Date In: (1/15-19:22	Jeb description	Date & Time Completed	Done	by.
	SAS e-filing			
Ref No: NA INC 1900 2441/24	E-mail (within Shrs, AIC 2	her)		
Veh No: PC2187	i-Motor Claim Form	() () () () () () () () () ()	1.10	1
D.O.A: 7/1/19-17:40	i-Motor W/O (Within: 0	111031167 03	11/2/19	79:16
OD /TP) ' Reporting Only	i-Photo Uploaded)D 2008, 17 4013)		
			-	
TP Insurer:	Assessment/Survey Rep Ass't Report by Fax / H		 	
Preferred Wksp / INC Assign Wksp / QV	And the second second second		Fax:	
		NC()/Non-INC().		
Owner / Driver: (IMDS38R	Tel:	,	
Policy No: ()	Period: () Cover Type: (
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (WO): N		100%]	
Year of Registration: () Warranty: YES ()/NO			
	(:\$1,000 ()/\$2,000 ()			
General Remarks:	2 2 3 5 5 5 6 6 5 Y	Net State of the S	nagra in	
A STATE AND CONTRACTOR SANDERS OF ANY ADDRESS OF A	de lafa anabla a triativo Castida atial	8. Strictly NO refer of repairer	2 K W. K. L	
() Walk-In Customer : Customer		& Strictly NO refer of repailer	<u> </u>	
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); Towing Co: (7-1-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1) (10, 10)
Remarks:- 🥠 (INC horline: 6788 66	616) 😁 💮	Date&Time Completed	Done	by
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection	()			TARRES ON
 Upload Resurvey Photo [Repair Cost 	st>\$3000] ()	<u> </u>		
Injury:				
Date/Time Actions		The state of	SPACE . AT	11 L 11 P.
Date/Time Actions	12.00		MARCHELL ST.	 -
	15			
		*		
N-1		77.	Anit (\$)	Ami (1)
NAIGOOGAY.		Preparation Checklist	fu Bill	Add Bill
laimant's Particulars :-	CARREST CONTROL CONTRO	ecident Reporting (\$30); nmage Assessment (\$100); INC (\$80)	
river/Owner:	3) TF : To	wing Fee S	40/\$45	
	4) FT : Fo	llow-Through Survey llow-Through Survey (Resurvey)	\$30	
ontact No:	For clai	mine against INC Only (wef 10 Jan 20)	25)	
maged Portion;		inspection to DA + SMRT Survey	\$75 \$160	
	8) NTUC	Additional Services:-		
Checked by (Engr-In-Charge):	<u>OD*</u> *NS: Co	ourlesy Car / Tpt Allowance	\$5	
	• N6: R	pair Co-ordination	\$10 \$25	
uditors! Comments :-		ost Repair Inspection V / Collect Excess Coordination	\$3	
		1): TP (Non INC) against INC	\$20 30	+.
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2/3;	Invoice do		STEELING .	特种可以

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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 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. 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	11/02/2019 19:22
Date Of Accident	07/01/2019 12:40
Exact Location Of Accident	JUNC BRANKSOME RD & CRESCENT RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	PC7118T
Insured/Policyholder	
Name Of Registered Owner	CHAN HIAN CHEOW
NRIC No	S1251965F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97418830
Alternative Phone No	OFFICE-97418830
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE DX 2.8 AUTO
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
f 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	5100871104
Cover Note Number	
Driver	

Name of Driver	CHAN HIAN CHEOW
NRIC No	S1251965F
Date Of Birth	21/10/1957
Occupation	OUTDOOR
Date Of Driving Pass	13/03/2000
Driving Experience	18 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97418830
Fax Number	
Contact Number	OFFICE-97418830

Address BLK 935 TAMPINES STREET 91

#06-319

Postcode 520935

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 - MAJOR/MINOR RD

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 2

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)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

NO

3

NO

Was there any video captured by Car Camera?

NO

2

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMD538R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver ZHOU

NRIC/Passport Number

Contact Number 93202782

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

NAME:

GENDER: :

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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.
- 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 invoive 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.

for.

