Date In: 23/11/16 - 10-52	Jeb description	OH	Date & Time Completed	Done	by by
	SAS e-filing	g			
Veh No: CBS+7TD		in Shrs, AIC 2hrs)			-
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OD / TP / Reporting Only			3, 77 40/3/		*(* *)
	i-Photo Up				
TP Insurer:	THE STREET	Survey Report	1		
	Ass't Report	by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tol: F	ax:	
TP Particulars: Veh No: الح	90120	INC ()/Non-INC()	(4)	
Owner / Driver: (Tel:)	
	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status	(WO): N: 0-2	0%; P: 21-79%. F: 30-1	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1	,000 ()/\$2,00	0()			
General Remarks:-				No.	
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() Total Loss Case : to e-mail Insu			Note: Total of Topolicis		
Estive-in () / fowed-in (); invol	ce: YES () /	NO();T	'owing Co: (,
Remarks;- (INC hotline: 6788 6616)			Date&Time Completed	Done	by
1) Apply for Transport Allowance ()/	Courtesy Car ()		AVVIANOS DE SA	
2) QC Check / Post Repair Inspection	(1		Cin. Nac. of St.	
		,			
	\$3000] ()			
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Date/Time Actions		Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T	Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$80); See \$40 Arough Survey Arough Survey (Resurvey)	Ant (\$) T\$LBIII 10) 1/\$45 \$120 \$30	Amt (1
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3) Upload Resurvey Photo [Repair Cost > 5 Injury: Date/Time Actions		Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Additio OD* *N5: Courtesy *N6: Repair C *N7: Fost Repair C *N8: DV / Coi	Paration Checklist Reporting (\$30); Assessment (\$100); INC (\$80); See \$40 Arough Survey Arough Survey (Resurvey) Resist INC Only (wef 10 Jan 2005); Resist	Ant (\$) (fit Bill 10) (7545 \$120 \$30) \$75 \$160 \$25 \$3 \$20 30	₹ Amu(

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 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.
 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 ladgement 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

	ACCIDENT STATEMENT
Date Of Report	23/11/2018 10:52
Date Of Accident	22/11/2018 16:40
Exact Location Of Accident	SLIP RD TAMPINES LINK TWDS TAMPINES AVE 10
Country/State of Loss	SINGAPORE
的情况,我们的 对是美国企业的公司的企业,实际企	DETAILS OF OWN VEHICLE
Vehicle Registration Number	CB5575D
Insured/Policyholder	
Name Of Registered Owner	CHIA SEE HUAT
NRIC No	\$1477355Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82331670
Alternative Phone No	OFFICE-82331670
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE 3.0 DX DIESEL TURBO AT 2WD
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	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	5076241092-02
Cover Note Number	
Driver	
Name of Driver	CHIA SEE HUAT
NRIC No	S1477355Z
Date Of Birth	08/07/1961
Occupation	OUTDOOR
Date Of Driving Pass	15/01/1997
Driving Experience	21 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82331670
ax Number	
Contact Number	OFFICE-82331670
EMail Address	NOEMAIL

BLK 625 HOUGANG AVENUE 8 Address #03-184 Postcode 530625 Was driver an employee of the Insured's Company NO If No, Relationship of the Driver with the Insured OWNER 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 DRY Road Surface 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? 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? NO If Yes, against whom? Circumstances of Accident ON STATED DATE AND TIME, I WAS TRAVELLING ALONG STATED VENUE. SUDDENLY VEHICLE B JAMMED BRAKE. I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO MY VEHICLE REAR PORTION. Attachment(s) Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO Was there any audio recorded? NO **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SLJ9015D 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) 2

Passenger 1

NAME: :

GENDER: :

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

NRIC/FIN No.:

Tompines Ave 10	A CB 5575D
	B: 51,59015D
1/2/	
I I I	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to State	ment.		

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.:

Elegan Stoothillaning to

REPUBLIC OF SINGAPORE DENTITY CARD NO. S1477355Z



CHIA SEE HUAT







CHINESE

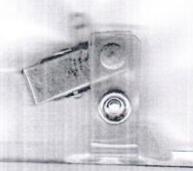
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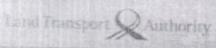
08-07-1961

SINGAPORE









VOCATIONAL LIGENCE

CHIA SEE HUAT

SUM David 3/11/2008

Please visit www ta gov sg to check the status of this vocational licence?





13-07-2011

APT BLK 625 HOUGANG AVENUE 8 #03-184 ADT DIA

SINGAPORE 530825

NRIC No. \$1477355Z

Data: 20/08/2014 (R)



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

EFFECTIVE DATE

Class 28 Class 3

09 Jun 1982 16 Feb 1979

Ciasa 4

Motorcycles =< 200 cc
Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor
vehicles with unladen weight =< 2500kg
Motor vehicles which are constructed to carry load
or passengers and the unladen weight > 2500kg
Motor vehicles which are not constructed to carry
load or passengers and the unladen weight >< 7250kg

13 Jan 1983

bard is not transferable and is the property of the Land Transport Authority (LTA) it must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type 03

