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Preferred Wksp / INC Assign Wksp /			Tel: Fax	c;	)
TP Particulars: Veh ?	-11011111	INC (	)/Non-INC( )		
Owner / Driver: (	01) 51000		Tel:	)	
Policy No. (	) Period: (	)	Cover Type: (	)	
Confirmed by : (	<i>x</i>	Date:	Time:	)	T-LLE-TVALES
Insured/Driver Liability: (	%) [Note-Est. Status (W	/O): N: 0-2	0%; P: 21-79%. F: 30-10	0%]	
Year of Registration: (	) Warranty: YES (	)/NO(	)		
	ling: \$1,000 ( ) / \$2,000	( )			
General Remarks:-	Japan Karana Karana Mangaliya		ACCEPTANCE OF THE PARTY OF THE	***	
( ) Walk-In Customer : Custo	mer's information strictly Cor	nfidential & S			
	ail Insurer URGENTLY.	,			
	); Invoice: YES ( ) / N	0( ):	Towing Co. (	-	)
Drive-In ( ) / Towed-In (	), invoice. TES ( ) / IV	0 ( );			
Remarks:- (INC hotline: 678	8 6616)		Date&Time Completed	Done	ру
1) Apply for Transport Allowance	( ) / Courtesy Car (	)			
2) QC Check / Post Repair Inspect	ion ( )				
3) Upload Resurvey Photo [Repair	Cost > \$3000] (	)			
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### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Fax Number Contact Number

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.
- 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.
- 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.

到人工 的现在分词	ACCIDENT STATEMENT
Date Of Report	27/07/2018 12:06
Date Of Accident	18/07/2018 16:05
Exact Location Of Accident	ALONG NICOLL HIGHWAY TOWARDS CITY
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	PA1335H
Insured/Policyholder	
Name Of Registered Owner	S.M.I TRAVEL SINGAPORE PTE LTD
Co Reg No	198403073D
Email Address	RICHARDWONG254@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-82220129
Alternative Phone No	OFFICE-82220129
Vehicle Particulars	
Manufacturer	тоуота
Model	HIACE-3.0 D HIGH ROOF COMMUTER TURBO (A)
Exact Purpose for which vehicle was being used at time of accident	GOING BACK TO OFFICE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5072929513-02
Cover Note Number	
Driver	
Name of Driver	WONG KENG FEI
NRIC No	S1419495I
Date Of Birth	22/01/1960
Occupation	OUTDOOR
Date Of Driving Pass	08/12/1980
Driving Experience	37 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82220129

OTHERS-82220129

RICHARDWONG254@YAHOO.COM.SG

Address

**BLK 878 TAMPINES AVENUE 8** 

#06-310

Postcode

520878

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

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?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

**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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

NO

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SH3466L

Vehicle Make/Model/Colour

TOYOTA

**Details Of Properties** 

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### 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.
- 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)

Lunderstand, 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.

S.M.I. TRAVEL (S) PTE LTL

133 CECIL STREET #11-01
KECK SENG TOWER SINGAPORE 069635
TEL: 6225 8322 FAX: 5224 6915
EMAIL: smisin@smitravel.com.sg

Policyholder's Signature Date & Time: Driver's Signature

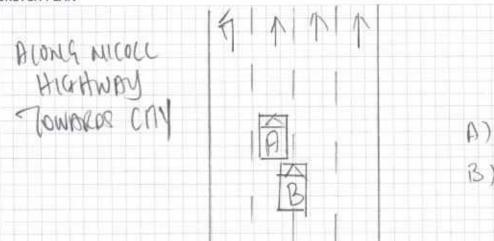
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



A) PA 1335H B) SH 3466C

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

18/18/	07/2018 AT ABOUT 1605 WHILE DRIVING ALONG
NICAL	AYH TOWARDS CITY, JUDDENLY I FELF A KNOCKON
	ANDI STOPPED THE VANTO CHECK
	AXI DRIVER BETUSE PARTICULAR

### DECLARATION

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

S.M.I. TRAVEL (S) PTE LTL

133 CECIL STREET #11-01 KECK SENG TOWER SINGAPORE 089535

Policyholden & Pishat Missmitravel.com.sg

Date & Time:

Driver's Signature

(If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name:

21/07/2018

NRIC/FIN No.:

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# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$14194951

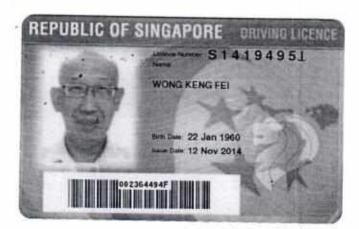


WONG KENG FEI

CHINESE

Date of porth 22-01-1960

Country/Place of birth SINGAPORE





26-03-2014

APT BLK 878 TAMPINES AVENUE 8 #06-310 SINGAPORE 520878

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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 06 Dec 1980 of the driver; and other motor vehicles =< 2500kg 12 Jul 1995 load or passengers and the unlaiden weight > 2500kg load or passengers and the unlaiden weight > 2500kg load or passengers and the unlaiden weight < 7250kg

NP 428A



## THE SCHEDULE

### Private Bus Insurance Policy

This Policy sets out the terms of a contract between NTUC income insurance Co-operative Limited (INCOME) and you (the insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- 1. any Endorsement specified as operative in the Schedule
- 2. the Conditions and General Exclusions of this Policy, and
- 3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document. GST Reg No. M4-0003030-8

Policy Number

: 5072929513-02

The Policyholder

: S.M.I TRAVEL SINGAPORE PTE LTD

133 CECIL STREET

#11-01 KECK SENG TOWER SINGAPORE 069535

Period of Insurance

: 11 Aug 2017 To 10 Aug 2018

Sum Insured

: Market Value of Insured Vehicle at Time of Loss

Premium (inclusive GST)

: 5\$1,397.70

Interest Insured

Cover Type

: Comprehensive

Make/Model

: TOYOTA/HIACE COMMUTER BUS (D)

Capacity

: 2982 ton(s)

Number of Seater

: 27 Jul 2015

Registration Number Chassis Number : PA1335H : JTFST22P700022414 Registration Date Insure with COE

Yes

Excess (Section I)

: \$\$2,000

NCD Entitlement

: 20%

Excess (Section II)

: S\$3,000

Loyalty Discount

5%

Windscreen Excess

: 5\$500

Geographical Limit

: WITHIN THE REPUBLIC OF SINGAPORE ONLY

Hire Purchase Company

: HITACHI CAPITAL ASIA PACIFIC PTE LTD

Memo A: N/A

Endorsement Operative: N/A

Agency

: TELESALES-DIRECT MARKETING (00000601661)

Date of Issue

: 14 Jul 2017 21:39 hrs

#### DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive

# **Enquire Vehicle Information**

Vehicle No.

Vehicle No.:

PA1335H

Vehicle Details

Vehicle Type:

Private Hire (Chauffeur)

Bus/Coach/Minibus

Vehicle Scheme:

Public Service Vehicle

(Others)

Vehicle Attachment 1:

Air-Conditioned

TOYOTA / HIACE HIGH

Make / Model:

ROOF COMMUTER

TURBO AUTO

Primary Colour:

White

Year of Manufacture:

2014

Maximum Laden Weight:

3250 kg

Unladen Weight:

2140 kg

No. Of Axles:

2

Engine No.:

1KD2473334

Chassis No.:

JTFST22P700022414

Engine Capacity:

2982 cc

Maximum Power Output:

IU Label No.:

1550279707

Propellant:

Diesel

Passenger Capacity:

9

Original Registration Date: 11 Aug 2015

TTURETATA

First Registration Date:

11 Aug 2015

Open Market Value:

\$38,054.00

Additional Registration Fee

Rate:

5.00 %

Actual ARF Paid:

\$1,903.00

PARF Eligibility:

No

Minimum PARF Benefit:

COE No .:

2015081105001113E

COE Category:

C - Goods Vehicle & Bus

COE Expiry Date:

10 Aug 2025

Lifespan Expiry Date:

10 Aug 2035

PQP Paid:

\$37,101.00

OPC Cash Rebate Eligibility: No

QP during COE Bidding

\$0.00

Exercise: