

TP measure:[illegible]

WA180 6274		Invoice Preparation Checklist	And (\$)	And (\$)
			Est Bill	Add Bill
Plaintiff's Particulars :-		1) AR : Accident Reporting (\$30);	32.00	
Driver/Owner:		2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:		3) TF : Towing Fee \$40/\$45		
Damaged Portion:		4) FT : Follow-Through Survey \$120		
		5) FT : Follow-Through Survey (Resurvey) \$30		
		For claiming against INC Only (wef 10 Jan 2005)		
		6) TR : Re-inspection \$75		
		7) NI : Idem DA + SMRT Survey \$160		
		8) NTUC Additional Services:-		
		Q1)*		
		*N5: Courtesy Car / Tpt Allowance \$5		
		*N6: Repair Co-ordination \$10		
		*N7: Post Repair Inspection \$25		
		*N8: DV / Collect Excess Coordination \$5		
		TP* (N11) : TP (N'm INC) against INC \$20		
		9) N12: Idem Mobile \$0		
		Invoice dated Fee Charged		
		Invoice dated Fee Charged		
C Checked by (Engr-In-Charge):				
Auditors' Comments :-				
L.J.				
2/3				

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 truthful and accurate as possible. Any wilful misrepresentation or withholding 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.

ACCIDENT STATEMENT

Date Of Report	01/10/2018 10:19
Date Of Accident	01/10/2018 07:05
Exact Location Of Accident	WHITLEY RD BESIDE RAFFLES TOWN CLUB
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC5664X
Insured/Policyholder	
Name Of Registered Owner	GUILLEMARD BUS SERVICE
Co Reg No	20973700W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97920384

Vehicle Particulars

Manufacturer	ISUZU
Model	LT434P 7.8 SMT
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	THIRD PARTY
Vehicle Category	BUS

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102731694
Cover Note Number	-

Driver

Name of Driver	YANG BIN
Passport No/FIN	G2565827U
Date Of Birth	25/11/1984
Occupation	OUTDOOR
Date Of Driving Pass	06/03/2017
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98993063
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	52 FOWLIE RD
Postcode	428496
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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.	NO
Number of Passengers (Including Driver)	36

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

I WAS TRAVELLING ALONG WHITLEY RD ON THE SECOND LANE, WHILE APPROACHING BESIDE THE RAFFLES TOWN CLUB, SUDDENLY VEH B (BEARING NO SJB9025R) FROM THE EXTREME LEFT LANE ABRUPTLY CUT INTO MY LANE AND HIT ONTO MY VEH LEFT FRONT PORTION. I HAVE VIDEO FOOTAGE CAPTURE THE WHOLE INCIDENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJB9025R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PETSELIS JOHN
NRIC/Passport Number	S7178113E
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**.
3. 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**.
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. 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.
7. 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:
 - (i) 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.

基理瑪巴士服務
GUILLENARD BUS SERVICE

Policyholder's Signature
Date & Time:

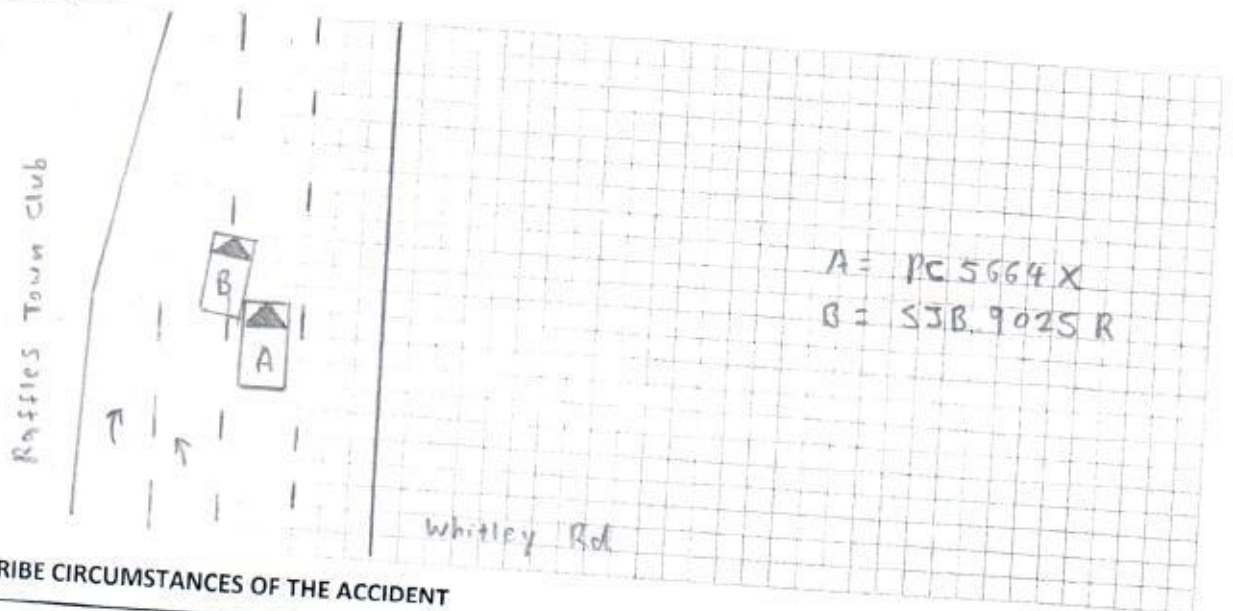


Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

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 Personnel's Signature
Name:
NRIC/FIN No.:

Land Transport Authority


VOCATIONAL LICENCE

Licence No : **G2565827U**

Name : **YANG BIN**

Issue Date : **6/3/2017**

Please visit www.lta.gov.sg to check the status of this vocational licence



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G2565827U**

Name: **YANG BIN**

Birth Date: **25 Nov 1984**

Issue Date: **09 Mar 2015**

Valid Till **06 Mar 2020**

002402949C





S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer: **GUILLEMARD BUS SERVICE**

Sector: **SERVICE**

Name: **YANG BIN**
Occupation: **DRIVER, BUS**

S Pass No.: **0 76474087**

Date of Application: **16-01-2017**
Date of Issue: **09-02-2017**
Date of Expiry: **09-02-2019**




L7622449



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	06/03/2017



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

EFFECTIVE DATE

Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	09 Mar 2015
Class 2	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	09 Mar 2015
Class 4	HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN EXCEED 2500 KILOGRAMS	26 Apr 2016

G2565827U

S / No. 9000247224

NP 428A

Licence No: **G2565827U**



VISIT PASS
Immigration Regulations

Name: **YANG BIN**

Date of Birth: **25-11-1984** Sex: **M** Nationality: **CHINESE**

Pin: **G2565827U** Date of Issue: **09-02-2017** Date of Expiry: **09-02-2019**

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.




Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="01/10/2018 10:11"/>
Vehicle No.(For Motor)	<input type="text" value="PC5664X"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5102731694		GUILLEMARD BUS SERVICE	20973700W	GFT	Comprehensive	PC5664X	PC5664X	29/07/2018	

▼ Policy Information

Policy No.	5102731694	Policyholder Name	GUILLEMARD BUS SERVICE	Policyholder NRIC	20973700W
Certificate No.					
Address	52 FOWLIE ROAD SINGAPORE 428496				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	27/07/2018	Effective Date	29/07/2018 00:00	Expiry Date	28/07/2019 23:59
Third Party Excess	1500	Own damage Excess	3000	Windscreen Excess	500
Additional Excess		OS Premium	1542.94		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	S'PORE SCH&PTE HIRE BUS OW	Agent Tel.	67410788	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	52 FOWLIE ROAD	Address 2	SINGAPORE 428496	Address 3	
Address 4		Address Type	Singapore address	Post Code	428496
Unit No.		Related Policy Number	5102731694		

► Insured Object: PC5664X

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	29/08/2018 00:00	Basic Information Endorsement	000001286891218	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. CB2629C 29-08-2018 \$2,212.82 In view of this amendment, an additional premium of \$2,212.82 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
2	29/08/2018 00:00	Basic Information Endorsement	000001286891622	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. BE639JD00129 31-08-2018 \$1,975.72 In view of this amendment, an additional premium of \$1,975.72 (inclusive

Claim Handling

The premium on this policy has not been collected.

Accident MT/1013770

Policy No.	5102731694	Vehicle No.	PC5664X	GST Registration No.	
Certificate No.					
Policyholder Name	GUILLEMARD BUS SERVICE			Policyholder NRIC	209731
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	97920384	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
Report Date	01/10/2018 16:00	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	01/10/2018	Time of Accident hh:mm	07:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WHITLEY RD BESIDE RAFFLES TOWN CLUB				
Excess					
Own damage Excess	3,000.00	Additional Excess		Windscreen Excess	500.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	No
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	52 FOWLIE ROAD	Address 2	SINGAPORE 428496	Address 3	
Address 4		Address Type	Singapore address	Post Code	428496
Unit No.		Related Policy Number	5102731694		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	YANG BIN	Driver NRIC	G2565827U	Driver DOB	25/11/
Register Date of Driver License	06/03/2017	Driver Age	33	Driving Experience	1
Contact No.(Mobile)	98993063	Contact No.(Office)		Contact No.(Home)	
Address 1	52 # FOWLIE ROAD	Address 2	SINGAPORE 428496	Address 3	
Address 4		Address Type	Singapore address	Post Code	428496
Unit No.					
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

Claim 001 New

Claim Type *	OD-MX	Insured Name	GUILLEMARD BUS SERVICE
Contact No.(Mobile)		Contact No.(Home)	
Email Address		OI Vehicle Number	PC5664X
Claim Description	PC5664X / SJB9025R ON 1 Oct 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Repair Option	Preferred	Preferred Workshop, Name unknown	
Finalisation	Yes	GIA report	Received
Date Registered		Claim Close Date	01/10/2018 16:04
Report Taken By			LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.

Claim No.

MT/1013770

001

Last Doc. Received

* Yes ☐ No ☐

Upload Date

01/10/2018 16:05

Path *

Category *

Confidential

Urgency *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Please Select

NO

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Please Select

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Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2018 16:05	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2018 16:05	SAS	Normal	SAS 2018-10-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2018 16:05	Photos	Normal	Photos 2018-10-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2018 16:04	Photos	Normal	Photos 2018-10-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2018 16:04	Photos	Normal	Photos 2018-10-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2018 16:04	Photos	Normal	Photos 2018-10-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2018 16:04	Photos	Normal	Photos 2018-10-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2018 16:04	Photos	Normal	Photos 2018-10-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2018 16:04	Photos	Normal	Photos 2018-10-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2018 16:04	Photos	Normal	Photos 2018-10-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2018 16:04	Photos	Normal	Photos 2018-10-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2018 16:04	Photos	Normal	Photos 2018-10-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2018 16:04	Photos	Normal	Photos 2018-10-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2018 16:04	Photos	Normal	Photos 2018-10-1

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading