

# NATIONAL Assessment Centre Services (with 1/1/2009) *NA 4807690*

Date In: <i>12/02/2018 19:11</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NA/INC/180028237</i>	SAS e-illing		
Veh No: <i>PC 7904</i>	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: <i>09/02/2018 07:40</i>	E-Motor Claim Form	<i>NA/1866-0212/02/2018</i>	<i>19:23</i>
OD: <i>TP / Reporting Only</i>	E-Motor W/O (within 24hrs, TP 2hrs)		
	E-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/VWsp		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Particulars:	Yell No: <i>SLK 2876B</i>	INC ( ) / Non-INC ( )
Owner / Driver:	Tel:	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date:	Time:
Insured/Driver Liability: ( )	% (Note: B/L Status (WO): N: 0-20%; P: 21-79%; P: 80-100%)	
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

General Rem:	
( ) 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: ( )

Removals:	INC Hotline: 6788 6016	Date & Time Completed	Done by
1) Apply for Transition Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Resurvey Photo (Repair Cost > \$3000) ( )			

Injury: \_\_\_\_\_

Date/Time	Action

<i>NA 1800940</i>	Invoice Preparation Checklist
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$30)
Damaged Portion:	3) TP: Towing Fee (\$40/\$4)
	4) FT: Follow-Through Survey (\$10)
	5) RT: Follow-Through Survey (Resurvey) (\$10)
	6) TR: Re-inspection (\$10)
	7) NI: No DA + SMRT Survey (\$140)
	8) NTUC Additional Services
	9) Q11
C. Checked by (Sign-In-Charge):	*N3: Courtesy Car / Tpl Allowance \$5
	*N6: Repair Coordination \$10
	*N7: Post Repair Inspection \$10
	*N8: DY / Collect Unacc Coordination \$1
	IZ (N11): TP (N-in INC) against INC \$20
	*N11: Mileage \$10
	Invoice dated _____
	Not Charged _____
	Not 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 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.

### ACCIDENT STATEMENT

Date Of Report	12/02/2018 19:11
Date Of Accident	09/02/2018 07:40
Exact Location Of Accident	ALONG OUTRAM ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC790Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SUPERLAND PRE-SCHOOL (OUTRAM) PTE. LTD.
Co Reg No	201435929H
Email Address	SUPERLAND@MPS.GMAIL.COM
Mobile Phone No	(LOCAL) +65-92250985
Alternative Phone No	OFFICE-62785886

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE COMMUTER BUS
Exact Purpose for which vehicle was being used at time of accident	SENDING PRE-SCHOOL PUPILS
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	NO
Policy Number	5071350890-02
Cover Note Number	

### Driver

Name of Driver	TAN SAY YONG
NRIC No	S1121408H
Date Of Birth	16/04/1955
Occupation	OUTDOOR
Date Of Driving Pass	21/04/1977
Driving Experience	40 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92250985
Fax Number	
Contact Number	OFFICE-62785886
EMail Address	SUPERLAND@MPS.GMAIL.COM

Address	BLK 102 SERANGOON NORTH AVENUE 1 #03-793
Postcode	1955
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### 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?	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)	11
Passenger 1	NAME: : MDM CHOW (ATTENDANT) GENDER: : FEMALE
Passenger 2	NAME: : PUPIL GENDER: : MALE
Passenger 3	NAME: : PUPIL GENDER: : MALE
Passenger 4	NAME: : PUPIL GENDER: : FEMALE
Passenger 5	NAME: : PUPIL GENDER: : FEMALE
Passenger 6	NAME: : PUPIL GENDER: : FEMALE
Passenger 7	NAME: : PUPIL GENDER: : FEMALE
Passenger 8	NAME: : PUPIL GENDER: : FEMALE
Passenger 9	NAME: : PUPIL GENDER: : FEMALE
Passenger 10	NAME: : PUPIL GENDER: : FEMALE

#### 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 SLK2876B  
Vehicle Make/Model/Colour TOYOTA  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver MR BUI MICHAEL  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## 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.



X  
Policyholder's Signature  
Date & Time:

2  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 120218  
1040 AM.

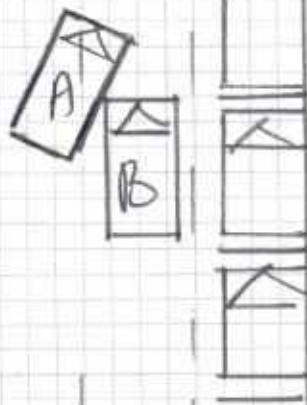
17/02/2018  
Reporting Centre Personnel's Signature  
Name: Keshi  
NRIC/FIN No.:

SKETCH PLAN

Along OUTRAM ROAD.

A) PC 790Y

B) SLK 2876B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 090218, 0740 AM ON OUTRAM ROAD TOWARDS TIONG BAHRU ROAD, MY BUS WAS ON THE THIRD LANE, PART OF THE FRONT ON SECOND LANE, I signaled my intention TO FILTER RIGHT TO TIONG BAHRU ROAD even my HAND WAS USED TO SLOW DOWN THE VEHICLE FOR MY INTENTION OF FILTERING. THIS PRIVATE HIRED VEHICLE KNOCKED INTO THE BUS RIGHT BESIDE DOOR. SLIGHT DENTO WERE NOTED:

NOTE: THE BUS DID A STOP AT THE LANE BECAUSE THE LIGHT WAS RED. FROM THE RIGHT I SAW THE VEHICLE DID SEE ME KNOCKED INTO THE BUS. *R* SYTAN.

DECLARATION

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

X

Policyholder's Signature

Date & Time:



Driver's Signature

(If driver is not the policyholder)

Date & Time: 120218

1040AM

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

*12/02/2018*  
*Rishi Nathan*

## Claim Handling

+ Task Transfer + Exit

LOS SAL SBR

## ▼ Accident MT/0981866

Policy No.	5071350890-02	Vehicle No.	PC790Y	GST Registration No.	201435929H
Policyholder Name	SUPERLAND PRE-SCHOOL (OUTRAM) PTE. LTD.			Policyholder NRIC	201435929H
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No. (Mobile)	NA	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	PLI
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(%)	10	Private Hire	Not available

## ▼ Accident Details

Report Date	12/02/2018 09:53	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	09/02/2018	Time of Accident hh:mm	07:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NA				

## ▼ Benefits

## ▼ Excess

Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	3,000.00	Outside Singapore TP Excess			

## ▼ GST Registered Information

GST Registered	Yes	GST Registration Date	19/01/2015
GST Registration No.	201435929H	GST Status Verified	Yes
Modification History	12/02/2018 11:46:35 Karthlyn Yuen changed GST Registered from No to Yes 12/02/2018 11:46:35 Karthlyn Yuen changed GST Registration No. from null to 201435929H 12/02/2018 11:46:35 Karthlyn Yuen changed GST Registration Date from null to 19/01/2015		

## ▼ Policyholder Mailing Address

Address 1	BLK 568 #02-102	Address 2	GANES AVENUE	Address 3	SINGAPORE 160568
Address 4		Address Type	Singapore address	Post Code	160568
Unit No.	02-102	Related Policy Number	5092737995		

## ▼ QI Driver Info

Driver Name		Driver Type	
Unnamed driver Name		Driver NRIC	Driver DOB
Register Date of Driver License		Driver Age	Driving Experience
Contact No. (Mobile)		Contact No. (Office)	Contact No. (Home)
Address 1		Address 2	Address 3
Address 4		Address Type	Foreign address
Unit No.			Post Code
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	Driver Insurer Company

Modification History

## ▼ Investigation

## Claim 002 OD-MX

## ▼ Claim Case Officer

Claim Type	OD-MX	Insured Name	SUPERLAND PRE-SCHOOL (OUT	Insured NRIC	201435
Contact No. (Mobile)		Contact No. (Home)	NIL	Contact No. (Office)	
Email Address		QI Vehicle Number	PC790Y	TP Vehicle Number	SLX287
Claim Description	PC790Y / SLK28788 ON 9 Feb 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Receive
Date Registered	12/02/2018 19:09	Claim Close Date		Date Received	12/02/
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

☐ Print AK letter

Modification History

## ▼ Special Claim Creation Approval

Approval	Reason
----------	--------

Remarks

## Attachment Notes

Accident No.

Claim No.

MT/0981866

002

Last Doc: Received

Yes No

Upload Date

12/02/2018 19:23

Path \*

Category \*

Confidential

Urgency \*

Browse...

Clear

Please Select

NO

Normal

Browse...

Clear

Please Select

NO

Normal

Browse...

Clear

Please Select

NO

Normal

Browse...

Clear

Please Select

NO

Normal

Browse...

Clear

Please Select

NO

Normal

Browse...

Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Feb 2018 19:23	SAS	Normal	SAS 2018-2-
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Feb 2018 19:23	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Feb 2018 19:10	Photos	Normal	Photos 2018-2-
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Feb 2018 19:10	Photos	Normal	Photos 2018-2-
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Feb 2018 19:10	Photos	Normal	Photos 2018-2-
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Feb 2018 19:10	Photos	Normal	Photos 2018-2-
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Feb 2018 19:10	Photos	Normal	Photos 2018-2-
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Feb 2018 19:10	Photos	Normal	Photos 2018-2-
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Feb 2018 19:10	Photos	Normal	Photos 2018-2-
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Feb 2018 19:09	Photos	Normal	Photos 2018-2-
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Feb 2018 19:09	Photos	Normal	Photos 2018-2-
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Feb 2018 19:09	Photos	Normal	Photos 2018-2-
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Feb 2018 19:09	Photos	Normal	Photos 2018-2-
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Feb 2018 19:09	Photos	Normal	Photos 2018-2-
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Feb 2018 19:09	Photos	Normal	Photos 2018-2-
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Feb 2018 19:09	Photos	Normal	Photos 2018-2-
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Feb 2018 19:09	Photos	Normal	Photos 2018-2-

