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Veh No: PA 80×19	E-mail (within Shrs, AIC 2hrs)		
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OD / TP / Reporting Only	i-Motor W/O (Within: OD 2h		
OD / IT / Reporting Only	i-Photo Uploaded		Management of Management Committee
TP Insurer:	Assessment/Survey Report		
IT insurer.	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(Tel: F	ax:)
TP Particulars: Veh No: FI	SN 108'B INC ()/Non-INC()	8
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: 30-1	00%]
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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

Date Of Accident 21/07/2018 17:40 Exact Location Of Accident HAIG RD TWDS MUGLISTON RD Country/State of Loss DETAILS OF OWN VEHICLE Vehicle Registration Number PA8025G Insured/Policyholder Name Of Registered Owner Co Reg No 53371171A Mobile Phone No (LOCAL) +65-84987009 OFFICE-84987009 Vehicle Particulars Manufacturer TOYOTA HACE COMMUTER 3.0GL A Exact Purpose for which vehicle was being used at time of accident WORKING Accident Are you claiming under your own insurance policy for repair to your vehicle? NO If IRD PARTY Vehicle Category If No, Please state action to be taken THIRD PARTY Vehicle Category Insurance Company THIRD PARTY FIRE AND/OR THEFT Vehicle Pale Policy <td <="" colspan="2" th=""><th></th><th>ACCIDENT STATEMENT</th></td>	<th></th> <th>ACCIDENT STATEMENT</th>			ACCIDENT STATEMENT
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Mobile Number (LOCAL) +65-84987009 Fax Number	Driving Experience	0 YEAR AND 10 MONTH		
Fax Number	Gender	MALE		
Fax Number	Mobile Number	(LOCAL) +65-84987009		
Contact Number OFFICE-84987009	Fax Number			
	Contact Number	OFFICE-84987009		

NOEMAIL

Address BLK 302 JURONG EAST STREET 32

#08-34

Postcode 600302

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

-

1

General Information of the Accident

Type Of Accident SIDE SWIPE
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? YES
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.

Details of Police Action

Was the accident reported to the police? NO
If Yes,Please state which Police Station

Number of Passengers (Including Driver)

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 FBN108B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver SALIM BIN SAMSI

NRIC/Passport Number S1815631H

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KAN CHEE KEONG (JIAN ZHIQIANG)

Approximate Age Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode NECK & BACK

PA8025G

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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 .:

Policyholder's Signature

CHARMO SIGNATURE NA

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 traffic police department for investigation.

Accident details

Date and time of accident	Date: 21 07 2018	(DD/MM/YY) Time: 05: 40pm	(HH:MM)
Exact location of accident	HAIG RO TWOS MU	GIISTON RD	

Details of vehicle

Vehicle registration number	PA 8025 G	à	
Vehicle make and model	TOYOTA	-HIACE	HI ROOF
Type of vehicle	Saloon Lorry	MPV 🗆 Bus 🖙	CRV U Van U Others:
Vehicle category	Private 🗆	Comme	rcial Motorcycle
Purpose of using at said time		Work	Suy.
Are you claiming under your own insurance company?	Yes □ Third part cla	No □	if no, please select: Reporting only □

Insurance information

Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft d	TP only

Insured / Policy holder

AVIER & JACK TRANSPORT	Male 🗆	Female
5337 11714		
8498 7009		
-	5337 1171A	5337 1171A

Driver

Same as insured above (skip to D.O.B)

Name	KAN CHEE KEONG Male of Female
NRIC / Fin / Passport number	S7915706 F
Contact	8498 7009
Address	BLK 302 JURONG EAST STREET 82 # 08-34 (5) 600302
Email address	
Date of birth	29/05/1979
Occupation	Indoor □ Outdoor Ø
Driving date pass	09 May 2002.

General information of the accident

Was driver an employee of	Yes 🗹	No 🗆		
the insured's company?	If no, rela	ationship of the	driver and insured:	
Accident captured by camera?	Yes 🗆	No 🗹		
Weather condition	Clear 🗹	Raining	Others:	
Road surface	Dry 🗹	Wet □		
No of passenger	i			(Inclusive of driver)

Passenger 1

Name		
Gender	Male Female	

Passenger 2

Name			
Gender	Male 🗆	Female □	

Passenger 3

Name			
Gender	Male 🗆	Female	

Passenger 4

Name		
Gender	Male Female	

Passenger 5

Name		
Gender	Male Female	

Passenger 6

Name		
Gender	Male Female	

Other information

Was anybody injured?	Yes	No 🗆	
Was other vehicle damaged?	Yes 🗹	No 🗆	11.7

Details of police action

Reported to police?	Yes □	No Ø	If yes, please state which police station.					
Police station name								

Third party vehicle 1

Name	SALIM GIN SAMSI
Contact number	
NRIC / Fin / Passport number	21815631 H
Vehicle registration number	FBN 108 B
Vehicle make model	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	The state of the s
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	/-
Vehicle make model	

Were seat belts worn?

Was injured conveyed to

hospital by ambulance?

Yes 🗆

Yes 🗆

No o

No 🗆

Witness 1	
Name	
Witness 2	
Name	
Injured person 1	
Name	KAN CHEE KEONG
Injuries sustained	Heck d Back
Which vehicle person in?	PA 80266
Were seat belts worn?	Yes 🗷 No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆 No 🗷
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes No No
Was injured conveyed to hospital by ambulance?	Yes D No D
Injured person 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗆 No 🖂
Was injured conveyed to hospital by ambulance?	Yes No
Injured person 4	
Name	
njuries sustained	
Which vehicle person in?	





5560057





Date of leave

22-01-2016

APT BLK 302 JURONG EAST STREET 32 #08-34 SINGAPORE 600302

NRIC No: \$7915706F

Date: 01/02/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Motorcycles =< 200 cc
Motorcycles between 201 cc and 400 cc
Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor
vehicles with unladen weight =< 2500kg
Motor vehicles which are constructed to carry load
or passengers and the unladen weight > 2500kg
Motor vehicles which are not constructed to carry
load or passengers and the unladen weight > 2500kg
Motor vehicles which are not constructed to carry
load or passengers and the unladen weight > 2750kg
Motor vehicles not constructed to carry any load
and the unladen weight > 7250kg Class 2B Class 2A Class 3 Class 4

Class 5

NP 428A

Land Transport Authority



VOCATIONAL LICENCE

Licence No : 87915706F Name : KAN CHEE KEONG

Card Issue Date : 11/09/2017

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 04

11/09/2017 11/09/2017

BUS VL BUS ATTENDANT





Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5094740874

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: PA8025G

Chassis Number

: KDH2230003937

2. Name of Policyholder

: JAVIER & JACK TRANSPORT

3. Effective Date of Insurance

: 12 Oct 2017

4. Expiry Date of Insurance

: 11 Oct 2018

Persons or Classes of Persons entitled to drive*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use*

- (a) Use for the carriage of passengers in connection with the Policyholder's business.
- (b) Limited to carry 14 passengers

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled
- * Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

GEOGRAPHICAL LIMIT

: WITHIN THE REPUBLIC OF SINGAPORE ONLY

EXCESS (SECTION I)

: N/A : \$\$3,000

EXCESS (SECTION II)

INSURE WITH COE

: YES

HIRE PURCHASE COMPANY

: ABWIN PTE LTD

SUM INSURED

MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: ABWIN PTE LTD (00000614234)

Date of Issue

: 11 Oct 2017 16:36 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech								Gen	GeneralClaim	
Hello, NAC_PAYA_UBI_80	0601				THE RESERVE OF THE PERSON NAMED IN	9	Change Lar	nguage	· Change Passw	ord , Log Out
My Desktop	Poli	cy Query								
Notice of Loss	Policy N	VO.				Date of Ac	cident	21/0	7/2018 17:40	
	Vehicle	No.(For Motor)	PA8025G					0.00000	Mes mester des	
					1	Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5094740874	JAVIER & JACK TRANSPORT	53371171A	GBS	Third Party, Fire & Theft	PA8025G	PA8025G		11/10/2018
			THE PROPERTY OF THE PARTY OF TH			Continue				

Policy No.	5094740874	Policyholder Name	JAVIER & J	ACK TRANSPORT	Policyholder NRIC	53371171A	
Address	BLK 302 #08-34 JURONG EAST STREET 32 HONG KAH EAST GARDEN SINGAPORE 600302						
Product Name	BUS INSURANCE	Plan			Group Policy Flag	N	
olicy ssue Date	11/10/2017	Effective Date	12/10/2017	7 00:00	Expiry Date	11/10/2018	23:59
xcess Type		All Claim Excess					
Third Party Excess	3000	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore DD Excess		Outside Singapore TP Excess				Youn	g/Inexperience Driver Excess
Agent	ABWIN PTE LTD	Agent Tel.	68423301		GST Flag	Υ	
Co- nsurance Flag	No				(43) (1999 T))		
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	BLK 302 #08-34		Address 2 JURONG EA		REET 32	Address 3	HONG KAH EAST GARDEN
ddress 4	SINGAPORE 600302	Addre	ess Type Singapore ad			Post Code	600302
	08-34 Related Policy Number		5094740874				
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Jnit No.	d Object: PA8025G						
CONTRACTOR OF THE PARTY OF THE	d Object: PA8025G						

