NATIONAL Assessment Centre Ser	vices wel 1 Jan'05]	MAN 8025880		
	descripțion	Date &Time Completed	Done	př.
	AS e-filing			
THE PROTECTION SALVE	mail (within Shrs, AIC 2hrs)			*(1 = dk/) =
	Motor Claim Form	MT1 0983279	31/5/18	18:36
	Motor W/O (Within: OD 2h			No.
OD / TP / Reporting Only	Photo Uploaded		112	
	sessment/Survey Report			
TP Insurer:	s't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fa	×:	- 175
TP Particulars: Veh No: Property	, INC (()/Non-INC()		es l
Owner / Driver: (Tel:		-
Policy No: () Period: ()	Cover Type: ()	
Confirmed by: (Date:	Time:)	
Insured/Driver Liability: (%) [Note-E	st. Status (WO): N: 0-	20%; P: 21-79%. P: 30-10	0%]	
Year of Registration: () Warran	ty: YES ()/NO ()		
Excess: (\$) Loading: \$1,000 ()/\$2,000()	THE RESERVE OF THE PARTY OF THE	98 x 119 141,11	
General Remarks		John Christian College	John Stiller	
() Walk-In Customer: Customer's information	strictly Confidential & S	Strictly NO refer of repairer.		
() Total Loss Case : to e-mail Insurer URG	GENTLY.	100		
Drive-In ()/ Towed-In (); Invoice: YES		Towing Co: ((4))
1) Apply for Transport Allowance () / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]	y Car () ()			
Injury:				
Date/Time Actions			Seloaur.	
1		100		
			Anit (S)	Amt (3
NA 180 111 2	Invoice Pr	eparation Checklist	fit Bill	Add Bi
	1) AR : Accide	ent Reporting (\$30);		
aimant's Particulars:-	2) DA : Dame; 3) TF : Towing	ge Assessment (\$100); INC (\$80		en al est
iver/Owner:	() IF : Iowing	Thomas Curvey S	120	
All the state of t	4) FT : Follow-	- I littor kit partel	*20	
ntact No:	S) FT : Follow	-Through Survey (Resurvey)	\$30	
	5) FT : Follow For claiming 6) TR : Re-ins	Through Survey (Resurvey) Respired No. Only (wef 10 Jan 2005) Desction	\$75	
	5) FT: Follow For claiming 6) TR: Re-ing 7) N1: Idao D.	-Through Survey (Resurvey) s against INC Only (wef 10 Jan 2005) pection A + SMRT Survey		
nmäged Portion:	5) FT : Follow For claiming 6) TR : Re-ing 7) N1 : Idao D. 8) NTUC Add	-Through Survey (Resurvey) c against INC Only (wef 10 Jan 2005) pection A + SMRT Survey S ilional Services:-	\$75 160	
maged Portion:	5) FT : Follow For claiming 6) TR : Re-ing 7) N1 : Idao D. 8) NTUC Add OD* *N5: Courte	Through Survey (Resurvey) against INC Only (wef 10 Jan 2005) pection A + SMRT Survey Sitional Services:- sy Cer / Tpt Allowance	\$75 160 \$5	
C Checked by (Engr-In-Charge):	5) FT : Follow For claiming 6) TR : Re-ing 7) N1 : Idao D. 8) NTUC Add OD* *N5: Courte *N6: Repair	-Through Survey (Resurvey) c against INC Only (wef 10 Jan 2005) pection A + SMRT Survey silional Services: cy Cer / Tpt Allowance Co-ordination cepair Inspection	\$75 160 \$5 \$10 \$25	
C Checked by (Engr-In-Charge):	5) FT : Follow For claiming 6) TR : Re-ing 7) N1 : Idao D. 8) NTUC Add QD* *N5: Courte *N6: Repair *N7: Fost R *N8: DY / 0	-Through Survey (Resurvey) c against INC Only (wef 10 Jan 2005) pection A + SMRT Survey sitional Services: cy Car / Tpt Allowance Co-ordination Lepair Inspection Collect Excess Coordination	\$75 160 \$5 \$10	
ontact No: amaged Portion: C Checked by (Engr-In-Charge): Inditors' Comments:	5) FT : Follow For claiming 6) TR : Re-ing 7) N1 : Idao D. 8) NTUC Add QD* *N5: Courte *N6: Repair *N7: Fost R *N8: DY / 0	-Through Survey (Resurvey) against INC Only (wef 10 Jan 2005) pection A + SMRT Survey Sitional Services:- sy Car / Tpt Allowance Co-ordination epair Inspection Collect Excess Coordination TP (Non INC) against INC	\$75 160 \$5 \$10 \$25 \$3	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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.
- 3. 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

	ACCIDENT STATEMENT
Date Of Report	22/02/2018 16:52
Date Of Accident	21/02/2018 14:00
Exact Location Of Accident	DRIVEWAY T3 CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PC9881J
Insured/Policyholder	
Name Of Registered Owner	JOSEPH COACH SERVICES
Co Reg No	53114554M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68585311
Vehicle Particulars	
Manufacturer	ISUZU
Model	LT434P 7.8 SMT
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	REPORTING ONLY
Vehicle Category	BUS
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5093230833
Cover Note Number	
Driver	
Name of Driver	SUN HUIJUN
Passport No/FIN	G5453631W
Date Of Birth	25/05/1974
Occupation	OUTDOOR
Date Of Driving Pass	11/03/2016
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84583818
Fax Number	

OFFICE-84583818

NOEMAIL

Address

BLK 2 DEFU LANE 10

#02-531

Postcode

539183

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

COLLIDED INTO PROPERTY

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

1

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

PROPERTY

Vehicle Make/Model/Colour

Details Of Properties

GOVERNMENT

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 (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 Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN A: PC 988U FINANCE DE LA CONTRACTOR DE LA C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to	statement.	

DECLARATION

the Goegoing 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:

NRIC/FIN No.:

ON STATED DATE AND TIME, I WAS ENTERING THE GANTRY OF T3 CARPARK AND THE WAS 2 GANTRY, ONE OF THE GANTRY IS NOT OPEN AND ONE OF THE IS OPEN. SO I REVERSED MY VEHICLE IN ORDER TO MAKE THE GANTRY TO SENSE MY VEHICLE. HOWEVER I REVERSED MY VEHICLE ACCIDENTALLY HIT ONTO PROPERTY (FLYOVER PILLAR).

ACCIDENT STATEMENT

1. DETAILS OF VEHICLE OJVEHICLE HUMBER: PC9881J DJINSURANCE COMPANY: NTOC CJPOLICY NUMBER: 509 32 308 33 dJPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) 9) MAKE & MODEL: (JTYPE:(SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) GJVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) 1) PURPOSE OF USING AT ACCIDENT TIME: WIFE LONG 1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) 1: NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: JOEN CONTACT: STATE STATE (THIRD PARTY CLAIM / REPORTING ONLY) C) ADDRESS: **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER OJNAME: JOEN MALE / FEMALE) DJINRIC/FIN/PASSPORT: STATE STATE (THIRD PARTY CLAIM / REPORTING ONLY) DJINRIC/FIN/PASSPORT: STATE STATE (THIRD PARTY CLAIM / REPORTING ONLY) C) ADDRESS: STATE DRIVER ALSO POLICY HOLDER OJNAME: JOEN MALE / FEMALE) DJINRIC/FIN/PASSPORT: MOTOR / JUDON / JU	
D)INSURANCE COMPANY: NOC C)POLICY NUMBER: 5093330833 d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) e)MAKE & MODEL: f)TYPE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: WIF INCO i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) iiF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: 3016 COACH Services (MALE / FEMALE) b)NRIC/FIN/PASSPORT: 5311654 MM CONTACT: 6558531 *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER 3. DRIVER a)NAME: 100 MALE / FEMALE) b)NRIC/FIN/PASSPORT: 6543631 M CONTACT: 84583818 c)ADDRESS: 16 2 De M LANC 10 × 02-531 (539 183) *d)DATE OF BIRTH: (25/5/1974) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) 1) YEARS OF DRIVING EXPRENENCE: 113 2016 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	
C)POLICY NUMBER: 509 32 308 33 d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) e) MAKE & MODEL: f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: WOT INCOME. 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: 50 16 1	
e)MAKE & MODEL: f)TYPE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: WOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: WOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: WOTORCYCLE) 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: TO CONTACT: 66585311 C)ADDRESS: (MALE / FEMALE) b)NRIC/FIN/PASSPORT: 5311 55 4 M CONTACT: 66585311 C)ADDRESS: (SUS 3631 W CONTACT: 8458 3818	
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: Working 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: OR CASPICES (MALE / FEMALE) b) NRIC/FIN/PASSPORT: 53114544M CONTACT: 65585311 c) ADDRESS: CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER 3. DRIVER a) NAME: OR HANDAN (MALE) FEMALE) b) NRIC/FIN/PASSPORT: 654531W CONTACT: 8458318 c) ADDRESS: 16 2 De M. LANC 10 × 02-531 (539 183) *d) DATE OF BIRTH: (25/5/1974) (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 11/3 2016 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	
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: 31(P) COACH SERVICES (MALE / FEMALE) b) NRIC/FIN/PASSPORT: 531(\$5\$ 4M) CONTACT: 6858 5311 C) ADDRESS: * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER 3. DRIVER a) NAME: 4M 4M 3M (MALE) FEMALE) b) NRIC/FIN/PASSPORT: 65453631 W CONTACT: 8458 3818 c) ADDRESS: 4 2 De 4 490 10 \$02-631 (539 183) *d) DATE OF BIRTH: (35/5 / 1974)(DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 113 2016 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	
2. INSURED / POLICY HOLDER A) NAME: JIPH COACH Services [MALE / FEMALE] b) NRIC/FIN/PASSPORT: 5311 55 4 4 CONTACT: 6858 5311 * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER 3. DRIVER a) NAME: Jun Huimm [MALE / FEMALE] b) NRIC/FIN/PASSPORT: 65453631W CONTACT: 8458 3818 c) ADDRESS: A 2 De M LANC 10 \$02-531 (539 83) *d) DATE OF BIRTH: (25/5/1974) (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 11/3 2016 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	
b)NRIC/FIN/PASSPORT: 5311 454 M CONTACT: 6658 5311 *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER 3. DRIVER a)NAME: 500 Holder b)NRIC/FIN/PASSPORT: 65453631 W CONTACT: 84583818 c)ADDRESS: 116 2 DR 10 10 202-531 (539 183) *d)DATE OF BIRTH: (25/5/1974) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 11/3/2016 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER 3. DRIVER a) NAME: IMA HAMMA (MALE) FEMALE) b) NRIC/FIN/PASSPORT: 65453631W CONTACT: 84583818 c) ADDRESS: 116 2 De 14 1908 10 \$02-531 (539 183) *d) DATE OF BIRTH: (25/5/1974) (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 11/3/2016 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	1/2
**CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER 3. DRIVER a) NAME: IMA HAMMA (MALE) FEMALE) b) NRIC/FIN/PASSPORT: 65453631W CONTACT: 84583818 c) ADDRESS: M (2 De M 1908 10 ** 02-531 (539 183) **d) DATE OF BIRTH: (25/5/1974)(DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 11/3 2016 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/ NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	
b)NRIC/FIN/PASSPORT: 654531W CONTACT: 84583818 c)ADDRESS: 18 2 De M LANC 10 \$ 02-531 (539 183) *d)DATE OF BIRTH: (25/ 5 / 1974)(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 11/3 2016 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/ NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	,
*d)DATE OF BIRTH: ()5/5 / [974] (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 1/3 2016 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/I NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	19
6)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 11/3/2016 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/1 NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	<u>#</u>
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: property Cually Flyoner b) DRIVER'S NAME: Cladding	
9. THIRD PARTY VEHICLE	
e) DRIVER S NAME.	assi
f) NRIC/FIN/PASSPORT:CONTACT:(Induding) 4

