Date In: >14   18 - 10-31	Jeb description		Date &Time Completed	Done	pì.
Res No: NO   INC 1800 7389   24	SAS e-filing				
Veh No: pc sos la	E-mail (within !	Shrs, AIC 2hrs)			
D.O.A. 16/4/8-13:50	i-Motor Clair	n Form	MT10990890-002	21/4/18	12:29
	i-Motor W/O	(Within: OD 2h			
OD / TP / Reporting Only	i-Photo Uploa	aded			100
	Assessment/Su	rvey Report			
TP Insurer:	Ass't Report by	Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	
TP Particulars: Veh No: 60	1260 OL	INC (	)/Non-INC( ).	7.	
Owner / Driver: (			Tel:	)	
Policy No: ( ) P	eriod: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: (%)	[Note-Est. Status (W	/O): N: 0-2	20%; P: 21-79%. P: 30-	100%]	
Year of Registration: ( )	Warranty: YES (	)/NO(	)		
Excess: (\$ ) Loading: \$1,	,000 ( )/\$2,000	( )			
General Remarks:				3000	
( ) Walk-In Customer: Customer's inf					
Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/	The state of the s	)	Date& Tirris Completed	Done	by .
Apply for Transport Allowance ( )/     QC Check / Post Repair Inspection	Courtesy Car ( )	)	Date&Time Completed	Done	by
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]	Courtesy Car ( )	)	Date&Tame Completed	Done	by
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:	Courtesy Car ( )	)			by
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1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  NAI808497.	Courtesy Car ( )	Invoice Pro	paration Checklist	Ant (S)	AHU
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  NAI803497.  Inimant's Particulars:	Courtesy Car ( )	Invoice Pro  1) AR: Accider 2) DA: Damage 3) TF: Towing	paration Checklist.  It Reporting (\$30);  Assessment (\$100); INC (\$500);	Ant (5): (6):Bill: (80): (0/\$45	Ahu
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  NAI803497.  Inimant's Particulars:- river/Owner:	Courtesy Car ( )	Invoice Pro	paration Checklist  It Reporting (\$30);  Assessment (\$100); INC (\$500);  For Strongh Survey  Through Survey (Resurvey)	Ant (5) fit Bill (80) (0/545 5120 530	Ahu
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1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  NAI803497.  Islamant's Particulars:  portact No:	Courtesy Car ( )	Invoice Pro  1) AR: Accider 2) DA: Damage 3) TF: Towing 4) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA	paration Checklist  At Reporting (\$30);  Assessment (\$100); INC (\$100);  Fee Softhrough Survey (Resurvey)  against INC Only (wef 10 Jan 200)  cetion  + SMRT Survey	Ant (S) (6.Bill 880) 10/545 5120 \$30	ABU
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1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  NAI80>4977.  Inimant's Particulars:-  river/Owner:  ontact No:  amaged Portion:	Courtesy Car ( )	Invoice Pri  1) AR: Accider  2) DA: Damage  3) TF: Towing  4) FT: Follow- For cleiming  6) TR: Re-insp  7) N1: Idao DA  8) NTUC Addit  OIL*  *N5: Courles	paration Checklist  At Reporting (\$30);  Assessment (\$100); INC (\$700);  Fee \$700;  Through Survey (Resurvey)  Against INC Only (wef 10 Jan 20);  Bettion #SMRT Survey  Ional Services.	And (S) fit Bill (80) (0/545 5120 530 (5) \$75 5160	ABU
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  NA(80) 4977  Inimant's Particulars:-  river/Owner:  ontact No:  amaged Portion:  C: Checked by (Engr-In-Charge):	Courtesy Car ( )	Invoice Pri  I) AR: Accider  2) DA: Damag  3) TF: Towing  4) FT: Follow- For claiming  6) TR: Re-insp  7) N1: Idae DA  8) NTUC Addit  QD*  N5: Courtes  N6: Repair  N7: Post Re	paration Checklist  It Reporting (\$30); Assessment (\$100); INC (\$700); Fee Softhrough Survey (Resurvey) Against INC Only (wef 10 Jan 200) Against Incommentation Against Inspection	Ant (S) (S,B)( (0/\$45 \$120 \$30 (5) \$75 \$160	Anu
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# 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.

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 and the centre and to copies of the report being made available.
- aforesaid.

A STATE OF THE STA	ACCIDENT STATEMENT
Date Of Report	21/04/2018 10:21
Date Of Accident	16/04/2018 13:50
Exact Location Of Accident	WOODGROVE SECONDARY SCHOOL
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	PC5056B
Insured/Policyholder	
Name Of Registered Owner	TING TRANSPORT
Co Reg No	53212887K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91018406
Alternative Phone No	OFFICE-91018406
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FUSO RM118N
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5084781943-01
Cover Note Number	
Driver	

LIU JINPENG Name of Driver G6502571Q Passport No/FIN 14/02/1973 Date Of Birth OUTDOOR Occupation 07/09/2017 Date Of Driving Pass

0 YEAR AND 7 MONTH **Driving Experience** 

**FEMALE** Gender

(LOCAL) +65-88098217 Mobile Number

Fax Number

OFFICE-88098217 Contact Number

NOEMAIL EMail Address

490A TAMPINES STREET 45 Address

#08-201 520490

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

COLLIDED INTO PARKED VEHICLE Type Of Accident

DRIZZLING Weather Conditions WET

Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

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

NO 1

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

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 GU2600L

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

# ACCIDENT STATEMENT

ACC	DENT DATE:	YYYY), TIME:( 13 : 50 )(HH:MM	) .
	MON: Woodgrove secondary	School.	
LOCA	MION.		00* V
1	DETAILS OF VEHICLE	welt/6	
9	a) VEHICLE NUMBER: PCSOS 68	rait/lu	
39	MINISTRANCE COMPANY: NITS		
	ENCURS 19 4 1 - 9	THE PARTY OF THE P	i i
	d)POLICY TYPE: (COMPREHENSIVE / THIRD	PARTY / THIRD PARTY FIRE & HEFT	Page 4
	NAME OF THE PARTY.		
	ELTYPE-ISALOON / COUPE / MPV /VAN / L	ORRY / MOTORCYCLE / OTHERS)	
	GIVEHICLE CATEGORY: (PRIVATE / COMM	ERCIAL / MOTORCTCEL	52
	SUPURPOSE OF USING AT ACCIDENT TIME:	MOCICING -	
	HAPE YOU CLAIMING LINDER YOUR OWN	INSURANCE (YES/NO)	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM	A / REPORTING ONLY)	· · · · · · · · · · · · · · · · · · ·
2	INSUPED / POLICY HOLDER		
-	AINIAME . TING TOURSTITE	(MALE / FEMALE)	61
0.00	b) NRIC/FIN/PASSPORT: 533128874	CONTACT: 91091840	A Ho of
	c)ADDRESS:		bscenger
	The state of the s		· (Including d
	* CONTINUE TO 3.d IF DRIVER ALSO POLICE	CY HOLDER	( ))
3.	DRIVER	(MALE / FEMALE)	
	a) NAME: LIM JAPPAN	CONTACT: 880 18217	
	b)NRIC/FIN/PASSPORT: n 61025710	CONTACT:	•
	c)ADDRESS:		70 M
	11.2 (62)	(DD/MM (XXXX)	
	*d)DATE OF BIRTH:	(DD/MM/TTT)	
	eJOCCUPATION: (INDOOR / OUTDOOR)	2/9/217	€
1000	f)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE IN	CUPEN'S COMPANY? (YESY NO	) '
4.	IF NO, RELATIONSHIP OF THE DRIVER	WITH INSURED:	_
-	a) WEATHER CONDITION: (CLEAR / RAININ	G (OTHERS DOZILIAS	
5.	b)ROAD SURFACE: (DRY / WET / OTHERS_		
,	WAS ANYBODY INJURED (YES / NO)		
	The second secon	20 1001	25 36
7.	IF YES, PLEASE STATE WHICH POLICE STA	TION:	
0	THIRD PARTY VEHICLE		٨
0.	a) VEHICLE NUMBER: GU > 600L	MODEL:,	- *No of passo
	b) DRIVER'S NAME:		- Clududing du
	c) NRIC/FIN/PASSPORT:	CONTACT:	
0	THIRD PARTY VEHICLE	94	<ul><li>(₹)</li></ul>
7.	d) VEHICLE NUMBER:	MODEL:	- A Ho of passi
	e) DRIVER'S NAME:		
	f) NRIC/FIN/PASSPORT:	CONTACT:	_ (Including d
	A STATE OF THE STA		( _ ).

email = Ting transport @ hotrail com

### 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.
- 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 .:

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Refer to Statement.

DECLARATION

I/We declare 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.:

ON STATED DATE AND TIME, AFTER I DROP MY PASSENGER AT WOODGROVE SECONDARY SCHOOL. I REVERSED MY VEHICLE IN ORDER FOR ME TO EXIT WOODGROVE SECONDARY SCHOOL. AFTER REVERSED MY VEHICLE I PROCEED TO MAKE A LEFT TURN TO GO OUT FROM THE SCHOOL AND I ACCIDENTALLY HIT ONTO VEHICLE B FRONT RIGHT PORTION.





# YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Ch Class 3

Mosar cers =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =<  $2500 \ kg$ 

06 May 2009

Cli Class 4A Class 4

Ounthurs Heavy motor cars and motor tractors > 2500 kg

G6502571Q

S / No.9000258144



VISIT PASS Immigration Regulations

LIU JINPENG



Date of Birth Sex 14-02-1973 F

CHINESE

Date of Expiry

G6502571Q 16-08-2017 MULTIPLE JOURNEY VISA ISSUED

02-08-2019

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







115

# VOCATIONAL LICENCE Licence No : G6502571Q Name :LIU JINPENG

Card Issue Date : 07/09/2017

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

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
 07/09/2017



			13.5					Gene	ralClaim
601		100000		Mark Services		Change Lan	guage '	Change Passwo	rd • Log Out
Policy N	ю.	PC5056B			Date of Acc	ident	16/04	2018 13:50	
Select	Policy No.	Policyholder Name	Policyholder NRJC	Product	Search Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
0	5084781943- 01	TING TRANSPORT	53212887K	GBS	Third Party, Fire & Theft	PC5056B	PC5056B	14/10/2017	13/10/2018
	Policy N Vehicle Select	Policy Query Policy No. Vehicle Na.(For Motor)  Select Policy No. 5084781943-	Policy Query  Policy No.  Vehicle No.(For Motor)  Select Policy No.  Policyholder Name	Policy Query  Policy No.  Vehicle No.(For Motor)  PCS056B  Select Policy No.  Policyholder Name NRJC	Policy Query  Policy No.  Vehicle No.(For Motor)  PCS056B  Select Policy No. Policyholder Name NRJC Product	Policy Query  Policy No.  Vehicle No.(For Motor)  PC5056B  Search  Select Policy No.  Policyholder Policyholder NRIC  Name NRIC  Toud Bridge	Policy Query  Policy No.  Vehicle No.(For Motor)  PCS056B  Search  Select Policy No.  Policyholder Name NRIC Product Cover Type Vehicle No.	Policy Query  Policy No.  Vehicle No.(For Motor)  PC5056B  Search  Select Policy No.  Policyholder Policyholder Product Cover Type Vehicle No. Object  Name NRIC The Rother	Policy Query  Policy No.  Vehicle No.(For Motor)  Select Policy No.  Policy No.  Policy No.  Policy No.  Policy No.  Policy No.  Policyholder No. Policyholder No.  Policyholder No.

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Y 33	5084781943-01	Venicle No.	PC30366		Palicyholder NRIC	9	53212887K	
	TING TRANSPORT	1200000	Third Party, Fi	ne & Theft	Loading		0	
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ct No. (Mobile)	NA	Contact No.(Office)			eCode	1	140 140	
Appress		Special Remark	® No ○Yes		eCode Reason			
	® No ○ Yes	TCA			Private Hire		Not available	
Protection	No	NCD Entitlement(%)	10		Commence of			
Accident Details					CONTRACTOR OF THE PROPERTY OF		Collided into Pa	aloud Mahieles
rt Date	18/04/2018 13:55	Accident Report Within 24 hrs	Yes		Accident Type		Costaled Into Pa	tiked settine
	16/04/2018	Time of Accident hhumm	14:00		Country of Acadent	3	Singapore	
POLIPHIANUS X		Orange Force			3CM No.			
isting Centre	ALDING 3 WOODLANDS AVE 6 CARPARK							
dent Location	ALDING 3 WOODLANDS AVE & CARPAGE							
Benefits								
Excess		25/00/00/00/2002/00/00			Windscreen Excess			0.00
damage Excess	0.00	Additional Excess						
amed Driver Excess		Outside Singapore OD Excess						
Party Excess	5,500.00	Outside Singapore TP Excess						
GST Registered Informa	dign			2001007402001				
Registered	No			egistration Date tatus Verified	Yes			
Registration No.			951 5	served a with rold	0.1520			
fication History								
CONTRACTOR OF THE CONTRACTOR AND	******							
Policyholder Halling Ado		Address 2	TAMPINES ST	TREET 45	Address 3		SINGAPORE 5	20490
ress 1	BLK 490A #08-201				Post Code		520490	
ress 4		Address Type	Singapore ad	W 403	36.27(2)77		1000000000	
NG.	09-201	Related Policy Number	5096282026					
OI Driver Info								
er Name		Oriver Type			Driver DOB			
		Driver NAIC						
amed driver Name								
		Driver Age			Driving Experience			
pister Date of Driver License					Contact No. (Home)			
sister Date of Driver License mact No. (Mobile)		Driver Age			Consect No. (Home) Address 3			
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gister Date of Driver License mact No. (Mobile) press 1 dress 4		Driver Age Contact No. (Office) Address 2	Foreign addre	ess	Consect No. (Home) Address 3			
named driver Name gister Date of Driver Ucense miact No. (Mobile) dress 4 et No. les he dwif a Singapore	○ Yes ④ No	Driver Age Contact No. (Office) Address 2	Foreign addre	ess	Consect No. (Home) Address 3	any		
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NAC\_PAYA\_UBL\_BOOGOT[ NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Ap.

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