

NATIONAL Assessment Centre Services. [ver 1 Jan 2005]

MANAYCOO 33487

Date In: 17/03/2020 11:55	Job description	Date & Time Completed	Done by
Ref No: NAB/INC 20004164	SAS e-illing		
Veh No: PC 57059	E-mail (E-Jobs Sheet, AIC Sheet)		
D.O.A: 16/03/2020 18:00	I-Motor Claims Form	M11028551-001	17/03/2020
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		14:22
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VH32		

Preferred Wkep / INC Assign Wkep / QW: () Tels: () Fax: ()

TP Particulars: Veh No: SBS 6122T 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 repair.

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

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

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Driver: _____

MANAYCOO 2020	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (210)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
Additional Comments:	For claiming against INC Only (was 10 Jan 2020)	
Est 1:	6) TR: Re-inspection	\$73
2/3:	7) NI: Idea DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance	\$3
	*N6: Repair Co-ordination	\$10
	*N7: Post Repair Inspection	\$23
	*N8: DV / Collect Excess Coordination	\$3
	TP (Nil); TP (Non-INC) against IAC	\$70
	9) N12: Idea Mobile	\$0
	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	17/03/2020 11:55
Date Of Accident	16/03/2020 18:00
Exact Location Of Accident	JUNCTION OF SERANGOON GARDEN WAY/TAVISTOCK AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC5805G
Insured/Policyholder	
Name Of Registered Owner	SPD
Co Reg No	SXXXXX052D
Email Address	WILLIAM_TAN@SPD.ORG.SG
Mobile Phone No	(LOCAL) +65-98533609
Alternative Phone No	OFFICE-65790713
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	TRANSPORTING CLIENTS
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108370024
Cover Note Number	
Driver	
Name of Driver	LEE KIM AUN
NRIC No	SXXXXX935E
Date Of Birth	15/06/1953
Occupation	OUTDOOR
Date Of Driving Pass	27/03/1978
Driving Experience	41 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98533609
Fax Number	
Contact Number	OFFICE-65790713
Email Address	WILLIAM_TAN@SPD.ORG.SG

Address	BLK 604 CLEMENTI WEST STREET 1 #16-44
Postcode	120604
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 - MAJOR/MINOR RD.
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

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS6122T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	YEE CHEAH YIN
NRIC/Passport Number	FXXXX155U
Contact Number	63837211
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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: **Robt**
NRIC/FIN No.:

SKETCH PLAN



- A) PC 5805G
- B) SBS 6122T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/3/20 (Monday) at about 6pm, vehicle PC5805G was to turn out to Tavistock Ave. But at the junction when about to turn left, an SBS BUS 317 (6122T) came from right side, then knocked against vehicle PC5805G and hit on the right centre of 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:


 Reporting Centre Personnel's Signature
 Name: Reda W...
 NRIC/FIN No.: 17/03/2020

ml

ACCIDENT STATEMENT

ACCIDENT DATE: 16 / 3 / 2020 (DD/MM/YYYY), TIME: 18 : 00 (HH:MM)

LOCATION: Tavistock Ave / Serangoon Garden Way

1. DETAILS OF VEHICLE
 - a) VEHICLE NUMBER: PC 5805 G
 - b) INSURANCE COMPANY: NTUC Income
 - c) POLICY NUMBER: 5108370024-000006
 - d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 - e) MAKE & MODEL: Toyota High Ace
 - f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 - g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 - h) PURPOSE OF USING AT ACCIDENT TIME: Transporting Clients
 - 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: SPD (WILLIAM TAN) (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: _____ CONTACT: 65790713
 - c) ADDRESS: 2 Pong Nguan St, SPD Ability Centre S1168955

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
- a) NAME: Lee Kim Ann (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: S0146935 E CONTACT: 98533609
 - c) ADDRESS: Blk 604 #16-44 Clementi West St 1

* No of passenger (including driver) (1)

- *d) DATE OF BIRTH: 15 / 6 / 1953 (DD/MM/YYYY)
- e) OCCUPATION: (INDOOR / OUTDOOR)
- f) DATE OF DRIVING PASS: 27/3/1978

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: SBS6122T MODEL: Bus
 - b) DRIVER'S NAME: Yee Cheah Yin
 - c) NRIC/FIN/PASSPORT: F8031155U CONTACT: 63837211

* No of passenger (including driver) ()

