

NATIONAL Assessment Centre Services.

[ver 1 Jan 2005]

17/01/2020 17:28

Date In: 10/01/2020 17:28	Job description	Date & Time Completed	Done by
Ref No: N/A/1709000683/4	SAS e-filing		
Veh No: PC 1157U	E-mail P (2 jobs 3hrs, A/C 2hrs)		
D.O.A: 09/01/2020 17:45	I-Motor Claim Form	17/01/2020 17:45	10/01/2020
OD : TP : Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Witness		

Preferred Wkup / INC Assign Wkup / QW: () Tel: () Fax: ()

TP Particulars: () Veh No: () 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 ()

() 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: ()

() Apply for Transport Allowance () / Courtesy Car ()

() QC Check / Post Repair Inspection ()

() Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

17/01/2020 17:28

Driver/Owner:	1) AR: Accident Reporting (\$30)	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP: Towing Fee \$40/\$45	4) PT: Follow-Through Survey \$120	5) PT: Follow-Through Survey (Resurvey) \$30
Damage Portion:	For claim against INC Only (Valid 10 Jan 2003)		
	6) TR: Re-inspection \$75	7) NI: Also DA + SMRT Survey \$160	8) NTUC Additional Services:
QC Checked by (Engr-In-Charge):	ON*	*N5: Courtesy Car / Tpl Allowance \$5	*N6: Repair Co-ordination \$10
		*N7: Post Repair Inspection \$25	*N8: DV / Collision Insurance Co-ordination \$5
Architect's Comments:	TP (NI) / TP (N+INC) against INC	\$30	9) NI: Also Mobile \$0
Ref 1:	Invoice dated	Fee Charged	
2/2	Invoice dated	Fee Charged	

Fee Charged
Fee Charged

17/01/2020 17:28

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	10/01/2020 17:28
Date Of Accident	09/01/2020 17:45
Exact Location Of Accident	HOLY INNOCENTS HIGH SCHOOL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC1157U
Insured/Policyholder	
Name Of Registered Owner	ACE STAR TRAVEL ALLIANCE PTE LTD
Co Reg No	2XXXXX366Z
Email Address	HENRYCHING59@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94368783
Alternative Phone No	OFFICE-98077381

Vehicle Particulars

Manufacturer	SCANIA
Model	KIB4X2-8.9 ABS (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5051189484-08
Cover Note Number	

Driver

Name of Driver	AMIR RUDDIN BIN AB RAHMAN
NRIC No	SXXXX687F
Date Of Birth	16/08/1956
Occupation	OUTDOOR
Date Of Driving Pass	03/10/1988
Driving Experience	31 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94368783
Fax Number	
Contact Number	OTHERS-98077381
E-Mail Address	HENRYCHING59@GMAIL.COM

Address	BLK 106A CANBERRA STREET #13-431
Postcode	751106
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	COLLIDED INTO PROPERTY
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

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.

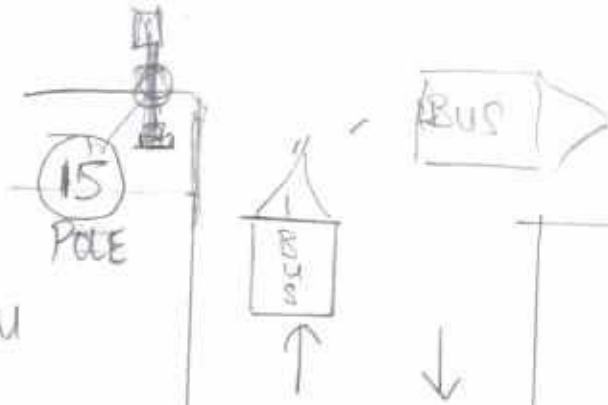


Policyholder's Signature
Date & Time:

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

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

Holy Innocents High School



BUS: PC115TU

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

@09/01/20

AT ABOUT 1745HRS JUST AFTER DROP OFF THE STUDENT, I DROVE UPON AND MAKING A RIGHT TURN UPTHE SO THAT I CAN REVERSS AND MOVE OUT FROM THE SCHOOL. WHILE REVERSSING, I ACCIDENTILY BANG THE POLE

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature] 10/1/20
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature] 10/01/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 09/01/2020 (DD/MM/YYYY), TIME: 17:45 (HH:MM)

LOCATION: HOLY INNOCENT HIGH SCHOOL

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC 1157 U
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 505118948A-08
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: SCANIA (K13 4x2)
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) Bus
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: working
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: ACK STAR TRAVEL (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 94368783 CONTACT: Henry
 c) ADDRESS: _____

* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AMIR RUDDIN BIN AB RAYHAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 51726871 CONTACT: 98077381
 c) ADDRESS: BK 106A CANBERRA ST. #13-431 576106

* d) DATE OF BIRTH: 16/08/1986 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 01/05/1988 03/10/1988

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

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: _____ MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: _____ MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

Email: HENRYCHING59@gmail.com
 VIDEO

Claim Handling

Accident NT/1079531

Exit

Policy No.	505118404-08	Vehicle No.	PC1157U	GST Registration No.	
Certificate No.					
Policyholder Name	ACE STAR TRAVEL ALLIANCE PTE LTD				
Product Code	BUS INSURANCE				
Contact No.(Mobile)	94368793	Cover Type	Comprehensive	Policyholder NRIC	2011033462
Email Address		Contact No.(Office)		Leading	0
MPA	+ No Yes	Special Remarks		Contact No.(Home)	
NCD Protection	No	TCA	+ No Yes	eCode	No
		NCD Entitlement(%)	0	eCode Reason	
				Private Hire	No

Accident Details

Report Date	10/01/2020 17:44	Accident Report Within 24 hrs	Yes	Accident Type	Collision into Property
Date of Accident	09/01/2020	Time of Accident in:mm	17:43	Country of Accident	Singapore
Reporting Centre		Damage Police		ICM No.	
Accident Location	HOLF INNOCENT'S HIGH SCHOOL				

Total Excess Applicable

Excess Type	Per Accident	Waiver/pen Excess	000.00		
OD Standard Excess	3,000.00	TP Standard Excess	0.00	Driver is Covered?	Covered
W/O OD Excess	0.00	FIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	3,000.00	Total TP Excess Applicable	1,500.00		

GST Registered Information

GST Registered	No	GST Registration No.		GST Registration Date	
Modification History	10/01/2020 17:46:39 System changed GST Status Verified from No to Yes	GST Status Verified	Yes		

Policyholder Mailing Address

Address 1	BLK 170B #01-703	Address 2	PUNJGOL FIELDS	Address 3	SINGAPORE 822170
Address 4		Address Type	Singapore address	Post Code	822170
Unit No.	01-703	Related Policy Number	505118404-08		

OD Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver ODE	16/08/2006
Unnamed driver Name	AMIR MUDDIN BIN AB SAHMAN	Driver NRIC	511775877	Driving Experience	21
Register Date of Driver License	22/10/1988	Driver Age	83	Contact No.(Home)	
Contact No.(Mobile)	98077103	Contact No.(Office)		Address 3	SINGAPORE 751106
Address 1	BLK 106A #13-031	Address 2	CAMBRIDGE STREET	Post Code	751106
Address 2		Address Type	Foreign address		
Unit No.	13-031			Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	NT1157U		

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes - No
-------------------------------------	------	-------------	----------

Modification History

Claim 001: New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Reserve No.

Date Registered

Report Taken By

Print as letter

OD-MX	Insured Name	ACE STAR TRAVEL ALLIANCE PT	Insured NRIC	2011033462
	Contact No. (Office)		Contact No. (Home)	
	OT	PC1157U	Vehicle Number	
	Vehicle Number	PC1157U	Name of Preferred Workshop	
	PC1157U / - On 9 Jan 2020			
	Claim Class		Date Received	10/01/2020 00:00
	Claim Date			
	PC01157U			

Save Submit

Attachment

IF

Accident No.	NT/1079531	Claim No.	801
Last Doc. Received	Yes No	Upload Date	10/01/2020 17:48
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

Attachment List

Send Message Upload

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (Y/N)	Action
	NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE 8 (BUKIT MERAH)) on 10 Jan 2020 17:48	Photos	Normal	Photos 2020-1-10		Edit
	NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 10 Jan 2020 17:48	Photos	Normal	Photos 2020-1-10		Edit
	NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE 6 (BUKIT MERAH)) on 10 Jan 2020 17:48	Photos	Normal	Photos 2020-1-10		Edit

Claim Handling(accident reporting: Claim Task)

	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 10 Jan 2020 17:48	Photos	Normal	Photos 2020-1-10	Edit	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 10 Jan 2020 17:48	Photos	Normal	Photos 2020-1-10	Edit	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 10 Jan 2020 17:48	Photos	Normal	Photos 2020-1-10	Edit	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 10 Jan 2020 17:48	Photos	Normal	Photos 2020-1-10	Edit	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 10 Jan 2020 17:48	Photos	Normal	Photos 2020-1-10	Edit	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 10 Jan 2020 17:47	Photos	Normal	Photos 2020-1-10	Edit	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 10 Jan 2020 17:47	Photos	Normal	Photos 2020-1-10	Edit	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 10 Jan 2020 17:47	Photos	Normal	Photos 2020-1-10	Edit	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 10 Jan 2020 17:47	Photos	Normal	Photos 2020-1-10	Edit	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 10 Jan 2020 17:47	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-10	Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 10 Jan 2020 17:47	SAS	Normal	SAS 2020-1-10	Edit	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
Display in New Window Scroll and uploading				

THE SCHEDULE

Private Bus Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8.

Policy Number	: 5051189484-08
The Policyholder	: ACE STAR TRAVEL ALLIANCE PTE LTD BLK 170B #03-703 PUNGGOL FIELD SINGAPORE 822170
Period of Insurance	: 06 Sep 2019 To 05 Sep 2020
Sum Insured	: Market Value of Insured Vehicle less Residual COE/PART Value at Time of Loss
Premium (inclusive GST)	: S\$6,674.49
Interest Insured	
Cover Type	: Comprehensive
Make/Model	: SCANIA/KIB4X2
Capacity	: 3.58 ton(s)
Registration Number	: PC1157U
Chassis Number	: Y52K4X20001873592
Excess (Section I)	: S\$3,000
Excess (Section II)	: S\$1,500
Windscreen Excess	: S\$500
Geographical Limit	: WITHIN THE REPUBLIC OF SINGAPORE ONLY
Hire Purchase Company	: N/A
Number of Seater	: 49
Registration Date	: 06 Sep 2011
Insure with COE	: No
NCD Entitlement	: 0%
Loyalty Discount	: 5%

Memo A : N/A

Endorsement Operative : M3

Agency	: NLE INSURANCE AGENCIES PTE LTD (00000614580)
Date of Issue	: 20 Aug 2019 11:33 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors.



Chief Executive

Text size + -

Enquire Vehicle Registration Details**Owner Particulars**

NRIC/Passport/Company Cert No: 201109366Z
 Owner ID Type: Company
 Owner Name: ACE STAR TRAVEL ALLIANCE PTE LTD
 Registered Address: APT BLK 1 LORONG LEW LIAN #08-12 SINGAPORE 531001
 Mailing Address: -
 Birth Date: -

Vehicle Particulars

Vehicle No.: PC1157U
 Previous Vehicle No.: -
 Effective Date of Ownership: 06 Sep 2011
 Original Regn Date: 06 Sep 2011
 Registration Date: 06 Sep 2011
 Year of Manufacture: 2011
 Vehicle Type: Private Hire (Chauffeur) Bus/Coach/Minibus
 Vehicle Scheme: Public Service Vehicle (Others)
 Vehicle Attachment 1: Air-Conditioned
 Vehicle Attachment 2: -
 Vehicle Attachment 3: -
 Vehicle Make: SCANIA
 Vehicle Model: KIB4X2 MANUAL TURBO ABS
 Primary Colour: Multi-Colour
 Secondary Colour: -
 Passenger Capacity: 49
 Chassis No.: YS2K4X20001873692
 Engine No.: 6654516
 Engine Capacity/Power Rating: 11705 cc / -
 Maximum Power Output: -
 Propellant: Diesel
 Max Unladen Weight: 12260 kg
 Maximum Laden Weight: 19000 kg
 Open Market Value: \$142,579.00
 PARF Eligibility: No
 PARF Eligibility Expiry Date: -
 Minimum PARF Benefit: -
 No. of Transfers: 0
 IU Label No: 2050091146
 COE No.: 2011090105000283R
 COE Expiry Date: 05 Sep 2021
 COE Category: C - Goods Vehicle & Bus
 COE Registration Category: C - Goods Vehicle & Bus