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Ref No: NA/14018001370/24	SAS e-filing			
Veh No: PC 4697 14	E-mail (within Shrs, AIC 2hr	rs)		4
D.O.A: 201/18-19:20	i-Motor Claim Form	MT 0978941	122/1/18 10	:27
	i-Motor W/O (Within: OE	2hrs, TP 4hrs)		000 <u></u>
OD / TP / Reporting Only	i-Photo Uploaded			
TD	Assessment/Survey Repo	rt		
TP Insurer:	Ass't Report by Fax / Ha	nd to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QV	V: (	Tel:	Fax:	
TP Particulars: Veh No:	Unknown . IN	C( )/Non-INC( )	2	
Owner / Driver: (	V. Idio Vali	Tel:	)	
Policy No: ( )	Period: (	) Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: (	%) [Note-Est. Status (WO): N:	0-20%; P: 21-79%. P: 30-	100%]	10
Year of Registration: (	) Warranty: YES ( )/NO (		**************************************	
	:\$1,000( )/\$2,000( )			
General Remarks:	are 20% to a see that years of hearth 1925.	Sacra reserved and a Cod 1914 s	Party In	
Remarks:- (INC hotline: 6788 66 1) Apply for Transport Allowance (	) / Courtesy Car ( )	Date Time Completed	8.33444	
2) QC Check / Post Repair Inspection	( )		•	
2) QC Check / Post Repair Inspection	( )			
2) QC Check / Post Repair Inspection	( )			
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cos Injury: Date/Time Actions	( ) st>\$3000] ( )  Invoice I	Preparation Checklist	Anit (5)	
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### SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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.

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ACCI	DEN	1 31	AIG	WII.	м.

Date Of Report

22/01/2018 09:54

Date Of Accident

20/01/2018 19:20

Exact Location Of Accident

BETWEEN BLK 52 & 53 MARINE TERRACE CARPARK

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

PC4697H

Insured/Policyholder

Name Of Registered Owner

JK SINCERE TRANSIT SERVICES

Co Reg No

53213662D

Email Address

NOEMAIL

Mobile Phone No

Alternative Phone No

OFFICE-89999999

Vehicle Particulars

Manufacturer

TOYOTA

Model

HIACE COMMUTER GL 3.0A

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

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

5078285261-01

Cover Note Number

Driver

Name of Driver

CHIA PENG KOON

NRIC No

S1649662F

Date Of Birth

14/07/1964

Occupation

OUTDOOR

Date Of Driving Pass

18/12/2000

Driving Experience

17 YEARS AND 1 MONTH

Gender

MALE

Mobile Number

(LOCAL) +65-93512272

Fax Number

Contact Number

OFFICE-93512272

EMail Address

NOEMAIL

Address BLK 53 MARINE TERRACE

#02-215

Postcode 440053

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles 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.

Number of Passengers (Including Driver)

0

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name MARINE PARADE NEIGHBOURHOOD POLICE CENTRE

NO

Police Station Address ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-4428999 - FAX NO: 62447678

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180122/2006.

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 UNKNOWN

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

Page 2 of 27

### SKETCH PLAN

## IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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)

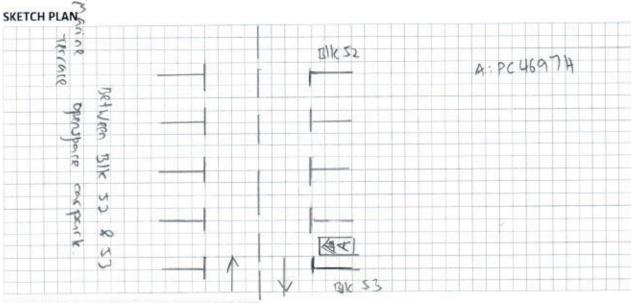
I understand, acknowledge, agree and consent that:

- (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 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:
  - 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:
  - 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

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

NRIC/FIN No.:



Refer	+0	police	report- T/2018922/2006.	

