul 2019 14:57	Photos	Normal	Photos 2019-7-30	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2019 14:57	Photos	Normal	Photos 2019-7-30
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2019 14:57	Photos	Normal	Photos 2019-7-30
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2019 14:57	Photos	Normal	Photos 2019-7-30
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2019 14:57	Photos	Normal	Photos 2019-7-30
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2019 14:57	Photos	Normal	Photos 2019-7-30
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2019 14:57	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-30
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2019 14:57	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-30
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2019 14:57	SAS	Normal	SAS 2019-7-30

Video List

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

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 : 5079622731-03

Cover : Third Party, Fire & Theft

- | | |
|--|------------------------------|
| 1. Index mark and Registration Number of Vehicle | : PA4387M |
| Chassis Number | : JP252LSN00021 |
| 2. Name of Policyholder | : BT & TAN TRANSPORT PTE LTD |
| 3. Effective Date of Insurance | : 19 Mar 2019 |
| 4. Expiry Date of Insurance | : 18 Mar 2020 |
| 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 43 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)	: N/A
EXCESS (SECTION II)	: S\$1,500
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
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 : ODDS & EVEN (00000614917)
Date of Issue : 15 Oct 2018 18:00 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA419074938 Vehicle Registration No: PA4387M
 Name (as shown in NRIC) : B.T. & Tan Transport Pte Ltd NRIC/FIN/Passport No : -
 (*Vehicle Driver / Vehicle Owner) (*Please delete as appropriate)
 Address : - Singapore ()
 Contact (Tel) : - Mobile No. : 9322 9966
 Email Address : -
 Date of Accident : 06/06/2019 Time of Accident : 08:55hrs.
 Place of Accident : Yishun Ave 2 and Yishun Ave 7.
 Insurance Company: NTUC Ins.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- to amend from "China Taiping Ins" to "NTUC Income Ins"
for owner insurance.

*  [Signature]
 Policyholder / Driver's Signature
 Date: 30/07/19.

[Signature] 30/07/2019
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.: [Signature]
 Date: