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*NATIONAL Assessment Centre Services*

Date In:	Job description	Date & Time Completed	Done by
Ref No:	SAS e-filing		
Veh No:	E-mail (within 3hrs, AIC 2hrs)		
D.O.A :	i-Motor Claim Form		
OD : <input checked="" type="radio"/> TP <input type="radio"/> 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: 5J1538E		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)	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

Invoice Preparation Checklist		Am't (\$) In Bill	Am't (\$) 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		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	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:-		
QC Checked by (Engr-In-Charge):	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Auditors' Comments :-	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11) : TP (N11 INC) against INC \$20		
Cat. 2 / 3:	9) N12: Idac Mobile \$0		
	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	25/09/2019 17:07
Date Of Accident	25/09/2019 07:55
Exact Location Of Accident	TAMPINES AVE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA6724K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RZ TRANSPORT
Co Reg No	53325213W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	REGIUS ACE 2.5 A
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	THIRD PARTY
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	5076553999-03
Cover Note Number	

### Driver

Name of Driver	SUDIRMAN BIN AMAN
NRIC No	S1449375A
Date Of Birth	25/02/1960
Occupation	OUTDOOR
Date Of Driving Pass	08/10/2001
Driving Experience	17 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81806544
Fax Number	
Contact Number	OFFICE-81806544
Email Address	NOEMAIL

Address	BLK 420 TAMPINES STREET 41 #08-116
Postcode	520420
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 - CHANGE/CROSS LANE
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)	3

#### 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

REFER TO STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJP5538E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG CHAI HUAT
NRIC/Passport Number	
Contact Number	96793289
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	SUDIRMAN BIN AMAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	PA6724K
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:

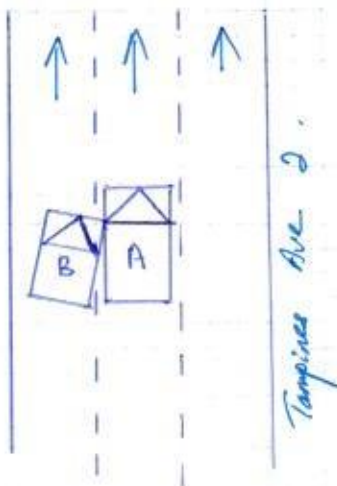


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

# SKETCH PLAN



Vehicle A: PA 6724K

Vehicle B: SJP 5538E

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above said date & time, I was driving my vehicle A (PA 6724K) traveling along Tampines Avenue 2. I was driving straight on lane 2 suddenly vehicle B (SJP 5538E) filter out from lane 3 to my lane and collided onto my vehicle left portion.

## 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.:



<b>Vehicle No.</b>	PA 6724K	Model / Make	Toyota Hiace
Date of Accident	25/09/2019		
Time of Accident	0735	HRS	
Location of Accident	Along Tampines Avenue 2		
Exact purpose use during accident	Work		
<b>Name of Owner</b>	R2 Transport		
Telephone No.	H/P :	Home :	Office :
NRIC			
Address			
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5076553999-03		
<b>Name of Driver</b>	As Above If No, Sudirman Bin Aman		
NRIC	S1449375A	Any Passengers :	2 Hafiq, Jacob (Male)
Date of birth	25/02/1960		
Occupation	Outdoor / Indoor		
Driving License Pass Date	14/08/2000		
Gender	Male / Female		
Contact No.	H/P : 8180 6544	Home :	Office :
Address	BLK 420 Tampines Street 41 #08-116 S(520420)		
Driver have any own vehicle	No, If yes, Reg No. SMH1359M		
Relationship	Employee, If no, state		
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		
Any Injuries	No, If Yes, Who? Sudirman Bin Aman (81806544)		
Name And Contact No.			
Name And Contact No.			
Police Report	No, If Yes, Where?		
<b>Vehicle B No.</b>	SJP 5538E	Any Passengers :	-
Name of Driver	Ng Chai Huat	Contact No. :	96793289
<b>Vehicle C No.</b>		Any Passengers :	
<b>Vehicle D No.</b>		Any Passengers :	
<b>Vehicle E no.</b>		Any Passengers :	
<b>Vehicle F No.</b>		Any Passengers :	
<b>Vehicle G No.</b>		Any Passengers :	
Witness Name	-	Witness Contact :	
Accident Portion	Left portion		
Camera Recorder	Yes / No		
Email Address	sudirman1960@gmail.com		
<b>PARTICULAR WORKSHOP</b>	N51 Automotive Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi Ting		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales @ n51.com.sg		



## 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** : 5076553999-03

**Cover** : Third Party, Fire & Theft

- |                                                                                                                                                                                                                                                                                                               |                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 1. Index mark and Registration Number of Vehicle                                                                                                                                                                                                                                                              | : PA6724K       |
| Chassis Number                                                                                                                                                                                                                                                                                                | : KDH2200005460 |
| 2. Name of Policyholder                                                                                                                                                                                                                                                                                       | : RZ TRANSPORT  |
| 3. Effective Date of Insurance                                                                                                                                                                                                                                                                                | : 29 Dec 2018   |
| 4. Expiry Date of Insurance                                                                                                                                                                                                                                                                                   | : 28 Dec 2019   |
| 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 14 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\$3,000
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: THINK ONE CREDIT PTE LTD
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 : IVAN INSURANCE AGENCY PTE. LTD. (00000614519)  
Date of Issue : 10 Dec 2018 13:05 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



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"/>	5076553999-03		RZ TRANSPORT	53325213W	GBS	Third Party, Fire & Theft	PA6724K	PA6724K	29/12/2018	28/12/2019

## Policy Information

Policy No.	5076553999-03	Policyholder Name	RZ TRANSPORT	Policyholder NRIC	53325213W
Certificate No.					
Address	BLK 8 #14-4088 NORTH BRIDGE ROAD SINGAPORE 190008				
Product Name	BUS INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	10/12/2018	Effective Date	29/12/2018 00:00	Expiry Date	28/12/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	3000	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	IVAN INSURANCE AGENCY PTE.	Agent Tel.	64400220	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	BLK 8 #14-4088	Address 2	NORTH BRIDGE ROAD	Address 3	SINGAPORE 190008
Address 4		Address Type	Singapore address	Post Code	190008
Unit No.	14-4088	Related Policy Number	5104130757-01		

Insured Object: PA6724K

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				



Accident MT/1064024

#### Modification History

Claim 001 New

Claim Type *	00-MX	Insured Name	RZ TRANSPORT	Insured NRIC	S3325217W
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OJ Vehicle Number	PA6724K	TP Vehicle Number	SJP5538E
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	PA6724K / SJP5538E ON 25 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	GSA report	Received
Date Registered	25/09/2019 17:20	Claim Close Date		Date Received	25/09/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/1064024	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	25/09/2019 17:21

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

Msg Sent?

Attachment	Uploaded By/Date	Category		Urgency	Description	(CD)	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 25 Sep 2019 17:21	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-9-25		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 25 Sep 2019 17:21	SAS		Normal	SAS 2019-9-25		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 25 Sep 2019 17:20	Photos		Normal	Photos 2019-9-25		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 25 Sep 2019 17:20	Photos		Normal	Photos 2019-9-25		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 25 Sep 2019 17:20	Photos		Normal	Photos 2019-9-25		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 25 Sep 2019 17:20	Photos		Normal	Photos 2019-9-25		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 25 Sep 2019 17:20	Photos		Normal	Photos 2019-9-25		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 25 Sep 2019 17:20	Photos		Normal	Photos 2019-9-25		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 25 Sep 2019 17:20	Photos		Normal	Photos 2019-9-25		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 25 Sep 2019 17:20	Photos		Normal	Photos 2019-9-25		
<b>Video List</b>							
Uploaded By/Date	Folder Date	File Name		Source	Actor		
<div>Display in New Window</div> <div>Scan and uploading</div>							