# DECLARATION

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

Policyholder's Signature 53 Date & Time:

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

Reporting Centre Personner's Signature Name:

NRIC/FIN No.:





1 of 3

Report No. T/20180122/2006

Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

Tel No: 1800-4428999

REPORT	OF A	ATR	AFFIC	ACCI	DENT

	ne Report M 18 01:32	lade:	Vide Report No.: Station Dia 10				
orma	nt's Particu	ulars	TO BE THE REAL PROPERTY.				
	Informant: NG KOON		Address: APT BLK 53 MARINE TERRA 440053	ACE #02-215 SINGAPORE			
	/ ID No.: D / S164966	52F	Contact No.: Home/Office:	Mobile: 93512272			
National SINGAP	ity: ORE CITIZ	EN	Email:				
Sex: Male	Age: 53	Date of Birth: 14/07/1964	Type of Informant: Driver				
Race: Chinese			Language: English	Institution / School Name:			
Occupat			Driving Licence Information: Class:	Date of Expiry:			

Seneral Inform	nation of the Acciden	t		
Type of Accident:	e of Non-Injury		Date/Time of Accident: 20/01/2018 19:20	Type of Location: Car Park
Location: Along Road 1 MARINE TER		k 52 and 53 Marine T	errace lot number 37	
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collis Moving Vehic	sion: de Against - Parked Vel	hicle		Anyone conveyed by ambulance: No

Details of V	ehicle Involved					
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
PC4697H	Bus/Coach/Mi	TOYOTA	Hiace	Silver	Slightly Damaged	0

Details of V	ehicle Insurance		No. 2	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
	NTUC Income Insurance Co-Operative Limited	KDH2230026673	12/03/2017	11/03/2018





2 of 3

Report No. T/20180122/2006

Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

Tel No: 1800-4428999

## CONTINUATION OF REPORT

## Brief Details.

On 19/01/2018 at about 1930hrs, I parked my vehicle bearing vehicle registration number PC4697H (Silver Toyota Hiace) at the open carpark in between Block 52 and 53 Marine Terrace of lot number 37. I left my vehicle at the said carpark for days and everything was last seen intact with no scratches.

On 21/01/2018 at about 1630hrs, I went to my vehicle and discovered that there were scratches found on top of the rear right wheel of my vehicle. There were also some white paint stains left on the said affected area.

I wish to state that I have an in-car camera and it was on recording mode. I then viewed the CCTV footage and suspected that it was one white vehicle of an unknown vehicle registration number that was parked beside my vehicle had collided against the side of my vehicle. The said vehicle was parked on 20/01/2018 at about 1920hrs and left on the same day at about 2100hrs.

I wish to further informed that there was no note left on vehicle.







3 of 3

Report No. T/20180122/2006

Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296 Tel No: 1800-4428999

CONTINUATION OF REPORT

# Sketch Plan

Informant is not able to provide sketch plan

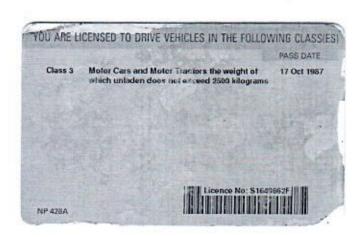
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sr Staff Sgt FARIDAH BINTE ABU BAKAR	Signature Of Informant:
Signature Of Interpreter:  Not applicable	Date/Time: 22/01/2018 01:32
	Classification Of Caso:
Officer In Charge Of Case: TP / HRT / SI ABDUL KAREEM BIN ABDUL HAGUE Contact No.: 65476079	Classification Of Case:











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

Type Description Issue Date

03 BUS VL 18/12/2000
04 BUS ATTENDANT 18/12/2000

<b>eBao</b> Tech		1 3 14							Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601	T. STORY OF THE PARTY OF THE PA	THE PERSON NAMED IN	HISTORY STREET, THE PARTY	in Debterman	. (	Change Lan	guage	Change Passwor	rd • Log Out
My Desktop	Polic	y Query								3.
Notice of Loss	Policy N	io.				Date of Acci	dent	20/01	/2018 19:20	5
	Vehicle	No.(For Motor)	PC4697H							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5078285261- 01	JK SINCERE TRANSIT SERVICES	53213662D	GBS	Comprehensive	PC4697H	PC4697H	12/03/2017	11/03/2018
					1	Continue				

Policy No.	5078285261-01	Policyholder Name	JK SINCERE TRANSIT SERVICE	Policyholder NRIC	53213662D
Address	BLK 53 #02-215 MARINE TERRA	CE SINGAPOR	RE 440053		
Product Name	BUS INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	07/03/2017	Effective Date	12/03/2017 00:00	Expiry Date	11/03/2018 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	500
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	S'PORE SCH&PTE HIRE BUS OW	Agent Tel.	67410788	GST Flag	Y
Co- insurance Flag Open Policy Info Certificate Info	No nolder Mailing Address				
Address 1	BLK 53 #02-215	Address 2	MARINE TERRACE	Address 3	SINGAPORE 440053
Address 4		Address Type	Singapore address	Post Code	440053
Unit No.	05-16	Related Policy Number	5083033297-01		
) Insure	d Object: PC4697H				
	ements				
Sequent	Date of Endorsement	Endorse  Basic Inform Endorsemen	Entry Rejected	ent Status	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that from 12 Mar 2017, the following amendment(s) is/are made to this policy: In view of this amendment, an additional premium of \$1,944.82 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our

cident MT/0978941					
hey No.	5078285261-01	Vehicle No.	PC4697H	GST Registration No.	
licyholder Name	JK SINCERE TRANSIT SERVICES			Policyholder NR3C	53213662D
oduct Code	BUS INSURANCE	Cover Type	Comprehensive	Loading	0
intact No.(Mobile)	0	Contact No.(Office)	0	Contact No. (Home)	0
nail Address		Special Remark		eCode	No V
	@ Nu Civer	TCA	® No ○Yes	eCode Reason	All relations
*	® No ○ Yes				No.
CD Protection	No	NCD Entitlement(%)	10	Private Hire	No
Accident Details					
port Date	22/01/2018 19:24	Accident Report Within 24 hrs	Yes	Accident Type	Hit and run
te of Accident	20/01/2018	Time of Accident hh:mm	19:20	Country of Accident	Singapore
porting Centre		Orange Force		ICH No.	
Marie Commence	BETWEEN BLK S2 & S3 MARSNE TERRACE (	CADDADY			
cident Location	BETWEEN BUX 32 & 33 PARILINE TERRINGE	yonrana.			
P Benefits					
7 Excess					
wn damage Excess	2,000,00	Additional Excess		Windscreen Excess	500.00
stamed Driver Excess		Outside Singapore OD Excess			
and Party Excess	1,500.00	Outside Singapore TP Excess			
GST Registered Informa					
			CET Secretarius Date		
T Registered	No		GST Registration Date GST Status Verified	No	
ST Registration No.			GO L SOULDS VEHICLE	140	
odification History					
Policyholder Mailing Ad	draw				
odress 1	BLK 53 #02-215	Address 2	MARINE TERRACE	Address 3	SINGAPORE 440053
	55150000000000000000000000000000000000	Address Type	Singapore address	Post Code	440053
ddress 4					70701 <del>0100</del> X
nit No.	05-16	Related Policy Number	5083033297-01		
OI Driver Info					
river Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	CHEA PENG KOON	Driver NRIC	S1649662F	Driver DOB	14/07/1964
gister Date of Driver License	18/12/2000	Driver Age	53	Driving Experience	17
		Contact No.(Office)	0	Contact No.(Home)	0
ontact No.(Mobile)	93512272			Address 3	MARINE TERRACE HAVEN
ddress 1	BLK 53	Address 2	MAAINE TERRACE		
ddress 4	SINGAPORE 440053	Address Type	Singapore address	Post Code	440053
nit No.	02-215				
oux he own a Singapore egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Compan	Υ,
5 TH COS . THE					
daration					
daration	Omp	Any injury?	O Yes ® No		
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colaration reathshyser or Blood Test eading?  Claim 001 New  Item Type * ontact No. (Mobile) mail Address nam Description referres Workshop Contact e. equire Finalisation	DD-MX	Insured Name Contact No. (Home) OI Vehicle Number Insured Usellity • Preferered Repair Option	DK SINCERE TRANSIT SERVICES PC4697H	Contact No.(Office) TP Vehicle Number Name of Preferred World GSA report	URKNOWN
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Attachment		Uploaded By/Date	Category	Ŷ	Urgency	Description	Sent? Actio (CO)
900 VOT 900 FEE 971 VOT	NAC_PAVA_UBI_BDDGO1( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Ja n 2018 19-29		NRIC/ Driving License		Normal	NR3C/ Driving License 2018-1-22	Edi
1	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 to n 2018 19-28		SAS		Normal	SAS 2018-1-22	Edi
4	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Ja n 2018 19:28		Photos		Normal	Photos 2018-1-22	Edi
	NAC_PAYA_UB3_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Ja n 2018 19:28		Photos		Normal	Photos 2018-1-22	Edi
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1	NAC_PAYA_URS_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Na n 2018 19:28		Photos		Normal	Photos 2018-1-22	Edi
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V	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Ja n 2018 19:27		Photos		Normal	Photos 2018-1-22	Edit
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VIDEO LIST	Uploaded By/Date	Folder Date	File Name		9	Source	Action