

NATIONAL Assessment Centre Services.

[ver 1 Jan'00]

NA 902/16334

Date In: 09/12/2009 14:17	Job description	Date & Time Completed	Done by
Ref No: NA 902/16334	SAS e-filing		
Veh No: PC 66717	E-mail (24hrs, A/C 2hrs)		
DOA: 09/12/2009 13:30	I-Motor Claim Form	MT11074888	09/12/2009 18:46
OID: 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/Whsp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SCA 1300Z	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 repair.		
() Total Loss Case: to e-mail Insurer URGENTLY.		
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()		
Reminders:		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury:	
Date/Time:	Location:

NA 902/16334	Invoice Item / Description / Amount	Invoice Total
Client/Insurer:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (110)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Architect's Comments:	6) TR: Re-inspection \$75	
Est. 11	7) NI: Idao DA + SMRT Survey \$160	
	8) NIUC Additional Services:-	
	ON:	
	*NS: Courtesy Car / Tpt Allowance \$3	
	*NG: Repairs Co-ordination \$10	
	*NT: Post Repair Inspection \$25	
	*ND: DV / Collect Excess Coordination \$3	
	TP (NI) / TP (NS+INC) against INC \$20	
	9) NI: Idao 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	09/12/2019 12:32
Date Of Accident	07/12/2019 13:30
Exact Location Of Accident	JUNCTION OF XILIN AVE AND UPPER CHANGI ROAD EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6671T
Insured/Policyholder	
Name Of Registered Owner	GARY TAN TRANSPORT SERVICE
Co Reg No	52859216E
Email Address	ANNAGARY97@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98188008
Alternative Phone No	OFFICE-98559987

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087461199-02
Cover Note Number	

Driver

Name of Driver	TAN TIONG HOCK
NRIC No	S1663604E
Date Of Birth	09/07/1964
Occupation	OUTDOOR
Date Of Driving Pass	29/04/1982
Driving Experience	37 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98559987
Fax Number	
Contact Number	OFFICE-98188008
Email Address	ANNAGARY97@YAHOO.COM.SG

Address	BLK 86 TELOK BLANGAH HEIGHTS #29-373
Postcode	100086
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)	3
Passenger 1	NAME: : HU YANPING GENDER: : FEMALE
Passenger 2	NAME: : TAN LI WEN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/2011209/2039

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	SLA1380J
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE AIK SOING

NRIC/Passport Number S1719312J
Contact Number 96463102
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN TIONG HOCK
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? PC6671T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name HU YANPING
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? PC6671T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name TAN LI WEN
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? PC6671T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode



SINGAPORE POLICE FORCE



T/20191209/2039

1 of 4

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20191209/2039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/12/2019 11:53		Vide Report No.:		Station Diary No.: 23	
Informant's Particulars					
Name of Informant: TAN TIONG HOCK			Address: APT BLK 86 TELOK BLANGAH HEIGHTS #29-373 SINGAPORE 100086		
ID Type / ID No.: NRIC NO / S1663604E			Contact No.: Home/Office: Mobile: 98559987		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 09/07/1964	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: 2B,2A,2,3,4,5		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/12/2019 13:30	Type of Location: Straight Road
Location: Junction of Road 1 and Road 2 XILIN AVENUE UPPER CHANGI ROAD EAST				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC6671T	Bus/Coach/Mi nibus (School Children)	TOYOTA	HIACE	White	Slightly Damaged	2
SLA1380Z	Car	TOYOTA	ALTIS	Red		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



**SINGAPORE
POLICE FORCE**



T/20191209/2039

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 4

Report No. T/20191209/2039

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
PC6671T	NTUC Income Insurance Co-Operative Limited	5087461199-02	17/01/2019	16/01/2020

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Passenger

Name	TAN LI WEN	ID No.	T0635136G
Related Vehicle	PC6671T (Bus/Coach/Minibus (School Children))	Contact No.	81059977
Hospital/Clinic	ALEXANDRA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/12/2019	Date Discharge	07/12/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Driver

Name	TAN TIONG HOCK	ID No.	S1663604E
Related Vehicle	PC6671T (Bus/Coach/Minibus (School Children))	Contact No.	98559987
Hospital/Clinic	ALEXANDRA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	07/12/2019	Date Discharge	07/12/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Passenger

