a per at 1 are NATIONAL Assessment Centre Services. lari I Jan'out MNA 119066869 Date in: Date & Time Completed Done by Jeb description 23 15 /19 16:31 Ref No: SAS c-filing MAIINC1900,9135/44. Veh No: E-mail (white this, AIC this) PC 7118 T DUA . I-Motor Claim Form 23/5/19 08:20. MT11045903-I-Motor W/O (Within: OD 2hrs, TP 4hrs) (II) / Peporting Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wkan Proformed Wissp / INC Assign Wissp / QW: (TP Particulars: Veh No: INC ()/Non-INC (SFU 9973 B Owner / Driver: (Tcl: Policy No: (Period: (Cover Type: (Confirmed by: (Dates Tima: Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%1 Year of Registration: (Warranty: YES ()/NO(Execus: (\$ Loading: \$1,000 ()/\$2,000 (Goudent Kelling Street & The) 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 () ; Towing Co: (uminas a muisemoninaetipulotois area militari 1) Apply for Transfort Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection ") 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury : Daiserone Christians MA1903912. Chumants Penic 1) AR : Ancident Reporting (530); 2) DA 1 Damege Assessment (\$100); INC (\$40) Driver/Owner: 3) TF : Towing Pee \$40/\$45 4) PT : Pollow-Through Survey \$120 Contact No: 5) PT t Pollow-Through Burvey (Resurvey) Por plaining against INC Only (wof 10 Jan 2005) Damaged Portion: 6) TR : Re-Inspection 7) NI 1 Idao DA + SMRT Surve \$160 8) NTUC Additional Services:-QC Checked by (Engr-In-Charge): 33 *NS: Courtesy Car / Tpt Allowance *Not Rapair Co-ordination 510 *NI: Post Repair Inspection \$7.5 +NS: DV / Collect Expess Coordination 33

TP (NII) : TP (Kan INC) against INC

9) N12: Idao Mobile

Involve dated

Involce dated

\$20

Fee Charged

at. 1:

31 2 / 3;

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.
- 5. 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 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	23/05/2019 16:31
Date Of Accident	23/05/2019 08:20
Exact Location Of Accident	JUNC OF FORT RD & TG RHU 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
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
If 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	19 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97418830
Fax Number	various approximate - volument approximate
Contact Number	OFFICE-97418830
EMail Address	NOEMAIL

Address

BLK 935 TAMPINES ST 91 #06-319

Postcode

520935

OWNER

Was driver an employee of the Insured's Company NO

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?

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?

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)

7

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

I STOP AT THE TRAFFIC JUNC OF FORT RD & TG RHU RD, SUDDENLY I FELT AN IMPACT FROM BEHIND, AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B HIT ONTO MY VEH 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

SFU9973B

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

- 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:
 - (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

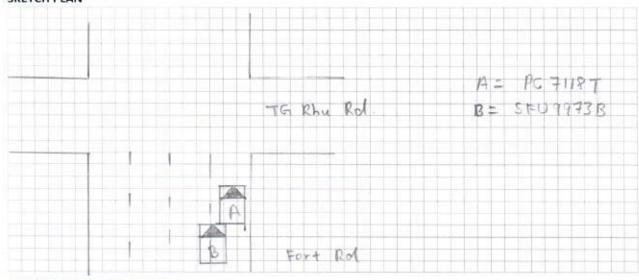
Driver's Signature (If driver is not the policyholder) Date & Time:

Name:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Date & Time:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please	Refer to state	neut
	7	
		-

DECLARATION

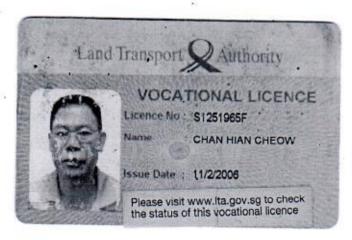
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:

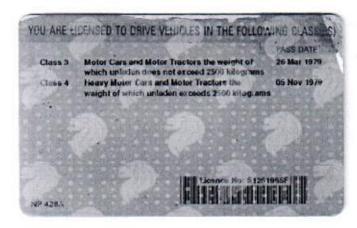
Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

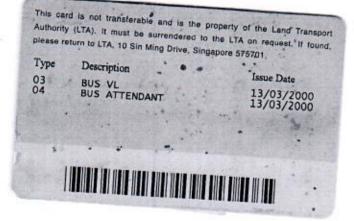
Name: NRIC/FIN No.:













5/23/2019 Policy Search

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ry								
			Dat	te of Accident	-	23/05/2019	16:27	3
Motor) PC71	18T		Cer	tificate Number	J			
			Search]				
No, Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
1104	CHAN HIAN CHEOW	S1251965F	GBS	Comprehensive	PC7118T	PC7118T	06/06/2018	05/06/2019
y	v No. Certificate	y No. Certificate Policyholder Name CHAN HIAN	y No, Certificate Policyholder Policyholder Name NRJC CHAN HIAN \$12519555	Search Ty No. Certificate Number Name NRIC Product CHAN HIAN \$12519555 GRE	Search Search V No. Certificate Number Name NRIC Product Cover Type CHAN HIAN \$125,19555 CBS Comprehensive	Search Search Vehicle Number Name NRIC Product Cover Type Vehicle No. CHAN HIAN \$125,9555 CBS Comprehensive PC71187	Search Search Search Vehicle Insured Number Name NRIC Product Cover Type Vehicle No. Object CHAN HIAN \$125,19555 CRS Comprehensive 907,1187 907,1187	Search Search Cy No. Certificate Policyholder Policyholder Name NRIC Product Cover Type Vehicle Insured Commence Object Date CHAN HIAN SIZE OFF COMMENCE POLICY OF COLUMN PRODUCT OF COLUMN P

Accident MT/1045903 Policy No. Certificate No. Policyholder Name Product Code Contact No.(Mobile) Emeil Address KFK	5100871104 CHAN HIAN CHEOW BUS INSURANCE 97418830	Vehicle No. Cover Type	PC7118T	GST Registration No.	
Certificate No. Policyholder Name Product Code Contact No.(Mobile) Email Address KFK	CHAN HIAN CHEOW BUS INSURANCE		PC7118T	GST Registration No.	
Policyholder Name Product Cade Contact No.(Mobile) Email Address KFK	BUS INSURANCE	Cover Type			
Product Code Contact No.(Mobile) Email Address KFK	BUS INSURANCE	Cover Type			
Contact No.(Mobile) Email Address KFK		Cover Type		Policyholder NRIC	5125
Email Address KFK	97418830	- 100 S S S S S S S S S S S S S S S S S S	Comprehensive	Loading	0
KPK		Contact No.(Office)		Contact No.(Home)	- Annieron
	No. of Marie	Special Remark		eCode	No
	No Yes	TCA	* No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No
P Accident Details Report Date	The same and the same	2011	W007		
Date of Accident	24/05/2019 14:39 23/05/2019	Accident Report Within 24 hrs	Yes	Accident Type	Collis
Reporting Centre	23/03/2019	Time of Accident hh:mm	08:20	Country of Accident	Singa
Accident Location	WINC OF SORT DO A TO DAIL DO	Orange Force		ICM No.	
♥ Excess	JUNC OF FORT RD & TG RHU RD				
Own damage Excess	2,000.00	Additional Excess			
Unnamed Driver Excess	2,000.00	Outside Singapore OD Excess		Windscreen Excess	100.0
Third Party Excess	1,500.00	Outside Singapore TP Excess			
▽ Benefits	4,200.00	Substitute of the Court of the			
GST Registered Informa	tion				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	Yes	
Modification History					
Policyholder Mailing Add	iress				
Address 1	BLK 935 #06-319	Address 2	TAMPINES STREET 91	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	5209
Unit No.		Related Policy Number	5100871104		5000
→ O1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHAN HIAN CHEOW	Driver NRIC	S1251965F	Driver DOB	21/10
Register Date of Driver License	13/03/2000	Driver Age	61	Driving Experience	19
Contact No.(Mobile)	97418830	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 935 #06-319	Address 2	TAMPINES STREET 91	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	5209
Unit No.					
Does he own a Singapore Registered car?	Yes a No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	U Yes ⊛ No		
Modification History Claim 001 New					
Claim Type •			OD-MX	Insured CHAN HIAN CHEON	w
Contact No.(Mobile)				Contact	-
Contact No.(Plopile)			97418830	No. 67847912 (Home)	
Email Address				OI Vehicle PC7118T	
				Number PC71181	
Claim Description Preferred			PC7118T / S	FU99738 ON 23 May 2019	
		ert at Fault			
Description to provide	Repair Preferred World	kshop, Name unknown GIA report Received		Claim	
Pinalisation Yes			24/05/2019	14:42 Close Date	
Pinalisation Yes				1,0000	
Pinalisation Yes Date Registered			LIEW SHAN H	HUI	
Pinalisation Yes Date Registered			LIEW SHAN H	HUI	
Bonuse No. Yes Finalisation Date Registered Report Taken By				HUI	
Bonuse No. Yes Finalisation Date Registered Report Taken By			LIEW SHAN I	HUL	

Claim No.

001

MT/1045903

Accident No.

Yes
 No

Upload Date



	Uploaded By/Date	Folder Date	1	File Name		P Sour
Video List						
	NAC_PAYA_UBI_800501(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 May 2019 14:42	Photos		Normal	Photos 2019-5-24
12	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 May 2019 14:42	Photos		Normal	Photos 2019-5-24
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 May 2019 14:42	Photos		Normal	Photos 2019-5-24
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 May 2019 14:42	Photos		Normal	Photos 2019-5-24
1	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 May 2019 14:43	Photos		Normal	Photos 2019-5-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 May 2019 14:43	Photos		Normal	Photos 2019-5-24
E	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 May 2019 14:43	Photos		Normal	Photos 2019-5-24
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 24 May 2019 14.43	Photos		Normal	Photos 2019-5-24
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 24 May 2019 14:43	Photos		Normal	Photos 2019-5-24
9	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 May 2019 14:43	SAS		Normal	SAS 2019-5-24
EST SEN SES SEN SES	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 24 May 2019 14:43	NRJC/ Driving License		Normal	NRIC/ Driving License 2019-5-
tachment		Uploaded By/Date	Category	9	Urgency	Description

Display in New Window Scan and uploading