	Jcb description	Date & Time Completed	Done by	
Date In: 6/4/18-11-16 Ref No: 4/4/1/10 1801/6274/24	SAS e-filing			
Veh No: P4 3335B	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 69/8-00:35	i-Motor Claim Form	MT 101 03326-031	6/4/18 13:57	-
710 00-12	i-Motor W/O (Within: OD 2		0/4/10 13.34	- 18
OD (TP) Reporting Only	i-Photo Uploaded	1(5,) (4015)		F 10
TP Insurer:	Assessment/Survey Report Ass't Report by Fax / Hand	to Owner/When		
Preferred Wksp / INC Assign Wksp / QW:	THE PARTY OF THE P		ax:	-
TP Particulars: Veh No: x				-
Owner / Driver: (1593171 INC	Tel:	1	
Policy No: ()	Period: ()	Cover Type: (_
Confirmed by : (Date:	Time:)	
	6) [Note-Est. Status (WO): N: 0-		00%]	257
Year of Registration: ())	5070	-
	\$1,000 ()/\$2,000 ()			
General Remarks		Banking Cale Co.	প্রের সূত্র কোন	-
() Walk-In Customer: Customer's	information strictly Confidential & S	trictly NO refer of repairer	\$5,007 .51 *, + 5	-
() Total Loss Case : to e-mail Ins		thictly NO refer of repairer.		
			· .	
Drive-In ()/ Towed-In (); Invo	oice: YES() / NO();	Towing Co: ()	
Remarks:- (INC hotline: 6788 6616	n``-	Date&Time Completed	Done by	
1) Apply for Transport Allowance ()	/ Courtesy Car ()			
, Try	// Courtesy Car ()	A CONTRACTOR OF THE PARTY OF TH		
2) QC Check / Post Repair Inspection	()			
	()		1	
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost >	()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	()			
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QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > Injury:	()			77.
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > Injury:	()		Region 18 /	77.
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions	()	paration Checklist	Anic (S). Am	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	()	paration Checklist.	Anit (S) Anit (Si Bill Add	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Actions Laimant's Particulars :-	() > \$3000] () Invoice Pre 1) AR: Acciden 2) DA: Damage	paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$80	Ani((S)) Am (181 Bill Add	
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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 <u>truthful and accurate</u> 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.
- 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	06/09/2018 11:56
Date Of Accident	06/09/2018 06:35
Exact Location Of Accident	TAMPINES AVE 10 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PA2335B
Insured/Policyholder	
Name Of Registered Owner	SOON SOON BUS TRANSPORT SERVICES
Co Reg No	53102845C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97663839
Alternative Phone No	OFFICE-97663839
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FUSO RM118N
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage THIRD PARTY

Fleet Policy NO

Policy Number 5033893903-09

Cover Note Number

Driver

 Name of Driver
 TAY SOCK HOON

 NRIC No
 \$1777219H

 Date Of Birth
 03/12/1966

 Occupation
 OUTDOOR

 Date Of Driving Pass
 18/01/2005

Driving Experience 13 YEARS AND 7 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-97764146

Fax Number

Contact Number OFFICE-97764146

EMail Address NOEMAIL

Address BLK 772 BEDOK RESERVOIR VIEW

#06-139

Postcode 470772

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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?

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

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

NO

XB9559B

YES

NO

0

Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY PAKRED ALONG OPEN SPACE CARPARK OF TAMPINES AVE 10. SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR RIGHT PORTION. ON 06:35 AM, I COME BACK TO THE PARKING AREA AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR RIGHT PORTION.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE

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 truthful 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.
- 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.

Policyholder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personne's Signature

Name:

NRIC/FIN No.:

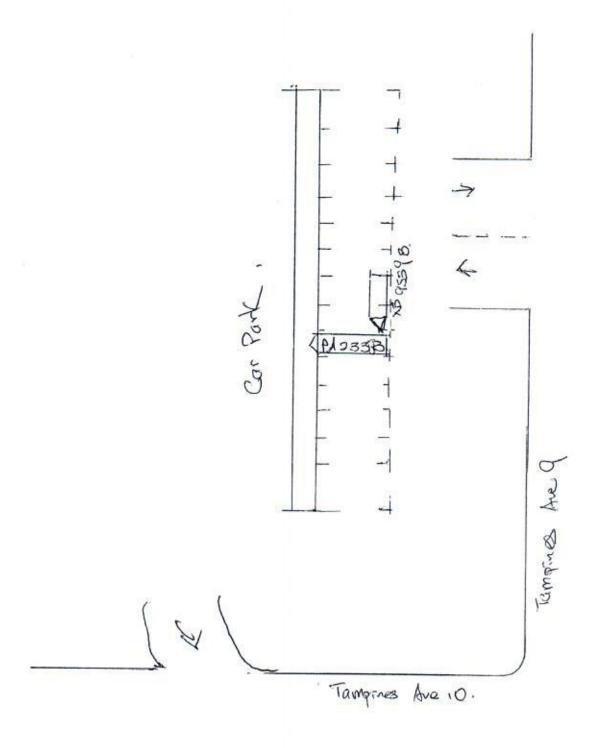
DECLARATION

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

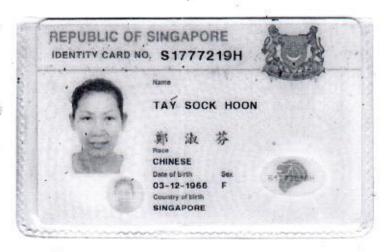
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)
Date & Time:

