

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	22/03/2018 12:13
Date Of Accident	15/02/2018 15:40
Exact Location Of Accident	GLOBAL INDIAN INT'L SCHOOL (MEI CHIN RD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA5989U
Insured/Policyholder	
Name Of Registered Owner	HOCK KIM TRANSPORT SERVICES
Co Reg No	52803194E
Email Address	KIM_WAH28@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-83085688
Alternative Phone No	OFFICE-83085688

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	FETCHING SCHOOL CHILDREN
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5080256421-02
Cover Note Number	

Driver

Name of Driver	CHUA BOON LUM
NRIC No	S1231120F
Date Of Birth	11/02/1956
Occupation	OUTDOOR
Date Of Driving Pass	11/03/1980
Driving Experience	37 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83085688
Fax Number	
Contact Number	OTHERS-83085688
Email Address	KIM_WAH28@HOTMAIL.COM

Address	BLK 114 HO CHING ROAD #10-52
Postcode	2261
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	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)	0

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	FBK4734H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

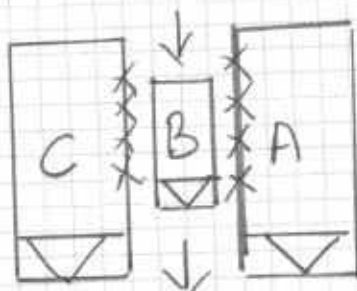
CHCA

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

Reporting Centre Personnel's Signature
Name: P. J. [Signature]

Name: Leah Watson
NRIC/FIN No.: 9201 1111 1111

SKETCH PLAN INSIDE GLOBAL INDIAN INT'L SCHOOL



A) PA5989U
B) FBK4734H
C) PC3520U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS WAITING AT THE CANTEEN. AND I WAS TOLD BY MY FRIENDS THAT MY BUS WAS HIT BY A BIKE. MY BUS ^{PAS889H} WAS PARKED BESIDE R3250 U. WHEN I CAME TO MY BUS I SAW BOTH OUR BUS GOT MARKS AND DENTS.

DECLARATION

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



Policyholder's Signature _____
Date & Time: _____

CHUA

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

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.

22/03/2018

Centre Personnel's Signature

Claim Handling

Accident MT/0987159

Policy No.	5080256421-02	Vehicle No.	RA5989U	GST Registration No.	
Policyholder Name	HOCK KIM TRANSPORT SERVICES			Policyholder NRIC	
Product Code	FLEET INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	
Contact No.(Mobile)	83085688	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
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(%)	0	Private Hire	No
Accident Details					
Report Date	22/03/2018 12:26	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst
Date of Accident	15/02/2018	Time of Accident h:mm	15:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	GLOBAL INDIAN INTL SCHOOL (MEI CHIN RD)				
Benefits					
Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	750.00	Outside Singapore TP Excess			
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	No		
Modification History					
Policyholder Mailing Address					
Address 1	BLK 755 #12-48	Address 2	JURONG WEST STREET 74	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5080256421-02		
O1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	CHUA BOON LUM	Driver NRIC	S1231120F	Driving Experience	
Register Date of Driver License	11/03/1980	Driver Age	62	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1	BLK 114 #10-52	Address 2	HQ CHING ROAD	Post Code	
Address 4	SINGAPORE 610114	Address Type	Foreign address		
Unit No.	10-52	Driver Vehicle No.	RA5989U	Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No				
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes <input checked="" type="radio"/> No		
Modification History					

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	HOCK KIM TRANSPORT SERVICE	Insured NRIC	
Contact No.(Mobile)	97455437	Contact No.(Home)		Contact No.(Office)	
Email Address		O1 Vehicle Number	RA5989U	TP Vehicle Number	
Claim Description	RA5989U / FBK4734H ON 15 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	
Date Registered	22/03/2018 12:31	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB				
Print AK letter					

Save Submit


Attachment

Accident No.	MT/0987159	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/03/2018 12:33
Path *		Category *	Confidential Urgency
			Normal

Browse... Clear Please Select

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="12"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="12"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="12"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="12"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="12"/>	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Da
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Mar 2018 12:33	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Mar 2018 12:33	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Mar 2018 12:33	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Mar 2018 12:33	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Mar 2018 12:33	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Mar 2018 12:33	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Mar 2018 12:33	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Mar 2018 12:33	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Mar 2018 12:33	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Mar 2018 12:33	NRIC/ Driving License	Normal	NRIC/ Driving

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>

ACCIDENT STATEMENT

ACCIDENT DATE: 15 / 02 / 2018 (DD/MM/YYYY), TIME: 15:40 (HH:MM)

LOCATION: GOBAL INDIAN INTERNATIONAL SCHOOL (1 MEI CHAN RD)
(S) 149253

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PA 59894
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 50802564 21-02
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA HIACE
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: FETCHING SCHOOL CHILDREN
 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: HOCK KIM TRANSPORT SERVICE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: (S) 640755
 c) ADDRESS: BLK 755, TURONG WEST ST 74, #12-48

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No. of passenger
(Including driver)
(0)

- DRIVER
 a) NAME: CHUA BOON LUM (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S12311201 F CONTACT: 83085688
 c) ADDRESS: BLK 114, HO CHING RD #10-52 (S) 2261

d) DATE OF BIRTH: (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS:

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

No. of passenger
(Including driver)
()

- a) VEHICLE NUMBER: FBK 4734 H MODEL: KAWASAKI
 b) DRIVER'S NAME: CONTACT:
 c) NRIC/FIN/PASSPORT:

9. THIRD PARTY VEHICLE

No. of passenger
(Including driver)
()

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

Email: kim_wah28@hotmail.com

Fax:

✓ 1.020

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1231120F



Name
CHUA BOON LUM
蔡汶男
Race
CHINESE
Date of Birth
11-02-1956 M
Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1231120F

Name
CHUA BOON LUM

Birth Date: 11 Feb 1956
Issue Date: 29 Jan 2004




1733354



NRIC No. S1231120F



Blood Group
B+

Date of issue
02-03-1994

Address
APT BLK 114 HO CHING ROAD
#10-52
SINGAPORE 2261

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	PASS DATE
3.3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	11 Mar 1980
3.3.4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	20 Jan 1981
3.3.5 Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	03 Apr 1981



NP 428A

Licence No: S1231120F



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5080256421-02

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

PAS989U

Chassis Number

JN1TG4E25Z0704560

2. Name of Policyholder

HOCK KIM TRANSPORT SERVICES

3. Effective Date of Insurance

01 Oct 2017

4. Expiry Date of Insurance

30 Sep 2018

5. Persons or Classes of Persons entitled to drive*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use*

(a) Use for the carriage of passengers in connection with the Policyholder's business.

(b) Limited to carry 11 passengers

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle.

* Limitations rendered Inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

GEOGRAPHICAL LIMIT	: WITHIN THE REPUBLIC OF SINGAPORE ONLY
EXCESS (SECTION I)	: N/A
EXCESS (SECTION II)	: S\$750
INSURE WITH COE	: NO
HIRE PURCHASE COMPANY	: NLE PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/ PARF VALUE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : NLE INSURANCE AGENCIES PTE LTD (00000614580)

Date of Issue : 05 Sep 2017 10:17 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED




Countersigned By:

Authorised Officer



Chief Executive