	tre Services		28512001194		
Date In: 22/1/14-14:32	Jeb deseripți	on	Date & Time Completed	Doi	ne by
Ref No: NA JUCKES 73 17/14	SAS e-filin	g			
Veh No: PC7766 4	E-mail (with	nia Shrs, AIC 2hrs)			94
D.O.A: 16/4/19- 09:00	i-Motor Cl	aim Form	M7/104114-001	mylin	IVIJ
OD / TP / Reporting On	i-Motor W	O (Within: OD 2hr		1	
SD - 11 - Insporting Only	i-Photo Up	loaded	1		
TP insurer:	Assessment/	Survey Report			
12 Moures.	Ass't Report	by Fax / Hand t	o Owner/Wksp	 	
Preferred Wksp / INC Assign Wksp / QW: (Tol:	Fax:	-
TP Particulars: Veh No: 60	W 2057-7	INC ()/Non-INC().		
Owner / Driver: (1,300		Tel:	,	
Policy No: () P	eriod: ()	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 ()		
	,000 ()/\$2,00	0()			
General Remarks:-		(b) = \$177) = 1	7.71		
() Walk-In Customer : Customer's inf	ormation strictly C	onfidential & Str	ictly NO refer of repairer		
() Total Loss Case : to e-mail Insur	rer URGENTLY				
			win a Co. (
, , , , , , , , , , , , , , , , , , ,		NO(); 10	owing Co: ()
Remarks: (INC hotline: 6788 6616)	Commence Click		Date&Time Completed	Don	by
Apply for Transport Allowance () / (
	Courtesy Car ()			
2) QC Check / Post Repair Inspection	()			
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2) QC Check / Post Repair Inspection	()		10.37.1 A	
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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,
- 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.

AC	CIDEN	TSI	ATEN	MENT

 Date Of Report
 22/04/2019 14:32

 Date Of Accident
 16/04/2019 09:00

Exact Location Of Accident JLN PASIRAN TWDS GENTLE RD

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC7766Y

Insured/Policyholder

Name Of Registered Owner RAFI & BROS TRANSPORT

Co Reg No 53128969M Email Address NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-89999999

Vehicle Particulars

Manufacturer TOYOTA

Model HIACE COMMUTER GL 3.0 A

Exact Purpose for which vehicle was being used at

time of accident

COMMERCIAL 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 5092120418-01

Cover Note Number

Driver

Name of Driver SHAIK MUKTHAR S/O MOHD MISKEED

 NRIC No
 \$1538498J

 Date Of Birth
 14/11/1962

 Occupation
 OUTDOOR

 Date Of Driving Pass
 04/07/2006

Driving Experience 12 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81983613

Fax Number

Contact Number OFFICE-81983613

EMail Address NOEMAIL

Address BLK 290 CHOA CHU KANG AVENUE 3

#05-246

2

NO

1

NO

NO

Postcode 680290

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

COCCO MANAGE

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

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?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

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 GBH7853T
Vehicle Make/Model/Colour NISSAN URVAN

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

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

- Please report correctly on the details of the accident to speed up the claims process.
- This form must be completed by the policy holder 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.
- 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time:

Driver's signature (if driver is not policy holder)
Date / time:

reporting centre personnel's Signature Date / time: I was travelling along Jalan Pasiran towards Gentle Road. Vehicle B which was travelling straight along Gentle Road. I did check that the road is clear before turning, when I was about to turn out, rehicle B was going too fast and

DECLARATION

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

Policy holder's signature Driver's signature (if driver is not policy holder) Date & time:

reporting centre personnel Signature

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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 traffic police department for investigation.

	ACCIDENT DETAILS	
Date of accident	16/9/2019	(DD/MM/YY)
Time of accident	9:00AM	
Exact location of accident		(HH:MM)
	JIN Pasivan towards Gentle R	load.

Manager Avendance of	D	ETAILS OF	VEHICLE	STATE OF THE PARTY	MANAGED STREET	1
Vehicle registration number	PC 7	766 Y				
Vehicle make and model		toyota Hiare				
Type of vehicle	Saloon D	MPV D	CRV 🗆	Van.	Others:	
Vehicle category	Private 🗆	Comm	ercial	Motorcyc	The state of the s	
Purpose of using at said time				motorcyc		
Are you claiming under your own insurance company?	Yes Third part cl	No a	if no, plea Reporting	se select:		

	INSURANCE IN	FORMATION	THE STREET, SANSAGE
Insurance company	NTIC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only

production of the second secon	INSURED / POLICY HOLDER	WE THE THE SE	THE REAL PROPERTY.
Name	The second secon	Male 🗆	Female
NRIC / Fin / Passport number		Widie D	Terriale L
Contact	-		
Address	, , , , , , , , , , , , , , , , , , , ,		

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	Shark Mukthar SIO mond MISCEED Male Female -
NRIC / Fin / Passport number	S1538498 J
Contact	8198 3613
Address	BIL 290 Choa Chin Kang Avenue 3 #05-2465(680
Email address	7000
Date of birth	14/11/1962
Occupation	Indoor Outdoor
Driving date pass	3111011997

国家指示图片与2007/00000 第1380000 [4]		INFORMA	TION C	F THE ACCIDEN	THE SAME STATE OF THE PARTY OF
Was driver an employee of	Yes	No d			
the insured's company?	If no, rel	ationship of	of the d	river and insure	d: Dwner
Accident captured by camera?	Yes 🗆	No			
Weather condition	Clear	Rainin	g 🗆	Others:	
Road surface	Dry 🗗	Wet □			
No of passenger	1-				(Inclusive of driver
					7
自己的现在分词		PASS	ENGER	185-12-100	
Name					
Gender	Male 🗆	Female			
	r OX OSSESSED TO	PASS	ENGER	2	And Parking and Spirit Spirit
Name					
Gender	Male 🗆	Female			
				13	
No. of Contract of	计号单位	PASS	ENGER	3	
Name		Alterior III action	- CONTRACTOR		
Gender	Male 🗆	Female	0	/	
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Name					
Gender	Male 🗆	Female t	3		
NAME OF THE PARTY	1000	OTHER INF	ORMA	TION	
Was anybody injured?	Yes 🗆	No	-		STATE OF THE PARTY
Was other vehicle damaged?	Yes 🗷	No 🗆			
				- 1 1/4	
	DETAILS	OF POLIC	E STAT	ON ACTION	
Reported to police?	Yes 🗆	No.	1,12		ich police station.
Police station name			1/	produce with	en ponce station.
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20 中国 10 日 10	THIRD PARTY VEHICLE 1
Vehicle registration number	GBH 7853 T
Vehicle make model	Nissan Uryan
Name	(17,000)
NRIC / Fin / Passport number	
Contact	

	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

NOTES TO SERVICE SERVI	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

BARRETTON CO. CO. CO. C. S. C.	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

With the comment of the state of	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

The state of the s	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

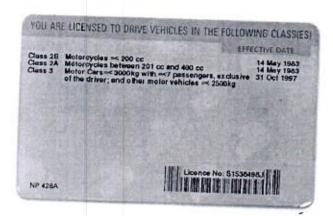
特别是产品的现在分词多次的 1016	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

The second second second		INJURED PERSON 1	
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?		G000384077	
	12		
	数域的	INJURED PERSON 2	EL MEDITAL DIVINIS
Name			
Injuries sustained			1
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Was injured conveyed to	Yes 🗆	No 🗆	
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Injuries sustained			
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Was injured conveyed to	Yes 🗆	No 🗆	
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hospital by ambulance?	-		
Vame		INJURED PERSON 5	而过于(1) (2) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A
njuries sustained	1		
Which vehicle person in?	/		
Were seat belts worn?	V	W-	
Was injured conveyed to	Yes 🗆	No 🗆	
nospital by ambulance?	Yes 🗆	No 🗆	
lospital by ambulancer			
Maria Cara Cara Cara Cara Cara Cara Cara	ATTE STATE OF THE PARTY.	INIU IDED DEDECT -	
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njuries sustained			
Which vehicle person in?			
Vere seat belts worn?	Vac	News	
Vas injured conveyed to	Yes 🗆	No 🗆	
ospital by ambulance?	Yes 🗆	No 🗆	
ospital by ambulancer			











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, 18 Sin Ming Drive; Singapore 575701.

Type Description Issue Date

03 BUS VL 04/07/2006
02 TAXT VL 22/03/2002
04 BUS ATTENDANT 04/07/2006

eBao Tech								Genera	lClaim	
Hello, NAC_PAYA_UBI_80	0601					• Change La	nguage	+ Chan	ge Password	Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date	of Accident	1	6/04/2019 (09:00	
	Vehicle No.(For Motor)	PC7766	ίΥ		Certif	ficate Number				
				1	Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5092120418- 01		RAFI & BROS TRANSPORT	53128969M	GBS	Comprehensive	PC7766Y	PC7766Y	22/06/2018	21/06/2019
	NIA.		111111111111111111111111111111111111111		Continue					