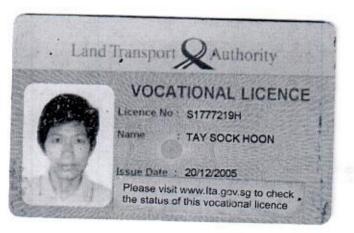
Reporting Centre Personne's Signature Name:

NRIC/FIN No.:



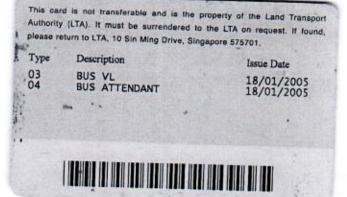
















laim Handling					
cident MT/1010326					
icy No.	5033893903-09	Vehicle No.	PA23358	GST Registration No.	
rtificate No.					
Cyholder Name	500N SOON BUS TRANSPORT SERVICES			Policyholder NRIC	53102845C
duct Code	BUS INSURANCE	Cover Type	Third Party	Loading	0
ntact No.(Mobile)	97663839	Contact No.(Office)	0	Contact No.(Home)	0
ail Address		Special Remark		eCode	The V
	® No ○Yes	TCA	® No ○ Yes	eCode Reason	50.00
D Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details					
Fort Date	06/09/2018 12:21	Accident Report Within 24 hm.	Yes	Accident Type	Damaged whilst parked
e of Acodem	06/09/2018	Time of Acodem Inform	06:35	Country of Accident	
orting Centre	0.000.000.000.000	Orange Force	581.332	ICM No.	Singapore
dent Location	TAMPINES AVE 10 OPEN SPACE CARPARK			purt 1900.	
Excess	THE SALE OF THE CANADA				
n damage Excess	0.00	Additional Excess		A	222
amed Driver Excess	0.00			Windscreen Excess	0.00
		Outside Singapore OD Excess			
d Party Excess	3,000.00	Outside Singapore TP Excess			
Benefits					
SST Registered Inform					
Registered	. No		GST Registration Date		
Registration No.			GST Status Venfied	No	
ofication Hittory					
Policyholder Mailing Ad	Strace				
ress 1		Address 3	AND DESCRIPTION OF THE PARTY OF	1992	4-
ress 1 Iress 4	BUK 772 #06-139	Address 2	BEDOK RESERVOIR VIEW	Address 3	SINGAPORE 470772
		Address Type	Singapore address	Post Code	470772
OI Driver Info		Related Policy Number	5070676206-03		
	1,000,000,000	Women -			
rer Name named driver Name	Unnamed Driver	Driver Type	Unnamed Driver	American	
	TAY SOOK HOON	Driver NRJC	51777219H	Driver DOB	03/12/1965
ister Date of Driver License		Driver Age	51	Driving Expenence	13
tact No.(Mobile)	97764146	Contact No.(Office)	0	Contact No.(Home)	0
ress 1	BLK 772	Address 2	BEDOK RESERVOIR VIEW	Address 3	LONGVALE
ress 4	SINGAPORE 470772	Address Type	Singapore address	Post Code	470772
f No.	06-139				
is he own a Singapore sistered car?	○ Yex ® No	Driver Vehicle No.		Driver Insurer Company	
(MINISTER)					
wretion					
ethalyser or Blood Test ding?	Omg	Any injury?	○ Yes ® No		
Affication History					
and the same of th					
laim 001 New					
n Type *	OD-MX	Insured Name	SOON SOON BUS TRANSPORT S	Innered NOTE	ESTOSAGE
tact No.(Mobile)	97663839		SOUR SOUR BUS TRANSPORTS	Insured NRIC	53102845C
	7.00.003	Contact No.(Home)	(numbers)	Contact No. (Office)	
il Address		OJ Vehicle Number	PA23358	TP Vehicle Number	XB95598
nant Type Claimant Type *	Please Select 💌	Type of Benefit *	Please Select		
nant Name +	22	Claimant NRIC *			
nent Address					
n Description	PA23358 / X895598 ON 6 Sept 2018		and the state of t	Name of Preferred Workshop	
erred Workshop Contact		Insured Liability *	Not at Fault 🔻		
ure Finalisation	Yes	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Registered	06/09/2018 13:57	Claim Close Date		Date Received	06/09/2018 00:00
ort Taken By	Jackson				
Print AK letter					
			Save Submit		
tachment					
dent No.	MT/1010326	Claim No.	001		
Doc. Received	® Yes ○ No	Upload Date	06/09/2018 13:58		
	Path +		Category *	Confidential Urge	ory t
	3,400.7	Browse.	T. Description and Control of the Co		ncy * Description *
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