Video List

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

# ACCIDENT STATEMENT

ACCIDENT DATE: 09/02/18 (DD/MM/YYYY), TIME: 0740 (HH:MM)

LOCATION: OUTRAM ROAD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC 790 Y  
 b) INSURANCE COMPANY: INCONE  
 c) POLICY NUMBER: 5071350210-02  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: TOYOTA / HIACE COMMUTER BUS (D)  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: SENDING PRE-SCHOOL PUPILS  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: SUPERLAD PRE SCHOOL (MALE / FEMALE) FEAMK  
 b) NRIC/FIN/PASSPORT: 568 #02-102 CONTACT: 62785886  
 c) ADDRESS: GANGES AVE SINGAPORE 160568

\* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Tan say 40-8 (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 51121408M CONTACT: 92250985  
 c) ADDRESS: BLK 102 #03-793 Shoon South

\* d) DATE OF BIRTH: 16/04/55 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 210419

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: clear

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) clear  
 b) ROAD SURFACE: (DRY / WET / OTHERS) dry

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: SLK 2876B MODEL: TOYOTA  
 b) DRIVER'S NAME: MR BUI MICHAEL  
 c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
 e) DRIVER'S NAME:  
 f) NRIC/FIN/PASSPORT: CONTACT:

email = Superlad@mps@gmail.com  
 fax =  
 V1060

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1121408H



Name  
TAN SAY YONG


陈世荣

Male  
CHINESE  
Date of Birth  
16-04-1955  
Country of Birth  
SINGAPORE

Sex  
M




REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S1121408H  
Name  
TAN SAY YONG

Birth Date: 16 Apr 1955  
Issue Date: 08 Mar 2003



0295335



NRIC No. S1121408H



Blood Group: A+ Date of Issue: 29-03-1992

Address  
APT BLK 102 SERANGOON NORTH AVENUE 1  
#03-793  
SINGAPORE 1955

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

Class	Description	Issue Date
Class 2B	Motorcycles not exceeding 200 cc	25 Aug 1978
Class 2A	Motorcycles between 201 cc and 400 cc	25 Aug 1978
Class 2	Motorcycles exceeding 400 cc	25 Aug 1978
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	21 Apr 1977
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	30 Nov 1977
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 2250 kilograms	14 Jul 1979

License No: S1121408H



NP 428A

## 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	: 5071350890-02	
The Policyholder	: SUPERLAND PRE-SCHOOL (OUTRAM) PTE. LTD. BLK 568 #02-102 GANGES AVENUE SINGAPORE 160568	
Period of Insurance	: 14 May 2017 To 13 May 2018	
Sum Insured	: Market Value of Insured Vehicle at Time of Loss	
Premium (Inclusive GST)	: S\$1,755.97	
<b>Interest Insured</b>		
Cover Type	: Comprehensive	
Make/Model	: TOYOTA/HIACE COMMUTER BUS (D)	
Capacity	: 0.95 ton(s)	Number of Seater : 12
Registration Number	: PC790Y	Registration Date : 14 Jul 2011
Chassis Number	: JTFJT02P600001411	Insure with COE : Yes
Excess (Section I)	: S\$2,000	NCD Entitlement : 10%
Excess (Section II)	: S\$3,000	
Windscreen Excess	: S\$100	
Geographical Limit	: WITHIN THE REPUBLIC OF SINGAPORE ONLY	
Hire Purchase Company	: N/A	

**Memo A** : N/A

**Endorsement Operative** : N/A

Agency	: TECK WEI CREDIT PTE. LTD. (00000572499)
Date of Issue	: 14 May 2017 12:25 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

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: MA40021690 Vehicle Registration No: PC 790 Y.  
Name (as shown in NRIC): TAM SBY YONG NRIC/FIN/Passport No: S1121408H  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore( )

Contact (Tel): \_\_\_\_\_ Mobile No.: 92250985

Email Address: \_\_\_\_\_

Date of Accident: 09/02/2018 Time of Accident: 07:40

Place of Accident: Along our room Room

Insurance Company: NWU

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

① ADD more STAFF MEMBER

Policyholder / Driver's Signature  
Date: 130218

Reporting Centre Personnel's Signature  
Name: Rafael Antonio  
NRIC/FIN No.:  
Date: 13/02/2018