NATIONAL Assessment Ce.	THE BEITHES. IM	er r sanos IVIN	AH8035697	P 1	
Date In: 15/3/8-15:35	Job description		Date & Time Completed	Done by	
Res No: NA INC1800 4947 24	SAS e-filing		İ		
Vch No: PA 84917	E-mail (within Shr	rs, AIC 2hrs)			•
D.O.A : (4) 3/18-07:30	i-Motor Claim	Form	M10986170	15 3 18 15:	52
	i-Motor W/O (V	Within: OD 2hrs,	7'P 4hrs)		
OD : (TP)! Reporting Only	i-Photo Upload	led			
	Assessment/Surv		1		
TP Insurer:	Ass't Report by]	Fax / Hand to			_
Preferred Wksp / INC Assign Wksp / QW:	(101.	Fax:	No.
TP Particulars: Veh No:	GBE 68275	INC ()/Non-INC()		
Owner / Driver: (Tel:		
Policy No: ()	Period: ()	Cover Type: (1	
Confirmed by : (Date:	7tme: 0%; P: 21-79%. P: 30	-100%]	
Indutor 211 to	%) [Note-Est. Status (WC)70, F. 21-7970. 1. 50		
rear or registration.) Warranty: YES ()/NO(,		
	\$1,000 ()/\$2,000 () 8000 M.S. 7/000	CE SE MICEMBER	7772 - Q. T.	
General Remarks			2000年後日日の日本の中に第1947年	Private Paris	
() Walk-In Customer: Customer's	s information strictly Conf	idential & St	nctly NO 13ler of repaire		
() Total Loss Case : to e-mail I	nsurer URGENTLY.	74	1000		
		2 / T		23	6.00
Diline-In ()/ lowed-In (); In	voice: YES () / NO	();1	owing Co: (
			4	Done	ny .
Remarks:- (INC horline: 6788 66)	(6)		Date&Tims Completed	Done	by .
Remarks: (INC hotline: 6788 66) 1) Apply for Transport Allowance (4	Done	ny .
Remarks:- (INC horline: 6788 66) 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection	(6):)/Courtesy Car () ()		4	Done	oy .
Remarks: (INC hotline: 6788 66) 1) Apply for Transport Allowance ((6):)/Courtesy Car () ()		4	Done	ny .
Remarks: (INC horline: 6788 66) 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection	(6):)/Courtesy Car () ()		4	Done	oy .
Remarks: (INC horline: 6788 66) 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury:	(6):)/Courtesy Car () ()		4	Done	by
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Remarks: (INC horline: 6788 66: 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions	(6):)/Courtesy Car () ()	Invoice Pro	Date& Time Completed Character Checklist Character (530);	Ant (S)	Amu(
Remarks: (INC horline: 6788 66: 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions NA 180 1673	() () () () ()	Invoice Pro	Date Time Completed paration Checklist at Reporting (330); Assessment (\$100); INC.	Ant(S) iji Bili (S80)	Amu
Remarks: (INC horline: 6788 66: 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions NA 180 1673 Inimant's Particulars:	() () () () ()	Invoice Pro	Date& Time Completed charation Checklist at Reporting (330); Assessment (\$100); INC Fee Through Survey	Ant (5) (580) (540/545 (5120)	Amu
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Remarks: (INC horline: 6788 66: 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions NA 180 1673 Thaimant's Particulars: Contact No:	() () () () ()	Invoice Pro 1) AR: Accider 2) DA: Dameg 3) TF: Towing 4) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA	Date&Time Completed Paration Checklist Assessment (\$100); INC Fee Through Survey Through Survey (Resurvey) Seainst INC Only (wef 10 Jan section 4 + SMRT Survey	Ant (5) (580) 540/545 5120 530 2005)	Amu
Remarks:- (INC horline: 6788 66: 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions NA 180 1673 Claimant's Particulars:- Oriver/Owner:	() () () () ()	Invoice Pro 1) AR: Accider 2) DA: Damag 3) TF: Towing 4) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addi OD*	Date Time Completed Character Checklist At Reporting (330); Assessment (\$100); INC Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan section A + SMRT Survey tional Services:-	Ant (5) fst Bill (580) 540/545 5120 530 2005) \$75 \$160	Amu
Remarks:- (INC horline: 6788 66: 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions.	() () () () ()	Invoice Print 1) AR: Accider 2) DA: Damag 3) TF: Towing 4) FT: Follow-For claiming 6) TR: Re-insp 7) N1: Idae D/ 8) NTUC Addi OD* *NS: Courte	Date Time Completed Character Checklist At Reporting (330); Assessment (\$100); INC Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan ection 4 + SMRT Survey tional Services: sy Car / Tpt Allowance	Amt(S) [\$t.B3]] (\$80) \$40/\$45 \$120 \$30 2005) \$75	Amu
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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.	nt to the archiving of this report at the centre and to copies of the report soling made
	ACCIDENT STATEMENT
Date Of Report	15/03/2018 15:25
Date Of Accident	14/03/2018 07:30
Exact Location Of Accident	FLYOVER OF TUAS RD TWDS TUAS
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	PA8491T
Insured/Policyholder	
Name Of Registered Owner	RAINA TRANSPORTATION
Co Reg No	53348073J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE 3.0DX A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	BUS
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO

Fleet Policy

5086730784-01 Policy Number

Cover Note Number

Driver

ZURAINAH BINTE MAHMUD Name of Driver

S7123249B NRIC No 15/07/1971 Date Of Birth OUTDOOR Occupation 02/06/2011 Date Of Driving Pass

6 YEARS AND 9 MONTHS Driving Experience

FEMALE Gender

(LOCAL) +65-88691047 Mobile Number

Fax Number

OFFICE-88691047 Contact Number

NOEMAIL **EMail Address**

BLK 301 JURONG EAST STREET 32

Address #03-42 600301

Postcode

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

CHAIN COLLISION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance? Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

JURONG WEST NEIGHBOURHOOD POLICE CENTRE Police Station Name

NO

YES

NO NO

YES

3

YES

YES

NO

7

ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY:

Police Station Address SINGAPORE

TEL NO: 1800-2689999 - FAX NO: 62672438 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180314/2089.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

GBE6827S

COMMERCIAL VEHICLE

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number PA9979Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category BUS

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ZURAINAH BINTE MAHMUD

Approximate Age

Injuries Sustain LEGS & HANDS

Injured person in which vehicle? PA8491T

YES

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name KASSIM

YES

Approximate Age

Injuries Sustain

Injuried person in which vehicle?

PA8491T

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

DETAILS OF INJURED PERSON 3

Name JURAIMI

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? PA8491T
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

DETAILS OF INJURED PERSON 4

Name PAVAN

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? PA8491T
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

	DETAILS OF INJURED PERSON 5
--	-----------------------------

WATI Name

Approximate Age

BODY Injuries Sustain

PA8491T Injured person in which vehicle?

YES Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

YES

Address Postcode

DETAILS OF INJURED PERSON 6

NADIA Name

Approximate Age

BODY Injuries Sustain

Injured person in which vehicle? PA8491T

YES Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 7

HUI MING Name

Approximate Age

BODY Injuries Sustain

PA8491T Injured person in which vehicle? YES Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

Н

- 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.
- 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 the purpose of the pu
 - 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.

RAINA TRANSPORTAT

53348073J

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.:

Thas Hyora.

A: PA 8491T. B: GBE 68275

C = PA 99794.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

RAINA TRANSPORTATI

	Palas to Time Ballin Report No:-
	Regar to Traffic Police Report No:- T 20180314/2089 all 14.08.2018.
	* I wish to state that my veh was stapped without any contact and a safe
	stapped without any contact and a sale
	distance with the fruit vehicle (Taxi)
1	RAINA TRANSPORTATI
-	REG NO
	533480731

DECLARATION

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

RAINA TRANSPORTATION

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 .:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.

 The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.

 Any false reporting may be referred to the traffic police department for investigation.

	ACCIDENT DETAILS	
Date of accident	14.03.2018	(DD/MM/YY)
Time of accident	0130	(HH:MM)
Exact location of accident	Flyover Over of Tuce R	200d tods Tues.

THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	DETAILS OF VEHICLE	
Vehicle registration number	PA 8491T.	
Vehicle make and model	Tayota Hiace.	
Type of vehicle	Saloon MPV CRV Van O Others:	
Vehicle category	Private Commercial Motorcycle	
Purpose of using at said time	commarcial.	
Are you claiming under your own insurance company?	Yes No if no, please select: Third part claim Reporting only	

	INSURANCE IN	FORMATION	
Insurance company	NTUC-		
Policy number	5086730784	F-01	
Type of policy	Comprehensive	Third party fire & theft □	TP only 🗆

运剂区域的基础的基础。	INSURED / POLICY HOLDER		-
Name	Raina Transport	Male 🗆	Female c
NRIC / Fin / Passport number	533480731.		
Contact			
Address	150 Chargi Rd 1502-05 Guthrie Building. (4	(8FPP14	

DRIVER	SAME AS INSURED ABOVE (SK	(IP TO D.O.B)	THE NAME OF
Name	Zurainah Binte Mahmud.	Male 🗆	Female a
NRIC / Fin / Passport number	S7128249B		
Contact	88691047/97205864 C	hubby)	
Address	BIK 301 dwg Frot et 32 \$703-42. 5(60301).		
Email address	1 42 2 - 250	10	
Date of birth	15.07.1971		
Occupation	Indoor D Outdoor D		
Driving date pass	18.12.1998.		

SENERAL INFORMATION OF THE ACCIDENT	
	Must ex
If no relationship of the driver and insured:	CONTEN.
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163 110 110	
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1/9+	
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PASSENGER 3	
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PASSENGER 4	
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Male Female	
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Male D Female D	
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OTHER INFORMATION	
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Yes D No D	
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Yes No If yes, please state whi	cn police station.
Jury wast N.F.C.	
WITNESS 1	
WITNESS 2	
	PASSENGER 1 PASSENGER 2 PASSENGER 3 Draini Male D Female D PASSENGER 4 PASSENGER 5 PASSENGER 5 PASSENGER 6 PASSENGER 5 PASSENGER 5 PASSENGER 5 PASSENGER 5 PASSENGER 5 PASSENGER 6 PASSENGER 7 PASSENGER 6 PASSENGER 7 PASSENGER 6 PASSEN

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A STATE OF THE PARTY OF THE PAR	THIRD PARTY VEHICLE 1
Vehicle registration number	CABE 68275
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THIRD PARTY VEHICLE 2
The state of the s	PA 9979Y.
Vehicle registration number	Ph 99 (1-1).
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle registration number Vehicle make model	
Name	
NRIC / Fin / Passport number)
Contact	
	THIRD PARTY VEHICLE 4
till a detection number	(IIIII) (AIII) (SIII)
Vehicle registration number Vehicle make model	
Name NRIC / Fin / Passport number	
Contact	
Contact	
	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
5 (5 Kg 1 5 Kg 2 5 Kg 1 5 P 7 C Kg	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name Name	
NRIC / Fin / Passport number	
Contact	
Contact	
TO SHARING WALLSON SHARING	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1		
Name	Zurainah Binte Mahmud.	
Injuries sustained	legs, hads	
Which vehicle person in?	PA 8491T	
Were seat belts worn?	Yes No 🗆	
Was injured conveyed to hospital by ambulance?	Yes D No D	

THE RESIDENCE	INJURED PERSON 2
Name	Kassim
Injuries sustained	Body
Which vehicle person in?	PA-8491T
Were seat belts worn?	Yes-e No o
Was injured conveyed to hospital by ambulance?	Yes D No D

INJURED PERSON 3						
Name	Juraini					
Injuries sustained	Body					
Which vehicle person in?	PARAPIT					
Were seat belts worn?	Yes D No a					
Was injured conveyed to hospital by ambulance?	Yes No 🗆					

INJURED PERSON 4						
Name	Pavan.					
Injuries sustained	Body					
Which vehicle person in?	PA 8491T					
Were seat belts worn?	Yes p. No a					
Was injured conveyed to hospital by ambulance?	Yes No D					

INJURED PERSON 5						
Name	wati					
Injuries sustained	Budy					
Which vehicle person in?	PA 84917					
Were seat belts worn?	Yes par No 🗆					
Was injured conveyed to hospital by ambulance?	Yes D No D					

	INJURED PERSON 6
Name	Nadra.
Injuries sustained	Body
Which vehicle person in?	PA 8491T
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes a No

Injured (7)

Hui ming.
Body
PA 8491T
PA 8491T
ambalance: Yes / sent belt: Yes.





