	iervices putting		18028003		-	
Date In: 3 3 18-18:02	lcb description	•	Date & Time Comple	ted	Done b	).
Res No: NA MC1808147/24	SAS e-filing	i				
Veh No: PC4089 R	E-mail (within 8hrs, Al	C 2hrs)				•
D.O.A.: 3/5/8-11:55	i-Motor Claim For	·m	MT 0992892-00	3	2 18 - 1	8:20
	i-Motor W/O (With	n: OD 2hrs, T	P 4hrs)			
OD / TP / Reporting Only	i-Photo Uploaded	- 1				
	Assessment/Survey I	Report				
TP Insurer:	Ass't Report by Fax	/ Hand to (	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (			Tol:	Fax:		)
TP Particulars: Veh No: Unknow	n .	INC(	)/Non-INC(	)		
Owner / Driver: (			Tel:		)	
Policy No: ( ) Period	: (	) (	Cover Type: (		)	
Confirmed by : (	Da	Control of the Contro	Time:		)	
Insured/Driver Liability: ( %) [Note	e-Est. Status (WO):	N: 0-20%	; P: 21-79%. P:	80-100%	]	
		NO( )				
Excess: (\$ ) Loading: \$1,000	( )/\$2,000(	)				
General Remarks:	The second secon	NAME:		Zasuces.	\$	-
( ) Walk-In Customer : Customer's informa			ALLER AND AND ADDRESS OF THE PARTY OF THE PA			
( ) Total Loss Case : to e-mail Insurer U			*	-		
		) : Toy	ving Co: (			)
Drive-In ( )/ Towed-In ( ); Invoice: Y	ES( )/ NO(			878EV 20	Done	
Remarks:- (INC horline: 6788 6616)	responding to the second of		Date&Time Comple	od :	Done	У
1) Apply for Transport Allowance ( )/ Cour	rtesy Car ( )					
Apply for Transport Allowance ( )/ Cour     QC Check / Post Repair Inspection	rtesy Car ( )					
.7.112	( )					
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > \$3000]	( )		1			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury:	( )					
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > \$3000]	( )				increase are	7.7.
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury : ———————————————————————————————————	( )				PARTENDER -	
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2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3000  Injury:  Date/Time Actions	( ) o] ( )	pice Prepi	ration Checklist		Amt (5)	Ami (1)
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3000  Injury:  Date/Time Actions  NA(80>77)	( ) 0] ( ) liny	R : Accident R	eporting (\$30);		Ant(S)	
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3000  Injury:  Date/Time Actions  NA   80 > 77	( ) 0] ( ) liny ( ) 2) D.	R : Accident R A : Damage A	eporting (\$30); ssessment (\$100);	INC (\$80)	Ant(S)	
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3000  Injury:  Date/Time Actions  NA(80>77)  Laimant's Particulars:	( ) 0] ( ) 1) A 2) D 3) T 4) F	R: Accident R A: Damage A F: Towing Fee	sessment (\$100);	INC (\$80) \$40/\$45 \$120	Ant(S)	
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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 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.

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

Endors to the Resemble of the	ACCIDENT STATEMENT
Date Of Report	03/05/2018 18:02
Date Of Accident	03/05/2018 11:55
Exact Location Of Accident	ALONG ADAM RD AFTER PIE (TUAS) EXIT
Country/State of Loss	SINGAPORE
D. D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	PC4989R
Insured/Policyholder	
Name Of Registered Owner	E2D LIMOUSINE
Co Reg No	53339104X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE COMMUTER GL 3.0 AUTO
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5082023466-01
Cover Note Number	
Driver	

#### Driver

KOR TIEN HWA, ELTON Name of Driver S8914600C NRIC No

27/04/1989 Date Of Birth OUTDOOR Occupation 13/04/2011 Date Of Driving Pass

7 YEARS AND 0 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-81836445 Mobile Number

Fax Number

OFFICE-81836445 Contact Number

NOEMAIL EMail Address

BLK 32 GHIM MOH LINK Address

#10-292

271032 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

HIT BY FALLEN TREE / OTHER OBJECTS Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO 2

Number of vehicles involved in the accident Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 1

**Details of Police Action** 

YES Was the accident reported to the police?

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY Police Station Name

NO

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 65470000 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180503/2139.

Attachment(s)

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

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

UNKNOWN

Vehicle Registration Number

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

Page 2 of 25

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 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.
- 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:

Name:

NRIC/FIN No.:

Reporting Centre Person

's Signature

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to	Police report- 7/20180503/2139-	

DECLARATION

I/We declared to be to going particulars are true in every respect.

Policyholder > Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# ACCIDENT STATEMENT

	TION: Along Adam Rd after	PIE CTUGS EXT	
1.	DETAILS OF VEHICLE  a) VEHICLE NUMBER: PC 4989 R	mit.	
-	b)INSURANCE COMPANY:	. 1*	
		- W Control - William	ki.
	d)POLICY TYPE: (COMPREHENSIVE / THIRD I	PARTY / THIRD PARTY FIRE &THEFT)	OK.
			30
	6)MAKE & MODEL:	ORRY / MOTORCYCLE / OTHERS)	
	g) VEHICLE CATEGORY: (PRIVATE / COMME	RCIAL / MOTORCYCLE)	*
	h)PURPOSE OF USING AT ACCIDENT TIME:_	Warking	
	1) ARE YOU CLAIMING UNDER YOUR OWN II	NSURANCE (YES/NO)	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM	/ REPORTING ONLY)	
120	IF NO, PLEASE STATE (THIRD TAKET OF THE	• MENTEROLOGICA CALCA CAMA	
2.	INSURED / POLICY HOLDER	(MALE / FEMALE)	
	A) NAME:		
11.0	b) NRIC/FIN/PASSPORT.		- X HO OF
	c)ADDRESS:		. Uncluding
	· CONTINUE TO 3.d IF DRIVER ALSO POLICY	HOLDER	. Children
2	DRIVER		
3.	a)NAME:	(MALE / FEMALE)	
	b]NRIC/FIN/PASSPORT:	CONTACT:	
	c)ADDRESS:	•	
	NO A DESCRIPTION OF THE PROPERTY OF THE PROPER		_
	*d)DATE OF BIRTH: (	DD/MM/YYYY)	
	eloccupation: (INDOOR / OUTDOOR)		*
	THE PARTY OF THE PROPERTY OF	CYES (NO)	126
4.	WAS DRIVER AN EMPLOYEE OF THE INS	SURED'S COMPANTI (1297 1197	2.20
	IF NO, RELATIONSHIP OF THE DRIVER	C / OTHERS	
5.	DIWEATHER CONDITION: (CLEAR / RAINING	3 / OHIERO	_)
	b)ROAD SURFACE: (DRY / WET / OTHERS_		- M.
6.	WAS ANYBODY INJURED (YES / NO)		<del>**</del> 227
7.	aJREPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATE	ION:	_
	THIRD PARTY VEHICLE		٨
6.	a) VEHICLE NUMBER: VNCOWO	MODEL:	- *Ho of pa
	b) DRIVER'S NAME:		- Clududing
	c) NRIC/FIN/P ASSPORT:	CONTACT:	- ( 1 )
	C) TAKIO/HIVI NOOI OKT	76. 01	(1)
0	THIRD PARIT VEHICLE	MODEL.	· · · · · · · · · · · · · · · · · · ·
9.	THIRD PARTY VEHICLE	MODEL:	M III al h
9.	d) VEHICLE NUMBER:	MODEL:	
9.	d) VEHICLE NUMBER:	CONTACT:	= Ho of p
9.	d) VEHICLE NUMBER:	* •	

email = Ettonkor@gmail.com





T/20180503/2139

1 of 3 Report No. T/20180503/2139

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

## REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 03/05/2018 17:22		Vide Report No.:	Station Diary No.:	
Informa	ant's Partic	ulars		SEAL OF THE PROPERTY OF THE PERSON NAMED IN	
	f Informant: EN HWA, E		Address: APT BLK 32 GHIM MOH LIN	IK #10-292 SINGAPORE 271032	
	/ ID No.: O / S89146	00C	Contact No.: Home/Office:	Mobile: 81836445	
National SINGAF	lity: PORE CITIZ	ŒN	Email:		
Sex: Male	Age: 29	Date of Birth: 27/04/1989	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Bus driver			Driving Licence Information: Class: 3,4  Date of Expiry:		

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 03/05/2018 11:55	Type of Location: Flyover
Location: Along Road 1 ADAM ROAD FARRER ROAD ADAM ROAD Weather: Clear	AD	ROAD BESIDE PIE(1		Road Speed Limit:
Traffic Flow: One Way		Dry Traffic Control: Not Controlled	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Traffic Volume:
Type of Collis OBJECT FEL				Anyone conveyed by ambulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
PC4989R	Bus/Coach/Mi nibus				Seriously Damaged	

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20180503/2139

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

## CONTINUATION OF REPORT

Driver		7011		ID No.		S8914600C	
Name	KOR TIEN HWA, ELTON			ID No.		003140000	
Related Vehicle	NIL	IL			ct No.	81836445	
				Close	of	Class: 3,4	
Hospital/Clinic	NIL			Class Driving Licent Expiry	g se &	Date of Expiry: NIL	
	NIII		Date Disc	-	NIL		
Date Treatment No. of Days gran	NIL ted Medical Leave NIL				NIL	JIL .	

Brief Details.

03/05/2018 @1155HRS (ADAM ROAD TOWARDS FARRER ROAD BESIDE PIE(TUAS))

I WAS ALONG ADAM ROAD TOWARDS FARRER ROAD BESIDE PIE(TUAS), I WAS TRAVELLING ON LANE 2 OUT OF 4 LANE. THE OTHER VEHICLE WAS TRAVELLING ON THE LANE 3 OUT OF 4 LANE, THE TRAFFIC CONDICTION WAS LIGHT AND ROAD SURFACE WAS DRY. AS I WAS TRAVELLING BESIDE HIM SUDDENLY A WINDOW PIECE FELL TO THE GROUND AND HIT ON TO MY VEHICLE, I HONK AT HIM TO INFORM HIM BUT THE OTHER DRIVER SLOW DOWN AND PROCEEDED FORWARD WITHOUT STOPPING. I DROVE MY VEHICLE BACK HOME AND CHECK ON THE CONDICTION OF THE VEHICLE.

I'M LODGING A REPORT, TO HELP ME TRACK DOWN THIS VEHICLE. I WOULD CLAIM ON THE OTHER PARTY'S INSURANCE.

THAT'S ALL





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20180503/2139

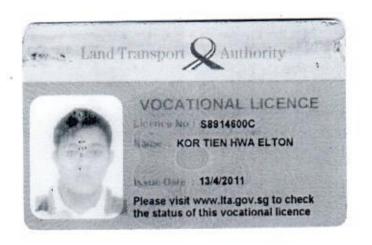
CONTINUATION OF REPORT

## Sketch Plan

Informant is not able to provide sketch plan

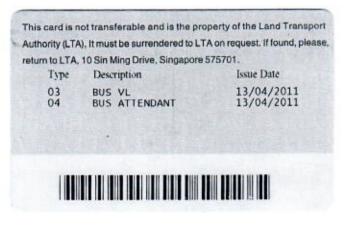
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

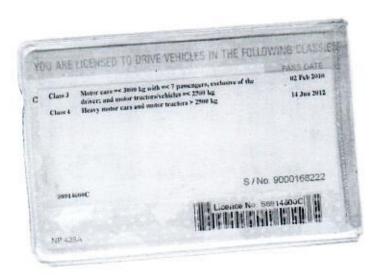
Signature Of Officer Recording The Report: TP / KEE CHUAN JIA MARCUS	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time:
Officer In Charge Of Case:	03/05/2018 17:22
TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:
uthentication Stamp P168	













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Expiry Date
13/07/2018
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Seque	ence Date of Endorsen	nent	Endorsemen	nt Type	Endorsemen	t Status	Endorsement Content
⊕ Endo	sements					387.	
D Insur	ed Object: PC4989R						
Unit No.	10-292	Rela Num	ted Policy iber	5082023466-01			
Address 4	SINGAPORE 120417	Addr	ess Type	Singapore address		Post Code	120417
Address 1	BLK 417 #07-271	Addr	ess 2	CLEMENTI AVENUE	1	Address 3	CASA CLEMENTI
505155S	holder Mailing Address						
Certificate Info							
Open Policy Info							
Co- insurance Flag	No						
Agent	ABWIN PTE LTD	Agent Tel.	68423301		GST Flag	9)	
Outside Singapore OD Excess		Outside Singapore TP Excess			GST Flag	Young/I	inexperience Driver Excess
Additional Excess		OS Premium	0				
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
xcess Type		All Claim Excess					
olicy ssue Date	29/06/2017	Effective Date	15/07/2017	00:00	Expiry Date	13/07/2018 23:	59
roduct lame	BUS INSURANCE	Plan		16	Group Policy Flag	N	
ddress	BLK 417 #07-271 CLEMENTI A	VENUE 1 CASA	CLEMENTI SI		Canada		
olicy No.	5082023466-01	Policyholder Name	E2D LIMOUS	SINE	Policyholder NRIC	53339104X	

im Handling								
ent MT/0992892	The state of the s	Vehicle No.	PC4989R	GS	T Registration No.			
	5082023466-01	VEHICLEN	February 1	Po	icyholder NRIC		53339104X	
5	E2D LIMOUSINE	Cover Type	Comprehensiv	· Lo	eding	1	0	
23732Aconon	BUS INSURANCE	Contact No.(Office)	0		mact No.(Home)	-	0	
	a	Special Remark	700	*C	ode	Ī	hi V	
Addresis	120000000000000000000000000000000000000	TCA	® No ○ Yes	60	ode Reason			
	® No 🔾 Yes		23	Pri	vate Hire		NO.	
rotection	No	NCD Entitlement(%)	10					
socident Details					cident Type		Others	
pate	03/05/2018 18:18	Accident Report Within 24 hrs	Yes					
of Accident	02/05/2018	Time of Accident hh:mm	11:55	C	untry of Accident	2	Singapore	
0.0000000000000000000000000000000000000		Orange Force		10	M No.			
sing Centre	ALONG ADAM RD AFTER PIE (TUAS) EXIT.	200-20-20-						
At Location	ALONG ADAM AD AFTER FIE (TORS) CALL							
Benefits								
Excess	0.000.000	Additional Excess		w	Indscreen Excess		100.00	
terriage Excess	2,000.00							
ned Driver Excest		Outside Singapore OD Excess						
Party Excess	1,500.00	Outside Singapore TP Excess						
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Attachment	Uploaded By/Oaks	Category	Ŷ	Urgency	Description	Sent? Action (CO)
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66	NAC_PAVA_UBI_800001( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 M y 2018 16:22	a Photos		Normal	Photos 2018-5-3	Edit
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