Date In: 86 19-13:07		[ME: 1 231103] V			
X 16 16 - 2 0	Job description		Date & Time Completed	Do	ne by
Ref No: NA INC GOLG GRETLY	SAS e-filing				
Vch No: PAG724K			1		
D.O.A: 25/19-07:55	E-mail (within !		<u> </u>	-1	
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	i-Photo Uploa		1		
TP Insurer:	Assessment/Sur	vey Report			
	Ass't Report by	Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	
TP Particulars: Veh No: 57	178E	. INC()/Non-INC()		
Owner / Driver: (40	Tel:)	
	riod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [1	Note-Est. Status (W	O): N: 0-20	%; P: 21-79%. P: 80-1	00%]	
	Warranty: YES ()/NO()			
	00()/\$2,000()			- T
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number Fax Number

Contact Number

EMail Address

- 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.
- 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.

atoresaid.	
182 11 12	ACCIDENT STATEMENT
Date Of Report	25/09/2019 17:07
Date Of Accident	25/09/2019 07:55
Exact Location Of Accident	TAMPINES AVE 2
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PA6724K
Insured/Policyholder	
Name Of Registered Owner	RZ TRANSPORT
Co Reg No	53325213W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	REGIUS ACE 2.5 A
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5076553999-03
Cover Note Number	
Driver	
Name of Driver	SUDIRMAN BIN AMAN
NRIC No	S1449375A
Date Of Birth	25/02/1960
Occupation	OUTDOOR
Date Of Driving Pass	08/10/2001
Driving Experience	17 YEARS AND 11 MONTHS
Gender	MALE

(LOCAL) +65-81806544

OFFICE-81806544

NOEMAIL

BLK 420 TAMPINES STREET 41

#08-116

520420 Postcode

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

COLLISION - CHANGE/CROSS LANE Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Address

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

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?

Was there any video captured by Car Camera?

Remarks/ Reasons:

YES VIDEO FOOTAGE WITH DRIVER

SJP5538E

YES

NO

NO

3

NO

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category NG CHAI HUAT Name of Driver

NRIC/Passport Number

96793289 Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Page 2 of 13

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SUDIRMAN BIN AMAN

BODY

PA6724K

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 <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>.
- 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.
- 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 aforesald.
- 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:
 - 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.:

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B	7	Bre.
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1	1	12

Vehicle A. PA 6724K

Vehicle B: SJP 5538E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	On the above said date & time, I was driving my vehicle A
(P	PA 672416) traveling along Tampines Avenue 2 - I was driving straight
on	lane 2 suddenly vehicle B (SUP 5538E) filter out from lane
3	to my lane and collided onto my vehicle left portion.

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 Personnal

Name:

NRIC/FIN No ::

ehicle No.	PA 6724 Model/Make Coyofa Hiace
ate of Accident	25/09/2019
me of Accident	0735 HRS
ocation of Accident	Along Tampines Avenue 2
xact purpose use during accid	
lame of Owner	R2 Transport
elephone No.	H/P: Home: Office:
IRIC	the state of the s
Address	
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTUC
ype of Coverage	Comprehensive Third Party Third Party / Fire / Theft
Policy No.	5076563999-03
Oncy No.	
Name of Driver	As Above If No, Sudirman Bin Aman
VRIC	S1449375A Any Passengers: 2 Hafiq , Jorob
Date of birth	25/02/1960 (Male)
Occupation	Outdoor / Indoor
Driving License Pass Date	14/08/2000
Gender	Male / Female
Contact No.	H/P: 8/80 6544 Home: Office:
Address	BLK 420 Tampines Street 41 #08-116 S(520420)
Driver have any own vehicle	No. Of yes, Reg No. SMH 1359M
Relationship	Employee, If no, state
Weather condition	Clear Raining Other
Road Surface	Not Other
Any Injuries	No, Ityes, Who? Sudirman Bin Aman (81806549
Name And Contact No.	
Name And Contact No.	
Police Report	No, If Yes, Where?
	SJP 5538E Any Passengers : -
Vehicle B No. Name of Driver	Ng Chai Huat Contact No.: 96793289
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	Left portion
	Yes / No
Camera Recorder	sudiman 1960 @ gmail com
Email Address	Social and Library College
PARTICULAR WORKSHOP	NSI Automotive Pte (tel
	COAR COEA / CTAA OF10
CONTACT NO.	6842 0051 / 6744 0510
	6842 0051 / 6744 0510 Zi Ting 6741 0510



Certificate of Insurance

MOTOR VEHICLES (THIRD P	ARTY RISKS AND	COMPENSATION)	ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD P	ARTY RISKS AND	COMPENSATION)	RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5076553999-03 Cover : Third Party, Fire & Theft

Index mark and Registration Number of Vehicle PA6724K

Chassis Number : KDH2200005460

2. Name of Policyholder : RZ TRANSPORT 3. Effective Date of Insurance : 29 Dec 2018

4. Expiry Date of Insurance : 28 Dec 2019

5. Persons or Classes of Persons entitled to drive*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her 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 in that behalf from driving the Motor Vehicle.

6. Limitations as to Use*

- (a) Use for the carriage of passengers in connection with the Policyholder's business.
- (b) Limited to carry 14 passengers

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled weblicle
 - Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation)
 Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

GEOGRAPHICAL LIMIT : WITHIN THE REPUBLIC OF SINGAPORE ONLY

EXCESS (SECTION II) : N/A

EXCESS (SECTION II) : S\$3,000

INSURE WITH COE : YES

HIRE PURCHASE COMPANY : THINK ONE CREDIT PTE LTD

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/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)

Agency : IVAN INSURANCE AGENCY PTE. LTD. (00000614519)

Date of Issue : 10 Dec 2018 13:05 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer Chief Executive

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601	100000000	-	THE RESERVE			• Change	Languag	e • Char	nge Password	Log Out
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	10.				Date o	f Accident		25/09/2019	07:55	
	Vehicle	No.(For Motor)	PA6724	K	-0-5	Certific	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5076553999- 03		RZ TRANSPORT	53325213W	GBS	Third Party, Fire & Theft	PA6724K	PA6724K	29/12/2018	28/12/2019
	_				C	ontinue					

	T Victoria Proteoria di Victoria	Policyholder	2222000		Policyholder	F222F24200	
Policy No.	5076553999-03	Name	RZ TRANSP	ORT	NRIC	53325213W	
Certificate No.							
Address	BLK 8 #14-4088 NORTH BRIDGE	ROAD SING	APORE 19000	08			
Product Name	BUS INSURANCE	Plan			Group Policy Flag	N	
olicy ssue Date	10/12/2018	Effective Date	29/12/2018	00:00	Expiry Date	28/12/2019 23	3;59
Excess Type		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	/Inexperience Driver Excess
Agent	IVAN INSURANCE AGENCY PTE.	Agent Tel.	64400220		GST Flag	Y	
Co- insurance Flag Open Policy Info	No						
Certificate							
Info							
	holder Mailing Address						
	holder Mailing Address BLK 8 #14-4088	Addre	ss 2	NORTH BRIDGE R	OAD	Address 3	SINGAPORE 190008
Policyl	and the second to the second t	0.0000000000000000000000000000000000000	ss 2	NORTH BRIDGE R		Address 3 Post Code	SINGAPORE 190008 190008
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Policyl Address 1 Address 4 Unit No.	BLK 8 #14-4088 14-4088 ad Object: PA6724K	Addre Relate	ss Type ed Policy	Singapore address			

ccident HT/1064024					and the second			
ecy No.	5076553999-03	Vehicle No.	PA6724K	.0	ST Registration No	6		
rtificate No.					alle delle conse		5332521	tw.
icyholder Name	RZ TRANSPORT				olicyholder NRJC			386
sduct Code	BUS INSURANCE	Cover Type Contact No.(Office)	Third Party, Fire & Theft 0		oading Contact No.(Home)		0	
ntact No.(Mobile) all Address	0	Special Remark	**		Code		NC V	
K Appress	® No ○ Yes	TCA	® No ○Yes		Code Reason		2	
D Protection	No.	NCD Entitlement(%)	0		rivate Hire		No	
Accident Details		A Company of the Comp	130					
port Date	25/09/2019 17:18	Accident Report Within 24 hrs	Yes	,	scodent Type		Collision	Change / Cross lane
te of Accident	25/09/2019	Time of Accident hh:mm	07:55		Country of Accident		Singapore	CARGONIA PROPERTY
	an on each	Orange Force	77/65		CM No.		100000	
porting Centre	TAMPINES AVE 2	Oldinge Force		-				
cident Location	TAMPINES AVE 2							
	0.00	Additional Excess			Windscreen Excess		0.00	
en damage Excess	0.00	Outside Singapore OD Excess						
named Driver Excess and Party Excess	3,000.00	Outside Singapore TP Excess						
	3,000.00	Guisse singapore in Excess						
F GST Registered Informa	atom.							
T Registered	No		GST Registration Date					
T Registration No.			GST Status Verified		Yes			
dification History								
Policyholder Hailing Ade	dress							
ddrese 1	SLK 8 #14-4088	Address 2	NORTH BRIDGE ROAD	4	Address 3		SINGAPO	RE 190008
idress 4		Address Type	Singapore address	9	Post Code		190008	
ne No.	14-4088	Related Policy Number	5104130757-01					
OI Driver Info		30						
river Name	Unnamed Driver	Driver Type	Unnamed Driver					
nnamed driver Name	SUDIRMAN BIN AMAN	Driver NR3C	S1449375A		Driver DOS		25/02/19	160
egister Date of Driver License	08/10/2001	Driver Age	59	1	Driving Experience		17	
ontact No.(Mobile)	81806544	Contact No.(Office)	0		Contact No.(Home)	ij.	0	
idress 1	BLK 420	Address 2	TAMPINES STREET 41		Address 3		SUN PLA	ZA GARDENS
							520420	
ddress 4	SINGAPORE 520420	Address Type	Singapore address		Post Code		520420	
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