Duta Inc. of a 1 -		1 47250811AN	D 1
Date In: 11 6   18 - 10.31	Jeb description	Date &Time Completed	Done by
Ref No: NA   IN 0801 064 4   CA4	SAS e-filing	İ	
Veh No: pc 7333M	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 9/6/18-17:20	i-Motor Claim Form	M7/0998232-001	11/6/18 19:53
OD TP / Reporting Only	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)	
OB 117 Reporting Only	i-Photo Uploaded		
TRI	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:	· INC(	. )/Non-INC( )	ment to any more and asset of
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%. F: 80-1	00%]
Year of Registration: ( )	Warranty: YES ( ) / NO (	)	
	1,000 ( )/\$2,000 ( )		
General Remarks;-			
( ) Walk-In Customer: Customer's in	nformation strictly Confidential & S	rictly NO refer of repairer.	
( ) Total Loss Case : to e-mail Inst	urer URGENTLY.		
Drive-In ( )/ Towed-In ( ); Invo	ice: YES( ) / NO( ); 7	owing Co: (	. )
de acres en asiardos estados estados estados en acres en acres de la compansión de la compa		2.00	2458386 TSET
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Securitions by
	/ Courtesy Car ( )	-	
2) QC Check / Post Repair Inspection	( )		
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost>	\$3000] ( )		
	\$3000] ( )		
3) Upload Resurvey Photo [Repair Cost>  Injury:	\$3000] ( )		
3) Upload Resurvey Photo [Repair Cost>	( ) \$3000] ( )		Zarionu.
3) Upload Resurvey Photo [Repair Cost>  Injury:	\$3000] ( )		
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions	( ) \$3000] ( )		
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3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions	( ) \$3000] ( )		
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions	( ) \$3000] ( )		
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions		paration Checklist:	Control of the second
Onte/Time Actions  Actions	Invoice Pre	Reporting (\$30);	fit Bill Add Bi
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Onte/Time Actions  Actions	Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T	Reporting (\$30); Assessment (\$100); INC (\$8 ce \$40	(Add Bi
Jaiwant's Particulars: iver/Owner: ntact No:	Invoice Pre  1) AR: Accident 2) DA: Damege 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec	Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 hrough Survey through Survey (Resurvey) gainst INC Only (wef 10 Jan 2005)	(\$\begin{align*}{c} \text{Fix Bill} & Add Bi \\ 0) \\ \sqrt{545} \\ \sqrt{120} \\ \sqrt{330} \\ \sqrt{575} \end{align*}
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July 2	Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming 8 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Addition	Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 hrough Survey (Resurvey) reginst INC Only (wef 10 Jen 2005) thon + SMRT Survey 1	(Add Bi
Jaiwant's Particulars: iver/Owner: ntact No:	Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming 8 6) TR: Re-inspe 7) N1: Idao DA 2 8) NTUC Addition	Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 hrough Survey (Resurvey) resinst INC Only (wef 10 Jen 2005) tion + SMRT Survey 1 onal Services:-	11 Bill Add Bi 00
Date/Time Actions  Actions  Allouttone:  Actions  Allouttone:  Actions  Checked Particulars:  Checked by (Engr-In-Charge):	Invoice Pre  1) AR: Accident 2) DA: Damege 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idao DA 3 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep	Reporting (\$30); Assessment (\$100); INC (\$8 see \$40 hrough Survey (Resurvey) reginst INC Only (wef 10 Jen 2005) thion  SMRT Survey 1 anal Services:  Car / Tpt Allowance a-ordination air Inspection	\$30 0) \$75 5160 \$55 510 \$25
July : Date/Time Actions  Actions  Allo 4772  aimant's Particulars:- iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge):	Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming 8 6) TR: Re-inspe 7) N1: Idae DA 2 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	Reporting (\$30); Assessment (\$100); INC (\$8 see \$40 hrough Survey (Resurvey) teainst INC Only (wef 10 Jan 2005) tion + SMRT Survey 1 anal Services:- Car / Tpl Allowance co-ordination air Inspection lect Excess Coordination	\$30 0) \$75 5160 \$25 \$55
Date/Time Actions  Actions  Allouttone:  Actions  Allouttone:  Actions  Checked Particulars:  Checked by (Engr-In-Charge):	Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming 8 6) TR: Re-inspe 7) N1: Idae DA 2 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 hrough Survey (Resurvey) tesinst INC Only (wef 10 Jan 2005) tion + SMRT Survey onal Services:  Car / Tpt Allowance coordination air Inspection lect Excess Coordination (Non INC) against INC	\$30 0) \$75 5160 \$55 510 \$25

