Date III. [ ] U/IV-1 n 2 1 L	Jeb description	Date &Time Completed	Done by
Ref No: NA   INC 180 0694 3/24	SAS e-filing		
The state of the s	E-mail (within Shrs, AIC 2hrs)		
Veh No: PC 4875K	i-Motor Claim Form	M7 1-00 - 1/1/2	16/4/18 11:5
D.O.A .: 15/4/18-19:20	i-Motor W/O (Within: OD 2h	18 Abraham	0/4/16 11.3
OD : TP ! Reporting Only	i-Photo Uploaded	(5, ) ( +0(5)	
		-	
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand	The same of the sa	
Preferred Wksp / INC Assign Wksp / QW: (			ax:
TP Particulars: Veh No: 🗴	H8P21 E INC (		
Owner / Driver: (		Tcl:	
	Period: (	Cover Type: (	
Confirmed by : (	Date:	Time:	)
	) [Note-Est. Status (WO): N: 0-2	10%; P: 21-79%. P: 80-1	[00%]
Year of Registration: ( )	Warranty: YES ( )/NO (	)	
	1,000 ( )/\$2,000 ( )	on managed & J. Mar. 17 at 1. 510 C 3	193 - 19 - 19 - 19
General Remarks		a sal disconsission as	South State of the
( ) Walk-In Customer : Customer's in	nformation strictly Confidential & S	trictly NO refer of repairer.	
( ) Total Loss Case : to e-mail Insu	urer URGENTLY.		
Drive-In ( )/ Towed-In ( ); Invo	oice: YES( ) / NO( );	Towing Co: (	. )
Remarks;- (INC hotline: 6788 6616)		Date&Time Completed	Done by
(1), 210, 110, 110, 100, 101, 101, 101, 101			William Co.
1) Apply for Transport Allowance ( )	/ Courtesy Car ( )	1 2 1	
	/ Courtesy Car ( )	<del></del>	-
2) QC Check / Post Repair Inspection	( )	146	
2) QC Check / Post Repair Inspection	( )		- 401
2) QC Check / Post Repair Inspection	( )		2.00
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	( )		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:	( )		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:	( )		J. S. C. S.
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:	( )		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:	( )		Jana Carlos
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	( )		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions	( ) \$3000] ( )	Chekhir	Ant (5) An
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions	( ) \$3000] ( )	paration Checklist	Ant (5) An
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions	( ) \$3000] ( )  Invoice Pre	t Reporting (\$30);	fit Bill Ade
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  Actions  alimant's Particulars:	( ) \$3000] ( )  Invoice Pre  1) AR: Acciden 2) DA: Darrage 3) TF: Towing	t Reporting (530); Assessment (5100); INC (54) Fee 540	76 Bill Add
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  Actions  aimant's Particulars:- iver/Owner:	Invoice Pro  1) AR: Accident 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) FT: Follow-	t Reporting (\$30); Assessment (\$100); INC (\$40) Fee \$40 Through Survey Through Survey (Resurvey)	78 Bill Add 50) 0/545 5120 530
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  Actions  aimant's Particulars:- iver/Owner:	Invoice Product	t Reporting (530); Assessment (5100); INC (50 Fee 540 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2003)	78 Bill Add
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  Actions  Actions  inimant's Particulars:-  iver/Owner:	Invoice Product   Invoice Pr	t Reporting (530); Assessment (5100); INC (50 Fee 540 Through Survey Through Survey (Resurvey) Against INC Only (wef 10 Jan 2003) Section + SMRT Survey	78 Bill Add 50) 0/545 5120 530
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  Actions  aimant's Particulars:-  iver/Owner:	Invoice Product	t Reporting (530); Assessment (5100); INC (50 Fee 540 Through Survey Through Survey (Resurvey) Against INC Only (wef 10 Jan 2003) Section + SMRT Survey	78 Bill Add
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost>  Injury:  Date/Time: Actions	Invoice Pre  Invoice Pre  1) AR: Accident 2) DA: Darrage 3) TF: Towing 4) FT: Follow-1 For claiming 6) TR: Re-insp 7) N1: Idao DA 8) NTUC Addit OD.*	t Reporting (530); Assessment (5100); INC (58 Fee 546 Through Survey Through Survey (Resurvey) Against INC Only (wef 10 Jan 2003 section + SMRT Survey ional Services	
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time: Actions  Actions  aimant's Particulars:-  iver/Owner:  ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):	Invoice Product	t Reporting (\$30); Assessment (\$100); INC (\$3 Fee \$40 Frough Survey Frough Survey (Resurvey) against INC Only (wef 10 Jan 2003 section + SMRT Survey ional Services  y Car / Tpt Allowance Co-ordination pair Inspection ollect Excess Coordination P (N-n INC) against INC	Tit Bill   Add

#### 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 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,

- 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.

ACC	DENI	CTA.	- 10	I HAT	т
ACCI	DEN.	SIA			J

 Date Of Report
 16/04/2018 10:33

 Date Of Accident
 15/04/2018 19:20

Exact Location Of Accident BLK 309 HOUGANG AVENUE 5 OPEN SPACE CARPARK

Country/State of Loss SINGAPORE

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number PC4875K

Insured/Policyholder

Name Of Registered Owner CALM TRANSPORT SERVICES

Co Reg No 53336149D Email Address NOEMAIL

Mobile Phone No.

Alternative Phone No OFFICE-89999999

Vehicle Particulars

Manufacturer TOYOTA

Model HIACE COMMUTER 3.0 GL AUTO

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

REPORTING ONLY

If No, Please state action to be taken

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 5082012169-01

Cover Note Number

## Driver

 Name of Driver
 LIM TECK SER

 NRIC No
 \$1445197H

 Date Of Birth
 05/10/1960

 Occupation
 OUTDOOR

 Date Of Driving Pass
 15/04/1992

Driving Experience 26 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94566966

Fax Number

Contact Number OFFICE-94566966

EMail Address NOEMAIL

BLK 419 HOUGANG AVENUE 8 Address

#03-944

530419 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

1

General Information of the Accident

COLLIDED INTO PARKED VEHICLE Type Of Accident

CLEAR Weather Conditions WET Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

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) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**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

ON STATED DATE AND TIME, WHEN I DRIVE OUT FROM PARKING LOT BLK 309 HOUGANG AVE 5 AND I ACCIDENTALLY HIT ONTO VEHICLE B FRONT RIGHT PORTION.

Attachment(s)

YES Are accident photos available for attachment? NO Was there any video captured by Car Camera? NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKH8657E

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

2 No. Of Passenger (Including Driver)

# SKETCH PLAN

# IMPORTANT NOTICE

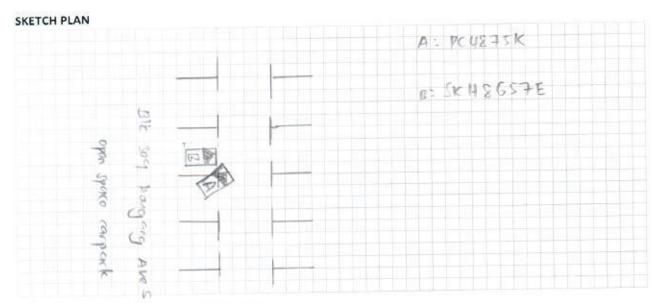
- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material 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:
  - 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.

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

NRIC/FIN No.:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

cefer to	Statement.	
======		

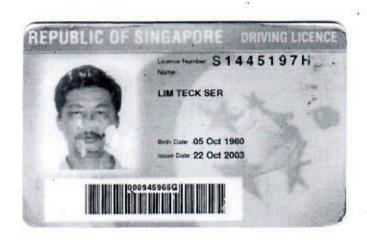
DECLARATION

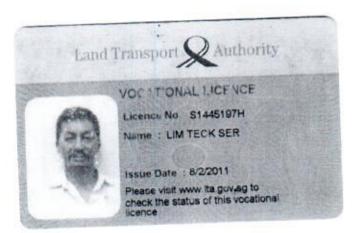
I/We de de the foregoing particulars are true in every respect.

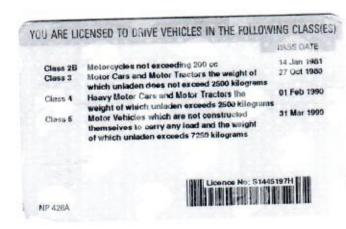
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

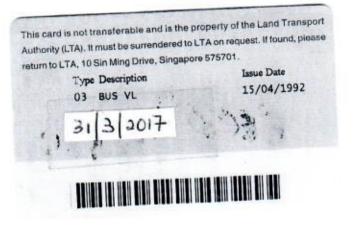












<b>eBao</b> Tech			12.00						Gene	eralClaim	
Hello, NAC_PAYA_UBI_80	0601					20	Change Lan	guage	Change Passwo	rd + Log Out	
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	10-		Date of Accident				15/04	15/04/2018 19:20		
	Vehicle	No.(For Motor)	PC4875K								
						Search					
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5082012169- 01	CALM TRANSPORT SERVICES	53336149D	GBS	Comprehensive	PC4875K	PC4875K	08/07/2017	07/07/2018	
					1	Continue					

Sequen	ce Date of Endorsement	Endorse	ement Type Endorsem	ent Status	Endorsement Content
♥ Endors	ements		WHO WELL AND ADDRESS AND ADDRE		
<b>▶</b> Insure	d Object: PC4875K				
Jnit No.	03-944	Related Policy Number	5082012169-01		
Address 4		Address Type	Singapore address	Post Code	530419
Address 1	BLK 419 #03-944	Address 2	HOUGANG AVENUE 8	Address 3	SINGAPORE 530419
Policyh	older Mailing Address				
Certificate Info					
Open Policy Info					
Co- insurance Flag	No				
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL	GST Flag	Y
Outside Singapore OD Excess		Outside Singapore TP Excess			
Additional Excess		OS Premium	0		
hird Party Excess	3000	Own damage Excess	2000	Windscreen Excess	100
Policy ssue Date	19/06/2017	Effective Date	08/07/2017 00:00	Expiry Date	07/07/2018 23:59
Product Name	BUS INSURANCE	Plan		Group Policy Flag	N
ddress	BLK 419 #03-944 HOUGANG AV	ENUE 8 SING	APORE 530419		
Policy No.	5082012169-01	Policyholder Name	CALM TRANSPORT SERVICES	Policyholder NRIC	53336149D

laim Handling						
cident HT/0990442						
Hoy No.	5082012169-01	vehicle No.	PC4875K	GST Registration No.	533361	
DECYNORDER NAMES	CALM TRANSPORT SERVICES			Pakeyholder NRIC	533361	490
oduct Code	GUS INSURANCE	Cover Type	Comprehensive	Loading	0	
ontact No.(Mobile)	0	Contact No. (Office)	0	Consact No. (Home)	0	
meli Address		Special Remark		eCode	1110	
ox.	· No ○ Yes	TCA	® No ○ Yes	eCode Reason		
CD Protection	No	NCD Entitlement(%)	10	Private Hire	No	
Accident Details						
port Date	16/04/2018 11:51	Accident Report Within 24 hrs	Yes	Accident Type	Collideo	into Parked Vehicle
		Time of Academ hh:mm	19:20	Country of Accident	Singapi	re.
ite of Accident	15/04/2018		43140	ICM No.		
porting Centre		Orange Force		ICPONO.		
cident Location	BLK 309 HOUGANG AVENUE 5 OPEN SPACE	E CARPARK				
Benefits						
Excess						
vn damage Excetti	2,000.00	Additional Excess		Windscreen Excess		100.00
named Driver Excess		Curside Singapore OD Excess				
ird Party Excess	3,000.00	Outside Singapore TP Excess				
GST Registered Informa	ition					
F Registered	Yes		GST Registration Date	22/04/2016		
T Registration No.	533361490		GST Status Verified	No		
diffication itsistory						
Policyholder Mailing Ad		Address 2	HOUGANG AVENUE 8	Address 3	SINGA	PORE 530419
idress 3	BLK 419 #03-944		Singapore address	Post Code	53041	
sdress 4		Address Type		- an word	2000	
nt No.	03-944	Related Policy Number	5082012169-01			
OI Driver Info						
river Name	Unnamed Driver	Driver Type	Unnamed Driver	101101242014	9200	2000
named driver Name	LIM TECK SER	Driver NRIC	51445197H	Driver DOB	05/10/	1960
gister Date of Driver License	15/04/1992	Driver Age	57	Oriving Experience	26	
intact No.(Mobile)	94566966	Contact No.(Office)	0	Contact No (Home)		
idress i	BLK 419	Address 2	HOUGANG AVENUE 8	Address 3	SINGA	PCRE 530419
toress 4		Address Type	Singapore address	Post Code	53041	•
	03-044	Address Type	Singapore address	Post Code	53041	
net No.	03-944 ① Yes ® No	Address Type  Driver Vehicle No.	Singapore address	Post Code  Driver Insurer Comp.		
nit No. Det he own a Singapore egiptered car?			Singapore address			
nit No.  Des he own a Singapore egistered car?  eclaration reathalyser or Blood Test			Singapore address  ○ Yes   No			
ddress 4 Inst No. Inst No town a Singapore agaitend car? eclaration ineathalyset or fillood Test isacing?	○ res ® No	Driver Vehicle No.				
net No.  bee the own a Singapore egistered car?  ectaration meethalyser or thood Test eaching?	○ res ® No	Driver Vehicle No.				
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nt No.  set he own a Singapore registered car?  claration reathelyses or fillood Test assing?  claim 001 New  aim type *  areact No.(Mobile)	0 mg	Driver Vehicle No.  Any injury?  Insured Name	○ Yesi ® No	Driver Insurer Comp.  Insured NRIC Comact No. (Office) TP Vehicle Number	53336 63166 5KHM	1490
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nt No.  Das the own a Singapore registered Car?  Inclaration  Resthalyser or thood Test seading?	O mg :  O mg :  OC-MX   B4159990  DC4875K / SXH8657E ON 15 Apr 2038  Yes  L6004/2018 11:53	Driver Vehicle No.  Ang injury?  Insured Name Contact No. (Home) O1 Vehicle Number  Insured Liebility * Preference Repair Option	CALM TRANSPORT SERVICES  PC4875K  Fully at Fault  Preferred Workshop, Name unknown	Insured NRIC Comact No. (Office) TP Vehicle Number Name of Preferred W	53336 63166 (Skishop	1490 000 557E
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Attachment		Uploaded By/Date	Category	9	Urgency	Description	mag sent? Action (CO)
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663	NAC_PAYA_LIEI_800603( NAT	IONAL ASSESSMENT CENTRE SERVICES) on 16 Ap + 2018 11:53	SAS		Normal	SAS 2018-4-16	Edit
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⇒ Video List							
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