NATIONAL Assessment Centre S	services. [wet : Jan'or	MHAIIGHT	and the second	
	Jcb description	Date & Time Completed	Don	e by
Ref No: Na INCIGO 14905 74	SAS e-filing			
Veh No: PASTOS C	E-mail (within 8hrs, AIC 2h	rs)		
D.O.A: 23 18 19-11:00	i-Motor Claim Form	M7/1059171-001	23/8/19 1	2:42
FOR DEPOSITOR OF THE PARTY OF T	i-Motor W/O (Within: O		N 1 1 1 1 2 2	1.11
OD / TP / Reporting Only	i-Photo Uploaded			
	Assessment/Survey Repo	ort		
TP Insurer:	Ass't Report by Fax / Ha	and to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: SM A 1800	71 . IN	C()/Non-INC().	V.	
Owner / Driver: (Tel:)	
Policy No: () Period	: () Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note	e-Est. Status (WO): N:	0-20%; P: 21-79%. P: 80	-100%]	WOUTE-SERVE
Year of Registration: () War	ranty: YES ()/NO	()	The sale of the sa	
Excess: (\$) Loading: \$1,000 ()/\$2,000()			
General Remarks.			33.68 Sec.	
() Walk-In Customer : Customer's informat	tion strictly Confidential	& Strictly NO refer of repairer		
() Total Loss Case : to e-mail Insurer U	RGENTLY.			
Drive-In ()/ Towed-In (); Invoice: YI	ES()/NO()	; Towing Co: ()
Remarks:- (INC hotline: 6788 6616)		Date& Time Completed	Don	Phy
1) Apply for Transport Allowance ()/ Court	discussionale available and the second of the second of	Linear Hills Comple St.	Series of States	o py
2) QC Check / Post Repair Inspection	()	***************************************	-	
3) Upload Resurvey Photo [Repair Cost > \$3000]	1 /)		 	
	1 () =			
Injury:		, , , , , , , , , , , , , , , , , , , 		
Date/Time Actions	A 10 (3) 14 L3	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	STATE OF THE	erra ena erra e
	<u> </u>			98
				ness.
		*		
1				
	DATE OF THE PARTY			T. S. S. S.
HA 1406417	Invoice	Preparation Checklist	Ant (S) fat Bill	Amt (\$)
laimant's Particulars :-		dent Reporting (\$30);		
	2) DA : Dan 3) TF : Tow	ing Fee (\$100); INC (\$	40/\$45	
river/Owner:	4) FT : Follo	ow-Through Survey ow-Through Survey (Resurvey)	\$120 \$30	
ntact No:		ing against INC Only (wef 10 Jan 200		
maged Portion:	6) TR : Re-i	nspection DA + SMRT Survey	\$75	
1		Idilional Services:-		
Checked by (Engr-In-Charge):	OD*	ricsy Car / Tpt Allowance	\$5	
5 17 C	*N6; Rep	sir Co-ordination	510	
iditors' Comments :-		Repair Inspection Collect Excess Coordination	\$25	
1:	TP (N11) 9) N12: Idae	: TP (Non INC) against INC	30	·
2/3:	Invoice date	f Fee Charged		arajan
The state of the s	Lucatas data	Fee Charged	Section 1	DAGGEROND MICCO

in partition.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 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.
 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	23/08/2019 17:13
Date Of Accident	23/08/2019 16:00
Exact Location Of Accident	JLN TOA PAYOH TWDS MACPHERSON RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PA8705C
Insured/Policyholder	
Name Of Registered Owner	CHAE THONG YEN
NRIC No	S1781790F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81980411
Alternative Phone No	OFFICE-81980411
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE COMMUTER GL 3.0 A
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5079452435-03
Cover Note Number	
Driver	
Name of Driver	CHAE THONG YEN
NRIC No	S1781790F
Date Of Birth	07/08/1946
Occupation	OUTDOOR
Date Of Driving Pass	12/11/2002
Driving Experience	16 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81980411

OFFICE-81980411

NOEMAIL

BLK 622 BEDOK RESERVOIR ROAD Address

#06-1504 470622

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

2

NO

NO

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR Road Surface DRY

Other Information

Postcode

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.

1 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

ON STATED DATE AND TIME, I WAS TRAVELLING SLOWLY ALONG THE STATED VENUE, SUDDENLY VEHICLE B CUT ONTO MY LANE FROM LEFT LANE. AS A RESULT, VEHICLE B HIT ONTO MY VEHICLE FRONT LEFT PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number **SMA1809T**

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)

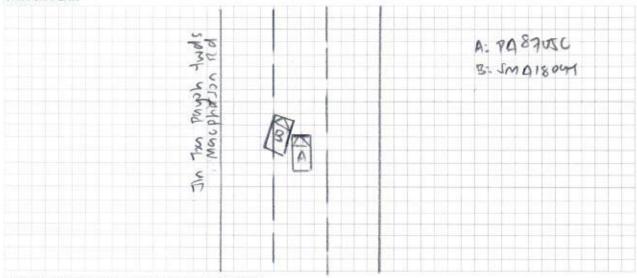
I understand, acknowledge, agree and consent that:

- (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 Date & Time:

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

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Hateming.	

DECLARATION

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

Policyholder's Signature Date & Time:

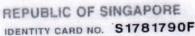
Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:









CHAE THONG YEN





CHINESE

MALAYSIA

07-08-1946 Country/Place of birth





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

04 Dec 1968

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilogram

NP 428A



5303151



For LKK/NAC Useto

This card is not transferable and is the property of the Lang Tamport 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

BUS VL BUS ATTENDANT

Issue Date

08-05-2014

APT BLK 622 BEDOK RESERVOIR ROAD #06-1504 SINGAPORE 470622





olicy No.	5079452435-03	Policyholder Name	CHAE THON	IG YEN	Policyholder NRIC	S1781790F	
Certificate		ivanie			NRIC		
Address	BLK 622 #06-1504 BEDOK RESE	RVOIR ROAD	SINGAPORE	470622			
Product Name	BUS INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	15/02/2019	Effective Date	25/04/2019	00:00	Expiry Date	26/02/2020 23	59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	3000	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/I	Inexperience Driver Excess
Agent	S'PORE SCH&PTE HIRE BUS OW	Agent Tel.	67410788		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 622 #06-1504	Addre	ess 2	BEDOK RESERVOIP	ROAD	Address 3	SINGAPORE 470622
Address 4		Addre	ess Type	Singapore address		Post Code	470622
Jnit No.		Relat Numb	ed Policy per	5079452435-03			
	ed Object: PA8705C						
) Insure							
Ď Insure							

ccident MT/1059171						
Policy No.	5079452435-03		Vehicle No.	PA8705C	GST Registration No.	
Certificate No.						
Policyholder Name	CHAE THONG YEN				Policyhalder NRJC	S1781790F
roduct Code	BUS INSURANCE		Cover Type	Third Party, Fire & Theft	Loading	G .
entact No.(Mosile)	81980411		Contact No.(Office)	0	Contact No. (Home)	0
mail Address			Special Remark		eCode	N. V
FK	® No ○ Yes		TCA	No ○ Yes	eCode Reason	
CD Protection	No		NCD Entitlement(%)	20	Private Hire	No
Accident Details						
port Date	23/08/2019 17:42		Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
de of Accident	23/08/2019		Time of accident hin:mm	16:00	Country of Accident	Singapore
porting Centre			Orange Force		JCM No.	
cident Location	JUN TOA PAYOH TWOS	MACPHERSON RD				
7 Total Excess Applicable						
cess Type	Per Accident		Windscreen Excess	0.00		
Standard Excess		0.00	TP Standard Excess	3,000.00		
ED OD Excess		0.00	YIEO TP Excess		Driver is Covered?	
ditional Excess						
tal OD Excess Applicable		0.00	Total TP Excess Applicable			
7 Benefits	DAVE TO					
GST Registered Informa						
ST Registered ST Registration No.	Ac.			GST Registration Date GST Status Verified	Yes	
dification History				war watus venned	Tes	
Policyholder Mailing Add	dress					
lovess 1	BLK 022 #06-1504		Address 2	BEDOK RESERVOIR ROAD	Address 3	SINGAPORE 470622
dress 4			Address Type	Singapore address	Post Code	470622
it wo.					7011 6404	470022
OI Driver Info			Related Policy Number	5079452435-03		
iver Name	Unnamed Driver		Driver Type	Unnamed Driver		
named driver Name	CHAE THONG YEN		Driver NAC	51781790F	Driver DOB	07/08/1946
gister Date of Driver License						
	12/11/2002		Driver Age	73	Driving Experience	16
ritact No.(Mobile) dress 1	BLK 622		Contact No.(Office)	0	Contact No.(Home)	0
dress d	OCH 022		Address 2	BEDOK RESERVOIR ROAD	Address 3	SINGAPORE 470622
	**********		Address Type	Singapore address	Post Code	470622
Ht No. ses he own a Singapore	06-1504					
gistered car?	O Yes ® No		Driver Vehicle No.		Driver Insurer Company	
deration						
	0 mg		Any injury?	() Yes (® No		
eathalyser or Blood Test ading?						
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offication History Salim OOL New	оо-мх	V	Insured Name	Chae thong yen	Insured NRIC	\$1781790F
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stication History Salm 001 New In Type * Intact No.(Mobile) Ini Address Inition New Type * Inition Name * Inition Address In Description	81980411	22	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *	S4460946 PAB705C Please Select	Contact No. (Office)	
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sification History Salim 001 New In Type * Itact No.(Mobile) In Address Imant Type Claimant Type * Imant Name * Imant Address Im Description ferred Workshop Contact In Registered	81980411 Please Select PAB 705C / 5Ma38097 0 Ves. 23/08/2019 17:47	>> CN 23 Aug 2019	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *	S4460946 PAB705C Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	SMA1809T
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ading? Claim 003 Nex In Type * Intact No.(Moste) Issi Address Ismant Type Claimant Type* Ismant Type Claimant Type* Ismant Address Ism Description Ismant Address Ism Description Ismant Address Ism Description Ismant Address Ism Description Ismant Address Isma	81980411 Please Select PAB 705C / 5Ma38097 0 Ves. 23/08/2019 17:47	>> CN 23 Aug 2019	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date	S4460948 PABTOSC Please Select V Preferred Workshop, Name unknown	Contact No. (Office) TP vehicle Number Name of Preferred Workshop GIA report	SMA1809T