### 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.
- 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.	
The state of the s	ACCIDENT STATEMENT
Date Of Report	11/06/2018 10:31
Date Of Accident	09/06/2018 17:20
Exact Location Of Accident	ALONG CHANGI COAST RD
Country/State of Loss	SINGAPORE
Sold water of a strong	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PC7333M
Insured/Policyholder	
Name Of Registered Owner	RAFFLES BUS SERVICES PTE LTD
Co Reg No	199906025N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97655553
Alternative Phone No	OFFICE-97655553

Vehicle Particulars

Manufacturer SCANIA

Model KIB4X2 MANUAL ABS

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?

YES

If No, Please state action to be taken

Vehicle Category BUS

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy YES

Policy Number 5090132572-01

Cover Note Number

Driver

 Name of Driver
 WANG HONGHAI

 Passport No/FIN
 G5281692R

 Date Of Birth
 22/07/1983

 Occupation
 OUTDOOR

 Date Of Driving Pass
 01/11/2016

Driving Experience 1 YEAR AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-86566407

Fax Number

Contact Number OFFICE-86566407

EMail Address NOEMAIL

Address 33A JALAN TARI PAYONG

Postcode 799283

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

ADDRESS OF THE STATE OF THE STA

Insurance Company of Driver's Own Vehicle

•

General Information of the Accident

Type Of Accident FIRE, EXPLOSION OR LIGHTNING

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 1

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)

NO

11

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name HOUGANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-4890999 - FAX NO: 63128989

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - F/20180609/2178.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

Was there any audio recorded?

NO

#### 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:
  - (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.

RAFFLES BUS SERVICES PTE LTD

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 .:

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SW140	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				A: PC 7333M
	1	 			

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer	+0	police	report-	t/201806091	и78.	
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## DECLARATION

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

RAFFLES BUS SERVICES PTE LTD

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel Signature

Name:

NRIC/FIN No.:





Report No. F/20180609/2178

# POLICE REPORT (NP299)

Police Station Of Origin Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

	Vide Rep		Station Diary No.				
Date/Time Report Made 09/06/2018 23:16	88						
Name Of Informant	Address 33A JALAN TARI PAYONG SINGAPORE 799283						
NEO SOON HUAT D Type / ID No. NRIC NO / S0180694G	Contact No. Home/Office Mobile 97655553						
Nationality	Email Ad	Race					
SINGAPORE CITIZEN Occupation	Sex Male	Age 65	Date of Birth 23/02/1953	Chinese			
Director Institution/School Name	Language Chinese						
Date/Time Of Incident 09/06/2018 17:25 - 09/06/2018 17:25	Location Of Incident 33A JALAN TARI PAYONG JALAN KAYU ESTAT SINGAPORE 799283						

## Brief details.

On the 09/06/2018 at about 1725hrs, I receive a call from one of my worker ( WANG HONG HAI , G5281692R,86566407) he informed me that the bus(vehicle registration number :PC7333M) he was using from my company (Raffles Bus Services Pte Ltd) has caught on fire along Changi Causeway Road. I proceeded down shortly to the incident location and I observed that the whole bus is charred after the fire was put out by the SCDF. My worker informed me that while he was driving, he noticed that the warning light came on the display, he then stopped at a road shoulder checked the side view mirrors and noticed that there were smoke coming out from the engine compartment at the back and quickly turn off

