

# NATIONAL Assessment Centre Services

Date In <b>17/12/19</b>	Job description	Date & Time Completed	Done by
Ref No <b>NA/INC19022178/13</b>	SAS e-filing		
Veh No <b>PC2256K</b>	E-mail (within 8hrs, Aft: 2hrs)		
D.O.A <b>14/12/19</b> <b>0235</b>	i-Motor Claim Form <b>MT/1076163-001</b>		
OD <b>(P)</b> Reporting Only	i-Motor W/O (Within: OD: 2hrs, TP: 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( )		Tel: ( )	Fax: ( )
TP Particulars:	Veh No: <b>XD2762R</b>	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

<b>NA1909404</b>	<b>Invoice Preparation Checklist</b>	Am't (\$) 1st Bill	Am't (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA : Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF : Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT : Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) FT : Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	For claiming against INC Only (wef 10 Jan 2005)		
<b>Cat. 1:</b>	6) TR : Re-inspection \$75		
<b>Cat. 2 / 3:</b>	7) NI : 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 (N-on INC) against INC \$20		
	9) N12: Idac Mobile \$10		
	Invoice dated	Fee Charged	
	Revision 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	17/12/2019 14:53
Date Of Accident	14/12/2019 02:35
Exact Location Of Accident	KALLANG AIRPORT WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC2256K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	5112415009
Co Reg No	199205400K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65369300

Vehicle Particulars

Manufacturer	ZHONG TONG
Model	-

Exact Purpose for which vehicle was being used at time of accident	WORK
--	------

Are you claiming under your own insurance policy for repair to your vehicle?	NO
--	----

If No, Please state action to be taken	THIRD PARTY
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Vehicle Category	BUS
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Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5112415009
Cover Note Number	

Driver

Name of Driver	SUN JIDONG
Passport No/FIN	G2370890L
Date Of Birth	03/11/1973
Occupation	OUTDOOR
Date Of Driving Pass	11/03/2019
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87318984
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	101 UPP CROSS ST BI-17M PEOPLE'S PARK CENTRE
Postcode	058357
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 - 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?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### 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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	XD2762R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUHAMMAD RAFI BIN DAKIR
NRIC/Passport Number	S8620156I
Contact Number	87835354
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**.
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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.



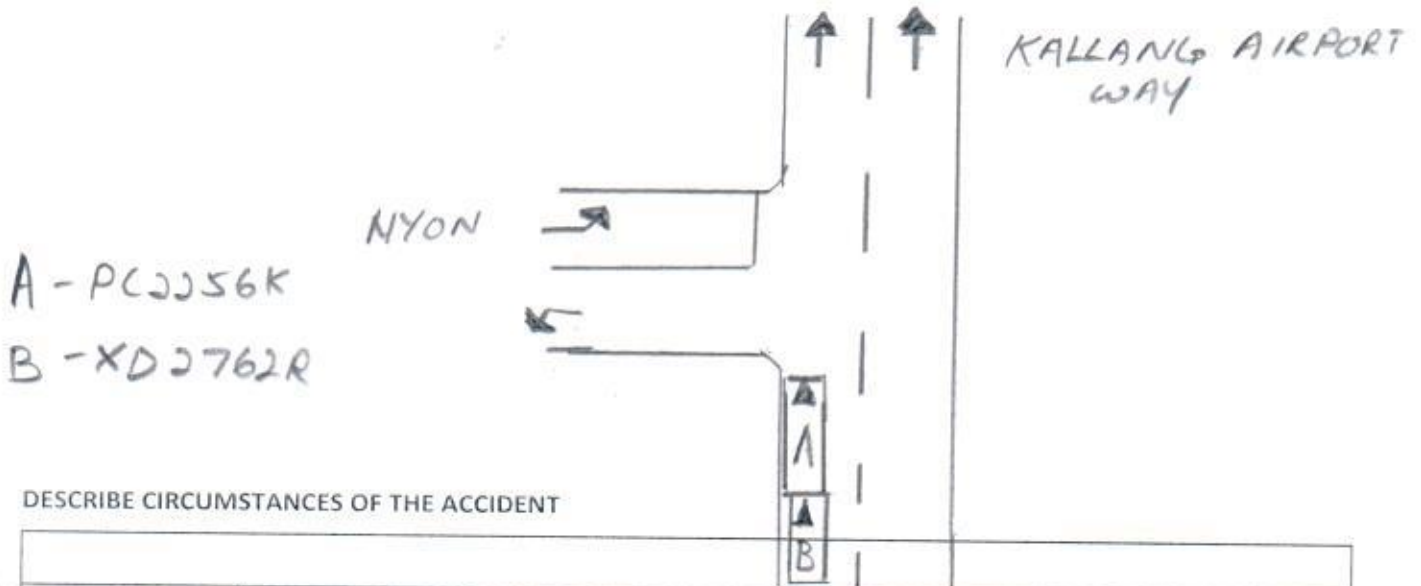
Policyholder's Signature  
Date & Time:

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

14/12/2019.

*[Signature]* 17/12/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was stationary when suddenly vehicle B fanned into the rear of vehicle A. vehicle B then proceeded to reverse the vehicle.

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:

SUN JIDONG

14/12/2019

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

sfym 14/12/19



## ACCIDENT STATEMENT

ACCIDENT DATE: (14/12/2019) (DD/MM/YYYY), TIME: (02:35) (HH:MM)

LOCATION: KALLANG AIRPORT WAY

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC22561K  
b) INSURANCE COMPANY: NMC  
c) POLICY NUMBER:  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Zhang Tong Bus Lck6107H  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: work  
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: TRAVEL GSH PTE LTD (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 19920540015 CONTACT:  
c) ADDRESS: 101 Upper Cross Street People's Park Centre  
B1-17m S(58357)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: SUN JIDONG (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: G2370890L CONTACT: 87318984 / 65369300  
c) ADDRESS: 101 Upper Cross Street People's Park Centre  
B1-17m S(58357)

\*d) DATE OF BIRTH: (03/11/1973) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 20 years

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: XD2762R MODEL:  
b) DRIVER'S NAME: MUHAMMAD RAFI BIN DAKIR  
c) NRIC/FIN/PASSPORT: 586201561 CONTACT: 87835354

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
e) DRIVER'S NAME:  
f) NRIC/FIN/PASSPORT: CONTACT:

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
(2)

\* No of passenger  
(including driver)  
( )

14/12/19

waiting for CI

Email =

fax =

VIDEO =

**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 :** 5112415009-000011 **Cover :** Comprehensive

1. Index mark and Registration Number of Vehicle : **PC2256K**  
Chassis Number : **LDY6XS9D7B0003301**
2. Name of Policyholder : **TRAVEL GSH PTE LTD**
3. Effective Date of Insurance : **09 Oct 2019**
4. Expiry Date of Insurance : **08 Oct 2020**
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 45 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)	: S\$3,000
EXCESS (SECTION II)	: S\$1,500
WINDSCREEN EXCESS	: S\$500
INSURE WITH COE	: NO
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/ PARF VALUE 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 : **NLE INSURANCE AGENCIES PTE LTD (00000614580)**  
Date of Issue : **08 Oct 2019 14:16 hrs**

**For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED**



**Countersigned By:**

**Authorised Officer**



**Chief Executive**



## Accident MT/1076163

Policy No.	S112415079	Vehicle No.	PC27564	GST Registra
Certificate No.	S112415079+000011			
Policyholder Name	TRAVEL GSH PTE LTD			Policyholder I
Product Code	FLEET MASTER (BUS) BASIC	Cover Type	COMPREHENSIVE	Loading
Contact No.(Mobile)	81	Contact No.(Office)	05-6961002	Contact No.(I
Email Address:		Special Remark		eCode
KFK:	No Yes	TCA	No Yes	eCode Reason
NCD Protection	50	NCD Entitlement(%)	0	Private Hire

Report Date:	13/12/2019 15:33:00	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident:	14/12/2019	Time of Accident hh:mm	07:15	Country of Air
Reporting Centre:		Orange Force		ICM No.
Accident Location	KALBARING AIRPORT WAY			

Excess Type	Per Accident	Windscreen Excess	
OD Standard Excess	£750.00	TP Standard Excess	£500.00
YIED OD Excess	£500.00	YIED TP Excess	0.00
Additional Excess			Driver is Covered
Total OD Excess Applicable	£1,000.00	Total TP Excess Applicable	£500.00

GST Registered	Yes	GST Registration Date	26/07/2018
GST Registration No.	19A/2840001	GST Status Verified	Yes
Modification History			

Address 1	101 UPPER CROSS STREET	Address 2	#B1-17H PEOPLE'S PARK CENT	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5112-017556	

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	NON IDONG	Driver NRIC	GG2879901	Driver DOB
Register Date of Driver License	17/07/2019	Driver Age	46	Driving Exper
Contact No.(Mobile)	87319964	Contact No.(Office)	0	Contact No.(I
Address 1	101 UPPER CROSS STREET	Address 2	4 HEDLEY'S PARK CENTRE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insure

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes	No
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Claim 001 OD-MX [New](#)

Claim Type	OD-MX	Insured Name	
Contact No.(Mobile)	93805854	Contact No. (Home)	
Email Address		OT Vehicle Number	
Claim Description	PC2256K / XD2762R QN 14 Dec 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Estimate No.	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Finalisation	Yes	Received	
Date Registered	17/12/2019 17:07	Claim Close Date	
Report Taken By	ROSLINDA	Workshop Repairer	
Print AK letter			



Save

Submit

Attachment

Accident No.

WT1076181

Claim No.

001

Last Doc. Received

Yes

No

Upload Date

12/17/2019 00:00

Path

Choose File

No file chosen

Clear

Category

Please Select

Confid.

NO

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Category

Please Select

Confid.

NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 17:07	NRIC/ Driving License	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 17:07	SAS	Normal	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 17:07	Photos	Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 17:07	Photos	Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 17:07	Photos	Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 17:07	Photos	Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 17:06	Photos	Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 17:06	Photos	Normal	PI
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 17:06	Photos	Normal	PI

Video List

Uploaded By/Date	Folder Date	File Name	
			?
		Display in New Window	Scan and uploading