1 of 3 Report No. T/20180314/2089

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

REPORT OF A TRAFFIC ACCIDENT Station Diary No.: Vide Report No.: Date/Time Report Made: E/20180314/0046 92 14/03/2018 14:51 Informant's Particulars Address: Name of Informant: APT BLK 301 JURONG EAST STREET 32 #03-42 ZURAINAH BINTE MAHMUD SINGAPORE 600301 Contact No.: ID Type / ID No .: Mobile: 88691047 Home/Office: NRIC NO / S7123249B Email: Nationality: · SINGAPORE CITIZEN Type of Informant: Date of Birth: Sex Age: Female 46 15/07/1971 Driver Institution / School Name: Language: Race: Indonesian Driving Licence Information: Occupation: Date of Expiry: Class: 3 Van driver

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/03/2018 07:30	Type of Locatio Bridge	
Location: Along Road 1 TUAS ROAD	ver of Tuas Road				
Weather: Clear	ver or rugs Rodu	Road Surface: Dry		Road Speed Limit:	
and the second second second second		Traffic Control:		Traffic Volume: Heavy	
Traffic Flow:		Not Controlled	(6)	reavy	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
GBE6827S	Lorry	TOYOTA	DYNA 3.0 M	White	Slightly Damaged	0
PA8491T	Bus/Coach/Mi nibus	TOYOTA	HIACE 3.0DX A	White	Seriously Damaged	6
PA9979Y	Bus/Coach/Mi	ISUZU	LT134P	Multi-Colored	Seriously Damaged	10000





Report No. T/20180314/2069

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

CONTINUATION OF REPORT

Details of Perso						
Any Pedestrian I	Wolved, IVO	Use of Pe	destrian	Cross	ing: NA	
No. of Pedestrian	is Injured: NIL	OSC OIT C				
Driver		The second second	I ID No	CONTRACTOR OF THE PARTY OF THE	S7123249B	
Name	ZURAINAH BINTE MAHMUD		ID No.		31 1232 430	
Related Vehicle	PA8491T (Bus/Coach/Minibus)			ct No.	88691047	
				Class: 3		
Hospital/Clinic	NG TENG FONG GENERAL HO	OSPITAL	Class Driving Licent Expiry	g ce &	Date of Expiry: NIL	
		Date Dis	Contract of the Contract of th		3/2018	
Date Treatment	14/03/2018	Degree o		Sligh	WHEN THE PARTY OF	
No. of Days gran	ted Medical Leave 03	Deglee (Ji injury	- Cargari		

Brief Details.

On the 14/03/18 at about 0730hrs, I was driving my vehicle, PA8491T, along Tuas Road flyover towards Tuas when the vehicle started to on and off his brakes and subsequently did an emergency brake and thus, I immediately brake to avoid collision. However, the vehicle behind, GBE6827S, did not managed to brake in time and thus collided onto the rear of my van. The impact from the collision caused the rear of my van to be seriously damaged and also 6 of my passengers to be injured and subsequently conveyed to Ng Teng Fong Hospital. As the vehicle had to do a sudden brake, another vehicle, PA9979Y, did not brake in time and thus collided onto the lorry. TP and ambulance were at scene.

I wish to state that I did not install any in-car camera in my vehicle. I also wish to state that I did not managed to get the particulars of the other drivers.





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

CONTINUATION OF REPORT

Report No. T/20180314/2089

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NP168

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. J / Sgt 1 CHEW WEI XIANG	Signature of Informatic
Signature Of Interpreter:	Date/Time:
Not applicable	14/03/2018 14:51
Officer In Charge Of Case:	Classification Of Case:
TP / GIT / Staff Sgt MA JUNXIANG	
Contact No.: 65476251	
Authentication Stamp	570 + 20-

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSICS!