Signature Of Officer Recording The Report:  F / Sgt 1 KANG YONG LER, JAMESON	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/06/2018 23:16
Officer In-Charge Of Case: F / Hougang N.P.C / SI MUHAMMAD HELMI BIN MOHD KHALID Contact No.: 64890999	Classification Of Case:

Authentication Stamp





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180609/2178

the engine.

He ran to the back of the vehicle and inspect and noticed that the smoke was getting thick and quickly used the fire extinguisher on board the bus to try to extinguish the fire. He tried to open the engine compartment and was unable to do so as it was too hot and went away from the bus to look for a fire extinguisher but was unsuccessful in doing so. The fire engine subsequently came and put out the fire. I am lodging this report for my insurance claim purpose.

Signature Of Officer Recor	rding The Report
----------------------------	------------------

F / Sgt 1 KANG YONG LER, JAMESON

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

F / Hougang N.P.C /
SI MUHAMMAD HELMI BIN MOHD KHALID
Contact No.: 64890999

Authentication Stamp

Signature Of Informant:

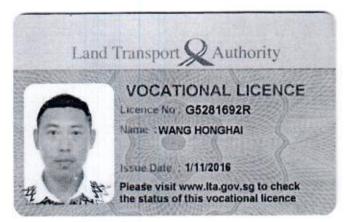
Date/Time:

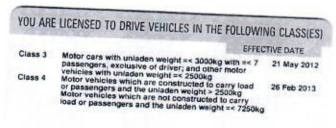
09/06/2018 23:16

Classification Of Case:











NP 428A

VISIT PASS
Immigration Regulations

WANG HONGHAI

Date of Birth Sex Nationality
22-07-1983 M CHINESE
PH Date of Issue Date of Expiry
G5281692R 30-09-2016 30-09-2018

MULTIPLE JOURNEY VISA ISSUED

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

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 01/11/2016

eBaoTech							W. Co		Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601					F (	Change Lan	guage '	Change Passwo	rd Log Out
My Desktop	Polic	cy Query								9.5
Notice of Loss	Policy N	10.				Date of Acc	dent	09/06	/2018 17:25	
	Vehicle	No.(For Motor)	PC7333M							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5090132572- 01	RAFFLES BUS SERVICES PTE LTD	199906025N	GFT	Comprehensive	PC7333M	PC7333M	10/04/2018	
					-	Continue				

Policy No.	5090132572-01	Policyholder Name	RAFFLES B	US SERVICES PTE LT	Policyholder NRIC	199906025N	
Address	33A JALAN TARI PAYONG SINGA	APORE 799283					
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	21/03/2018	Effective Date	10/04/2018	3 00:00	Expiry Date	09/04/2019 2	3:59
Excess Type		All Claim Excess					
Third Party Excess	3000	Own damage Excess	3000		Windscreen Excess	500	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	n/Inexperience Driver Excess
Agent	S'PORE SCH&PTE HIRE BUS OW	Agent Tel.	67410788		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
□ Policy	holder Mailing Address						
Address 1	33A JALAN TARI PAYON	G Addre	rss 2	SINGAPORE 79928	3	Address 3	
Address 4		Addre	ss Type	Singapore address		Post Code	799283
Unit No.		Relate	ed Policy er	5090132572-01			
D Insure	ed Object: PC7333M						
	sements						
☑ Endorse							

ccident MT/0998232					0.0000000000000000000000000000000000000
okcy No.	5090132572-01	Vehicle No.	PC7333M	GST Registration No.	199906025N
olicyholder Name	RAFFLES BUS SERVICES PTE LTD			Policyholder NRIC	199905025N
roduct Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
ontact No.(Mobile)	97658553	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	Tim. V
PK.	® No ⊜ Yes	TCA	No ○Yes	eCode Reason.	
Où Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
port Date	11/06/2018 19:51	Accident Report Within 24 hrs	Ves.	Accident Type	Fire, explosion or lightning
te of Acodent	09/06/2018	Time of Accident hh:mm	17:20	Country of Accident	Singapore
porting Centre		Orange Force		IOM No.	
oldent Location	ALONG CHANGI COAST RD				
# Benefits					
V Excess					
wo damage Excess	3,000.00	Additional Excess		Windscreen Excess	500.00
	2,000,00			William County County	- 300.00
named Driver Excess		Outside Singapore OD Excess			
ird Party Excess	3,000.00	Outside Singapore TP Excess			
GST Registered Informa	ation				
T Registered	Yes		GST Registration Date	01/08/2010	
T Registration No.	199906025W		GST Status Verified	Yes	
dification History					
Policyholder Mailing Ad	dress				
dress 1	33A 3ALAN TARI PAYONG	Address 2	SINGAPORE 799283	Address 3	
idress 4	A CONTRACTOR OF THE PROPERTY O	Address Type	Singapore address	Post Code	799283
				100000000000000000000000000000000000000	, Capacita
nt No.		Related Policy Number	5090132572-01		
U OI Driver Info					
river Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	WANG HONGHAL	Driver NRIC	G5281692R	Driver DOB	22/07/1983
gister Date of Driver License	01/11/2016	Driver Age	34	Driving Experience	1
ritact No.(Mobile)	86566407	Contact No.(Office)	0	Contact No.(Home)	0
macr sectadore)	80300407	Consect two Counces	W.	Contact No Chomes	· ·
0.0000000000000000000000000000000000000		SERVICE AND ADDRESS OF	Marca tennas accusados		Valueronnesserva
	33A JALAN TARI PAYONG	Address 2	JALAN KAYU ESTATE	Address 3	SINGAPORE 799283
	33A JALAN TARI PAYONG	Address 2 Address Type	JALAN KAYU ESTATE Singapore address	Address 3 Post Code	SINGAPORE 799283 799283
ddress 4	33A JALAN TARI PAYONG				
ddress 4 mit No. pes he own a Singapore	33A JALAN TARI PAYONG  ○ Yes  No				
ddress 4 mit No. pes he own a Singapore		Address Type		Post Code	
ddress 4 not No. Des he own a Singapore egistered car?		Address Type		Post Code	
ddress 4 mit No obes he own a Singapore egistered Car? eclaration reathalyser or Blood Test		Address Type		Post Code	
iddress 1 uddress 4 inst No. soes he own a Singapore egistered car? eclaration ireathalyser or blood 7est eading?	○ Yes  ® No	Address Type  Driver Vehicle No.	Singapore address	Post Code	
inst No.  Does he own a Singapore egistered Car?  ecclaration  reathalyser or blood Test eading?	○ Yes  ® No	Address Type  Driver Vehicle No.	Singapore address	Post Code	
ddress 4 Init No. Ioos he own a Singapore egistered (air? eclaration reathalyser or Blood Test	○ Yes  ® No	Address Type  Driver Vehicle No.	Singapore address	Post Code	
ddress 4 mit No. Des ne own a Singapore egistered car? eclaration reathalyser or Blood Test eeding?	○ Yes  ® No	Address Type  Driver Vehicle No.	Singapore address	Post Code	
tidress 4 not No.  best he own a Singapore rgistered car?  colaration  eathaligner or Blood Test adding?	○ Yes  ® No	Address Type  Driver Vehicle No.	Singapore address	Post Code	
idreps 4 wit No. with No. with The Sumpapore gistered car? Claration mathalyser or Blood 7est adding? diffication History	○Yes ® No O mg	Address Type  Driver Vehicle No.	Singapore address  ○ Yes  No	Post Code	799283
idricos 4 vit No. bes he own a Singapore gistered car?  Claration eathalyser or Blood Test eding?  dification History  Claim 001 New	○ Yes  ® No	Address Type  Driver Vehicle No.	Singapore address	Post Code	
idricos 4  vit No.  bes ne own a Singapore gistered Car?  Charaction eathalyser or Blood Test ading?  dification History  Claim 601 New  sum Type +	○Yes ® No O mg	Address Type  Driver Vehicle No.  Any Injury?	Singapore address  ○ Yes  No	Post Code  Briver Insurer Company	799283
idreps 4  vir No.  bes he own a Singapore gistered Car?  Charaction eathalyser or blood 7est edding?  diffication History  Claim 601 New  with Type +  insact No.(Mobile)	○Yes ® No O mg	Address Type  Driver Vehicle No.  Any injury?  Insured Name  Contact No.(Home)	Singapore address  ○ Yes ® No  RAFFLES BUS SERVICES PTE LT	Post Code  Driver Insurer Company  Insured NRIC  Contact No.(Office)	799283
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Attachment		uploaded By/Date	Category	P Urgency	Description	Sent? Acti (CQ)
875 (C. 100 Ver 100 C.	NAC_PAYA_UB1_800601( NAT	ONAL ASSESSMENT CENTRE SERVICES) on 11 July n 2018 19:55	MRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-11	Ed
<b>60</b>	NAC_PAYA_UBI_800601( NAT	ONAL ASSESSMENT CENTRE SERVICES) on 11 July 2018 19:53	SAS	Normal	SAS 2018-6-11	Ed
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VIDEO LIST	Uploaded By/Date	Folder Date	File Name	9	Source	Action

# ASSIGNMENT (IDAC)

By CSO- Nature of Acciden				By Assessor- 1) Vehicle Information
1) Vehicle hit Vehicle:	2) Vehicle hit ??			Veh No: PC7333 M Yr Regn: 28 04/201
a) Motorcar ( )	a) Pedestrian	(	1	Type: M.Car / M.Cycle (Bus) Van / Lorry / Taxi / Prime Mover / MP
b) M/cycle ( )	b) Animal	(		/ Truck / Trailer or
c) Bicycle ( )				Make & Model: Scania XIB4X2 0.0 F&6
Vehicle hit Road Side Objects:				Colour WATH Transmission Type: Auto / Ganual
a) Govm.Property ( )	b) Road Work Object	(	)	Eng/No: Sp.Reading:
(Eg: signboard, barner, tree etc)	c) Private Property	1	)	C/No: YS2K4X20401873688
Vehicle drop into drain		(	)	Gen. Cond: Good / Fair / Poor / Burnt or
Damage due to Act of God:				Steering: Inorder / Jammed / Leaked / Burnt or
a) Fallen Object ( )	b) Flood	(	)	Brake: Inorder / Jammed / Leaked / Burnt or
c) Other,				Modi: Nil / S/Rim / STD A/Rim or
Parked & Found Damaged:				Tyre Size: F: 295 80 R 22.5 Falls
a) Vandalism ( )	b) Hit by Moving Object	1	)	R: Fire stone
Theft Case				BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
Stolen ( )	b) Damage found	3	)	TOYO / YOKO or
	when recovered.			Front / - Falsen Rear - Fire stor
Fire				R/Bal. 6 - Mm R/Bal. 7 mm
) Whilst driving ( )	b) Parked	(	)	L/Bal. G mm L/Bal. 7(7 mm
			1	
Accident date more than 24hrs		(	)	Parallel Import: Yes / No Towed-In: Yes / No
				Repair Type: LS / I.B.I Towing Required: Yes / No
emarks for internal information				No of Repair Days: Vehicle in Idac: Yes / No
lot economical	to reasi	~		D.O.I. 13/6/2018 Time: 10.20 an
16t stelana	- teel li			
stanstes [v. M	1 5 \$63,4	50	) .	By Assessor- 2) Comments
Rebut	\$ 6.8	10	1	Damages not due to recent accident.
Regair marcin	\$56,1	8	1	2) Damages do not seem hit onto:
			_1	
emarks to appear in Works Order	& Assessment report		'	a. Vehicle ( ) b. Motorcycle ( ) c. Ricycle ( ) d. Padaetrian ( )
	& Assessment report		-	a.Vehicle ( ) b.Motorcycle ( ) c.Bicycle ( ) d.Pedestrian ( ) e.Animal ( ) f.Govm Object ( ) c.Boad Work Object ( )
) Potential Total Loss ( )	& Assessment report			e.Animal ( ) f.Govrn Object ( ) g.Road Work Object ( )
Potential Total Loss ( ) SRS Light on ( )	& Assessment report			e.Animal ( ) f.Govrn Object ( ) g.Road Work Object ( ) h.Private Property ( ) i.Drain ( ) j.Road Kerb/Grass Verge ( )
Remarks to appear in Works Order  1) Potential Total Loss ( )  2) SRS Light on ( )  3) ABS Light on ( )	& Assessment report			e.Animal ( ) f.Govrn Object ( ) g.Road Work Object ( ) h.Private Property ( ) i.Drain ( ) j.Road Kerb/Grass Verge ( ) 3) Vehicle does not seem damaged as a result of:
) Potential Total Loss ( ) ) SRS Light on ( )	& Assessment report			e.Animal ( ) f.Govrn Object ( ) g.Road Work Object ( ) h.Private Property ( ) i.Drain ( ) j.Road Kerb/Grass Verge ( ) 3) Vehicle does not seem damaged as a result of: a.Fallen Object ( ) b.Flood ( ) c.Vandalism ( ) d.Fire ( )
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Entire Operation Completed Time:

### > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

8105/9/b. -4,000

Vehicle Owner Particulars	0101	1
Owner ID Type:	Company Bal- 3yrs 1.	· GMS
Owner ID: Vehicle Details	6025N	
Vehicle No.:	PC7333M	
Vehicle to be Exported:	No	
Intended De-registration Date:	15 Jun 2018	
Vehicle Make:	SCANIA	
Vehicle Model;	KIB4X2 MANUAL ABS	
Primary Colour:	Multi-Colour	
Manufacturing Year:	2011	
Engine No.:	6655888	
Chassis No.:	YS2K4X20001873688	
Maximum Power Output:	5	
Open Market Value:	\$115,839.00	
Original Registration Date:	28 Jul 2011	
First Registration Date:	28 Jul 2011	
Transfer Count:	0	
Actual ARF Paid: Intended PARF Rebate Details	\$5,792.00	
PARF Eligibility:	No	
PARF Eligibility Expiry Date:		
PARF Rebate Amount: Intended COE Rebate Details	\$0.00	
COE Expiry Date:	27 Jul 2021	
COE Category:	C - Goods Vehicle & Bus	
COE Period(Years):	10	
QP Paid;	\$21,889.00	
COE Rebate Amount:	\$6,819.00	
Total Rebate Amount:	\$6,819.00	

The information contained herein is correct as at 13 Jun 2018

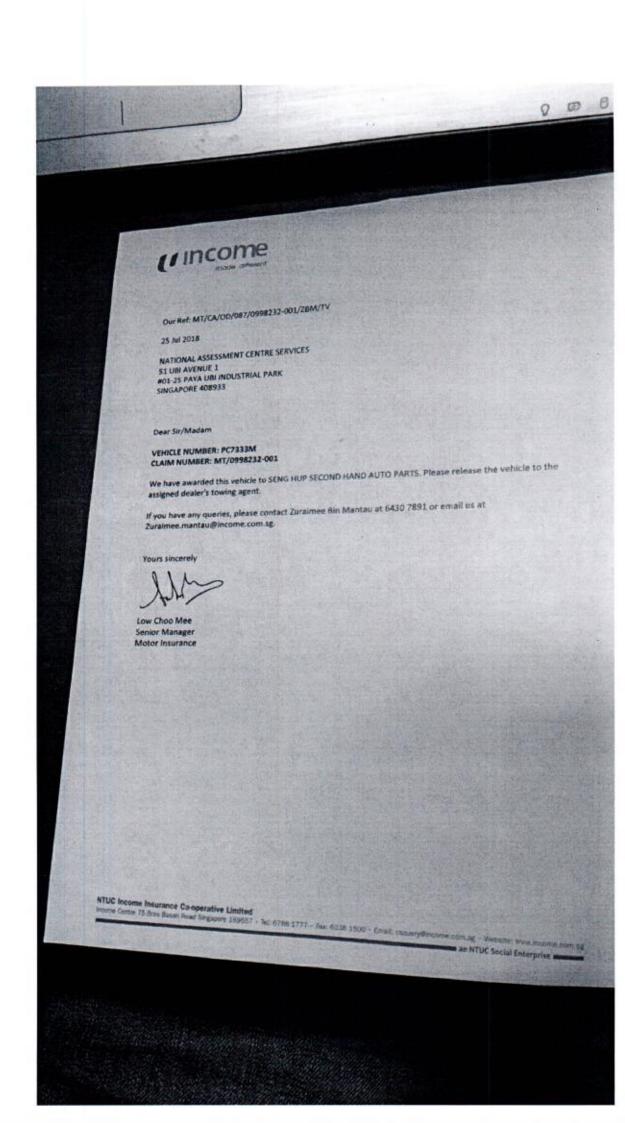
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W'1- \$83'000

Claim Handling					· Task Trensfer · Exit.
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Parcy No.	9090132572-01	Vehicle No.	PC7333M	GST Registration No.	199906025N
Policyholder Name	RAFFLES BUS SERVICES PTE LTD			Policyholder NRIC	199906025N
Product Code	PLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Moore)	97655553	Contact No.(Office)	0	Contact No.(Home)	u .
Email Address	924 20	Special Remark	528 B	eCode	No V
KEK	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
Report Date	11/06/2016 19:51	Accident Report Within 24 hrs	Yes	Accident Type	Fire, explosion or lightning
Date of Accident	09/06/2018	Time of Accident hin:mm	17:20	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	ALONG CHANGI COAST RD				
□ Benefits					
♥ Excess					
Own damage Excess	3.000.00	Additional Excess		Windscreen Excess	500.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	3,000.00	Dutside Singapore TP Excess			
GST Registered Infor	mation				
GST Registered	Yes		GST Registration Date	01/08/2010	
GST Registration No.	199906025N		GST Status Verified	Yes	
Modification History					^
					~
♥ Policyholder Hailing /	Address				
Address 1	33A JALAN TARI PAYONG	Address 2	SINGAPORE 799283	Address 3	
Address 4		Address Type	Singapore address	Post Code	799283
Unit No.		Related Policy Number	5090132572-01		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	WANG HONGHAI	Driver NRIC	G5281692R	Driver DOB	22/07/1983
Register Date of Driver License	01/11/2016	Driver Age	34	Driving Experience	1.
Contact No.(Mobile)	86566407	Contact No. (Office)	0	Contact No.(Home)	0
Address i	33A JALAN YARI PAYONG	Address 2	JALAN KAYU ESTATE	Address 3	SINGAPORE 799283
Address 4		Address Type	Singapore address	Post Code	799283
Unit No.		West Control (Medical)	Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
₩ Declaration					
Breathalyser or Blood Test					
Reading?	0 mg	Any injury?	○ Yes ® No		
Modification History					
					~
□ Investigation					
Claim 001 OD-MD					
© Claim Case Officer	Zuraimee Bin Mantau				LOS SALT BLIE
Claim Type	00-M0	Insured Name	RAFFLES BUS SERVICES PTE LT	Insured NRIC	199906025N
Contact No. (Mobile)		Contact No.(Home)		Contact No.(Office)	64835553
Email Address		OI Vehicle Number	PC7333M	TP Vehicle Number	
Claim Description	PC7333M ON 9 Jun 2018			Name of Preferred Workshop	
Preferred Workshop Contact		Insured Liability	Not at Fault		
No. Require Finalisation	Yes	Preferered Repair Option		614	Provided
Date Registered	11/06/2018 19:56	Claim Close Date	income to assign workshop	GIA report Date Received	Received
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	11/06/2018 00:00
Print AK letter	30004007	municipal repairer		OD Excess Collected by	
				Workshop	^
Modification History					V
Special Claim Creation	- mpproves	Bassas			
Approval		Reason			
Remarks					0
damage assessment	Attachment				
♥ Vehicle Info					
Vehicle Make	SCANIA	Vehicle Model	KIB4X2	Engine Capoty	6.78
Date of Registration	28/07/2011	Classis No.	Y52K4X20001873688		
Towing Required *	● Yes ○ No	Vehicle in IDAC *	⊕ Yes ○ No	Parallel Import *	○ Yes   No
Type of Tender +	Own Damage	Assessor Name *	SIMON	Survey Current Status	(1997) 16 (1978) 18 (1979)
IDAC/Workshop Name	NATIONAL ASSESSMENT CENTR	IDAC/Workshop Location	51 UBI AVENUE 1 #01-25 PAYA		
Windscreen Parts & Labour Cost		Total Loss *	® Yes ○ No		
Market Value(\$) *		Scrape Value(s) +	40001740178 (40F)	Economical Repair Value(\$) *	
				Committee of the commit	

