

NATIONAL Assessment Centre Services. [ver 1 Jan'05].

19 MAY 19 04 36

Date In: 05/04/2018 14:06	Job description	Date & Time Completed	Done by
Ref No: NBAR 7119006053/Y	SAS e-filing		
Veh No: PC 625 M	E-mail (Vehicle 3hrs, AIG 3hrs)		
D.O.A: 15/04/2018 21:25	I-Motor Claim Form		
OD: TP - Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars: Vch No: SCT 2736L	INC () / Non-INC ()	
Owner / Driver: ()	Tel: ()	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date: ()	Time: ()
Insured/Driver Liability: () %	[Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date: _____

215206181X	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$50)	
Contact No:	3) TP: Towing Fee	\$10/\$45	
Damaged Portion:	4) FT: Follow-Through Survey	\$120	
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey)	\$30	
Address:	Forfeiting against INC Only (ver 10 Jun 2009)		
Del 1:	6) TR: Re-inspection	\$75	
Del 2:	7) NI: Idaho DA + SMRT Survey	\$160	
	8) NTUC Additional Services:		
	OD:		
	* NG: Courtesy Car / TP Allowance		
	* NG: Repair Coordination	\$10	
	* NG: Post-Bench Inspection	\$25	
	* NG: DV / Critical Excess Coordination	\$5	
	TP (NI) / TP (Non-INC) as per INC	\$20	
	* NI: Idaho Mobile	\$0	
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

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 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	05/04/2019 14:06
Date Of Accident	15/03/2019 21:25
Exact Location Of Accident	ALONG PIE TOWARDS JURONG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC635M
Insured/Policyholder	
Name Of Registered Owner	TG TOURS PTE LTD
Co Reg No	201008697M
Email Address	TRANSPORT@TGTOURS.COM
Mobile Phone No	(LOCAL) +65-90308222
Alternative Phone No	OFFICE-87874693

Vehicle Particulars

Manufacturer	KING LONG
Model	XMQ6900K-6.7 (A)
Exact Purpose for which vehicle was being used at time of accident	GOING BACK HOME
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	D18MCV0000465
Cover Note Number	

Driver

Name of Driver	LEE GEE SWEE
NRIC No	S0243823B
Date Of Birth	09/12/1952
Occupation	OUTDOOR
Date Of Driving Pass	18/05/1979
Driving Experience	39 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90308222
Fax Number	
Contact Number	OTHERS-87874693
EMail Address	TRANSPORT@TGTOURS.COM

Address	BLK 322 TAH CHING ROAD #09-72
Postcode	610322
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

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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)	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

PLEASE REFER TO SKETCH PLAN

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	SKT2736L
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

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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.

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

Pik towards Jirong



- A) P6655m
- B) SK7 2736L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 15/03/2019 AT ABOUT 21:25 I WAS DRIVING ALONG
 PIK TOWARDS AND I WAS AT THE 3RD LANE
 OF 4 LANES ROAD. I SAW A CAR SK7 2736L IN FRONT OF
 ME STOP I TRY TO BRAKE MAYBE I WAS TOO CLOSE
 AND HIT THE REAR OF THE SAID CAR.

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.:

 03/04/2019

 05/04/2019
Khalid Hassan

ACCIDENT STATEMENT

ACCIDENT DATE: (15/03/2009) (DD/MM/YYYY), TIME: (21:25) (HH:MM)

LOCATION: PIE TO Jurning.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC635M
b) INSURANCE COMPANY: India International Insurance Pte Ltd.
c) POLICY NUMBER: D18MCA000465
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: CROISSANT BAKERY HOME
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Lee Gee Swee (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: S0245823B CONTACT: 90208722
C) ADDRESS: #09-22 Singapore
#09-22 Singapore

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TG TOURS PTE LTD. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 2002100867M CONTACT: 81874673
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SK1 2736 L MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
(2)

* No of passenger
(including driver)
()

email = transport@tgtaours.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0243823B



Name
LEE GEE SWEE

李義瑞

Race
CHINESE
Date of birth
09-12-1952
Country/Place of birth
SINGAPORE



Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S0243823B**

Name
LEE GEE SWEE

Birth Date: **09 Dec 1952**
Issue Date: **23 Jul 2015**

002464227E

Land Transport Authority

VOCATIONAL LICENCE

License No: **S0243823B**

Name: **LEE GEE SWEE**

Issue Date: **17/2/2016**

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

5510113



NRIC No. **S0243823B**



Date of issue
23-07-2015

Address

**APT BLK 322 TAH CHING ROAD
#09-72
SINGAPORE 610322**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES!

		EFFECTIVE DATE
C	Class J Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver; and motor tractor/trailer vehicles <= 2500 kg	23 Jun 1977
C	Class A Heavy sport cars and motor tractor <= 2500 kg	18 Mar 1977
C	Class F Motor vehicles <= 1250 kg net construction in carry-also load	28 Nov 1977

S0243823B

NP 425A

S / No. 9000287039



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.

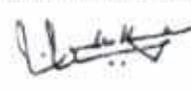
Type	Description	Issue Date
03	BUS VL	14/06/1994



CERTIFICATE OF INSURANCE

ROAD VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1987 (ROAD TRANSPORT ACT 1987 (MALAYSIA))
MOTOR VEHICLES (THIRD PARTY RISKS) RULES 1989 (SINGAPORE)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D18MCV0000465		COVER: Third Party Fire & Theft
1. Index Mark and Registration Number of Vehicle	: PC635M	
Chassis No	: LA6R1DSB5BB202971	
2. Name of Policyholder	: TG TOURS PTE LTD	
3. Effective date of Insurance	: 25 Aug 2018	
4. Expiry date of Insurance	: 24 Aug 2019	
5. Persons or Classes of Persons entitled to drive*	<p>Any person provided he/she is in the Policyholder's employ and is driving on their order or with their permission. Provided that the person driving is permitted in accordance with the licensing or other 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 on their behalf from driving the Motor Vehicle.</p>	
6. Limitations as to use*	<p>Use only for the carriage of passengers or goods in connection with the Policyholder's business. The Policy does not cover (1) Use for racing, pace-making, reliability trial or speed-testing. (2) Use whilst drawing a trailer except the towing (other than for rewards) of any one disabled mechanically propelled vehicle.</p> <p>*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 45 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.</p>	
<p>Excess Sect II - SGD2,500.00 - Within Singapore Only Excess Sect II - SGD3,000.00 - Within Johor Only Geographical Area - Use within the Republic of Singapore & Johor Only Hire Purchase Company - N/A</p>		
<p>FOR DRIVERS BELOW 27 YEARS OR ABOVE 65 YEARS OF AGE & OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500 - ON SECTION II WILL BE APPLICABLE.</p>		
<p>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).</p>		
Agent/Broker	SINCL PTE LTD	For India International Insurance Pte Ltd
Date of Issue	26-08-2018 11:28:43	
MZ600C	(PUBLIC) Omnibuses (company's use)	
		 R. Ravindra Kumar MD & CEO