PASS DATE

Class V Mobile Cars and Motor Tractice the english of which unfailed does not exceed \$500 kRograms

Licence No: \$71232498

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

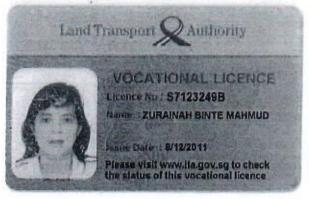
Eype Description Issue Date

33 BUS VL 02/06/2011

04 BUS ATTENDANT 02/06/2011











Certificate of Insurance

_	-			
M	OTOR	VEHICLES (THIRD PARTY RISKS	AND COMPENSAT	TION) ACT (CHAPTER 189)
		VEHICLES (THIRD PARTY RISKS		
		RANSPORT ACT, 1987 (MALAY:		MANAGE AND ENVIRONMENTAL SECTION AND AND AND AND AND AND AND AND AND AN
M	OTOR	VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MAI	LAYSIA)
		ate Number : 5086730784-0		Cover : Third Party, Fire & Theft
1.		ex mark and Registration Num		: PA8491T
		assis Number		: KDH2210003555
2.	Nai	me of Policyholder		: RAINA TRANSPORTATION
3.	Effe	ective Date of Insurance		: 24 Dec 2017
4.	Exp	iry Date of Insurance		: 23 Dec 2018
5.	Per	sons or Classes of Persons enti	tled to drive*	
		The Policyholder.		
			ng on the Policyhol	lder's order or with his/her permission.
	1000	Provided that the person driv	ing is permitted in	accordance with the licensing or other laws or regulations to drive
		the Motor Vehicle or has bee	n so permitted and	is not disqualified by order of a Court of Law or by reason of any
		enactment or regulation in th	at behalf from driv	ring the Motor Vehicle.
6.		itations as to Use"	10.00000 V.O. April este 10.0000 V.O.	**************************************
				with the Policyholder's business.
		Limited to carry 14 passenger	S	87
Thi		cy does not cover	one and an experience	
		Use for racing, pace-making,		
	(b)	A STATE OF THE PARTY OF THE PAR	cept the towing (C	Other than for reward) of any one disabled mechanically propelled
		vehicle.		
		The state of the s	ing by Carting O of	Sthe Meter Vehicle (Third Party Ricks and Compensation)
	83	Limitations rendered inopera	ove by Section 8 of	the Motor Vehicle (Third Party Risks and Compensation) ansport Act, 1987 (Malaysia), are not to be included under these
		headings.	33 b) tije Road 116	ansport Act, 2507 (manyshaf, are not to be monace as are
		, and a second s		
GEC	GRA	PHICAL LIMIT	: WITHIN THE REI	PUBLIC OF SINGAPORE ONLY
EXC	ESS (SECTION I)	: N/A	
			: \$\$3,000	
INS	URE	WITH COE	YES NO	
HIR	E PUI	RCHASE COMPANY	N/A	
SUN	1 INS	URED	MARKET VALUE	OF INSURED VEHICLE AT TIME OF LOSS
I/W	e her	eby Certify that the Policy to y	hich this Certificate	te relates is issued in accordance with the provisions of the Motor
Veh	icles	(Third Party Risks and Compen	sation) Act (Chapte	er 189) and Part IV of the Road Transport Act, 1987 (Malaysia)
Age	ncy	: MUHAMMA	FARHAN BIN MD	ALI (00000631028)
Date	e of Is	ssue : 19 Dec 2017	15:16 hrs	
		200		For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
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		601-m		1 Dan
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C.		land the		
LOU	nters	igned By:		Chief Executive

eBao Tech								GeneralClaim		
Hello, NAC_PAYA_UBI_80	0601			and the same of		٠.	hange Lang	juage ,	Change Passwo	rd • Log Out
My Desktop	Poli	cy Query								٠
Notice of Loss	Policy No. Vehicle No.(For Motor)		PA8491T	PA8491T		Date of Accident Search		14/03/	14/03/2018 07:30	
	Select	Policy No.	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5086730784- 01	RAINA TRANSPORTATION	533480733	GBS	Third Party, Fire & Theft	PA8491T	PA8491T	24/12/2017	23/12/2018
					Co	ontinue				

Policy No.	5086730784-01	86730784-01 Policyholder RA		AINA TRANSPORTATION Policyholder NRIC		
Address	BLK 301 #03-42 JURONG EAST 9	STREET 32 HC	NG KAH EAST GARDEN SINGA	PORE 600301		
Product Name	BUS INSURANCE	Plan		Group Policy Flag	N	
Policy ssue Date	19/12/2017	Effective Date	24/12/2017 00:00	Expiry Date	23/12/2018 23:59	
Third Party Excess	3000	Own damage Excess	0	Windscreen Excess	0	
Additional Excess		OS Premium	0			
Outside Singapore OD Excess		Outside Singapore TP Excess				
Agent	MUHAMMAD FARHAN BIN MD AI	Agent Tel.	62221889	GST Flag	Y	
Co- insurance Flag	No					
Open Policy Info						
Certificate Info						
Policyh	nolder Mailing Address					
Address 1	BLK 301 #03-42	Address 2	JURONG EAST STREET 32	Address 3	HONG KAH EAST GARDEN	
Address 4	SINGAPORE 600301	Address Type	Singapore address	Post Code	600301	
Unit No.	02-05	Related Policy Number	5086730784-01			
) Insure	d Object: PA8491T					
▽ Endors	sements					
Sequence	pate of Endorsement	Endorse	ment Type Endorse	ment Status	Endorsement Content	

lent MT/0986170								
	5086730784-01	Vehicle No.	PA8491T	GS	T Registration No.			
	RAINA TRANSPORTATION			Po	licyholder NRJC	1	533480733	
STATE OF THE PARTY	BUS INSURANCE	Cover Type	Third Party, Fire & 1	Theft Lo	eding		0	
		Contact No.(Office)	0		mact No.(Home)	- 19	0	
The state of the s	q ·	Special Remark		ec	code	ſ	ALC U	
Address	00	TCA	® No ○Yes	**	Code Reason			
	® No ○ Yes		10	Pr	tyace Hine	,	No.	
Protection	No	NCD Entitlement(%)	20					
Accident Details				100	and as Tores	82	Chain Collision	
et Date	15/03/2018 15:49	Accident Report Within 24 hrs	Yes		codent Type			
of Accident	14/03/2018	Time of Accident hh:mm	07:30	C	ountry of Accident	-	Singapore	
		Orange Force		10	OM NO.			
orting Centre	- IN SECURITION OF THE THEFT	60.00 42 (1996 P.)						
sent Location	PLYOUER OF TUAS RD TWDS TUAS							
Benefits								
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damage Excess	0.00	Additional Excess		***	indscreen excess			
amed Driver Excess		Outside Singapore OD Excess						
ti Party Excess	3,000.00	Outside Singapore TP Excess						
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Registered	No		GST Registr	ration Date				
Registration No.			GST Status	Verified	No			
fication History								
Policyholder Mailing Ad	dress							to the street of
	BLK 301 #03-42	Address 2	JURONG BAST STR	REET 32 A	ddress 3		HONG KAH EA	ST GARDEN
tress 1		Address Type Singapore address		P	Post Code		600301	
tress 4	SINGAPORE 600301	Related Policy Number	5086730784-01					
t No.	02-05	Name of Policy Multiper	900000000000000000000000000000000000000					
OI Driver Info			Unatomed Design					
er Name	Unnamed Driver	Driver Type	Unnamed Driver		Driver DOB		15/07/1971	
named driver Name	ZURAINAH BINTE MAHMUD	Driver NRIC	571232498				6	
jster Date of Driver License	02/06/2011	Driver Age	46		oriving Experience		83	
rtact No. (Mobile)	88691047	Contact No.(Office)	0		Contact No.(Home)		0	
dress 1	BLK 301	Address 2	JURONG EAST STE	REET 32	vadress 3		HONG KAH E	GI WAKDEN
dress 4	SINGAPORE 600301	Address Type	Singapore address		Post Code		600301	
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