

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA 12000075

Date In: 7/1/20 - 10:43	Job description	Date & Time Completed	Done by
Ref No: NA/INC 2000638724	SAS e-filing		
Veh No: PC42837	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 6/1/20 - 12:00	i-Motor Claim Form	6/1/20 10:58:48-201	7/1/20 10:59
OD TP / 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: SLN1653	INC () / Non-INC ()
Owner / Driver: (Tel:	()
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time: ()
Insured/Driver Liability: ()	% [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%]	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	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:-		
	ON:		
	* N5: Courtesy Car / Tpt Allowance \$5		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments :-

Lat 1:

Lat 2 / 3:

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	07/01/2020 10:40
Date Of Accident	06/01/2020 12:00
Exact Location Of Accident	YIO CHU KANG RD TWDS UPP PAYA LEBAR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC4283T
Insured/Policyholder	
Name Of Registered Owner	WAN WAN TRANSPORTATION
Co Reg No	5XXXX756C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97698228
Alternative Phone No	OFFICE-97698228

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE COMMUTER GL 3.0 AT 2WD 4DR LWB
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	BUS

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5076363977-04
Cover Note Number	

Driver

Name of Driver	WONG TIAN POH
NRIC No	SXXXX070H
Date Of Birth	08/06/1961
Occupation	OUTDOOR
Date Of Driving Pass	19/06/2012
Driving Experience	7 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97698228
Fax Number	
Contact Number	OFFICE-97698228
Email Address	NOEMAIL

Address	BLK 347 UBI AVENUE 1 #13-1023
Postcode	400347
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 - 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	3
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)	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

REFER TO 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	SLN1613J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG MEI TING
NRIC/Passport Number	
Contact Number	87674631
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMJ503J
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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

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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.

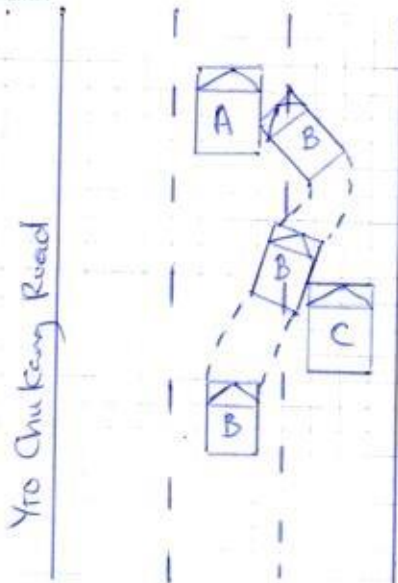


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



Veh A : PC4283T
 Veh B : SLN1613J
 Veh C : SMJ503J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (PC4283T) traveling along Yto Chu Kang Road towards Upper Paya Lebar Road on second lane of a 3-lanes, road. Somewhere near lamp post no: 189, Vehicle B (SLN1613J) came my rear right and collided onto the right portion of my vehicle. After accident, I alighted and realised I was involved in a 3 car chain accident. Vehicle C (SMJ503J).

DECLARATION

I/We declare the foregoing particulars are true in every respect.

2

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.:

Vehicle No.	PC A283T	Model / Make	Toyota Hilux
Date of Accident	6/1/2020		
Time of Accident	12.00 PM	HRS	
Location of Accident	Yid Chiu Kang Rd towards Upper Paya Lebar near Hip: 189		
Exact purpose use during accident	Commercial use		
Name of Owner	Man Man Transportation		
Telephone No.	H/P: 97698228	Home:	Office:
NRIC	533217566		
Address	Blk 347, Ubi Ave 1 #13-1023, S (400437)		
Claim type	OD	(THIRD PARTY	REPORTING ONLY
Insurance Company	N/A		
Type of Coverage	(Comprehensive)	Third Party	Third Party / Fire / Theft
Policy No.	5076363977-01		
Name of Driver	As Above If No, Wang Tian Pan		
NRIC	5076363977	Any Passengers:	-
Date of birth	08/6/1980		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	22/8/1980		
Gender	Male / Female		
Contact No.	H/P: 97698228	Home:	Office:
Address	Blk 347 Ubi Avenue 1 #13-1023 S (400437)		
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state Owner		
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No, If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	No, If Yes, Where?		
Vehicle B No.	SLN 1613J	Any Passengers:	1
Name of Driver	Ng Mei Ting	Contact No.:	8767 4631
Vehicle C No.	SMJ 503J	Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E No.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name		Witness Contact:	
Accident Portion	Right portion		
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP	N-51 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)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5076363977-04

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : **PC4283T**
Chassis Number : KDH2230025809
 2. Name of Policyholder : WAN WAN TRANSPORTATION
 3. Effective Date of Insurance : 14 Dec 2019
 4. Expiry Date of Insurance : 13 Dec 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 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)	: S\$2,000
EXCESS (SECTION II)	: S\$1,500
WINDSCREEN EXCESS	: S\$500
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 : LOMEN INSURANCE AGENCY (00000591412)
Date of Issue : 11 Dec 2019 14:23 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

eBaoTech

General Claim

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="06/01/2020 12:00"/>
Vehicle No.(For Motor)	<input type="text" value="PC4283T"/>	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"/>	5076363977-04		WAN WAN TRANSPORTATION	53321756C	GBS	Comprehensive	PC4283T	PC4283T	14/12/2019	13/12/2020

▼ Policy Information

Policy No.	5076363977-04	Policyholder Name	WAN WAN TRANSPORTATION	Policyholder NRIC	53321756C
Certificate No.					
Address	BLK 347 #13-1023 UBI AVENUE 1 SINGAPORE 400347				
Product Name	BUS INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	11/12/2019	Effective Date	14/12/2019 00:00	Expiry Date	13/12/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	500
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	LOMEN INSURANCE AGENCY	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 347 #13-1023	Address 2	UBI AVENUE 1	Address 3	SINGAPORE 400347
Address 4		Address Type	Singapore address	Post Code	400347
Unit No.	13-1023	Related Policy Number	5076363977-04		

▶ Insured Object: PC4283T

▼ Endorsements

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

Claim Handling

Accident MT/1078848

Policy No.	5076363977-04	Vehicle No.	PC4283T	GST Registration No.	
Certificate No.					
Policyholder Name	WAN WAN TRANSPORTATION	Cover Type	Comprehensive	Policyholder NRIC	53321756C
Product Code	BUS INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	97698228	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	sCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	sCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	07/01/2020 10:56	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	06/01/2020	Time of Accident hh:mm	12:00	Country of Accident	Singapore
Reporting Centre		Orange Force		JCM No.	
Accident Location	Y30 CHU KANG RD TWDS UPP PAYA LEBAR RD				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	500.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	2000.00	Total TP Excess Applicable			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History	07/01/2020 10:57:32 System (changed GST Status verified from No to Yes)				
Policyholder Mailing Address					
Address 1	BLK 347 # 12-1023	Address 2	UBI AVENUE 1	Address 3	SINGAPORE 400347
Address 4		Address Type	Singapore address	Post Code	400347
Unit No.	12-1023	Related Policy Number	5076363977-04		
DI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	WONG TIAN POH	Driver NRIC	SXXXX070H	Driver DOB	08/06/1961
Register Date of Driver License	19/06/2012	Driver Age	58	Driving Experience	7
Contact No. (Mobile)	97698228	Contact No. (Office)	0	Contact No. (Home)	0
Address 1	BLK 347	Address 2	UBI AVENUE 1	Address 3	SINGAPORE 400347
Address 4		Address Type	Singapore address	Post Code	400347
Unit No.	12-1023				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	WAN WAN TRANSPORTATION	Insured NRIC	53321756C
Contact No. (Mobile)		Contact No. (Home)	NIL	Contact No. (Office)	
Email Address		DI Vehicle Number	PC4283T	TP Vehicle Number	SLN16133
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	PC4283T / SLN16133 ON 6 Jan 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	07/01/2020 10:59	Claim Close Date		Date Received	07/01/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1078848	Claim No.	001			
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/01/2020 10:59			
Path *		Category *	Confidential	Urgency *	Description *	
	Browse...	Clear	Please Select	<input type="radio"/> <input checked="" type="radio"/>	Normal	
	Browse...	Clear	Please Select	<input type="radio"/> <input checked="" type="radio"/>	Normal	
	Browse...	Clear	Please Select	<input type="radio"/> <input checked="" type="radio"/>	Normal	
	Browse...	Clear	Please Select	<input type="radio"/> <input checked="" type="radio"/>	Normal	
	Browse...	Clear	Please Select	<input type="radio"/> <input checked="" type="radio"/>	Normal	
	Browse...	Clear	Please Select	<input type="radio"/> <input checked="" type="radio"/>	Normal	

