I Dale In: 5117 by N. Co.	Jcb description	Date &Time Completed	Don	e by
Date In: 31 5 18 - 19 : 4 9				
Res No: NA/INC 18009224/24	SAS e-filing	-		
Veh No: PC 68 09 P	E-mail (within 8hrs, AIC 2hrs)		1-1-	
D.O.A: 18/7/18-13:00	i-Motor Claim Form	M7/0995280-001	31/2/18	19:33
OD Peporting Only	I-Motor W/O (Within: OD 2hr	s, TP 4hrs)		
	i-Photo Uploaded	1		
TP Insurer:	Assessment/Survey Report	<u> </u>		
	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (EL SCHAPEN, NO. 35 EL 1015 ENQUESTO DE	Tel: F	Fax:)
TP Particulars: Veh No: 1KB	8897k INC()/Non-INC()	12	
Owner / Driver: (Tel:)	
Policy No: () Po	eriod: (Cover Type: () .	
Confirmed by : (Date:	Time:)	
	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-	100%]	
	Warranty: YES ()/NO ()		
	000 ()/\$2,000 ()	A waster of the second		
General Remarks:				
() Walk-In Customer: Customer's info		rictly NO refer of repairer.		
() Total Loss Case : to e-mail Insur				
Drive-In ()/ Towed-In (); Invoice	e: YES() / NO(); T	owing Co: ()
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Don	e by
11 1 2 2 22			NAME OF BUILDINGS	THE COURSE CONTRACTOR
1) Apply for Transport Allowance ()/(Courtesy Car ()			100
Apply for Transport Allowance ()/(QC Check / Post Repair Inspection	Courtesy Car ()	7	1	
2) QC Check / Post Repair Inspection	()			
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$:	()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury:	()		714 A 2 2 7 1 4	water growing program
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Figure Const.

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.
- 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.

	ACCIDENT STATEMENT	
Date Of Report	21/05/2018 14:44	
Date Of Accident	18/05/2018 17:00	
Exact Location Of Accident	ALONG BIDEFORD RD BESIDE PARAGON MALL	
Country/State of Loss	SINGAPORE	
Maria Stranding Shiphing Street	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	PC6809P	
Insured/Policyholder		
Name Of Registered Owner	WANG LIMO PTE LTD	
Co Reg No	201101987M	

(LOCAL) +65-93366853

OFFICE-93366853

Alternative Phone No Vehicle Particulars

Email Address

Mobile Phone No

TOYOTA Manufacturer

HIACE COMMUTER GL 2.8 AUTO Model

Exact Purpose for which vehicle was being used at time of accident

WORKING

NOEMAIL

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

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5100174753

Cover Note Number

Driver

Name of Driver IZAHAR BIN TAIB NRIC No. S0858529F Date Of Birth 29/05/1949 Occupation OUTDOOR Date Of Driving Pass 10/10/1998

Driving Experience 19 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93724831

Fax Number

Contact Number OFFICE-93724831

EMail Address NOEMAIL

BLK 236A SERANGOON AVENUE 2 Address

#03-155 551236

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

Postcode

Insurance Company of Driver's Own Vehicle

1

General Information of the Accident

COLLISION - MAJOR/MINOR RD Type Of Accident

Weather Conditions DRIZZLING Road Surface WET

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) 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

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 SKB8897K

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver STEVEN NEO MENG HOE

NRIC/Passport Number S9025548G 83884021 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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.
- 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 Senature

(If driver is not the policyholder)

Date & Time

19/11/10

Reporting Centre Personnel

Name:

NRIC/FIN No.:

s Signature

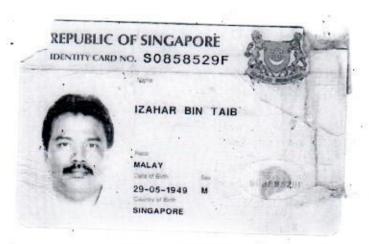
Name: NRIC/FIN No.:

Date & Time:

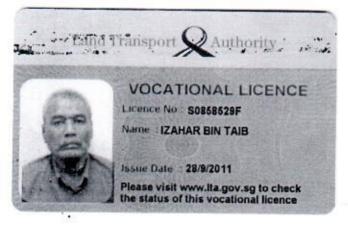
I WAS EXITING FROM THE PARAGON MALL INTO BIDEFORD ROAD.IT WAS HEAVY TRAFFIC AND SLOW MOVING TRAFFIC.MY VEH WAS INSIDE THE YELLOW BOX AT BIDEFORD RD, SUDDENLY I FELT THE IMPACT FROM MY REAR LEFT SIDE PORTION OF MY VEH. VEH B CAME OUT AND HIT ONTO MY REAR LEFT SIDE PORTION OF MY VEH.

ACCIDENT STATEMENT

	DENT DATE: (/ 8.) (
LOCA	TION: 31DEF	ORD RD	BESIDE	PARAG	0N
1.	DETAILS OF VEHIC	LE			
	a) VEHICLE NUME	ER: PC6809	10	ii∓. Natarasanutui⊅	
		MPANY: NEU			
23		R: 5100174			
		COMPREHENSIVE		/ THIRD PARTY	FIRE &THEFT
	e)MAKE & MODEL		THICOTAKIT	/ ITINO I FIRE	Time strictly
		COUPE / MPV /V	AN /I OPPY /	MOTOPCYCL	E / OTHERS
		ORY: (PRIVATE L			The second secon
		ING AT ACCIDEN			,
	i) ARE YOU CLAIM!				
		ATE THIRD PARTY			
2	INSURED / POLICY		CLAIM KEPC	ORTING UNLT	
۷.	A)NAME: WOR	14 LIMO PI	TE. 670	/AAA1 E	/ FEMALE) 53
	b)NRIC/FIN/PASSP				336683
	c) ADDRESS:	OK1		CONTACT	00000
	CJADDKESS				
	* CONTINUE TO 3.0	HE DRIVER ALSO	POLICY HOLD	ED	
*Ho of passenga	DRIVER	A II DICIVER ALSO	1 OLICI HOLD	LK	
the passenger		HAR BIN	TAIB	MALE	FEMALE)
(Including driver)	b)NRIC/FIN/PASSP				73724831
(_)	CIADDRESS: 134				
	# 0	3-155 (56/236)		
	*d) DATE OF BIRTH:	129/05/19	49 11DD/MM	(/YYYY)	4
6	e)OCCUPATION: (The state of the s		351515-11-11	10 (d)
	f) YEARS OF DRIVIN			98	5.3
4.	WAS DRIVER AN	EMPLOYEE OF TI	HE INSURED'	S COMPANY?	(YES)/ NO)
	IF NO, RELATION	SHIP OF THE DR	IVER WITH I	NSURED:	
5.	a) WEATHER COND			ERS DRIZ	ZLING
	b)ROAD SURFACE:		HERS		
	WAS ANYBODY INJ				60
7.	a)REPORTED TO PC	LICE (YES / NO)		20	
		ATE WHICH POLIC	E STATION:		
ed	THIRD PARTY VEHIC	LE	975		
4 He of passenger	a) VEHICLE NUME	BER: 3 17388	7/2	MODEL:	
(Including driver)	b) DRIVER'S NAM	E: STEVEN !	VEO MEN	G HUE	2006/102/
(_) 。	c) NRIC/FIN/PASS	PORT: 59025	5484	CONTACT:_&	3484021
9.	THIRD PARTY VEHIC				
* No of passenger	d) VEHICLE NUMB	W/10-277	^	MODEL:	
(Including driver)	e) DRIVER'S NAM	AGGIO CONTRE			
C. Taradany Criver)	f) NRIC/FIN/PASS	PORT:	(CONTACT:	
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This card is not transferable and is the property of the Land Trans Authority (LTA). It must be surrendered to LTA on request. If found, plureturn to LTA, 10 Sin Ming Drive, Singapore 575701.

Description Type

Issue Date

03 04

BUS VL BUS ATTENDANT.

10/10/1998 10/10/1998





	icy Information						
Policy No.	5100174753	Policyholder Name	WANG LIM	O PTE. LTD.	Policyholder NRIC	201101987M	
Address	61 KAKI BUKIT AVENUE 1 #0	6-12 SHUN LI IN	DUSTRIAL P	ARK SINGAPORE 417	7943		
Product Name	BUS INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	25/04/2018	Effective Date	27/04/2018	00:00	Expiry Date	26/04/2019 2	3:59
Excess Type		All Claim Excess					
Third Party Excess Additional Excess	3000	Own damage Excess OS Premium	2000 1862.96		Windscreen Excess	500	
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent Co- insurance Flag Open Policy Info	REV AUTO PTE LTD	Agent Tel.	68444477		GST Flag	Y	
Certificate Info							
□ Policyl	holder Mailing Address						
Address 1	61 KAKI BUKIT AVEN	JE 1 Addre	ess 2	#06-12 SHUN LI II	NDUSTRIAL P.	Address 3	SINGAPORE 417943
Address 4		Addr	ess Type	Singapore address		Post Code	417943
Unit No.		Relat Num	ed Policy	5100174753			
-		140111	ver				
D Insure	ed Object: PC6809P	140111	7C1				
D Insure□ Endors		140111	ver.				
	sements	Norm o	Endorsemen	t Type	Endorsement	Status	Endorsement Content
☑ Endors	sements	nent Basic		22 19 22 0	Endorsement ement Take Ef		Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that from 27 Apr 2018, the following amendment(s) is/a made to this policy: 1. PERIOD C INSURANCE: 27 Apr 2018 TO 26 Apr 2019 2. ORIGINAL REGISTRATION DATE: 27 Apr 2018 3. VEHICLE REGISTRATION NUMBER: PC6809P 4. TONNAGE: 0.84 tons

Part	Claim Handling								Exit
Product Color Statistical Color Statist		nat been collected.							
Marie Mari	Policy No.	5100174753	Vehicle No.	PC6809P		GST Registration No.			
Comment (Notice 100	Policyholder Name	WANG LIMO PTE, LTD.				Policyholder NR3C		201101967M	
Secret Service Service Ser	Product Code	BUS INSURANCE	Cover Type	Comprehe	nsi ve	Loading		0	
March	Contact No.(Mobile)	93366853	Contact No.(Office)	0		Contact No. (Home)		0	
MCD PRESENTED 10 10 10 10 10 10 10 1			Special Remark			eCode		TO V	
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Control Control ACCIDENT CON	Report Date	21/05/2018 19:31	Accident Report Within 24 hrs	Yes		Accident Type		Collision - Major Minor Road	
According Acco	Date of Accident	18/05/2018	Time of Accident nh:mm	17:00		Country of Accident		Singapore	
## Research	Reporting Centre		Orange Force			ICM No.			
December 2,000	Accident Location	ALONG BIDEFORD RD BESIDE PARAGON MA	U.						
Manifections	⇒ Benefits								
Third Price Scales 3.000.00 0.4506 Singspore 176 Eccess 3.000.00 0.4	♥ Excess								
March Mar	Own damage Excess	2,000.00	Additional Excess			Windscreen Excess		500.00	
			Dutside Singapore OD Excess						
CST Registration Date CST Registration Date CST Registration Date CST Registration Date CST Registration No. CST Registration Date CST Registration No. CST Registratio			Outside Singapore TP Excess						
Modification Intolocy									
### Policyholider Malling Address ### Address 2 #06-13 SHULL (POUSTRALL P Address 3 SDIGAROE 1794.3 Address 4 #1794.3 Address 5 *150274753 *** ***O ST Viver Talo ***O Enview Talo ***O Envie		No							
### Policyholder Mailing Address ### Address 1				651	Status ventied	No			
Address 1									
Address 4 Agrees Type Singapore address Post Cide 417943 Link No. Related Policy Number S100174753 Driver Name Univariable Driver Univariable Driv	Policyholder Mailing At	ddress							
Address 4	Address 1	61 KAKI BUKIT AVENUE 1	Address 2	#06-12 SH	UN LI INDUSTRIAL P	Address 3		SINGAPORE 417943	
Secretarion	Address 4		Address Type			Post Code			
Direct Name	Una No.		Related Policy Number	510017475	3				
Uninarized driver Name IZAHAR BIN TAIB Driver NAIC SOBSSSSP Driver Age 68 Driver Locate 101:01/3998 Driver Age 68 Driver Marge Experience 19 Corract No. (Mobile) 93724811 Corract No. (Mobile) 93724812 Address 1 Address 1 Address 1 Address 1 Address 3 Address 3 SINCARORE 551236 Singapore address Unite No. Double to cont a Singapore Register of Blood Test Reading 3 Driver Insurer Company Test Insured Name Driver Insurer Company Test Insured Name Any Injury 7 Ores ® No Insured Name NAME LIMID PFE LTD. Insured NRIC Corract No. (Office) Driver Name of Perferred Workshop Femal Address Driver Name of Perferred Workshop Perferred workshop Name Of Perferred Workshop Name Of Perferred Workshop Perferred workshop Register Pristation Perferred workshop Perfer	♥ OI Driver Info								
Register Date of Driver License 10/15/1/9998 Driver Age 68 Driving Expenence 19 Concast No.(Mobile) 93734831 Contect No.(Dribos) 0 Concast No.(Notine) 0 Concast No.(Notine) 0 Address 1	Driver Name	Unnamed Driver	Driver Type	Unnamed D	river				
Cortact No. (Wibble) 93724631 Contact No. (Office) 0 Cortact No. (Vibrore) 0 Address 1 8x 276A Address 2 SERANCOON AVENUE 2 Address 3 SINGAPORE 551276 Address 4 Address 3 Singapore address Post Code 551276 Does he own a Singapore Registered (27)* Declaration of the own a Singapore Registered (27)* Register Resistance Registered (27)* Regi	Unnamed driver Name	IZAHAR BIN TAIB	Driver NRIC	508585297		Driver DOB		29/05/1949	
Address 1 BLX 2364 Address 2 SERANGOON AVENUE 2 Address 3 SINGAPORE 551236 Address 1 Address 1 Type Singapore address Peak Code 551236 Link No.	Register Date of Driver License	10/10/1998	Driver Age	68		Driving Experience		19	
Address if Address Type Singstone appress Pool Code S1236 Une No O2-155 Decision and Singstone Registered Cat? Tes (8) No Driver (Singstone Registered Cat?) Decision and Singstone Registered Cat? Decision of Singstone Registered Cat? O mg Any injury? O yes (9) No Any injury? O yes (9) No No O yes (9) No O yes (9) No O yes (9) No No O y	Contact No.(Mobile)	93724831	Contact No.(Office)	0		Contact No.(Home)		0	
Does he out a Singapore Registered ca?? Declaration Declaration Declaration Breathelyser or Biold Test Realing) O mg Any injury? O res ® No Modification History (Claim 001 New) Claim 001 New Corract No. (Home) Claim Description Preferred Workshop, Name of Preferred Workshop, Name of Preferred Workshop, Name of Preferred Workshop Test Registered 21/05/2018 19-33 Claim Close Date Attachment Attachment Description Preferred Workshop, Name on Name on Preferred Workshop, Name on Name of Preferred Workshop Preferred Workshop, Name on Name of Preferred Workshop Preferred Workshop, Name on Name of Preferred Workshop Date Registeres 21/05/2018 19-33 Claim Close Date Attachment Attachment	Address 1	RLK 2364	Address 2	SERANGOO	IN AVENUE 2	Address 3		SINGAPORE \$51236	
Doct in a 1 Singladorie Registered Car? Declaration Brestindyser or Blood Test Reading? Or mg Any injury? Ores ® No Profe No	Address 4		Address Type	Singapore a	oddress	Post Code		551236	
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V	NAC PAYA_US1_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 21 Ma y 2018 19:33	Photos	Nom	nai	Photos 2018-5-21	- 10
6	NAC_PAYA_UBI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 21 Ma y 2018 19:33	Photos	Nom	nel	Photos 2018-5-21	
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8	NAC_PAYA_UBI_800801(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 21 Ma y 2018 19:33	Photos	Nom	nai	Photos 2018-5-21	
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