cident MT/1004478						
icy No.	5094740874	Vehicle No.	PAROZEG	GST Registration N	6.	
cynorder Name	JAVIER & JACK TRANSPORT			Policyholder NR1C		53371171A
duct Code	BUS INSURANCE	Cover Type	Third Party, Fire & Theft	Loading		0
tact No.(Mobile)	84987009	Contact No.(Office)	0.0	Contact No.(Home)		0
ai Address		Special Remark		eCode		N/ Y
	® No ○ Yes	TCA	No ○ Yes	eCode Reason		ATTENDED.
Protection	No	NCD Entitlement(%)	D	Private Hire		No
	1,000	The Economical Co.	***	Comments of the Comments of th		
Accident Details						
rt Date	35/07/2018 11:24	Accident Report Within 24 hrs	Yes	Acadent Type		Side Swipe
of Accident	21/07/2018	Time of Accident hh:mm	17:40	Country of Accident	10	Singapore
rting Centre		Orange Force		ICM No.		
tent Location	HAIG RD TWDS MUGLISTON RD					
Benefits						
Excess						
damage Excess	0.00	Additional Excess		Windscreen Excess		0.00
med Driver Excess		Outside Singapore OD Excess				
Party Excess	3,000.00	Outside Singapore TP Excess				
GST Registered Informa	ation					
registered	No		GST Registration Date			
Registration No.			GST Status Verified	Yes		
cation History						
185						
Policyholder Halling Ad	ldress					
ss 1	BLK 302 #08-34	Address 2	JURONG EAST STREET 32	Address 3		HONG KAH EAST GARDEN
155 4	SINGAPORE 600302	Address Type	Singapore address	Post Code		600302
No.	08:34	Related Policy Number	5094740874			
OI Driver Info	107.8/502	Total Control of the	REGISTORY OF THE PROPERTY OF			
	University of the control of the con	Para Para				
r Name	Unnamed Driver	Driver Type	Unnamed Driver	West 10 (20 Care)		
med driver Name	KAN CHEE KEONG (JIAN ZHIQU	Driver NRIC	57915706F	Driver DOS		29/05/1979
ter Date of Driver License	11/09/2017	Driver Age	39	Driving Experience		0
ict No.(Mobile)	84987009	Contact No.(Office)	0	Contact No. (Home)		0
ess 1	BLK 302		ALL STATE OF BOOK AND A DOMESTIC IN	Address 3		
		Address 2	JURONG EAST STREET 32	WidoLego 7		HONG KAH EAST GARDEN
ess 4	SINGAPORE 600302	Address Type	JURONG EAST STREET 32 Singapore address	Post Code		
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No.	SINGAPORE 600302 08-34	Address Type		Post Code		
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Attachment	Upinaded By/Date		Category	8	Urgency	Description	Sent? Actio (CO)
101	NAC_PAYA_UBI_800603(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 11:27		NRIC/ Driving License		Normal	NR3C/ Driving License 2018-7-25	Edi
2.	NAC_PAYA_UBI_800601(NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 11-27	NRIC/ Driving Licerse		Normel	NRIC/ Driving License 2018-7-25	Edi
efs	NAC_PAYA_UBI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 11:27	NRIC/ Driving License		Normal	NR3C/ Oriving License 2018-7-25	Edi
193	NAC_PAYA_USI_800501(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 11:27	SAS		Normal	SAS 2018-7-25	Edi
21	NAC_PAYA_UBI_800601(NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 11:27	Photos		Normal	Photos 2018-7-25	Edit
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10	NAC_PAYA_UBI_800801(NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 11:26	Priocos		Normal	Photos 2018-7-25	Edi
31	NAC_PAYA_UBI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 11:26	Photos		Normal	Photos 2018-7-25	Edi
A	NAC_PAYA_UBI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 11:26	Photos		Normal	Photos 2018-7-25	Edi
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San I	NAC_PAYA_UBI_E00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 13:26		Photos		Normal	Photos 2018-7-25	ter
♥ Video List	Uploaded Sy/Date	Foider Date	File Name		9	Source	Action