

# NATIONAL Assessment Centre Services

(Part 1 of 2)

MMA 119148643

Date In: 11/11/19 09:28	Job description: SAS e-filing	Date & Time Completed:	Date by:
Ref No: NA11MC19019890/64	E-mail (within 3hrs, AIC 2hrs)		
Veh No: PA 7940X	I-Motor Claim Form	MT11068786 <sup>002</sup>	11/11/19 17:01
IP: 25110119 14:00	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
IP: TP * Reporting Only	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: SJQ 7199G	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 rep/rep.
( ) Total Loss Case : to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks:	INC ( ) / Non-INC ( )	Date & Time Completed:	Date by:
1) Apply for Transport Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )			

Injury:
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Date/Time	Action

NA1908446		Invoice/Registration/Chassis	Acc ( ) / Non-ACC ( )
Claimant's Particulars:	1) AR: Accident Reporting (\$30)	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claiming against INC Only (w/ 10 Jan 2020)		
	6) TR: Re-inspection \$75		
	7) NI: Idas DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OP:		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*N6: Rental Co-ordination \$10		
	*N7: Post Repair Inspection \$15		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N11) against INC \$20		
	9) N12: Idas 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	11/11/2019 09:28
Date Of Accident	25/10/2019 14:00
Exact Location Of Accident	ALONG CAIRNHILL CIRCLE
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA7940X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JK SINCERE TRANSIT SERVICES
Co Reg No	53213662D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91455796

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5100101134-01
Cover Note Number	

#### Driver

Name of Driver	CHIA PENG KOON
NRIC No	S1649662F
Date Of Birth	14/07/1964
Occupation	OUTDOOR
Date Of Driving Pass	17/10/1987
Driving Experience	32 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91455796
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 53 MARINE TERRACE #02-215
Postcode	440053
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	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?	
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?	YES
If Yes, Please state which Police Station	
Police Station Name	MARINE PARADE N.P.C
Police Station Address	ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20191106/2156

#### 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	SJQ7199G
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

### 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.

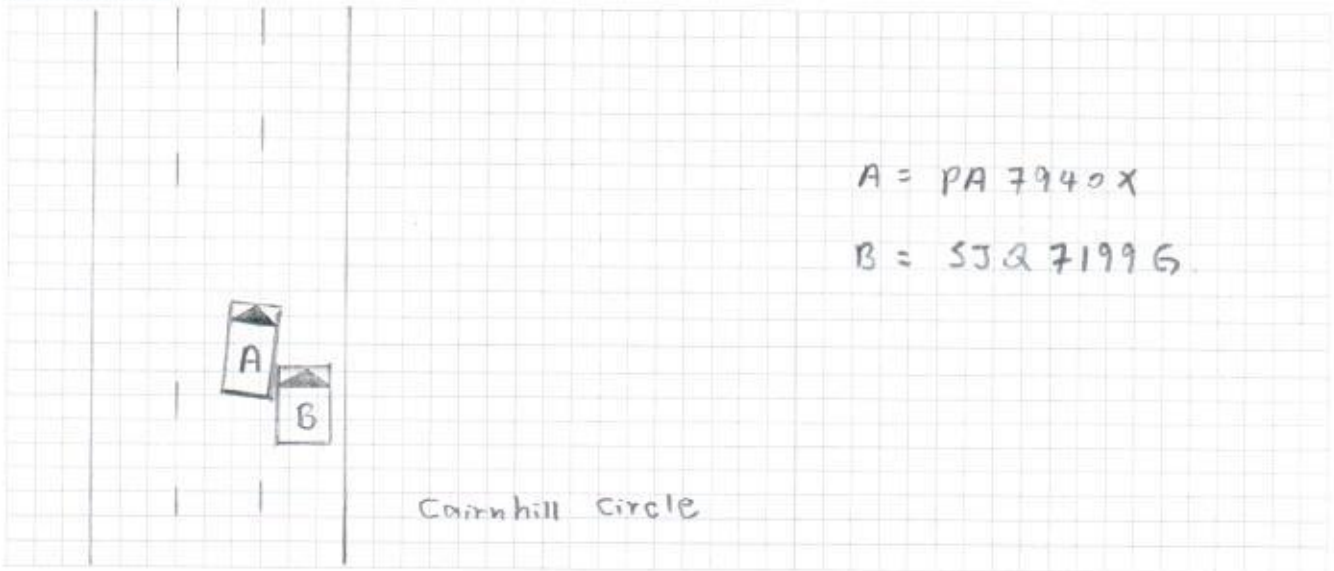


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



A = PA 7940X

B = SJQ 7199G

Cairnhill circle

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20191106/2156

## 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.:





# SINGAPORE POLICE FORCE



T/20191106/2156

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

1 of 3

Report No. T/20191106/2156

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/11/2019 20:27	Vide Report No.:	Station Diary No.: 59
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**Informant's Particulars**

Name of Informant: CHIA PENG KOON	Address: APT BLK 53 MARINE TERRACE #02-215 SINGAPORE 440053		
ID Type / ID No.: NRIC NO / S1649662F	Contact No.: Home/Office: Mobile: 91455796		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 55	Date of Birth: 14/07/1964	Type of Informant: Driver
Race: Chinese	Language: English	Institution / School Name:	
Occupation: Driver	Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

General Information of the Accident:				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 25/10/2019 14:00	Type of Location: Straight Road
Location:  CAIRNHILL CIRCLE  Along Cairnhill Circle				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PA7940X	Bus/Coach/Minibus	TOYOTA	HIACE COMMUTER GL 3.0 A	Silver	Slightly Damaged	1
SJQ7199G	Car	TOYOTA		Black	Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20191106/2156

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

2 of 3

Report No. T/20191106/2156

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	CHIA PENG KOON	ID No.	S1649662F
Related Vehicle	PA7940X (Bus/Coach/Minibus)	Contact No.	91455796
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 25/10/2019 at around 1400hrs, I was driving my bus PA7940X along Cairnhill Circle. Just after the traffic light, I signalled right to merge onto the middle lane. I then checked the blight spot and the driver on the middle lane gave the go ahead signal for me to change lane. While changing lane, the car had collided onto the right side of my bus. No one was injured. I on the hazard light intend to stop my bus but the driver pointed to me and drove off towards Scott Rd. There is no camera installed in my bus.

On 06/11/2019, I received a letter from NTUC income insurance and was advised to lodge a police report.

Damages to my bus as follows:

- 1) Scratches at the right side





**SINGAPORE  
POLICE FORCE**



T/20191106/2156

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

3 of 3

Report No. T/20191106/2156

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:  
G /  
Staff Sgt MUHAMMED SHERIFF MOHAMMED  
HUSSAIN DEEN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Signature Of Informant:

Date/Time:  
06/11/2019 20:27

Classification Of Case:

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

SIGNATURE

Hello, NAC\_PAYA\_UBI\_800601

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="25/10/2019 09:25"/>
Vehicle No.(For Motor)	<input type="text" value="PA7940X"/>	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"/>	5100101134-01		JK SINCERE TRANSIT SERVICES	53213662D	GBS	Third Party, Fire & Theft	PA7940X	PA7940X	03/05/2019	02/05/2020



## Claim Handling

The premium on this policy has not been collected.

Accident MT/1068786

Policy No.	5J00101134-01	Vehicle No.	PA7940X	GST Registration No.	
Certificate No.					
Policyholder Name	JK SINCERE TRANSIT SERVICES			Policyholder NRIC	53213662D
Product Code	BUS INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	Yes	TCA	Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
<b>Accident Details</b>					
Report Date	25/10/2019 11:22	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	25/10/2019	Time of Accident hh:mm	13:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC CAIRNHILL CIRCLE & CAIRNHILL RD				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	3,000.00	Driver is Covered?	Not Applicable
YIED OD Excess		YIED TP Excess			
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	3,000.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History	29/10/2019 11:23:06 System changed GST Status Verified from No to Yes				

<b>Policyholder Mailing Address</b>					
Address 1	BLK 53 #02-215	Address 2	MARINE TERRACE	Address 3	MARINE TERRACE HAVEN
Address 4	SINGAPORE 440053	Address Type	Singapore address	Post Code	440053
Unit No.	02-215	Related Policy Number	S103494065-01		
<b>01 Driver Info</b>					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	JK SINCERE TRANSIT SERVICES	Insured NRIC	53213662D
Contact No.(Mobile)	86521964	Contact No. (Home)		Contact No. (Office)	+
Email Address		CI Vehicle Number	PA7940X	TP Vehicle Number	SJQ7199G
Claim Description	PA7940X / SJQ7199G ON 25 Oct 2019				
Preferred Workshop	0	Insured Liability	Partially at Fault	Name of Preferred Workshop	0
Workshop No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	11/11/2019 17:00
Report Taken By				Date Received	11/11/2019

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1068786	Claim No.	002
Last Doc. Received	Yes No	Upload Date	11/11/2019 17:01
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			
<b>Attachment List</b>			
Attachment	Uploaded By/Date	Category	Urgency
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0	NRIC/ Driving License	Y	Normal
11 Nov 2019 17:01			



Video List

NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Nov 2019 17:01	SAS	Normal	SAS 2019-11-11
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Nov 2019 17:01	Photos	Normal	Photos 2019-11-11
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Nov 2019 17:01	Photos	Normal	Photos 2019-11-11
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Nov 2019 17:01	Photos	Normal	Photos 2019-11-11
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Nov 2019 17:00	Photos	Normal	Photos 2019-11-11
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Nov 2019 17:00	Photos	Normal	Photos 2019-11-11
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Uploaded By/Date

Folder Date

File Name

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Source

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