Policyholder's Signature Date & Time: Kor

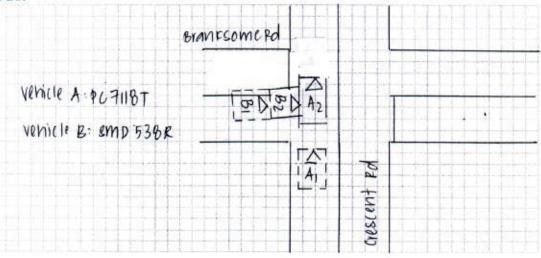
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signatu Name:

NRIC/FIN No.:

Late Arnd Carl Service



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	D	n	the	y sta	ned i	date	γ.	tim e	, J,	ve	hille	Y	, P	17118	3T,
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W. S															

DECLARATION

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

di

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 07 / 01 / 2010	LI(DD/MM/YYY), TI	ME: 12 : 40 HHH:MM
LOCATION: Junition 4 BI	ant come Pd >	c crescent Rd.
1 DETAILS OF VEHICLE	C71187	5 6
b)INSURANCE COMPANY:	NTUL	
CIPOLICY NUMBER 510	0871104	
CIPOLICY TYPE: (COMPREHEN	ISIVE / THIRD PARTY /	THIRD PARTY FIRE &THEFT)
AIMAKE & MODEL	IDVIDIO MILLIES:	
FITYPE (SATOON / COUPE / M	PV /V AN / LORRY / M	IOTORCYCLE / OTHERS)
QIVEHICLE CATEGORY: (PRIVA	TE / COMMERCIAL /	MOTORCYCLE)
HIPURPOSE OF USING AT ACC	IDENT TIME: NO	NE DOLLARS
ILABE VOLL CLAIMING LINDER	YOUR OWN INSURAN	CE (YES/NO)
IF NO, PLEASE STATE (THIRD P	ARTY CLAIM / REPOR	TING ONLY
2. INSURED / POLICY HOLDER	tian cheow	(MOE / FEMALE)
A M A STATE OF THE	S1251965E C	ONTACT: 97419830
STATE OF THE STATE	wines St 91 70	
c) ADDRESS: 127 (AV)	411.2 31 11	
· CONTINUE TO 3.d IF DRIVER	ALSO POLICY HOLDER	R
A STATE OF THE STA	CONTROL COMMON TO SERVICE OF THE PARTY OF TH	
Jep - State		(MALE / FEMALE)
(Induding driver) DINRIC/FIN/PASSPORT:		ONTACT:
(03) CIADDRESS:		
1 female pascenher	13-5	
Lunde Daccus Ed) DATE OF BIRTH: (2)	1957)(DD/MM/	mm) :
BIOCCUPATION, INDOOR 7	UTDOOR)	34
f)YEARS OF DRIVING EXPRERIEN	NCE: 40 YEARS	COMPANYS (VES / NO)
4. WAS DRIVER AN EMPLOYEE IF NO, RELATIONSHIP OF TH	E DDIVED WITH IN	SURED: OWNER
5. a) WEATHER CONDITION: (CLE	P / PAINING / OTHE	
b)ROAD SURFACE: (DRY / WET	OTHERS	
6. WAS ANYBODY INJURED (YES /	NO	
7. a) REPORTED TO POLICE (YES /	MD) .	AM. 55
IF YES, PLEASE STATE WHICH P	OLICE STATION:	
S THIRD PARTY VEHICLE		
No of passenger of VEHICLE NUMBER: SI		ODEL:
Induding definer) b) DRIVER'S NAME: #	hou	9220 1793
(A) SIMOR MIND NRIC/FIN/PASSPORT:	c	ONTACT: 93202780.
Induding driver) b) DRIVER'S NAME: 2 (()) Imale Mixed NRIC/FIN/PASSPORT: HE MAL AFIRD PARTY VEHICLE O) VEHICLE NUMBER:	8000	
	мс	ODEL:
O DRIVER STRAIL		ONTACTU
Including driver) 1) NRIC/FIN/PASSPORT:	CC	ONTACT:
A Company of the Comp		# # # # # # # # # # # # # # # # # # #

email =

Land Transport Authority



VOCATIONAL LICENCE

Licence No : S1251965F

Name

: CHAN HIAN CHEOW

Issue Date : 11/2/2006

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

DRIVING LICENCE



Liepnoe Number S 1 2 5 1 9 6 5 4 Name:

CHAN HIAN CHEOW

Birth Date: 21 Oct 1957

Issue Date: 13 Feb 2003



IDITIC REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$1251965F



Name



CHAN HIAN CHEOW

Race

CHINESE

Date of Birth

21-10-1957

Country of Birth

SINGAPORE



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.