Description

BUS VL BUS ATTENDAN

Issue Date

15/01/1997 15/01/1997

NP 428A





eBaoTech	GeneralC						lClaim			
Hello, NAC_PAYA_UBI_80	0601				NAME OF TAXABLE PARTY.	• Change Li	anguage	• Chang	e Password	· Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No.			Date of Accident 22/1		22/11/2018 16:40				
	Vehicle No.(For Motor)	\$75D		Certificate Number						
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5076241092- 02		CHIA SEE HUAT	S1477355Z	GBS	Comprehensive	CB5575D	CB5575D	11/12/2017	10/12/2018
					Continue					

	cy Information						
Palicy No.	5076241092-02	Policyholder Name	CHIA SEE HI	JAT	Policyholder NRIC	S1477355Z	
Certificate No.							
Address	BLK 625 #03-184 HOUGANG	AVENUE 8 SINGA	PORE 53062	5			
Product Name	BUS INSURANCE	Plan	111111		Group Policy Flag	N	
Policy issue Date	22/11/2017	Effective Date	11/12/2017	00:00	Expiry Date	10/12/2018 23:	59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/I	nexperience Driver Excess
Agent	ABWIN PTE LTD	Agent Tel.	68423301		GST Flag	Υ	
Co- Insurance Flag	No						
Open Policy Info							
Certificate Info							
O Policyl	holder Mailing Address						
	BLK 625 #03-184	Addres	s 2	HOUGANG AVENUE	8	Address 3	SINGAPORE 530625
Address 1			Tunn	Singapore address		Post Code	530625
Address 4		Addres	Marine Comment	Dirigopore address			
Address 4 Unit No.			Policy	5076241092-02			
Address 4 Unit No.	ed Object: CB5575D	Related	Policy	ADDRESS CONTRACTOR			
Address 4 Unit No.		Related	Policy	ADDRESS CONTRACTOR			

Claim Handling					
Accident MT/1021064					
Policy No.	5076241092-02	Vehicle No.	CB5575D	GST Registration No.	
Certificate No.		5.778/969/2009		STEENSET CONTRACTOR	
Policyholder Name	CHIA SEE HUAT			Policyhalder NRSC	S14773S52
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading	О
Contact No.(Mobile)	82331670	Contact No (Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	The Sell
KFK	No ○Yes	TCA	® No ○Yes	«Code Reason	
NCD Protection	740	NCD Entitlement(%)	20	Private Hire	No
Accident Details		CONTRACTOR OF THE PARTY			
Keport Date	23/11/2018 11:12	Acodent Report Within 24 hrs.	Yes	Accident Type	CoRsion - Head to Rear
Date of Accident	22/11/2018	Time of Accident hhomm	16:40		
Reporting Centre		Orange Forde	40.70	Country of Accident	Singapore
Accident Location	SLIP RD TAMPINES LINK TWOS TAMPINES	000000000000000000000000000000000000000		ICM No.	
♥ Excess	THE STATE OF THE PARTY OF THE STATE OF THE S	AVE TO			
Own damage Excess		05/00/6 (6			
Unnertied Driver Excess	2,000,00	Additional Excess		Windscreen Excess	100,00
Third Party Excess	+ 500.00	Outside Singapore OD Excess			
Benefits	1,500.00	Outside Singapore TP Excess			
GST Registered Inform	atten				
GST Registered	No				
GST Registration No.	STW.		GST Registration Date GGT Status venified	Yes	
Modification History			The state of the s	165	
Policyholder Mailing Ad	ldress				
Andress 1	BLK 535 #03-184	Address 2	HOUGANG AVENUE B	Address 3	SINGAPORE 530625
Address 4		Address Type	Singapore address	Post Code	530625
Unit No.		Related Policy Number	5076241092-03	ross cope	330023
♥ OI Driver Info		The state of the s	3070241092-03		
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Innamed driver Name	CHIÁ SEE HUAT	Driver NRIC	\$1477355Z	Driver DDB	08/07/1961
egister Date of Driver License	15/01/1997	Driver Age	57	Driving Experience	21
Contact No. (Mobile)	82331670	Contact No.(Office)	0	Contact No.(Home)	0
udaress s	BLK 625	Address 2	HOUGANG AVENUE 8	Address 3	SINGAPORE 530625
Address 4		Address Type	Singapore address	Post Code	
Init No.	03-184	100000000000000000000000000000000000000	architect and esc	Post Code	530625
Does he swn a Singapore		. 200-000000000000			
Togotered zar?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
ederation					
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leading?	o.mg	Any injury?	○ Yes ® No		
fucification History					
Claim 001 New					
Claim 001 New					
am Type *	OD-MX	Insured Name	CHIA SEE HUAT	Insured NRIC	514773552
oritact No. (Mobile)	82371670	Contact No. (Home)	NIL	Contact No. (Office)	
mail Address		Of Vehicle Number	C855750	TP Vehicle Number	SU9015D
larmant Type Clement Type *	Please Select	Type of Benefit *	Mease Select		400000000000000000000000000000000000000
Jaimant Name *	22	Claimant NRIC *			
laimant Address					
laim Description	C85575D / SLJ9015D ON 22 Nov 2018			Name of Preferred Workshop	
referred workshop Contact		Insured Liability •	Not at Pault	-53	
equiry finalisation	Yes 🔍	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
sta Registered	23/11/2018 11:14	Claim Close Date	The state of the s	Date Received	23/11/2018 00:00
aport Taken By	Jackson	The state of the s		Date Received	A.W. 1 1120 10 00 00
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art Dat: Received	● Yes ○ No	Upload Date	23/11/2018 11:17		
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