

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **NA2000654**

Date In: 15/1/05 - 10:47	Job description	Date & Time Completed	Done by
Ref No: NA/INC20000911/ky	SAS e-filing		
Veh No: PC6958A	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 29/12/04 - 11:05	i-Motor Claim Form	NA/1073296-002	15/1/05 10:47
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: SH676A	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

NA2000584	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QJ*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idao Mobile 30		
Dat. 2 / 3:	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	15/01/2020 10:37
Date Of Accident	29/12/2019 11:05
Exact Location Of Accident	CHANGI AIRPORT TERMINAL 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6955A
Insured/Policyholder	
Name Of Registered Owner	ISLAND BUS EXPRESS PTE LTD
Co Reg No	2XXXXX213D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91281115
Alternative Phone No	OFFICE-91281115

Vehicle Particulars

Manufacturer	ZHONG TONG
Model	LCK6107H AUTO
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	THIRD PARTY
Vehicle Category	BUS

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5113288926
Cover Note Number	

Driver

Name of Driver	ZHANG YONG
Passport No/FIN	GXXXXX613M
Date Of Birth	20/03/1982
Occupation	OUTDOOR
Date Of Driving Pass	23/09/2019
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84205608
Fax Number	
Contact Number	OFFICE-84205608
Email Address	NOEMAIL

Address	61H CHOA CHU KANG ROAD NICON GARDENS
Postcode	689396
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 - 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	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)	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	SH6076A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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.



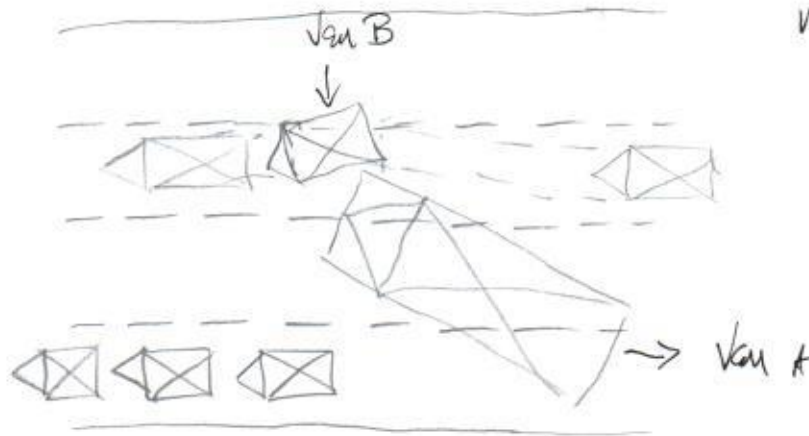
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

6955A
Veh A-7 PC 6975
Veh B-7 SH 6076A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was overtaking stationary vehicle in front of me, while overtaking I stopped to give way to a veh passing through, after which, I double check my mirror and blind spot for vehicle and confirmed that it is cleared before moving off. Before I even move off, suddenly I felt a huge impact from the right of my veh and realise veh B had overtook me from my right ~~and~~ recklessly and due to the poor judgement of veh B thus hitting onto my veh.

You had been advised by WorkSafe that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

DECLARATION

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

Policynholder's Signature
Date & Time



Driver's Signature
If driver is not the policynholder
Date & Time

Reporting Centre
Name
Tel No

[Handwritten signature]

VEHICLE NO: PC 6955A

MAKE & MODEL: Zhong Tong Bus

DATE OF ACCIDENT	24 / 12 / 19
TIME OF ACCIDENT	11 08 AM / PM
LOCATION OF ACCIDENT	Along Changi Airport Terminal 1
Exact Purpose use during accident	
NAME OF OWNER	Island Bus Express Pte Ltd
TELP NO	91281115
NRIC	201715213D
CLAIM TYPE	OD / <u>THIRD PARTY</u> / Reporting Only
PRIVATE HIRE	YES / <u>NO</u> ?
INSURANCE CO.	NTUC
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft
POLICY NO.	5104588726 5113288926
NAME OF DRIVER	As above / If No: Zhong Yong
NRIC	G3107613M
DATE OF BIRTH	20 / 03 / 1982
OCCUPATION	<u>Outdoor</u> / Indoor
DATE OF DRIVING PASS	08 / 03 / 2016
GENDER	<u>Male</u> / Female
CONTAC NO.	84205608
ADDRESS	Office: 611 Choa Chu Kang Road 8 (689396) Home:
DRIVER HAVE ANY OWN Vehicle	<u>NO</u> / If yes, Reg No.
RELATIONSHIP	<u>Employee</u> / If No,
WEATHER CONDITION	<u>Clear</u> / Raining / Other:
ROAD SURFACE	<u>Dry</u> / Wet / Other:
ANY INJURIES	<u>No</u> / If yes, Who?
CONTAC NO.	
POLICE REPORT	No / If yes, Where?
VEHICLE B NO.	SH 6076A
NAME	Any Passenger:
CONTAC NO.	
VEHICLE C NO.	
VEHICLE D NO.	Any Passenger:
VEHICLE E NO.	Any Passenger:
VEHICLE F NO.	Any Passenger:
ANY WITNESS	Any Passenger:
WITNESS CONTACT NO.	
WAS THERE ANY VIDEO CAPTURE?	
WAS THERE ANY AUDIO CAPTURE?	YES / NO
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO
	YES / NO
	JD Motorsports Pte Ltd
	Wei - 845 @ outlook.com
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5113288926	5113288926-000001	ISLAND BUS EXPRESS PTE LTD	201715213D	GFM	Comprehensive	PC6955A	PC6955A	09/10/2019	08/10/2020

Claim Handling

Accident MT/1077796

Policy No.	S113288926	Vehicle No.	PC6955A	GST Registration No.	201715213D
Certificate No.	S113288926-000001				
Policyholder Name	ISLAND BUS EXPRESS PTE LTD			Policyholder NRIC	201715213D
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	na	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	30/12/2019 17:43	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	29/12/2019	Time of Accident hh:mm	11:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AIRPORT T1 DEPARTURE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	500.00		
OD Standard Excess	3,000.00	TP Standard Excess	1,500.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	Not Applicable
Additional Excess					
Total OD Excess Applicable	3000.00	Total TP Excess Applicable	1,500.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	12/02/2018
GST Registration No.	201715213D	GST Status Verified	Yes
Modification History	30/12/2019 17:44:17 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	61H CHOA CHU KANG ROAD	Address 2	NICON GARDENS	Address 3	SINGAPORE 689396
Address 4		Address Type	Singapore address	Post Code	689396
Unit No.		Related Policy Number	S114499610		

OI Driver Info

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)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	ISLAND BUS EXPRESS PTE LTD	Insured NRIC	201715213D
Contact No.(Mobile)	94067713	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	PC6955A	TP Vehicle Number	SH6076A
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	PC6955A / SH6076A ON 29 Dec 2019				
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GJA report	Received
Date Registered	15/01/2020 10:47	Claim Close Date		Date Received	15/01/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No. MT/1077796 Claim No. 002

Last Doc. Received ☒ Yes ☐ No Upload Date 15/01/2020 10:48

Path *

Browse...	Clear	Category *	Confidential	Urgency *	Description *
		Please Select	<input type="checkbox"/>	Normal	
		Please Select	<input type="checkbox"/>	Normal	
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		Please Select	<input type="checkbox"/>	Normal	

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent?
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(CO)

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI
CES) on 15 Jan 2020 10:48

NRIC/ Driving License

Y

Normal

NRIC/ Driving License 2020-1-15

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SAS

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SAS 2020-1-15

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Photos

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CES) on 15 Jan 2020 10:48

Photos

Normal

Photos 2020-1-15

Video List

Uploaded By/Date

Folder Date

File Name

Source

Action

Display in New Window

Scan and uploading