Name	HU YANPING	ID No.	S2682551B
Related Vehicle	PC6671T (Bus/Coach/Minibus (School Children))	Contact No.	98188008
Hospital/Clinic	ALEXANDRA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/12/2019	Date Discharge	07/12/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight



**SINGAPORE
POLICE FORCE**



T/20191209/2039

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 4

Report No. T/20191209/2039

CONTINUATION OF REPORT

Driver			
Name	LEE AIK SONG	ID No.	S1919312J
Related Vehicle	SLA1380Z (Car)	Contact No.	96463102
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 07/12/2019 at about 1330hrs, I was driving my minibus (PC6671T) at the junction of Xinlin Avenue and Upper Changi Road East. I was travelling on the second lane from the right of a four lane road which has a directional sign on the road to turn right and go straight arrow on the road. When the traffic light turn green, the vehicles in front of me starts to move forward including myself. There was at least 3 or 4 vehicles in front of me. Suddenly, the vehicle in front of me brake and I also braked. I am not sure why the vehicle in front of me braked. Suddenly, I felt a bump from the rear. I alighted from my vehicle (PC6671T) and saw one vehicle (SLA1380Z) behind me and the driver alighted from his vehicle.

We exchanged particulars and I drove off. I wish to state that there is no rear in vehicle camera in my minibus (PC6671T) and there is only front in vehicle camera in my minibus. I wish to state that I was talking to my wife who is one of my passenger when I started to drive off at the traffic light and I remembered that there was no vehicle behind my minibus when the traffic light was red light.

The damaged to my minibus is (PC6671T) is dented to the rear of the minibus and the bumper which happens to be the minibus rear door. Due to the accident, the rear door is unable to be open. The damage to the other vehicle SLA1380Z is the front bonnet and bumper is dented. Subsequently, my wife and daughter who were my passengers and myself felt pain at our neck and back. Hence, we went to seek treatment was given 4 days of MC for my wife and I respectively while my daughter was given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20191209/2039

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

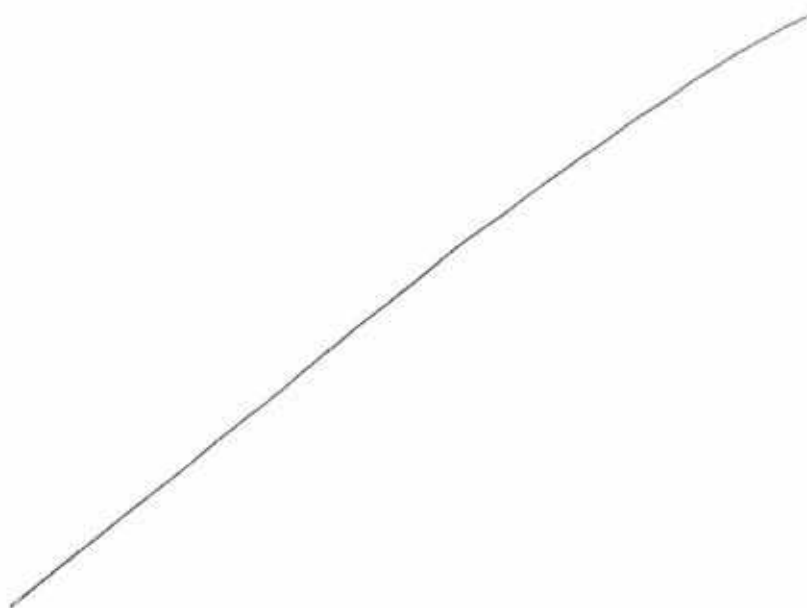
4 of 4

Report No. T/20191209/2039

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:
D /
Sr Staff Sgt NUR ZAFIRAH BINTE MOHD
NOOR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID
Contact No.: 65476172

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
09/12/2019 11:53

Classification Of Case:



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: *Rosa*
NRIC/FIN No.: *9912/209*

SKETCH PLAN

JUNCTION OF XILIN AVENUE & UPI CHANGI RD EAST

A) PC 66717

B) SLA 1380Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS REFER TO POLICE REPORT
7/20/19/2039

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 07/12/2019 (DD/MM/YYYY), TIME: 1330 (HH:MM)

LOCATION: JUNCTION OF XILIN AVE AND UPPER CHANGI RD EAST

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC 6671 T
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5087461199-02
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA HIACE SUPER GL
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: GARY TAN TRANSPORT SERVICE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 98188008
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TAN TIONG HOE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1663604 E CONTACT: 98559987
 c) ADDRESS: BLK 86, TELOK BLANGAH HEIGHTS
#29-373, SINGAPORE 100086

* d) DATE OF BIRTH: 09/07/1964 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLA 1380 Z MODEL: TOYOTA ALTIS
 b) DRIVER'S NAME: LEE AIR SIONG
 c) NRIC/FIN/PASSPORT: S1719312 J CONTACT: 96463102

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Tan Li Hwa (F)
 Hu Yau Ping (F)

* No of passengers
 (including driver)
(03)

* No of passengers
 (including driver)
(01)

* No of passengers
 (including driver)
()

Email = annagary 97@yahoo.com.sg
 VIDEO

Claim Handling

Accident MT/1074838

Policy No.	5087461199-02	Vehicle No.	PC6671T	GST Registrati
Certificate No.				
Policyholder Name	GARY TAN TRANSPORT SERVICE			Policyholder Ni
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Leading
Contact No.(Mobile)	98188008	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

Accident Details

Report Date	09/12/2019 12:47	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	07/12/2019	Time of Accident hh:mm	13:30	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNCTION OF XILIN AVE AND UPPER CHANGE ROAD EAST			

Excess

Own damage Excess	2,000.00	Additional Excess		Windscreen Ex
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	1,500.00	Outside Singapore TP Excess		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	09/12/2019 12:50:23 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	BLK 86 #29-373	Address 2	TELOK BLANGAH HEIGHTS	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	29-373	Related Policy Number	5111554098	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	TAN TIONG HOCK	Driver NRIC	S1663604E	Driver DOB
Register Date of Driver License	29/04/1982	Driver Age	55	Driving Experie
Contact No.(Mobile)	98559987	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 86 #29-373	Address 2	TELOK BLANGAH HEIGHTS	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	29-373			
Does he own a Singapore Registered car?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.	PC6671T	Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes <input type="checkbox"/> No <input type="checkbox"/>
-------------------------------------	------	-------------	--

Modification History






















Claim 001 **New**

Claim Type *	OD-MX		Insured Name	GA
Contact No.(Mobile)			Contact No. (Home)	NIL
Email Address			OI Vehicle Number	PC6671T
Claim Description	PC6671T / SLA1380Z ON 7 Dec 2019			
Preferred Workshop		Insured Liability	Not at Fault	
Repair Option	Yes <input type="checkbox"/> No <input type="checkbox"/>	Preferred Workshop, Name unknown	GTA report	Received <input type="checkbox"/>
Date Registered			09/12/2019 14:35	Claim Close Date <input type="checkbox"/>
Report Taken By	ROSLI WAHAB			
<input checked="" type="checkbox"/> Print AK letter				

Save Submit

Attachment

▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Dec 2019 14:46	NRIC/ Driving License	Y	Normal	NRIC/ Drm
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Dec 2019 14:46	SAS		Normal	S
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Dec 2019 14:46	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Dec 2019 14:46	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Dec 2019 14:45	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Dec 2019 14:45	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Dec 2019 14:45	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Dec 2019 14:45	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Dec 2019 14:45	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Dec 2019 14:45	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Dec 2019 14:37	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Dec 2019 14:37	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Dec 2019 14:37	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Dec 2019 14:37	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Dec 2019 14:37	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Dec 2019 14:36	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Dec 2019 14:36	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Dec 2019 14:36	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Dec 2019 14:36	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Dec 2019 14:36	Photos		Normal	Ph



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 09 Dec 2019 14:35

Photos

Normal

Ph

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 09 Dec 2019 14:35

Photos

Normal

Ph

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 09 Dec 2019 14:35

Photos

Normal

Ph

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 09 Dec 2019 14:35

Photos

Normal

Ph

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 09 Dec 2019 14:35

Photos

Normal

Ph

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 09 Dec 2019 14:35

Photos

Normal

Ph

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading

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 : MA4918728 Vehicle Registration No: PC 6671T
Name (as shown in NRIC) : Low Tiong Hock NRIC/FIN/Passport No : S1663604E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No.: 9853 9987
Email Address : _____
Date of Accident : 07/12/2019 Time of Accident : 13:30
Place of Accident : Intersection of Xilin Ave & Ubi Avenue
Insurance Company : MTC

(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:

Third Party Vehicle Number to SLA13802

Policyholder / Driver's Signature
Date:

09/12/2019
Reporting Centre Personnel's Signature
Name: Rose Lim
NRIC/FIN No.:
Date:

Policy Information

Policy No.	5087461199-02	Policyholder Name	GARY TAN TRANSPORT SERVICE	Policyholder NRIC	52859216E
Certificate No.					
Address	BLK 86 #29-373 TELOK BLANGAH HEIGHTS SINGAPORE 100086				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	04/01/2019	Effective Date	17/01/2019 00:00	Expiry Date	16/01/2020 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	NLE INSURANCE AGENCIES PTE	Agent Tel.	64250080	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 86 #29-373	Address 2	TELOK BLANGAH HEIGHTS	Address 3	SINGAPORE 100086
Address 4		Address Type	Singapore address	Post Code	100086
Unit No.	29-373	Related Policy Number	5111554098		

Insured Object: PC6671T

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	17/01/2019 00:00	Basic Information Endorsement	000001286982000	Endorsement Take Effective	Update Memo and veh details to remove COE

Continue Cancel

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: S087481199-02

1. Index Mark and Registration Number of Vehicle

2. Chassis Number

3. Name of Policyholder

4. Effective Date of Insurance

5. Expiry Date of Insurance

6. 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.

7. Limitations as to Use*

(a) Use for the carriage of passengers in connection with the Policyholder's business

(b) Limited to carry 13 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 imperative 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)

\$52,000

EXCESS (SECTION II)

\$51,300

WINDSCREEN EXCESS

\$5100

INSURE WITH CDE

YES

HIRE PURCHASE COMPANY

TATCO 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

NIE INSURANCE AGENCIES PTE LTD (0000014580)

Date of Issue

04 Jan 2019 11:04 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.	PCW111	Vehicle Scheme	Public Service Vehicle 1G
Vehicle Type	220 - Private Hire (Chauffeur) Bus/Coach/Minibus	Vehicle Attachment 1	-
Vehicle Attachment 1	As-Conditioned	Vehicle Attachment 2	-
Vehicle Make	TOYOTA	Vehicle Model	HACE SUPER GL 3.0 V
Chassis No.	KDH2118007479	Engine No.	1KD2957503
Motor No.	-	Trailer Chassis No.	-
Propellant	Diesel	Passenger Capacity	15
Engine Capacity	2992 cc	Power Rating	-
Maximum Power Output	-	Maximum Laden Weight	3125 kg
Unladen Weight	2100 kg	Secondary Colour	-
Primary Colour	White	Original Registration Date	06 Oct 2017
First Registration Date	06 Oct 2017	Open Market Value	\$48,844.00
Manufacturing Year	2018	Minimum PARF Benefit	\$0.00
PARF Eligibility	No	Additional Registration Fee Rate	5.00%
No. of Transfers	0		
Actual ARF Paid	\$2,443.00		

Owner Particulars

Owner Name	ADWIN BUS PTE LTD
Owner ID Type	Company
Owner ID	200709757M
Registered Address Type	Private Residential (Condo Apt or House) / Shopping / Office Complex
Registered Block/House No.	172
Registered Street Name	SIN MING DRIVE
Registered Unit No.	-
Registered Building Name	SIN MING SEMAC'S DEPOT
Registered Postal Code	575720
COE No. / Expiry Date	2017080105000786K / 05 Oct 2027
COE Bid Category	C - Goods Vehicle & Bus
QP Paid	\$40,212.00

Transaction Details

https://italink.vrl.lta.gov.sg/ita/vrl/action/acknowledgeNewReg?FUNCTION_ID=F0