9. THIRD PARTY VEHICLE Driving Licence
 - d) VEHICLE NUMBER: _____ MODEL: _____
 - e) DRIVER'S NAME: _____
 - f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger (including driver) ()

email = william_tan@spd.org.sg

VIDEO

Claim Handling

Accident NT/1008551

Exit

Policy No.	5100379024	Vehicle No.	PC8050G	GST Registration No.	
Certificate No.	5100379024-01000				
Policyholder Name	SFO			Policyholder NRIC	940100000
Product Code	PUBT MSV (Mk 1) (REGURANCE)	Cover Type	Comprehensive	Leading	0
Contact No (Mobile)	98533608	Contact No (Office)	65790713	Contact No (Home)	
Email Address		Special Review		eCode	No
RFI	- No Yes	TCR	- No Yes	eCode Reason	
NCD Protection	No	NCD Endorsement(%)	0	Private Hire	No

Accident Details					
Report Date	17/03/2020 14:31	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Motor Road
Date of Accident	16/03/2020	Time of Accident (hr:min)	18:00	Country of Accident	Singapore
Reporting Centre		Damage Force		TCR No	
Accident Location	JUNCTION OF DERHANGOOD GARDEN WAY/FAVORSTOCK AVENUE				

Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00	Driver's Occupant	Covered
OD Standard Excess	1,000.00	TP Standard Excess	1,300.00		
YIELD Excess	0.00	YIELD TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	1000.00	Total TP Excess Applicable	1,300.00		

Benefit					
GST Registered Information					
GST Registered	Yes	GST Registration Date	21/09/2016		
GST Registration No.	M80362208	GST Status Verified	Yes		
Modification History	17/03/2020 14:18:42 System changed GST Registration from No to Yes 17/03/2020 14:19:43 System changed GST Registration No. from null to M80362208 17/03/2020 14:23:02 System changed GST Registration Date from null to 21/09/2016				

Policyholder Mailing Address					
Address 1	2 PANG NOLAN STREET	Address 2	#01-01 SPS ABILITY CENTRE	Address 3	SINGAPORE 100555
Address 4		Address Type	Singapore address	Post Code	100555
Unit No.	01-01	Related Policy Number	5100379024		

Q3 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	15/06/1954
Unnamed Driver Name	LEE KIM ANS	Driver NRIC	XXXXX338	Driving Experience	41
Register Date of Driver License	17/05/1978	Driver Age	66	Contact No (Home)	
Contact No (Mobile)	98533608	Contact No (Office)	65790713	Address 1	SINGAPORE 100004
Address 1	BLK 504 #1004	Address 2	ELEMENTARY STREET 1	Address 3	SINGAPORE 120004
Address 2		Address Type	Foreign address	Post Code	120004
Unit No.	10-44	Driver Vehicle No.	PC8050G	Driver Insurer Company	NTUC
Does he own a Singapore registered car?	Yes - No				

Declaration		Any Injury?	Yes - No
Supervisor or Head Test Witness?	0/0		

Modification History

Claim 001 [New](#)

Claim Type *

Contact No (Mobile)

Email Address

Claim Description

Preferred Workshop

Default No. of Insurer

Date Registered

Report Taken At

Print As letter

Save Submit

Attachments

Accident No.	NT/1008551	Claim No.	505
Last Doc Received	Yes No	Upload Date	17/03/2020 14:22
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Confidential
Choose File	No file chosen	Clear	Urgency *
Choose File	No file chosen	Clear	Description *
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Message Board		Clear	

Attachment List						
Attachment	Uploaded By/Date	Category	Urgency	Confidential	Description	Reg Sent (C)
	NAC_BUKIT_MERAH_800470 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 17 Mar 2020 14:22	Photo	Normal		Photo 2020-3-17	0/0
	NAC_BUKIT_MERAH_800470 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 17 Mar 2020 14:22	Photo	Normal		Photo 2020-3-17	0/0
	NAC_BUKIT_MERAH_800470 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 17 Mar 2020 14:22	Photo	Normal		Photo 2020-3-17	0/0

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 : 5108370024-000006

Cover : Comprehensive

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| 1. Index mark and Registration Number of Vehicle | : PC5805G |
| Chassis Number | : JTFST22P300030185 |
| 2. Name of Policyholder | : SPD |
| 3. Effective Date of Insurance | : 01 Jun 2019 |
| 4. Expiry Date of Insurance | : 31 May 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\$1,000
EXCESS (SECTION II)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
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 : AVA INSURANCE BROKERS PTE LTD (00000690850)
 Date of Issue : 27 Mar 2019 15:41 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

 Authorised Officer



 Chief Executive