	itre Services. I well sands M	NA (180+5 580	
Date In: 11/6/18 - 12:30	Jeb description	Date &Time Completed	Done by
Ref No: NA /NC 1801 0643/24	SAS e-filing		
Veh No: PC 62772	E-mail (within Shrs, AIC 2hrs)		
D.O.A : 9/6/18-18:45	i-Motor Claim Form	M7/0998229-001	11/6/18 19:47
	i-Motor W/O (Within: OD 2h		
OD / TP / Reporting Only	i-Photo Uploaded		
Thi	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	ax:
TP Particulars: Veh No: Sic	187791 INC(	)/Non-INC()	
Owner / Driver: (		Tel:	)
Policy No: ( )	Period: ( )	Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]
Year of Registration: ( )	Warranty: YES ( )/NO(	)	
	1,000 ( )/\$2,000 ( )		
General Remarks		70.50	
( ) Walk-In Customer: Customer's in	The state of the s	rictly NO refer of renairer	
( ) Total Loss Case : to e-mail Insu		nedy NO Islet of lepolier.	
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Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Doneby
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Francisco Military

### 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

dioresale,	
SERVICE CONTRACTOR OF THE PROPERTY OF THE PARTY OF THE PA	ACCIDENT STATEMENT
Date Of Report	11/06/2018 12:30
Date Of Accident	09/06/2018 18:45
Exact Location Of Accident	JUNC UPP CROSS ST & NEW BRIDGE RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PC6277Z
Insured/Policyholder	
Name Of Registered Owner	YWP ENTERPRISE
Co Reg No	53015299A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	TOYOTA HIACE HIROOF AUTO 14 SEATER
Exact Purpose for which vehicle was being used at	e presidente de la companya della companya della companya de la companya della co

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

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 COMPREHENSIVE

Fleet Policy NO

Policy Number 5067978826-03

Cover Note Number

Driver

Name of Driver HSU PAU SHIR NRIC No S1548408Z Date Of Birth 17/08/1962 Occupation OUTDOOR Date Of Driving Pass 10/02/2004

**Driving Experience** 14 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81136620

Fax Number

Contact Number OFFICE-81136620

EMail Address NOEMAIL Address BLK 114 HOUGANG AVENUE 1

#02-1302 530114

W. J. VEO

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

-

### General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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?

Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 8

#### **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?

If Yes, against whom?

### Circumstances of Accident

ON STATED AND TIME, I WAS TRAVELLING ALONG UPPER CROSS ST JUNCTION & NEW BRIDGE RD, SUDDENLY VEHICLE B ILLEGALLY FROM LANE 3 MAKE A LEFT TURN WHICH HER LANE CAN ONLY GO STRAIGHT. IN A RESULT, VEHICLE B HIT ONTO MY VEHICLE REAR RIGHT PORTION.

NO

## 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 SKH8779L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver FLORENCE TOH SUAT LAY (FLORENCE DU XUELI)

NRIC/Passport Number S7411929H Contact Number 97407800

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.

YWP Enterprise

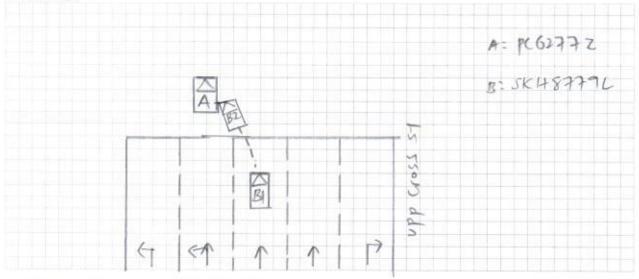
133, New Bridge Road, #15-03 ChinaRowahPdiris, Sciagapore 059413

Рафей Тіте 5 8113 6620 Reg. No: 53015299 А TR

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

Name:

NRIC/FIN No .:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to	statement.
	/

DECLARATION

I/We de Terpresping particulars are true in every respect.

133, New Bridge Road, #15-03 Chinatown Point, Singapore 059413

Tel: +65 8113 6620

Poligybolder's Signatur 5299 A

Driver's Signature

(If driver is not the policyholder)

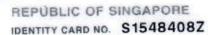
Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

.









HSU PAU SHIR

石

CHINESE Date of birth

17-08-1962 Country/Place of birth SINGAPORE



VOCATIONAL LICENCE

Licence No: S1548408Z

HSU PAU SHIR

Issue Date : 5/1/2006

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

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilogran

5881902



01-03-2018 .

APT BLK 114 HOUGANG AVENUE 1 #02-1302 SINGAPORE 530114

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

03

BUS VL BUS ATTENDANT

Issue Date

10/02/2004



<b>eBao</b> Tech									Gen	eralClaim
Hello, NAC_PAYA_UBI_80	0601				No provide		Change Lar	nguage	· Change Passw	The state of the s
My Desktop	Poli	cy Query							54.63565.653.0646.0	200 NESERT
Notice of Loss	Policy No.					Date of Acc	ident	09/06	5/2018 18:45	
	Vehicle	No.(For Motor)	PC6277Z	- 7-8 A				Non-		
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5067978826- 03	YWP ENTERPRISE	53015299A	GBS	Comprehensive	PC6277Z	PC6277Z	29/09/2017	28/09/2018

Policy No.	5067978826-03	Policyholder Name	YWP ENTER	RPRISE	Policyholder NRIC	53015299A	
Address	BLK 114 #02-1302 HOUGANG	S AVENUE 1 SING	SAPORE 530	114			
Product Name	BUS INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	20/09/2017	Effective Date	29/09/2017	7 00:00	Expiry Date	28/09/2018 2	23:59
Excess Type		All Claim Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	500	
Additional Excess		OS Premium	o				
Outside Singapore OD Excess		Outside Singapore TP Excess				Youn	g/Inexperience Driver Excess
Agent	LIAN HONG PTE LTD	Agent Tel.	67694850		GST Flag	Y	
Co- insurance Flag	No						
Policy							
Policy Info Certificate							
Policy Info Certificate Info	nolder Mailing Address						
Policy Info Certificate Info Policy	nolder Mailing Address BLK 114 #02-1302	Addre	ss 2	HOUGANG AVENUE	1	Address 3	SINGAPORE 530114
Policy Info Certificate Info Policy! Address 1	10.70-3-3-3-3-3-3-3-3-1-1-1-1-1-1-1-1-1-1-1-		ss 2 ss Type	HOUGANG AVENUE Singapore address		Address 3 Post Code	SINGAPORE 530114 530114
Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	10.70-3-3-3-3-3-3-3-3-1-1-1-1-1-1-1-1-1-1-1-	Addre	ss Type				A-00-12-10 (20-10-10-10-10-10-10-10-10-10-10-10-10-10
Policy Info Certificate Info Policy! Address 1 Address 4 Unit No.	10.70-3-3-3-3-3-3-3-3-1-1-1-1-1-1-1-1-1-1-1-	Addre Relate	ss Type	Singapore address			A 100 - 100 10 100 100 100 100 100 100 10
Policy Info Certificate Info Policy! Address 1 Address 4 Unit No.	BLK 114 #02-1302 d Object: PC6277Z	Addre Relate	ss Type	Singapore address			A 100 - 100 (10 100 (10 10 10 10 10 10 10 10 10 10 10 10 10 1

Accident MT/0998229									91
Policy No.	5067978826-03		Vehicle No.	PC6277Z		GST Registration N	10.		
Policyholder Name	YWP ENTERPRISE		170404-2040455	200773376		Policyholder NR1C		53015299A	
Product Code			72500000	NUMBER OF STREET					
	BUS INSURANCE		Cover Type	Comprehensive		Loading		0	
Contact No. (Mobile)	0		Contact No (Office)	0		Contact No. (Home		0	
Email Address			Special Remark			eCode	ĵ.	nc Y	
KPK:	® No ○ Yes		TCA	® No ○Yes		eCode Reason			
NCD Protection	No		NCD Entitlement(%)	20		Private Hire		No	
<b>♥</b> Accident Details									
Report Date	11/06/2018 19:45		Accident Report Within 24 hrs	Yes		Accident Type		Collinson - Change I Cours In	33
						nument type		Collision - Change / Cross la	196
Date of Accident	09/06/2018		Time of Accident hh:mm	15:45		Country of Acciden	t .	Singapore	
Reporting Centre			Grange Force			ICM No.			
Accident Location	JUNC UPP CROSS ST	& NEW BRIDGE RD							
19 Benefits									
♥ Excess									
Own damage Excess		2.000.00	Additional Excess			Management & Committee & Commi			
5 4 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		200.00				Windscreen Excess		500.00	
Innamed Driver Excess			Outside Singapore OD Excess						
filed Party Excess		1,500.00	Outside Singapore TP Excess						
<b>♥ GST Registered Inform</b>	ation								
ST Registered	No			GST Registration O	ace				
ST Registration No.				GST Status Ventiled		No			
Modification History									
Policyholder Mailing Ad	idress								
iddress 1	BLK 114 #02-1302		Address 2	HOUGANG AVENUE I		Address 3		SINGAPORE \$30114	
iddress 4			Address Type						
Ant No.				Singapore address		Post Code		530114	
			Related Policy Number	5067978826-03					
OI Driver Info									
Vriver Name	Unnamed Driver		Driver Type	Unnamed Driver					
Annamed driver Name	HSU PAU SHIR		Driver NRJC	S1548408Z		Driver DOB		17/08/1962	
tegister Date of Driver License	10/02/2004		Driver Age	55		Driving Experience		14	
Contact No.(Mobile)	81136620		Contact No.(Office)	0				0	
	6LK 114			Secretary and the second		Contact No.(Home)	. 3	The second second	
			Address of	Committee of the Committee of					
	773.733		Address 2	HOUGANG AVENUE 1		Address 3		SINGAPORE 530114	
	773.633		Address Type	HOUGANG AVENUE 1 Singapore address		Address 3 Post Code		SINGAPORE 530114 530114	
Address 4 Unit No.	02-1302								
Address 4 Unit No. Doss he own a Singapore									
Address 4 Unit No. Does he own a Singapore Registered car?	02-1302		Address Type			Post Code			
Address 4 Unit No. Does he own a Singapore Registered Car <sup>a</sup> reclaration Presthalyser or Blood Test	02-1302 ○ Yes ® No		Address Type  Driver Vehicle No.	Singapore address		Post Code			
Address 4 Unit No. Does he bun a Singapore Registered car? reclaration Screenhalyser or Blood Test	02-1302		Address Type			Post Code			
Address 1 Address 4 Unit No. Dose the own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	02-1302 ○ Yes ® No		Address Type  Driver Vehicle No.	Singapore address		Post Code			
Address 4 Unit No. Does he own a Singapore Registered car? reclaration Sreathalyser or Blood Test Reading?	02-1302 ○ Yes ® No		Address Type  Driver Vehicle No.	Singapore address		Post Code			
Address 4.  Unit No.  Does He own a Singapore  legistered cai*  eclaration  presthalyser or Blood Test  leading?	02-1302 ○ Yes ® No		Address Type  Driver Vehicle No.	Singapore address		Post Code			
odress 4.  Inst No.  Loss the own a Singapore legistered car?  eclaration resthalyser or Blood Test leading?	02-1302 ○ Yes ® No		Address Type  Driver Vehicle No.	Singapore address		Post Code			
odress 4  Inst No.  Does he own a Singapore  agostered car <sup>b</sup> ectaration  resthalyser or Blood Test  eading?  Chaim 001 New	02-1302 ○ Yes ® No	· ·	Address Type  Driver Vehicle No.	Singapore address  ○ Yes ® No		Past Code	pany	530114	
odress 4  int No.  loss he bwn a Singapore ectaration presthalyser or Blood Test eading?  Claim 001 New  Isam Type *	02-1302 ☐ Yes ® No D mg		Address Type  Driver Vehicle No.  Any injury?  Insured Name	Singapore address  ○ Yes ® No  YWP ENTERPRISE		Past Code  Driver Insurer Com	pany	530114 53015299A	
Address 4  Jint No. Jose He own a Singapore legistered Car <sup>2</sup> eclaration presthalyser or Blood Test leading?  Claim 005 New  Jam Type *	02-1302 ☐ Yes <b>®</b> No 0 mg	<b>y</b>	Address Type  Driver Vehicle No.  Any injury?  Insured Name  Contact No. (Home)	Singapore address  ○ Yes ® No  YWP ENTERPRISE NO.		Post Code  Driver Insurer Com  Insured NRIC  Contact No. (Office)	pany [	53015299A NIL	
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Attachment		Uploaded By/Date	Category	9	Urgency	Description	Msg Sent? Action (CO)
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19	NAC_PAYA_UBI_800601( N	ATIONAL ASSESSMENT CENTRE SERVICES) on 11 July n 2018 19:47	SAS		Normal	SAS 2018-6-11	Edit
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₩ Video List							
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