email = Josephcoachsg@gmail.com





WORK PERMIT

Employment of Foreign Manpower Act (Chapter 91A) Republic of Singapore

Employer
JOSEPH COACH SERVICES

Sector SERVICE



SUN HULJUN BUS DRIVER



01-02-2020

Date of Application





VOCATIONAL LICENCE

Licence No : G5453631W

Name : SUN HUIJUN

Issue Date : 11/3/2016

Please visit www.lta.gov.sg to check the status of this vocational licence

VISIT PASS Immigration Regulations

Name SUN HUIJUN



Date of Birth

25-05-1974 M

CHINESE

Date of Issue 05453631W 12-01-2018 Date of Expire 01-02-2020

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



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

EFFECTIVE DATE

MOTOR CARS AND MOTOR TRACTORS THE WEIGH OF WHICH LINEADEN DOES NOT EXCEED 2500 KILOGRAMS HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGH OF WHICH LINEADEN EXCEED 2500 KILOGRAMS

30 Aug 2013

S / No.9000248614

NP 428A

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

03 BUS VL 11/03/2016

eBao Tech									Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601				-	10	hange Lan	guage	Change Passwo	rd Log Out
My Desktop	Polic	cy Query								,
Notice of Loss	Policy N	lo.			-9	Date of Acci	dent	21/02	/2018 14:00	3
	Vehicle	No.(For Motor)	PC98813							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5093230833	JOSEPH COACH SERVICES	53114554M	GFT	Comprehensive	PC98813	PC9881)	20/11/2017	
						Continue				

Policy No.	5093230833	Policyholder Name	JOSEPH COACH SERVICE	Policyholder NRIC	53114554M
Address	BLK 2 #02-531 DEFU LANE	10 SINGAPORE 539	9183		
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	05/08/2017	Effective Date	07/08/2017 00:00	Expiry Date	18/07/2018 23:59
Third Party Excess	3000	Own damage Excess	3000	Windscreen Excess	500
Additional Excess		OS Premium	2802.36		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	ACR INSURANCE AGENCY	Agent Tel.	66462745	GST Flag	Υ
Co- insurance Flag Open Policy Info Certificate Info	No nolder Mailing Address				
Address 1	BLK 2 #02-531	Address 2	DEFU LANE 10	Address 3	SINGAPORE 539183
Address 4	RELEGIO E E E E	Address Type	Singapore address	Post Code	539183
Unit No.		Related Policy Number	5093230833		
) Insure	d Object: PC9881J				
♥ Endors	sements				
Sequence	Endorsement	Endorsement Type	Number	Endorsement Status	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GBG2948S 12-08-2017 \$1,167.58 In view of this amendment, an additional premium of \$1,167.58 (inclusive of GST) is payable under your policy. Please ignor
1	16/08/2017 00:00	Endorsement	000001286620657	Effective	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 branches by cash or NETS. Thank you for giving us the