Description Type Issue Date 03% 13/03/2000 BUS VL BUS ATTENDA



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLAS

Motor Cars and Motor Tractors the weight of Class 3 which unladen does not exceed 2500 kilograms 26 Mar 1979

Heavy Motor Cars and Motor Tractors the

05 Nov 1979

weight of which unladen exceeds 2500 kilograms

NP 428A





Blood Group

Date of issue

11-06-1993

APT BLK 935 TAMPINES STREET 91 #06-319 SINGAPORE 520935

19/07/2008 (R) No:



Policy No.	5100871104		Policyholder Name	CHAN HIAN	CHEOW	Policyholder NRIC	S1251965F	
ertificate lo.								
Address	BLK 935 #06-319	TAMPINES ST	REET 91 SIN	GAPORE 52093	35			
Product Name	BUS INSURANCE		Plan			Group Policy Flag	N	
Policy ssue Date	05/06/2018		Effective Date	06/06/2018	00:00	Expiry Date	05/06/2019 2	3:59
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	/Inexperience Oriver Excess
Agent	THINK ONE AUTO	MOBILE & TRA	Agent Tel.	65553300		GST Flag	Y	
	No							
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Icy No. \$100871104 Vehicle No. PC7118T GST Registration No. tificate No. Icyholder Name CHAN HIAN CHEDW Policyholder NATC \$1251965F duct Code BUS INSURANCE Cover Type Comprehensive Loading 0 Intact No. (Mooile) 97418830 Contact No. (Office) 0 Contact No. (Mooile) 0 Contact No. (Home) 0	laim Handling					
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Marche M	K	® No ○ Yes	TCA	® No ⊜ Yes	eCode Reason	
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Total of Accident Control Cont	Accident Details					
Continue	ort Date	11/02/2019 20:24	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Major Minor Road
March Sealand March Sealand Company Color Each Sealand Color Sealand Vertical Seala	e of Accident	07/01/2019	Time of Accident hhomm	12:40	Country of Accident	Singapore
Marchange Contact Co	orting Centre		Orange Force		ICM No.	
Address	ident Location	JUNC BRANKSOME RD & CRESCENT RD				
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March Marc	Appendix Constant					
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### Parks Divisor for ### Carrians	dress 4		Address Type	Singapore address	Post Code	520935
Content Direct Cont	t No.		Related Policy Number	5100871104		
Column	OI Driver Info					
Annual Control Contr		Unnamed Driver	Driver Type	Unnamed Driver		
Driver Age 5 Driving Experience 18					Driver DOB	21/10/1957
STATE STAT			Driver Age	61	Driving Experience	18
Address 2 TAMPURES STREET 91 Address 3 SINCAMORE \$20035			24			0
Accidence Type Accidence Type Sungapore eddress Prox Code \$20935			1131131	All and the second second		
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All Address ALL GUERIFERO, CC OJ Vehicle Number ACTIST TP Vehicle Number SMD538R Manct Type O Banant Type * Please Select V Type of Benefit * Please Select V Manct Name *	m Type *	OD-MX	Insured Name	OHAN HEAN CHEOW	Insured NRIIC	51251965F
mant Type * Please Select	tact No.(Mobile)	97418830	Contact No.(Home)	67847912	Contact No.(Office)	
Claimant NATIC * Image Address Im Description PC71IET / SMDSIBR ON 7 Jan 2019 Insured Lability * Net at Fault Lure Pinalsation Feed Workshop Contact Insured Lability * Net at Fault Lure Pinalsation Feed Submit Insured Lability * Net at Fault Lure Pinalsation Feed Received Insured Lability * Net at Fault Lure Pinalsation Feed Received Insured Lability * Net at Fault Lure Pinalsation Feed Workshop, Name unknown GSA report Received Insured Lability * Net at Fault Lure Pinalsation Feed Workshop, Name unknown GSA report Received Insured Lability * Net at Fault Lure Pinalsation Feed Workshop, Name unknown GSA report Received Insured Lability * Name unknown Insured Lability	all Address	NIL@VERIFIED.CC	OI Vehicle Number	PC7118T	TP Vehicle Number	SMD538R
meret Address Im Description PC718IT / SMD538R DN 7 Jan 2019 Insured Liability * Past at Fault User Frinaisacion R Registered 11/02/2019 20:26 Claim Close Date Claim Close Date Date Received 11/02/2019 00:00 Print AK letter Serie Submit Claim No. MT/1031459 Claim No. Upload Date Print Please Select Print Please Select User Please Select Name of Preferred Workshop All report Received JAN Received	mant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
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Preferred Repair Option Preferred Workshop, Name unknown V GIA report Received V GIA rep	m Description	PC7118T / SMD538R DN 7 Jan 2019			Name of Preferred Workshop	3
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Registered 11/02/2019 20:26 Claim Close Date Date Received 11/02/2019 00:00	ure Finalisation	Tres IVI			GIA report	Received
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