

NATIONAL Assessment Centre Services [Stamp: 1 Jan 2019] MMAY1900091			
Date In: 31/01/2019 11:28	Job description	Date & Time Completed	Done by
Ref No: NB88/2019013408/1	SAS e-filing		
Veh No: PC 1988M	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 30/01/2019 19:10	I-Motor Claim Form	MM1055814-001	31/01/2019 11:58
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 / HNC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: SLQ 5503B	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: (\$)	Landing: \$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: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Addit'l Comments: Cal. 1: Cal. 2/3:	Invoice Preparation Checklist:		Am't (\$)	Am't (\$)
	1) AR: Accident Reporting (\$30);		In Bill	Add. Bill
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TP: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) RT: Follow-Through Survey (Resurvey) \$30			
	6) TR: Re-Inspection \$75			
	7) N1: Idau DA + SMRT Survey \$100			
	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 TP (N11): TP (Non INC) against INC \$20 N12: Idau Mobile 30			
Invoice dated For Charged For 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	31/07/2019 11:12
Date Of Accident	30/07/2019 19:10
Exact Location Of Accident	ALONG CTE TOWARDS MOULMEIN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC1968M
Insured/Policyholder	
Name Of Registered Owner	HIN HUP BUS SERVICE LLP
Co Reg No	T09LL0775D
Email Address	HINHUP@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-91303037
Alternative Phone No	OFFICE-91790293

Vehicle Particulars

Manufacturer	KING LONG
Model	XMQ6900K-6.7 (A)
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5075007363-03
Cover Note Number	

Driver

Name of Driver	SUN ZHIJUN
Passport No/FIN	G5414098W
Date Of Birth	06/02/1972
Occupation	OUTDOOR
Date Of Driving Pass	19/07/2013
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91303037
Fax Number	
Contact Number	OTHERS-91790293
Email Address	HINHUP@SINGNET.COM.SG

Address
 Postcode
 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? 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) 35

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 ATTACHMENT

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 SLQ5503B
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver FOO KOK WAH
 NRIC/Passport Number S7530572I
 Contact Number 91079185
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

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

AS PER ATTACHMENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHMENT

DECLARATION

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

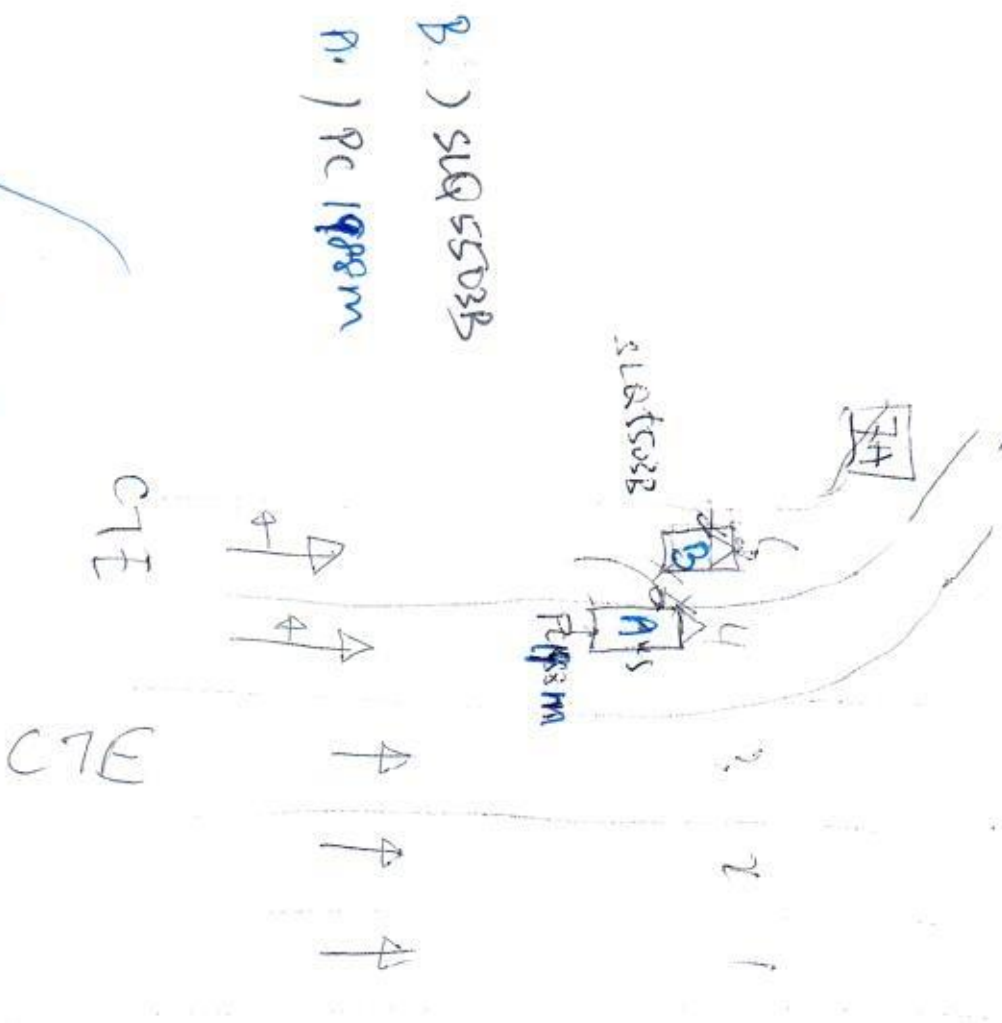


Policyholder's Signature
Date & Time:

SUN 2412 JNW
Driver's Signature
(If driver is not the policyholder)
Date & Time:

31/07/2019
Reporting Centre Personnel's Signature
Name: ROSH WORTH
NRIC/FIN No.:

Toward Moulmein Road



B.) SLQ 5503B

N. 1 PC 1988m

21/01/2018
Rashid Mather

I was travelling along CTE toward Moulmein Road at 7:10pm. I am travelling lane 5 when SLQ 5503B cut then from lane 4 to my lane 5. I apply brake to avoid the car.

See 24th June

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

Employer:
HIN HUP BUS SERVICE LLP

For LKK/NAC Use Only

Name:
SUN ZHIJUN

Work Permit No:
0 75536062

Sector:
SERVICE

K1497516

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G5414098W**

Name:
SUN ZHIJUN

For LKK/NAC Use Only

Birth Date: 06 Feb 1972
Issue Date: 04 Apr 2018
Valid Till: 09/04/2023

002789481E

Land Transport Authority

VOCATIONAL LICENCE

Licence No: **G5414098W**

Name: **SUN ZHIJUN**

For LKK/NAC Use Only

Issue Date: 2/6/2017

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

VISIT PASS
Immigration Regulations

11-06-2019

Name:
SUN ZHIJUN

For LKK/NAC Use Only

File:
G5414098W

Date of Birth: 06-02-1972 Sex: M

Nationality:
CHINESE

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Download SGWorkPass App to check status

NP 428A

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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	10 Apr 2013
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg	19 Jul 2013
	Motor vehicles which are not constructed to carry load or passengers and the unladen weight \leq 7250kg	

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

Type	Description	Issue Date
03	BUS VL	02/06/2017

For LKK/NAC Use Only



Hello, NAC_BUKIT_MERAH_800676

[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="30/07/2019 11:10"/>							
Vehicle No. (For Motor)	<input type="text" value="PC1988M"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5075007363-03		HIN HUP BUS SERVICE LLP	T09LL0775D	GBS	Comprehensive	PC1988M	PC1988M	16/09/2018	15/09/2019
<input type="button" value="Continue"/>										

Annex A

Transaction ref 20151027133815313585

The owner and vehicle particulars for Vehicle No. PC1988M as at 27 Oct 2015 are as follows:

1. Name	: HIN HUP BUS SERVICE LLP
2. Identification No. Type	: Limited Liability Partnership
3. Identification No.	: T09LL0775D
4. Place Of Passport Issue	: -
5. Vehicle No.	: PC1988M
6. Previous Vehicle No.	: -
7. Effective Date of Ownership	: 27 Oct 2015
8. Original Registration Date	: 16 Mar 2011
9. First Registration Date	: 16 Mar 2011
10. Vehicle Type	: Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus
11. Vehicle Scheme	: Public Service Vehicle (Others)
12. Attachment 1	: Air-Conditioned
13. Attachment 2	: -
14. Attachment 3	: -
15. Vehicle Make	: KING LONG
16. Vehicle Model	: XMQ6900K
17. Year of Manufacture	: 2010
18. Primary Colour	: Multi-Colour
19. Secondary Colour	: -
20. Passenger Capacity	: 41
21. Chassis/Trailer Chassis No.	: LA6R1DSBXAB204391 / -
22. Propellant	: Diesel
23. Engine No./Motor No.	: ISBE420521836267 / -
24. Engine Capacity(cc)/Power Rating(kW)	: 6693 / -
25. Maximum Power Output(kW/bhp)	: - / -
26. Unladen Weight(kg)	: 8400

Annex A

Transaction ref 20151027133815313585

The owner and vehicle particulars for Vehicle No. PC1988M as at 27 Oct 2015 are as follows:

27. Maximum Laden Weight(kg)	: 11800
28. Open Market Value	: \$88,460.00
29. PARF Eligibility	: No
30. PARF Eligibility Expiry Date	: -
31. Minimum PARF Benefit	: \$0.00
32. No. of Transfers	: 1
33. IU Label No.	: 2050088630
34. COE No.	: 2011030105000409N
35. COE Expiry Date	: 15 Mar 2021
36. COE Category	: C - Goods Vehicle & Bus
37. Quota Premium/Prevailing Quota Premium	: \$29,011.00 / -
38. Actual Quota Premium/PQP Paid	: \$29,011.00
39. Actual ARF Paid	: \$4,423.00
40. CO2 Emission(g/km)	: -
41. Actual CEVS Rebate Utilised	: -
42. CEVS Surcharge Paid	: -
43. Actual Green Vehicle Rebate Utilised	: -
44. Vehicle Lifespan Expiry Date	: 15 Mar 2031
45. Road Tax Amount	: -
46. Road Tax Start Date	: -
47. Road Tax End Date	: -
48. Remarks	: To renew the COE, the Prevailing Quota Premium payable is that of Category C. This is a public service vehicle.

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: MA449100091 Vehicle Registration No: PC1988M
Name (as shown in NRIC): SHAH ZHILJUN NRIC/FIN/Passport No: G541408W
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 91303037
Email Address: _____
Date of Accident: 30/07/2018 Time of Accident: 19:10
Place of Accident: Along CTE towards Moulmain Road
Insurance Company: NMC

(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:

EMAIL ADDRESS TO HARTUP@SINGAP.ORG.SG

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Reza
NRIC/FIN No.: 101010101
Date: 31/07/2018