http://giclaim.income.com.sg/gcs/icm/eclaim/damageAssessmentForward.do?caseId=2476... 13/6/2018

	63,000.00		6,819.00	56,181.00				
Remark +	NOT ECONOMICAL TO REPAR. COMPLETE TOTAL LOST.							^
♥ Damage Listing Find a Part		100						
rool		No.	Part No.	Description	Qty +	Repair Code *		
Not Applicable Also ABSORBER ACCELERATOR ACTUATOR	Î	1	32200101	NUMBER PLATE (PRONT)	1	Replace		x
ADVERTISEMENT STICK				Save   Submit				





# NATIONAL ASSESSMENT CENTRE SERVICES (LKK GROUP)



51 Ubi Ave 1, #01-25, Paya Ubi Industrial Park, Singapore 408933, TEL: 6841 0055 FAX: 6841 6315

# Vehicle Movement Form

Vehicle Check-In			
Vehicle No: PC 7333M	Date In: _	Time In:	with Keys: Yes / No
		For Office us	e
		Attended by:_	
Workshop Collection of Vehicle			3
Workshop: SENG HUP SECO	OND HAND	AUTO PARTS	11
Collection Date: 26.07.2018		03-00pm with Keys: Yes / No	20
Tow Truck No: YK 657B	Tow Man:	SHANNULAM BALAJ NRIC:	979436097
cilly.		84	238993
Signature: S. My.			
For office use			
Attended by: Shan Huv	<u> </u>	Approved by:	
Workshop Pature of Valida			
Workshop Return of Vehicle			
Workshop:		-	
Returned Date:	Time:	with Key: Yes / No	
* Tow In / Drive In Tow Man / Workshop Representative	e:	NRIC:	
Signature:		For office use	
Signature.		Sec. 2017.	
		Attended by: _	
Owner Collection of Vehicle			
Collection Date:	Time:	with Key: Yes / No	
Owner:		NRIC:	
Signature:			324
For office use			
Attended by:		Approved l	by: