

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MHA11912578**

Date In: 24/1/19-11:44	Job description	Date & Time Completed	Done by
Ref No: NA/INC-1901/199924	SAS e-filing		
Veh No: PC498M	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 23/1/19-16:00	i-Motor Claim Form	M/1063733-001	24/1/19 12:04
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: **SL63285U** 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

Claimant's Particulars:-	Invoice Preparation Checklist	
	Amt (\$) fit Bill	Amt (\$) 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	
Auditors' Comments:-	5) FT : Follow-Through Survey (Resurvey) \$30	
Date 1:	For claiming against INC Only (wef 10 Jan 2005)	
Date 2 / 3:	6) TR : Re-inspection \$75	
	7) N1 : Idac DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	OD*	
	*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	24/09/2019 11:44
Date Of Accident	23/09/2019 16:00
Exact Location Of Accident	SLIP RD CLEMENTI AVE 6 TWDS COMMONWEALTH AVE WEST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC4938M
Insured/Policyholder	
Name Of Registered Owner	AFFLUENT TRANSPORT SERVICES
Co Reg No	53339509K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98359733
Alternative Phone No	OFFICE-98359733
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE 3.0 SUPER GL DARK PRIME AT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5081946942-03
Cover Note Number	

Driver

Name of Driver	CHOW SENG YEW (ZHOU CHENGYAO)
NRIC No	S7316739F
Date Of Birth	05/05/1973
Occupation	OUTDOOR
Date Of Driving Pass	06/10/1997
Driving Experience	21 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98359733
Fax Number	
Contact Number	OFFICE-98359733
EEmail Address	NOEMAIL

Address	BLK 165 GANGSA ROAD #22-76
Postcode	670165
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	YES
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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. FRONT VEHICLE STOPPED, I STOPPED MY VEHICLE AS WELL. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

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	SLL3285U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	STEVEN LIM
NRIC/Passport Number	
Contact Number	92384015
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHOW SENG YEW (ZHOU CHENGYAO)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	PC4938M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	PEH
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	PC4938M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

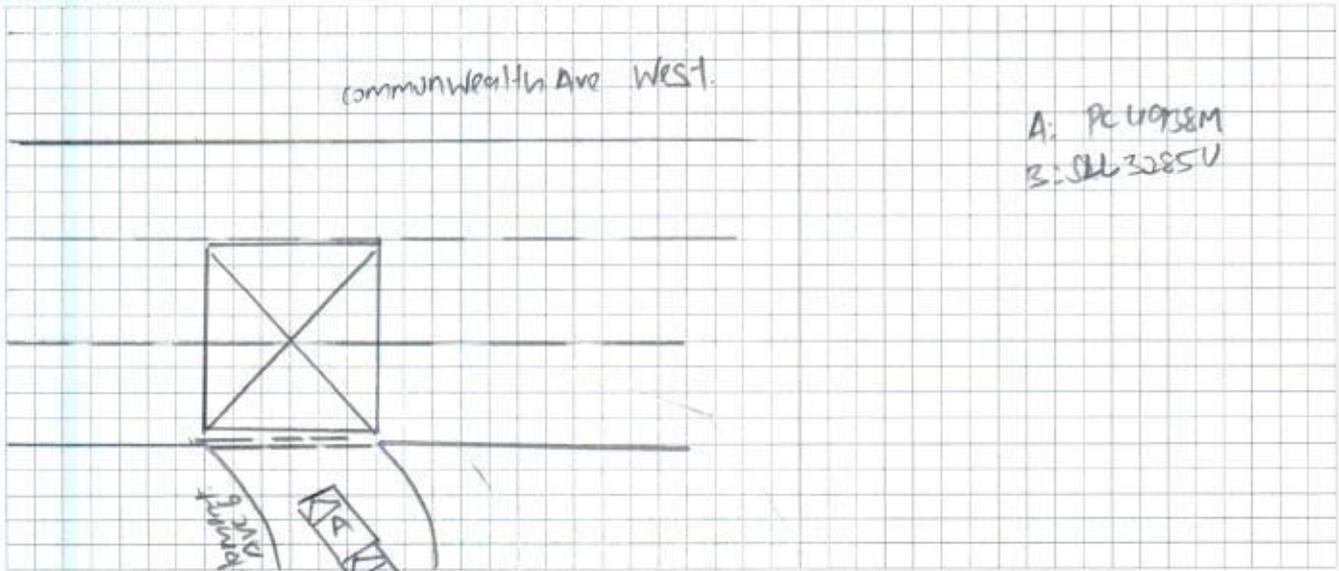


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref to statement.

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.:

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5081946942-03		AFFLUENT TRANSPORT SERVICES	53339509K	GBS	Comprehensive	PC4938M	PC4938M	07/07/2019	06/07/2020

Continue

Policy Information

Policy No.	5081946942-03	Policyholder Name	AFFLUENT TRANSPORT SERVICE	Policyholder NRIC	53339509K
Certificate No.					
Address	BLK 165 #22-76 GANGSA ROAD SINGAPORE 670165				
Product Name	BUS INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	02/07/2019	Effective Date	07/07/2019 00:00	Expiry Date	06/07/2020 23:59
Excess Type	Per Accident	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	THINK ONE AUTOMOBILE & TRA	Agent Tel.	65553300	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 165 #22-76	Address 2	GANGSA ROAD	Address 3	SINGAPORE 670165
Address 4		Address Type	Singapore address	Post Code	670165
Unit No.	22-76	Related Policy Number	5081946942-03		

Insured Object: PC4938M

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	07/07/2019 00:00	Basic Information Endorsement	Entry Rejected	Thank you for giving us the opportunity to serve you. We confirm that from 07 Jul 2019, this policy is extended to insure the COE/PARF value of the vehicle. In view of this amendment, an additional premium of \$48.48 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.

Continue Cancel

Claim Handling

Accident MT/1063733

Policy No.	5081946942-03	Vehicle No.	PC4938M	GST Registration No.	
Certificate No.					
Policyholder Name	AFLUENT TRANSPORT SERVICES			Policyholder NRIC	53339509K
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	98359733	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
▼ Accident Details					
Report Date	24/09/2019 12:02	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	23/09/2019	Time of Accident hh:mm	16:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD CLEMENTI AVE 6 TWDS COMMONWEALTH AVE WEST				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	500.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	2000.00	Total TP Excess Applicable			
▼ Benefits					

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	24/09/2019 12:03:40 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 165 #22-76	Address 2	GANGSA ROAD	Address 3	SINGAPORE 670165
Address 4		Address Type	Singapore address	Post Code	670165
Unit No.	22-76	Related Policy Number	5081946942-03		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHOW SENG YEW (ZHOU CHEN)	Driver NRIC	57316739F	Driver DOB	05/05/1973
Register Date of Driver License	06/10/1997	Driver Age	46	Driving Experience	21
Contact No.(Mobile)	98359733	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 165	Address 2	GANGSA ROAD	Address 3	SINGAPORE 670165
Address 4		Address Type	Singapore address	Post Code	670165
Unit No.	22-76				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	AFLUENT TRANSPORT SERVICE	Insured NRIC	53339509K
Contact No.(Mobile)	98359733	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	PC4938M	TP Vehicle Number	SLL3285U
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	PC4938M / SLL3285U ON 23 Sept 2019	Name of Preferred Workshop			
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	24/09/2019 12:04	Claim Close Date		Date Received	24/09/2019 00:00
Report Taken By	Jackson				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1063733	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/09/2019 12:05
Path *		Category *	
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO

Attachment List

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 24 Sep 2019 12:05	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-9-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 24 Sep 2019 12:05	SAS	Normal	SAS 2019-9-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 24 Sep 2019 12:04	Photos	Normal	Photos 2019-9-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 24 Sep 2019 12:04	Photos	Normal	Photos 2019-9-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 24 Sep 2019 12:04	Photos	Normal	Photos 2019-9-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 24 Sep 2019 12:04	Photos	Normal	Photos 2019-9-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 24 Sep 2019 12:04	Photos	Normal	Photos 2019-9-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 24 Sep 2019 12:04	Photos	Normal	Photos 2019-9-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 24 Sep 2019 12:04	Photos	Normal	Photos 2019-9-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 24 Sep 2019 12:04	Photos	Normal	Photos 2019-9-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 24 Sep 2019 12:04	Photos	Normal	Photos 2019-9-24	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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Display in New Window

Scan and uploading