NATIONAL Assessment Centre Services. [well Jamos]. MNA 11814 6483 Done by Date &Time Completed Jeb description Date In: 12/11/18 17116 Ref No: SAS c-filing MAIMSG18020451/14 Vch No: E-mail (within Shrs, AIC 2hrs) PC 2997 E i-Motor Claim Form D.O.A 14:40. 12/11/18 i-Motor W/O (Within: OD 2hrs, TP 4hrs) OD / TP / Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Fax: Tol: Preferred Wksp / INC Assign Wksp / QW: ()/Non-INC (Veh No: INC (TP Particulars: SKF 6863A. Tcl: Owner / Driver: () Cover Type: (Policy No: (Period: () Time: Date: Confirmed by : (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 30-100%] Insured/Driver Liability: (Year of Registration: (Warranty: YES ()/NO(Loading: \$1,000 ()/\$2,000 (Excess: (\$ General Remarks) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mall Insurer URGENTLY.) ; Towing Co: (Drive-In ()/Towed-In (); Invoice: YES () / NO (Remarks: (INC hothar: 6788 6616) 1) Apply for Transport Allowance () / Courtesy Car (.) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury : Date/Time TREBUS Add bin MA 1807324 1) AR : Accident Reporting (530); Cliumant's Particulars :-INC (\$30) 2) DA : Damege Assessment (\$100); \$40/\$45 3) TI': Towing Fee Driver/Owner: \$120 4) FT : Follow-Through Survey 5) PT : Follow-Through Survey (Resurvey) 530 Contact No: For claiming against INC Only (wof 10 Jan 2005) \$75 6) TR : Re-inspection Damaged Portion: \$160 7) N1 : Idao DA + SMRT Survey 8) NTUC Additional Services:-QC Checked by (Engr-In-Charge): 22 *NS: Courtesy Cor / Tpt Allowerse 510 *N6: Repair Co-ordination \$25 *N7; Post Repair Inspection Auditors! Comments :: *N8: DV / Collect Excess Coordination 35 TP (N11): TP (Non INC) against INC \$20 30 9) N12: Idao Mobile Fee Charged Involce dated 1 2/3: Fee Charged Involce dated

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,
- 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 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.
- 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.
- 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.

建	ACCIDENT STATEMENT
Date Of Report	12/11/2018 17:16
Date Of Accident	12/11/2018 14:40
Exact Location Of Accident	VICTORIA STREET
Country/State of Loss	SINGAPORE
THE PERSON IN THE PERSON IN CO.	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PC2997E
Insured/Policyholder	
Name Of Registered Owner	MARITEAM TRANSPORT SERVICES PTE LTD
Co Reg No	
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62222144
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	MSIG INSURANCE (SINGAPORE) PTE, LTD,
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B 28623691 MKC
Cover Note Number	
Driver	
Name of Driver	ALVIN TAN YEONG HWEE
NRIC No	S1533563G
Date Of Birth	28/04/1962
Occupation	OUTDOOR
Date Of Driving Pass	20/07/2015
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92301270
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 569 PASIR RIS ST 51 #04-66

Postcode 510569

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

12

Insurance Company of Driver's Own Vehicle

-

NO

NO

NO

NO

SKF6863A

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.

Number of Passengers (Including Driver) 10

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?

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

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 PRIVATE CAR

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

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- 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.

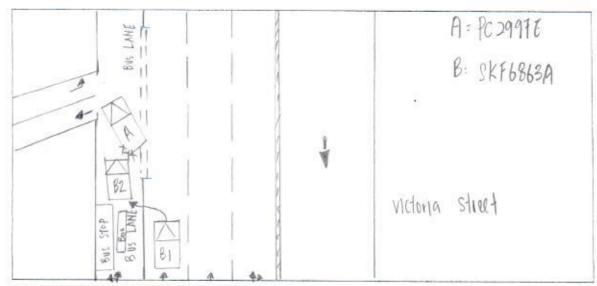
Policyholder's Signature Date & Time 1/11 A

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

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I the distinct along which shows at any length in lands
I was driving along victoria street at 3rd lane of 4 lanes.
After 1. Clear the stationary bus at the bus stop and I film Lt.
My Whide almost in the bus lane, suddinly, I felt an impart.
Ven "B" ancroached into his lane and collided white rear LH portion
of my viliale and caused damage.
as the tribal was was much made.
Pasilnger.
1. Herrandez Michael (m)
2. Slaure Tiburcio (m)
3. Pardillo Jlovanni (M)
4 mangayayam Joelan (m)
5. hackyan Allan (M)
6. Bulyson Rocky (M)
7. barria charles (m)
8. Baller NMO (M)
a. Batar Jonjil (m)
DECLARATION ONLY

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

Policyholder's Signature

Date & Time:

Oriver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

HISSAN VEHICLE NO: MAKE & MODEL: DATE OF ACCIDENT 44 TIME OF ACCIDENT AMIPM Free VICTORIA LOCATION OF ACCIDENT EXACT PURPOSE USE DURING ACCIDENT NAME OF OWNER to Martiam amas ransport TEL NO NRIC 1004020661 CLAIM TYPE OD THIRD PARTY REPORTING ONLY INSURANCE CO TYPE OF COVERAGE Comprehensive / Third Party / Third Party Fire & Theft POLICY NO. 8 2862 3691 MKC NAME OF DRIVER As Above If No: MN IN 1000a HWLL \$1533563E NRIC Any Passengers: () DATE OF BIRTH 04 Lanter stutan DIAN OCCUPATION Outdoor Indoor DATE OF DRIVING PASS Male GENDER Female Home: CONTACT NO. 4230, 210 Office: BIK 569 ADDRESS KD DRIVER HAVE ANY OWN VEHICLE NO / If yes: Reg No: RELATIONSHIP Employee / If No: Clear / Raining / Other: WEATHER CONDITION 10 -9 Male ROAD SURFACE Dry / Wet / Other: ANY INJURIEES No. / If yes: Who? CONTACT NO. POLICE REPORT No. / If yes: Where? VEHICLE B NO. Any Passenger: WNSUN NAME CONTACT NO. VEHICLE C NO. Any Passenger: VEHICLE D NO. Any Passenger: VEHICLE E NO. Any Passenger: VEHICLE F NO. Any Passenger: ANY WITNESS WITNESS CONTACT NO. OWNER/DRIVER EMAIL PARTICULAR WORKSHOP NEW HOCK TECK MOTOR PTE, LTD. 1 Kaki Bukit Ave 5, Blk C #01-43 Autobay@Kaki Bukit Singapore 417883 TEL NO TEL: 6747 9241 CONTACT PERSON Reena / Sukyi FAX NO. FAX: 6741 7276 **EMAIL** reena@nhtmotor.com admin@nhtmotor.com

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1533563G





Name

ALVIN TAN YEONG HWEE

陳荣輝

Race

CHINESE

Date of birth

Sex

M

Country/Place of birth

SINGAPORE

28-04-1962

515**3356**3G

5764062



NRIC No. S1533563G

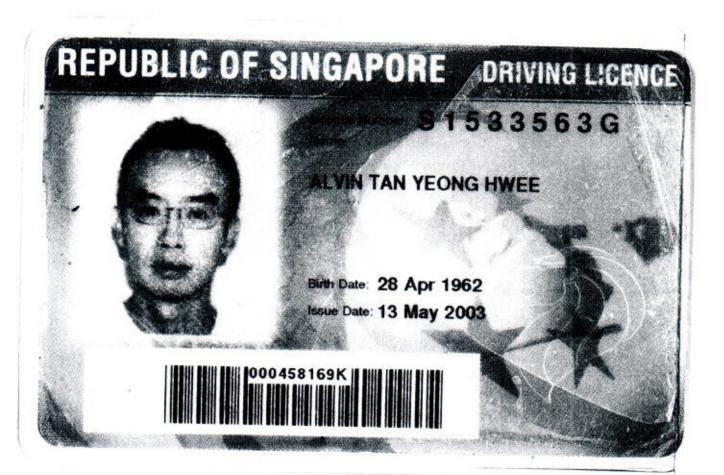


Date of issue

05-07-2017

Address

APT BLK 569 PASIR RIS STREET 51 #04-66 SINGAPORE 510569



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

PASS DATE

Class 3

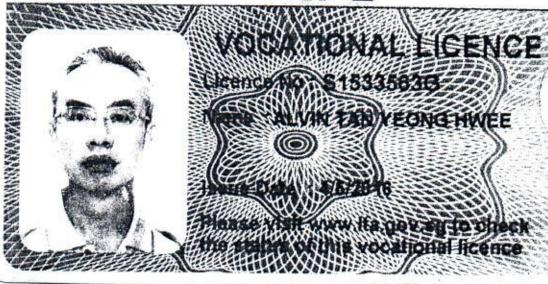
Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

03 Jul 1981



NP 428A

Land Transport Authority



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
02	TAXI VL	04/05/2016
03	BUS VL	20/07/2015
04	BUS ATTENDANT	20/07/2015



MSIG Insurance (Singapore) Pte. Ltd.

4 shorton way, # 7 + 17, \$63 Eestre 2, \$49paper 068607 for his offer 1888, Fax +65,6827,7800 for Bag, No. 2004) (21,20 - 65) Reg, No. 20-04172126



Website http://www.neotestesta.com/ Co. Ret. No. 10770016803

Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES: 1959 (FEDERATION OF MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)

(REPUBLIC OF SINGAPORE)

THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE) OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form 74 7 651

COMMERCIAL VEHICLE Comprehensive

Cortificate No. B 38623691 MKC

Excess | SGD2,500

Index Mark and Registration Number of Vehicle

Name of Policyholder

Mariteam Transport Services Pie. Ltd.

3. Effective Date of the Commencement of Insurance for the purposes of the Act

4. Date of Expiry of Insurance

Persons or Classes of Persons entitled to drive*

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or 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.

Limitations as to use"

Use only for the carriage of passengers or goods in connection with the Policyholder's business. The Policy does not cover

 Use for racing pace-making reliability trial or speed testing.
 Use whilst drawing a trailer except the towing (other than for reward; of any one disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (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.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made, Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

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) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers

100 for Chief Executive Officer