The premium on the piece of					
Accident MT/0983279	has not been conected.				
Policy No.	5093230833	Vehicle No.	PC9861)	522025000000000	
folicyholder Name	305EPH COACH SERVICES	0.5335.000	ACREST)	GST Registration No.	
Product Code	PLEET INSURANCE	Cover Type	2450	Policyholder NR1C	53114554M
intest No. (Mobile)	9	Contact No. (Office)	Comprehensive	Loading	0
mail Address		Special Remark	68585311	Contact No.(Home)	0
PK.	® No ○ Ves	TCA		eCode	[m V
CD Protection	No	NCD Entitlement(%)	® No ⊜Yes	eCode Reason	
Accident Details	0.00	NCD Entitlement(%)	0	Private Hire	No
sport Date	33/03/04/19 on 20	000000000000000000000000000000000000000			
	22/02/2018 18:33	Accident Report Within 24 hrs	Yes .	Accident Type	Collided into Property
ice of Accident	21/02/2018	Time of Accident hitchen	14:00	Country of Accident	Singapore
corting Centre		Orange Force		ICM No.	
P Benefits	DELVEWAY TJ CARPARK				
Excess					
n damage Excess					
named Driver Excess	3,000.00	Additional Excess		Windscreen Excess	500.00
rd Party Excess		Outside Singapore OD Excess			
	3,000.00	Outside Singapore TP Excess			
GST Registered Information					
Registration No.	No		GST Registration Date		
Incation History			GST Status Venfied	No	
The state of the s					
Policyholder Halling A	Advance				
ress I	8UK 2 +02-531	1997			
reas 4	out a murbil	Address 2	DEPU LANE 10	Address 3	SINGAPORE 539183
t No.		Address Type	Singapore address	Post Code	539183
OI Driver Info		Related Policy Number	5093230833		
er Name	Unnamed Driver		Coltrodition		
amed driver Name	SUN HUTTUN	Driver Type Oriver NR3C	Unnamed Driver		
ster Date of Driver License			G5453631W	Driver DOB	25/05/1974
act No.(Mobile)	84583818	Driver Age	43	Driving Expenence	1
ress 1	BLK 2	Contact No.(Office)	0	Contact No.(Home)	0
		Address 2	DEFU LANE 10	Address 3	DEFU INDUSTRIAL ESTATE
					OF D MADOS WHAT ESTATE
	SINGAPORE 539183	Address Type	Singapore address	Post Code	539183
No.	SINGAPORE 539183 02-531	Address Type	Singapore address		
No. s he own a Singapore		Address Type Driver Vehicle No.	Singapore address	Post Code	
No. 5 he own a Singapore stored car?	02-531	17787 SOM1504 E	Singapore address		
No. 5 he own a Singapore stered car?	02-531 ○ Yes ® No	17787 SOM1504 E	Singapore address	Post Code	
No. s he own a Singapore stered car? sration	02-531	17787 SOM1504 E	Singapore address ○ Yes ® No	Post Code	
tress 4 t No. ts he own a Singapore patrened car? taration athalyser or blood Test ding?	02-531 ○ Yes ® No	Driver Vehicle No.	AN TO SUPPLIE OF THE SUPPLIES	Post Code	
t No. is he own a Singapore intered car? aration athletyser or Blood Test	02-531 ○ Yes ® No	Driver Vehicle No.	AN TO SUPPLIE OF THE SUPPLIES	Post Code	
No. s he own a Singapore stered car? sration thalyser or blood Test ling?	02-531 ○ Yes ® No	Driver Vehicle No.	AN TO SUPPLIE OF THE SUPPLIES	Post Code	
No. The own a Singapore stored car? ration. thatyser or blood Test ing?	02-531 ○ Yes ® No	Driver Vehicle No.	AN TO SUPPLIE OF THE SUPPLIES	Post Code	
No. The own a Singapore stored car? ration. thirtyser or Blood Test ing?	02-531 ○ Yes ® No	Driver Vehicle No.	AN TO SUPPLIE OF THE SUPPLIES	Post Code	
No. The own a Singapore stored car? ration thalyser or Blood Test ing? cation History	02-531 ○ Yes ® No □ mg	Driver Vehicle No. Any Injury?	○ Yes ® No	Post Code Driver Insurer Company	539183
No. I he own a Singapore stered car? ration thalyser or blood Test ing? ication History illim 001 New	02-531 ○ Yes ® No D mg	Driver Vehicle No. Any Injury? Indured Name	○ Yes ® No JOSEPH COACH SERVICES	Post Code Driver Insurer Company Insured NRIC	
No. The own a Singapore stored car? ration thalyser or Blood Test ing? cation History tim 001 New Type * ct No.(Mobile)	02-531 ○ Yes ® No D mg	Driver Vehicle No. Any Injury? Injured Name Contact No.(Home)	O Yes ® No JOSEPH COACH SERVICES NIL	Post Code Driver Insurer Company Insured NRIC Contact No. (Office)	539183
No. The own a Singapore stored car? ration thalyser or Blood Test ing? cation History tim 001 New Type * ct No.(Mobile) Address	02-531 ○ Yes ® No D mg OD-MX 97891128	Any Injury? Any Injury? Insured Name Contact No.(Home) Ol Vahicle Number	○ Yes ® No JOSEPH COACH SERVICES	Post Code Driver Insurer Company Insured NRIC	539183
No. The own a Singapore stored car? ration thatyser or blood Test eng? cation History tim 001 New Type * ct No.(Mobile) Address Description	02-531 ○ Yes ® No D mg	Driver Vehicle No. Any Injury? Injured Name Contact No.(Home) OI Vehicle Number	O Yes ® No DOSEPH COACH SERVICES NIL PC98811	Post Code Driver Insurer Company Insured NRIC Contact No. (Office)	539163 53114554M
No. In the own a Singapore stered car? Institute Ins	02-531 ○ Yes ® No D mg OD-MX 97891128 PC98812 / PROPERTY ON 22 Feb 2018	Driver Vehicle No. Any Injury? Injured Name Contact No.(Home) OI Vehicle Number	O Yes ® No JOSEPH COACH SERVICES NIL PC98813 Fully at Pault	Post Code Driver Insurer Company Insured NRIC Contact No. (Office) TP Vehicle Number	539163 53114554M
No. If he own a Singapore stored car? ration thalyser or Blood Test ling? cation History itm 001 New Type * ct No.(Mobile) Address Description red Workshop Contect re Finalisation	02-531 ○ Yes ® No D mg OD-MX ▼ 97891128 FCS8812 / PROPERTY ON 22 Feb 2018	Driver Vehicle No. Any Injury? Injured Name Contact No.(Home) OI Vehicle Number	O Yes ® No DOSEPH COACH SERVICES NIL PC98813 Fully at Fault	Post Code Driver Insurer Company Insured NRIC Contact No. (Office) TP Vehicle Number	539183 53114554M PROPERTY
No. The own a Singapore stored car? Tration Thatyser or blood Test ing? Cation History Ifm 001 New Type * ct No.(Mobile) Address Description Ted Workshop Contact In Finalisation Legistered	02-531 ○ Yes ® No D mg D mg D mg PC98812 / PROPERTY ON 22 Feb 2018 Ves ▼ 22/02/2018 18:36	Driver Vehicle No. Any Injury? Injured Name Contact No.(Home) OI Vehicle Number	O Yes ® No DOSEPH COACH SERVICES NIL PC98813 Fully at Fault	Post Code Driver Insurer Company Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	539163 53114554M
No. The own a Singapore intered car? Fation Thillyser or Blood Test ing? Cation History Im 001 New Type * ct No.(Mobile) Address Description Fed Workshop Contect In Finalisation Legistered Legistered Legistered	02-531 ○ Yes ® No D mg OD-MX ▼ 97891128 FCS8812 / PROPERTY ON 22 Feb 2018	Any Injury? Any Injury? Injured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferenced Repair Option	O Yes ® No DOSEPH COACH SERVICES NIL PC98813 Fully at Fault	Post Code Driver Insurer Company Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	53014SS4M PROPERTY RECeived
No. The own a Singapore intered car? Fation Thillyser or Blood Test ing? Cation History Im 001 New Type * ct No.(Mobile) Address Description Fed Workshop Contect In Finalisation Legistered Legistered Legistered	02-531 ○ Yes ® No D mg D mg D mg PC98812 / PROPERTY ON 22 Feb 2018 Ves ▼ 22/02/2018 18:36	Any Injury? Any Injury? Injured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferenced Repair Option	O Yes ® No DOSEPH COACH SERVICES NIL PC98813 Fully at Fault	Post Code Driver Insurer Company Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	53014SS4M PROPERTY RECeived
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No. The own a Singapore tored car? (ation history cation History Im 001 New Type * ct No.(Mobile) Address Description red Workshop Contact is Finalisation againstened Taken by Int AK letter	02-531 ○ Yes ® No D mg D mg D mg PC98812 / PROPERTY ON 22 Feb 2018 Ves ▼ 22/02/2018 18:36	Any Injury? Injuryd Name Contact No.(Home) OI Wahide Number Insured Liability * Preferered Repair Option Claim Close Date	O Yes ® No DOSEPH COACH SERVICES NIL PC98813 Fully at Fault	Post Code Driver Insurer Company Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	53014SS4M PROPERTY RECeived
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No. The own a Singapore intered car? Fation Thalyser or Blood Testing? Cation History Im 001 New Type * ct No.(Mobile) Address Description red Workshop Contact as Finalisation lagistered Taken By Int AK letter Chesent	02-531 ○ Yes ® No D mg OD-MX 97891128 PC98811/ PROPERTY ON 21 Feb 2018 Ves 22/02/2018 16:36	Any Injury? Injuryd Name Contact No.(Home) OI Wahide Number Insured Liability * Preferered Repair Option Claim Close Date	OSEPH COACH SERVICES NIL PC98813 Fully at Pault Preferred Workshop, Name unknown	Post Code Driver Insurer Company Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	53014SS4M PROPERTY RECeived
No. The own a Singapore intered car? Fation Thalyser or Blood Testing? Cation History Im 001 New Type * ct No.(Mobile) Address Description Fed Workshop Contact or Finalisation legistered Taken 6v Int Ack letter Cheecat	02-531 ○ Yes ® No D mg OD-MX 97891128 PC98812 / PROPERTY ON 21 Feb 2018 Yes 22/02/2018 16:36 Itackson	Any Injury? Injuryd Name Contact No.(Home) OI Wahide Number Insured Liability * Preferered Repair Option Claim Close Date	OSEPH COACH SERVICES NIL PC98813 Fully at Pault Preferred Workshop, Name unknown	Post Code Driver Insurer Company Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	53014SS4M PROPERTY RECeived
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to. The own a Singapore transd car? alson history alson history m 001 New Type * tt No. (Mobile) Address Description ed Workshop Contect in Finalisation agaitared Taken 6y nt AK lecter Chemient	02-531 ○ Yes ® No D mg OD-MX 97891128 PC98812 / PROPERTY ON 21 Feb 2018 Yes 22/02/2018 16:36 Itackson	Any Injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date	O Yes ® No DOSEPH COACH SERVICES NIL PC98813 Fully at Pault Preferred Workshop, Name unknown out 22/02/2018 18:37	Post Code Driver Insurer Company Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	53014554M PROPERTY PRECEIVED 22/02/2018 00:00
No. The own a Singapore tored car? Singapore tored car? Singapore tored car? Singapore to blood Test ng? Singapore to blood Test ng. Singapore to blood Tes	02-531 ○ Yes ® No D mg OD-MX 97891128 PC98812 / PROPERTY ON 22 Feb 2018 Ves Vas Vas Vas MT/0983279 ● Yes ○ No	Any Injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date	O Yes ® No JOSEPH COACH SERVICES NIL PC98813 Preferred Workshop, Name unknown Seve Submit D01 22/02/2018 18:37 Category •	Post Code Driver Insurer Company Insured NRIC Contact No. (Office) TP vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urgen	539183 539183 539183 539183 PROPERTY PROPERTY Received 22/02/2018 00:00
No. The own a Singapore tored car? Singapore tored car? Singapore tored car? Singapore to blood Test ng? Singapore to blood Test ng. Singapore to blood Tes	02-531 ○ Yes ® No D mg OD-MX 97891128 PC98812 / PROPERTY ON 22 Feb 2018 Ves Vas Vas Vas MT/0983279 ● Yes ○ No	Any Injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upleed Date	O Yes ® No DOSEPH COACH SERVICES NIL PC98811 Preferred Workshop, Name unknown D01 22/02/2018 18:37 Category * Cear Please Salect	Post Code Driver Insurer Company Insured NRIC Contact No.(Office) TP vehicle Number Neme of Preferred Workshop GIA report Date Received Confidential Urgen	539183 5391854M PROPERTY Received 22/02/2018 00:00
No. The own a Singapore stored car? ration thalyser or Blood Test ing? Cation History Imm 001 New Type * ct No.(Mobile) Address Description red Workshop Contect	02-531 ○ Yes ® No D mg OD-MX 97891128 PC98812 / PROPERTY ON 22 Feb 2018 Ves Vas Vas Vas MT/0983279 ● Yes ○ No	Any Injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upleed Date Browse Browse	O Yes ® No DOSEPH COACH SERVICES NIL PC98811 Fully at Fault Preferred Workshop, Name unknown D01 22/02/2018 18:37 Category * Clear Please Select Clear Please Select	Post Code Driver Insurer Company Insured NR3C Contact No.(Office) TP vehicle Number Neme of Preferred Workshop GIA report Date Received Confidential Urgen V Normal V Normal	530163 53014554M PROPERTY Received 22/02/2018 00:00
No. The own a Singapore intered car? Fation Thalyser or Blood Testing? Cation History Im 001 New Type * ct No.(Mobile) Address Description Fed Workshop Contact or Finalisation legistered Taken 6v Int Ack letter Cheecat	02-531 ○ Yes ® No D mg OD-MX 97891128 PC98812 / PROPERTY ON 22 Feb 2018 Ves Vas Vas Vas MT/0983279 ● Yes ○ No	Any Injury? Insured Name Contact No. (Home) OI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date Browse Browse Browse	O Yes ® No DOSEPH COACH SERVICES NIL PC98811 Fully at Fault Preferred Workshop, Name unknown D01 22/02/2018 18:37 Category * Cear Please Select Clear Please Select	Post Code Driver Insurer Company Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop Confidential Urgen Confidential Urgen V NG V Normal V NO V Normal V NO V Normal	53914554M PROPERTY Received 22/02/2018 00:00
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Video List			File Name	?	Source	Action
	NAC_PAYA_UBI_BOOSDI NATIO	NAL ASSESSMENT CENTRE SERVICES) on 22 Fe b 2018 38:36	Photos	Normal	Photos 2018-2-22	
4	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRII SERVICES) on 22 Fe b 2018 18:36	Photos	Normal	Photos 2018-2-22	
4	NAC_PAYA_URI_B00601(NATIO	VAL ASSESSMENT CENTRE SERVICES) on 22 Fe b 2018 18:36	Photos	Normal	Photos 2018-2-22	
4	NAC_PAYA_UBI_800601[NATIO	VAL ASSESSMENT CENTRE SERVICES) on 22 Fe b 2016 18:36	Photos	Normal	Phosos 2018-2-22	
-	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 22 Fe b 2018 18:36	Photos	Normal	Photos 2018-2-22	
	NAC_PAYA_UBI_800601(NATIO	IAL ASSESSMENT CENTRE SERVICES) on 22 Fe b 2018 18:36	Photos	Normal	Photos 2018-2-22	
-	NAC_PAYA_UBI_B00601(NATIO	AL ASSESSMENT CENTRE SERVICES) on 22 Fe b 2018 18:36	Photos	Nombal	Photos 2018-2-22	
	NAC_PAYA_US1_890601(NATIO	IAL ASSESSMENT CENTRE SERVICES) on 22 Fe D 2018 18:36	Photos	Normal	Photos 2018-2-22	
	NAC_PAYA_UBI_800603(NATION	IAL ASSESSMENT CENTRE SERVICES) on 22 Fe b 2018 18:36	Photos	Normal	Photos 2018-2-22	
X	NAC_PAYA_UBI_BOOSO1(NATION	AL ASSESSMENT CENTRE SERVICES) on 22 Fe b 2018 18:36	Photos	Normal	Photos 2018-2-22	
K	NAC_PAYA_UB1_800601(NATION	AL ASSESSMENT CENTRE SERVICES) on 22 Fe b 2018 18:36	Photos	Normal	Photos 2018-2-22	
1	NAC_PAYA_UBJ_800603(NATION	AL ASSESSMENT CENTRE SERVICES) on 22 Pe b 2018 18:36	Photos	Normal	Photos 2018-2-22	
	NAC_PAYA_UBI_800601(NAT)CA	AL ASSESSMENT CENTRE SERVICES) on 22 Fe 2018 18:37	Photos	Normal	Photos 2018-2-22	
En.	NAC_PAYA_UBI_800501[NATION	AL ASSESSMENT CENTRE SERVICES) on 22 Fe 2018 18:37	Photos	Normal	Photos 2018-2-22	
13	NAC_PAYA_UBI_800603(NATION	ol ASSESSMENT CENTRE SERVICES) on 22 Pe 2018 18:37	SAS	Normal	SAS 2018-2-22	
報用 (c) + (d) + (- ()	NAC_PAYA_UBI_800601(NATION	AL ASSESSMENT CENTRE SERVICES) on 22 Fe 2018 18:37	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-2-22	
ttachment	ир	oaded By/Date	Category	Urgency	Description	Sent? (CO)