NATIONAL Assessment Cent	re Services	[wef 1 Jan'05] M	1254218114 H			
Date In: × 9 18-12:09	Jeb description	on	Date & Time Comple	ted	Don	e by
ROS NO: NA / MC180174 20/24	SAS e-filing	g			//	
Veh No: PC693C	E-mail (with	nin Shrs, AIC 2hrs)				
D.O.A: N/9/18-14:3.	i-Motor Cl:	aim Form	M7 1012985001	25	19/18 15	:20
Walter State of the Control of the C	i-Motor W	O (Within: OD 2hr				
OD : TP-! Repopung Only	i-Photo Up	loaded				
TP Insurer:	Assessment/S	Survey Report				17 Saare 12
II moute.	Ass't Report	by Fax / Hand	o Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
TP Particulars: Veh No: JT	BBYP.	. INC ()/Non-INC() .	1	
Owner / Driver: (Tel:)	
Policy No: () Po	eriod: ()	Cover Type: ()	
Confirmed by: (Date:	Time:)	
	Note-Est. Status	(WO): N: 0-2	0%; P: 21-79%. F: 9	80-1009	%]	
Year of Registration: ()	Warranty: YES ()/NO()			W-18-3
Excess: (\$) Loading: \$1,0	000()/\$2,00	0()				
General Remarks;-		ር - እነማት <u>ተ</u>				
() Walk-In Customer: Customer's info	ormation strictly Co	onfidential & Str	ictly NO refer of repair	er		
() Total Loss Case : to e-mail Insur	The second second		1007 110 13101 01 10001			
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

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 <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.
- 5. 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 aforesaid.

THE THOUSE STORES AND ASSESSED.	ACCIDENT STATEMENT
Date Of Report	25/09/2018 12:09
Date Of Accident	24/09/2018 14:30
Exact Location Of Accident	JUNC LOR 37 GEYLANG & SIMS AVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PC690C
Insured/Policyholder	
Name Of Registered Owner	MAC-HEMLY TRANSPORT SERVICES
Co Reg No	53189572J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82490569
Alternative Phone No	OFFICE-82490569
Vehicle Particulars	
Manufacturer	TOYOTA
Model	TOYOTA HIACE HIROOF AUTO 14 SEATER
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?	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	5103063186
Cover Note Number	
Driver	
Name of Driver	ISA BIN SAMIN
NRIC No	S1371868G
Date Of Birth	28/04/1959
Occupation	OUTDOOR
Date Of Driving Pass	17/08/2004
Driving Experience	14 YEARS AND 1 MONTH

MALE

NOEMAIL

(LOCAL) +65-82490569

OFFICE-82490569

BLK 517 WOODLANDS DRIVE 14 Address

#09-237

730517

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

Postcode

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) NO soliciting/offering accident claims assistance. 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?

If Yes, against whom?

Circumstances of Accident

ON STATED DATA AND TIME, I WAS TRAVELLING ALONG LOR 37 GEYLANG TWDS SIMS AVE. SUDDENLY VEHICLE B JAMMED BRAKE. I DID NOT NOTICED THAT VEHICLE B WAS IN FRONT OF MY VEHICLE. AS A RESULT, MY VEHICLE SLIGHTLY GRAZED ONTO VEHICLE B 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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJT3134D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LIM LI PEOW, CHRISTINA (LIN LIPING, CHRISTINA)

NRIC/Passport Number S7328100H

Contact Number

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.

Policyholder' Segature of Date & Time:

Driver's Signature (If driver is/not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

sins Are	A: PC MOC
	B-5777777
\(\begin{align*} \begin{align*} \beg	
Es 29 PA	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to	Hatemen		
		 /	

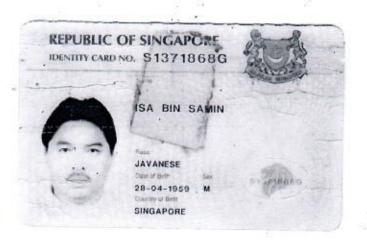
DECLARATION

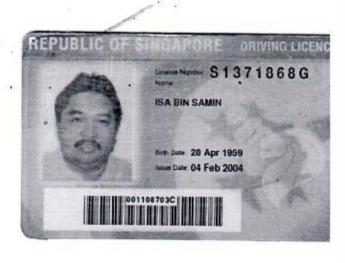
I/We declare the bregoin particulars are true in every respect.

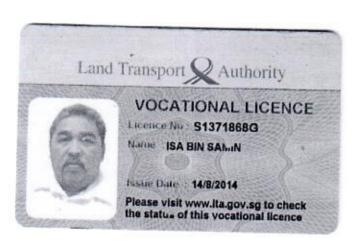
Policyholder's Signature Date & Time:

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

NRIC/FIN No.:







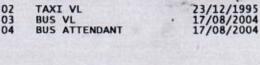


Class 2B Motorcycles not exceeding 200 ce 27 Aug 1980
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kitograms

Licence No: \$1371868G

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.





eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_	300601						• Change L	anguage	e • Char	ge Password	, Log Ou
My Desktop	Polic	cy Query									
Natice of Loss	Policy N	lo.				Date	of Accident	1	24/09/2018	14:30	
	Vehicle	No.(For Motor)	PC6900	c		Certi	ficate Number			044	
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5103063186		MAC-HEMLY TRANSPORT SERVICES	531895723	GBS	Comprehensive	PC6900	20175083	28/08/2018	27/08/2019

Policy No.	5103063186	Policyholder	MAC-HEMI	Y TRANSPORT SERVI	Policyholder	531895723	
Certificate No.		Name			NRIC	331033723	
Address	BLK 614 #04-497 WOODLANDS	AVENUE 4 SI	NGAPORE 7	30614			
Product Name	BUS INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	24/08/2018	Effective Date	28/08/201	8 00:00	Expiry Date	27/08/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	3000	Own damage Excess	2000		Windscreen Excess	500	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	THINK ONE AUTOMOBILE & TRA	Agent Tel.	65553300		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	BLK 614 #04-497	Addre	ss 2	WOODLANDS AVEN	UE 4	Address 3	SINGAPORE 730614
Address 4		Addre	ss Type	Singapore address		Post Code	730614
1001633-4		Relate Numb	d Policy er	5103063186			V
Jnit No.		1401110					
Jnit No.	d Object: PC690C	svario					
Jnit No.	VALUE VA	Numb					

## Committee No	Claim Handling						
STREAM NOT THE TOTAL TO THE TOTAL T	ccident MT/1012985						
Michael Mich		5103063186		Vehicle No.	P0690C	GST Registration No.	NA.
SMETHING AND MICHAEL STATE OF THE PROPERTY OF							
March Name Ma		MAC-HEMLY TRAVEPOR	IT SERVICES			Policyholder NR3C	53189572)
Septiment Sept		BUS INSURANCE		Cover Type	Comprehensive	Loading	0
20 10 10 10 10 10 10 10	intact No. (Mobile)	R2490569		Contact No.(Office)	0	Contact No.(Home)	0
Comment Comm	nail Address			Special Remark		eCode	N. V
Part	×	No ○ Yes		TCA	® No ⊜Yes	eCode Reason	- Boronesco
## ACCORDED 19-15 ACCORDED 19-15 ACCORDED 19-15 Total Operation (Control of the Control of Accorded Type Control of Control o	D Protection	No		NCD Entitlement(%)	20		No
Column C	Accident Details				-	PATROLE PRINC	
Column C	port Date	25/09/2018 15:15		Appellant Daniel (Marie Sales)		100 8	
Compage Forcing					res	Accident Type	Collision - Head to Rear
Marie Mari		24/09/2018		Time of Accident hh:mm	14:30	Country of Accident	Singapore
Part	porting Centre			Orange Force		ICM No.	
Marine Designer		JUNC LOR 37 GEYLANG	A SIMS AVE				
Control Engage Cont	Excess						
Content Encode	n damage Excess	12	2,000.00	Additional Excess		Windscreen Excess	500.00
Part	named Driver Excess			Outside Singapore OD Excess			
Part	rd Party Excess	3	2,000.00	Outside Singapore TP Excess			
Major Majo	Benefits						
Registroon No. No. SCH State	GST Registered Inform	ation					
Registroon No. No. SCF Status Verefree No.					CST Pagetration Date	District Contract	
### PARTICIPATION AND PARTICIP							
### ADDRESS 3					was a second of the college	nu	
### ### ### ##########################							
MODELANDER 2	Policyholder Mailing Ad	idrass					
ADDRESS TOP ADDRE				Address 2	WOOD AND SHOWER		
Reside Process Part							
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Description				Related Policy Number	5103063186		
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