

# NATIONAL Assessment Centre Services

(not to be used)

2/2

Date In: 17/02/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC20002669/13	SAS e-filing		
Veh No: PA737M	E-mail (within 3hrs, Atc 2hrs)		
D.O.A: 17/02/20 1140	I-Motor Claim Form	MT/1084640-001	
OD: <input checked="" type="radio"/> 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: 9L8364M	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:
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Date/Time	Actions

NA2001399	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30)		In Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)			
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) NI: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):	ON:			
	*N5: Courtesy Car / Tp 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	17/02/2020 13:17
Date Of Accident	17/02/2020 11:40
Exact Location Of Accident	TAMPINES AVE 10 TURN RIGHT TO THE SLIP RD TWDS TPE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	PA737M
Insured/Policyholder	
Name Of Registered Owner	GUILLEMARD BUS SERVICE
Co Reg No	2XXXX700W
Email Address	MAILUS@GUILLEMARDBUS.COM
Mobile Phone No	
Alternative Phone No	OFFICE-97920384
Vehicle Particulars	
Manufacturer	ISUZU
Model	LT434W
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5111246608
Cover Note Number	
Driver	
Name of Driver	ZULKIFLIE BIN SALLEH
NRIC No	SXXXX794J
Date Of Birth	06/08/1977
Occupation	OUTDOOR
Date Of Driving Pass	06/11/2003
Driving Experience	16 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88081942
Fax Number	
Contact Number	
EMail Address	ZOOLEOHANA@GMAIL.COM

Address	BLK 2 HOUGANG AE 3 #03-288
Postcode	530002
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	CHAIN COLLISION
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?	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)	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

I WAS TRAVELLING FROM TAMPINES AVE 10 TURNING RIGHT INTO THE SLIP RD TWDS TPE. INFRT OF MY VEH SLOW DOWN AND STOP AND I FOLLOW SUIT WITHOUT ANY CONTACT TO THE FRT VEH. SUDDENLY VEH B CAME FROM BEHIND AND HIT ONTO MY REAR PORTION OF MY VEH. AFT A FEW SECS ANOTHER IMPACT FROM THE VEH B DUE TO THE VEH C HIT ONTO REAR PORTION OF VEH B.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	MAIL TO OD SUPPORT
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YL8364M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LAI CHEE MING
NRIC/Passport Number	SXXXX943Z
Contact Number	94785992
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number YP1758K  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver THET LWIN SOE  
NRIC/Passport Number GXXXX815P  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ZULKIFLIE BIN SALLEH  
Approximate Age  
Injuries Sustain BACK & NECK  
Injured person in which vehicle? PA737M  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode



## 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.

基理瑪巴士服務  
GUILLENARD BUS SERVICE  
Co. Reg No. 209737/00W

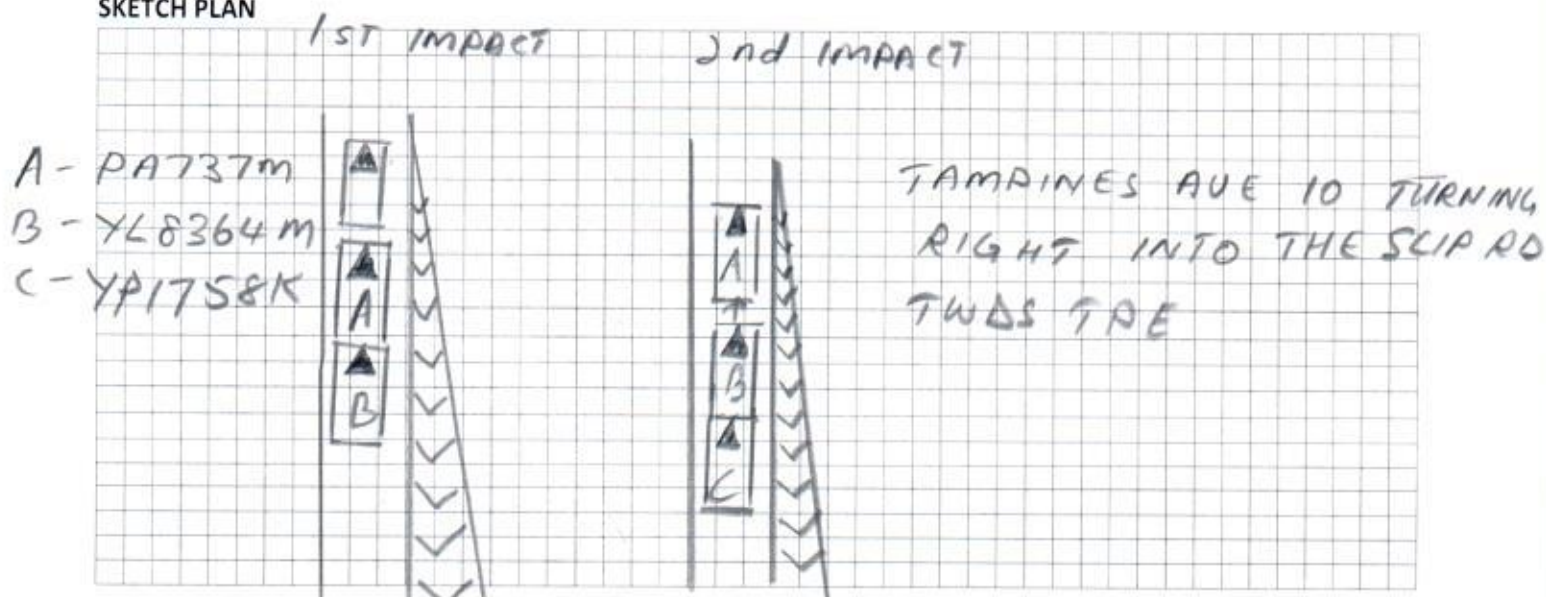


Policyholder's Signature  
Date & Time:

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

 17/02/20  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Pls refer to the statement.*

## DECLARATION

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

基理瑪巴士服務  
GUILLEMARD BUS SERVICE  
Co. Reg No. 299737/00W

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.:



## 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 :** 5111246608-000004

**Cover :** Comprehensive

1. Index mark and Registration Number of Vehicle : **PA737M**  
 Chassis Number : JALLT434MJ7000052
2. Name of Policyholder : GUILLEMARD BUS SERVICE
3. Effective Date of Insurance : 29 Jul 2019
4. Expiry Date of Insurance : 28 Jul 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 49 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	: YES
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE LIMITED
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 : S'PORE SCH&PTE HIRE BUS OWNS ASS (00000601247)  
 Date of Issue : 17 Jul 2019 16:49 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

## Enquire Vehicle Registration Details

### Owner Particulars

NRIC/Passport /Company Cert No.:	20973700W
Owner ID Type:	Business
Owner Name:	GUILLEMARD BUS SERVICE
Registered Address:	52 FOWLIE ROAD SINGAPORE 428496
Mailing Address:	-
Birth Date:	-


### Vehicle Particulars

Vehicle No.:	PA737M
Previous Vehicle No.:	-
Effective Date of Ownership:	11 Feb 2019
Original Regn Date:	11 Feb 2019
Registration Date:	11 Feb 2019
Year of Manufacture:	2018
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:	ISUZU
Vehicle Model:	LT434W
Primary Colour:	Multi-Colour
Secondary Colour:	-
Passenger Capacity:	49
Chassis No.:	JALLT434MJ7000052
Engine No.:	6HK1213418
Engine Capacity /Power Rating:	7790 cc / -
Maximum Power Output:	-
Propellant:	Diesel



Max Unladen Weight:	11960 kg	
Maximum Laden Weight:	16000 kg	
Open Market Value:	\$128,587.00	
PARF Eligibility:	No	
PARF Eligibility Expiry Date:	-	
Minimum PARF Benefit:	-	
No. of Transfers:	0	
IU Label No.:	2050115201	
COE No.:	2018120105000264E	
COE Expiry Date:	10 Feb 2029	
COE Category:	C - Goods Vehicle & Bus	
COE Registration Category:	C - Goods Vehicle & Bus	
Quota Premium (QP) / Prevailing Quota Premium:	\$29,501.00 / -	
Actual QP Paid:	\$29,501.00	
QP (Regn Cat):	\$29,501.00	
OPC Cash Rebate Eligibility:	No	
QP during COE Bidding Exercise:	\$29,501.00	
Additional Registration Fee Rate:	5.00 %	
Actual ARF Paid:	\$6,430.00	
Vehicle Lifespan Expiry Date:	10 Feb 2039	
CO2 Emission:	-	
CO Emission:	-	
HC Emission:	-	
NOx Emission:	-	
PM Emission:	-	
Message:	This is a public service vehicle.	

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7721794J





Name  
**ZULKIFLIE BIN SALLEH**

Race  
**INDONESIAN**

Date of birth  
**06-08-1977**

Sex  
**M**

Country of birth  
**SINGAPORE**

4089847



NRIC No. S7721794J



Date of issue  
**24-08-2003**

**APT BLK 2 HOUGANG AVENUE 3 #03-288  
SINGAPORE 530002**

NRIC No: S7721794J Date: 01/09/2018  
SINGAPORE 700708

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7721794J  
Name: **ZULKIFLIE BIN SALLEH**

Birth Date: 06 Aug 1977  
Issue Date: 28 Nov 2008




001681133B

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)


	PASS DATE
Class 2B Motorcycles <= 200 cc	13 Jun 1994
Class 2A Motorcycles between 201 cc and 400 cc	21 May 1996
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	11 Feb 2003
Class 4 *Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	06 Nov 2003
*Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	
Class 5 Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	13 Feb 2004

Licence No: S7721794J



NP 428A

Land Transport Authority



**VOCATIONAL LICENCE**


Licence No: S7721794J  
Name: ZULKIFLIE BIN SALLEH

Card Issue Date: 12/02/2018

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
12	TAXI VL	12/02/2018
03	BUS VL	30/12/2009
04	BUS ATTENDANT	30/12/2009



PDVL/TDVL  
33 828 82508  
279094





Claim Handling

Accident MT/1084640

Policy No.	5111246608	Vehicle No.	PA737M	GST Registr
Certificate No.	5111246608-000004			
Policyholder Name	GUILLEMARD BUS SERVICE			Policyholder I
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	97920384	Contact No.(Office)	0	Contact No.(t
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 Reaso
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	17/02/2020 15:37	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	17/02/2020	Time of Accident hh:mm	11:40	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	TAMPINES AVE 10 TURN RIGHT TO THE SLIP RD TWDS TPE			

▼ 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	0.00	YIED TP Excess	0.00	Driver is Cow
Additional Excess				
Total OD Excess Applicable	3,000.00	Total TP Excess Applicable	1,500.00	

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/
GST Registration No.	20973700W	GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	52 FOWLIE ROAD	Address 2	SINGAPORE 428496	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5111246608	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	ZULKIFLIE BIN SALLEH	Driver NRIC	SXXXX794J	Driver DOB
Register Date of Driver License	06/11/2003	Driver Age	42	Driving Exper
Contact No.(Mobile)	88081942	Contact No.(Office)	0	Contact No.(f
Address 1	BLK 2	Address 2	HOUGANG AVENUE 3	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#03-288			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insure

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	
Claim Description	PA737M / YL8364M ON 17 Feb 2020		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	17/02/2020 15:43
		Workshop Repairer	ROSLINDA

☒ Print AK letter