Policy No.	5092120418-01	Policyholder Name	RAFI & BRO	S TRANSPORT	Policyholder NRIC	53128969M	
Certificate No.							
Address	205 HENDERSON ROAD #05-01	A HENDERSO	N INDUSTRIA	L PARK SINGAPOR	E 159549		
Product Name	BUS INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	22/06/2018	Effective Date	22/06/2018	00:00	Expiry Date	21/06/2019 23	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 Driver Excess
Agent	ABWIN PTE LTD	Agent Tel.	68423301		GST Flag	Υ	
Co- Insurance Flag	No						
Policy							
Policy Info Certificate							
Policy Info Certificate Info	nolder Mailing Address						
Policy Info Certificate Info Policy	nolder Mailing Address 205 HENDERSON ROAD	Addr	ess 2	#05-01A HENDE	RSON INDUSTR	Address 3	SINGAPORE 159549
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Policy Info Certificate Info Policy! Address 1 Address 4 Unit No.	205 HENDERSON ROAD	Addr Rela	ess Type ted Policy	Singapore address			
Address 1 Address 4 Unit No.	205 HENDERSON ROAD 05-01A d Object: PC7766Y	Addr Rela	ess Type ted Policy	Singapore address			

Section Sect	Claim Handling Accident MT/1041115					
Marie Mari	Policy No.	5092120418-01	Vehicle No.	PC7766Y	GST Bastetration No.	
Control Cont	Certificate No.		Severi Bridge	14179401	GST Registration No.	
Control Cont	Policyholder Name	RAFI & BROS TRANSPORT			503068058849055	
Contact No.	roduct Code		Cover Type	Comprehensive		
Special Service (Since Cyte)	Contact No. (Motole)					
Second S				0		The state of the s
March Marc	DK.	(R) No C) Ves		0.0		N. V
ACCIDENT ACCIDENT ACCIDENT SAME ACCIDE		7	NCD Entitlement(%)	10	Private Hire	No
Control Cont						
Standard Control Control of Accounts Standard Control Cont				Yes	Accident Type	Collision - Head to Rear
Color Colo		16/04/2019	Time of Academ hh:mm	09:00	Country of Accident	Singapore
Present			Orange Force		ICM No.	
Addressed Excess 1,000 00 Costes Suppose To Excess		JUN PASIRAN TWDS GENTLE RD				
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Part Part Code	wn damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
Peerel	nnamed Driver Excess		Outside Singapore OD Excess			
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The procession for the control of th	T Registered	No		GST Registration Date		
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	iver Name	Unnamed Driver	Oriver Type	Unnamed Driver		
March 160 (Mobile) 81395131			Driver NR3C	915384983	Driver DOB	14/11/1962
Series	gister Date of Driver License	04/07/2006	Oriver Age	56	Driving Experience	12
ASSTEAS TYPE ASSTEAS TYPE ASSTEAS TYPE SINGENORE 600290 NE NO OD-246 OD-	intact No.(Mobile)	81983613	Contact No.(Office)	0	Contact No. (Home)	0
Address Type Singapore address Post Cole 18 No 01-26 18	tdress 1	BLK 290	Address 2	CHOA CHU KANG AVENUE 3	Address 3	SINGAPORE 680290
Service No. OF-266 OF-26 OF-2	idress 4		Address Type	Singapore address	Post Code	
Constance of Bood Test of mg Any injury? Ores @ No Ores @ No Any injury? Ores @ No Ores @	nit No.	05-246				
Claim 001 New SAFE & BOOS TRANSPORT Description * SAFE & BOOS TRANSP	oes he own a Singapore	○ Yes ® No	Driver Vehicle No.		Debug law on Communication	
Any injury?	200000000000000000000000000000000000000		10000000000000000000000000000000000000		priver trouver company	
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Claim 801 New Insured Name SAPE & BROS TRANSPORT Insured NaLC ST12896994 Contact No (Hone) Sill	eathalyser or Blood Test adjour?	0 mg	Any injury?	○ Yes ® No		
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Insured Name SAFI & BROS TRANSPORT Insured Natic S312896994 Nact No. (Mobile) 96909310 Contact No. (Home) NIL Contact No. (Office) G3271325 Insured Type Claimant Type Please Select Vige of Benefit Vige	Gincacion reacury					
About No. (Mobile) Secondary	Claim DD1 New					
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Dispersion Dis			Insured Name	RAFI & BROS TRANSPORT	Insured NRIC	\$3128969M
Interest Type Claimant Type + Please Select	ntact No.(Mobile)	96909310	Contact No (Home)	NIL	Contact No. (Office)	63771125
Interest Type Claimant Type * Please Select	rail Address		O1 Vehicle Number	PC7766Y	TP Vehicle Number	GBH7853T
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Preferred Repair Option Preferred Workshop, Name unknown V GIA report Received V 22/04/2019 14:44 Claim Close Date Date Date Received 22/04/2019 00:00 Print Ax letter Save Submit Street No. MT/1041115 Claim No. 001 1 Doc, Received V Yes No Upload Date 22/04/2019 14:45 Path * Category * Corridonial Urgency * Description * Descripti	ferred Workshop Contact		Insured Liebitty *	Fully at Fault		
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