I Data Inc. 1	Jeb description		Date & Time Completed	Done	py
Date Inty 114 - MINY					
Ref No: HA HE 19319391/24	SAS e-filing			<u> </u>	
Veh No: pciosom	E-mail (within Sh	irs, AIC 2hrs)			
D.O.A : 20 00 00	i-Motor Claim		M71069704001	4/11/19 00	179
OD / TP / Reporting Only	i-Motor W/O ((Within: OD 2hr	s, TP 4brs)	<u> </u>	
OD 7 11 - Telporting 2019	i-Photo Upload	ded	1		
TD (Assessment/Sur	vey Report	<u> </u>		
TP Insurer:	Ass't Report by	Fax / Hand	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:	
TP Particulars: Veh No:	*	. INC ()/Non-INC().		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	6) [Note-Est. Status (W	O): N: 0-2	0%; P: 21-79%. F: 80	-100%]	
rear of regulation.) Warranty: YES ()/NO()		
Excess: (\$) Loading:	\$1,000 ()/\$2,000 ()		7	
General Remarks:-		the state of the state of	The state of the substitute of the state of	And the second s	174
() Walk-In Customer: Customer's	information strictly Conf	fidential & S	rictly NO refer of repaire	r	
() Total Loss Case : to e-mail In	surer URGENTLY.				
	voice: YES () / NO	0();7	Cowing Co: ()
			Date&Time Completed	Done	by
Remarks: (INC hotline: 6788 661	0)	CONTRACTOR STATE	The rest of the second	100000	
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1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions NA [608324] Inimant's Particulars: river/Owner: ontact No: amaged Portion:	()	Invoice Pro 1) AR: Accide 2) DA: Dameg 3) TF: Towing 4) FT: Follow- For claiming 6) TR: Re-iusp 7) N1: Idae D/ 8) NTUC Addi OD*	at Reporting (\$30); c Assessment (\$100); INC Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2 ection a + SMRT Survey tional Services:-	(\$80) \$40/\$45 \$120 \$30 (005) \$75	THE CONTRACTOR
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Expense for

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.
- 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.

By the lodgement of this report to the insurers, you hereby consaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	04/11/2019 09:44
Date Of Accident	24/10/2019 21:00
Exact Location Of Accident	JUNC BOON LAY PLACE & BOON LAY AVE
Country/State of Loss	SINGAPORE
Commission of the second second of	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PC1000M
Insured/Policyholder	
Name Of Registered Owner	TRAVEL GSH PTE LTD
Co Reg No	199205400K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86133011
Alternative Phone No	OFFICE-86133011
Vehicle Particulars	
Manufacturer	ZHONG TONG
Model	LCK6118H
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	REPORTING ONLY
Vehicle Category	BUS
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5112415009
Cover Note Number	
Driver	
Name of Driver	BAI JIANFENG

G2059251L Passport No/FIN Date Of Birth 24/08/1972 OUTDOOR Occupation Date Of Driving Pass 02/06/2014

5 YEARS AND 4 MONTHS Driving Experience

Gender MALE

Mobile Number (LOCAL) +65-90382986

Fax Number

Contact Number OFFICE-90382986

NOEMAIL EMail Address

Address

BLK 36 KIM TIAN ROAD #29-02 REGENCY SUITES.

Postcode

169279

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

10-01

Insurance Company of Driver's Own Vehicle

_

General Information of the Accident

Type Of Accident

NO COLLISION

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

1

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

31

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station Police Station Name

NANYANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 2 JURONG WEST AVENUE 5, POSTCODE: 649482, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-7929999 - FAX NO: 67912972

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - J/20191025/2115.

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 INJURED PERSON 1

Name

BAI JIANFENG

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

PC1000M

Were seat belts worn?

Was this injured conveyed to hospital by

YES

ambulance?

Address Postcode

Page 2 of 15

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:

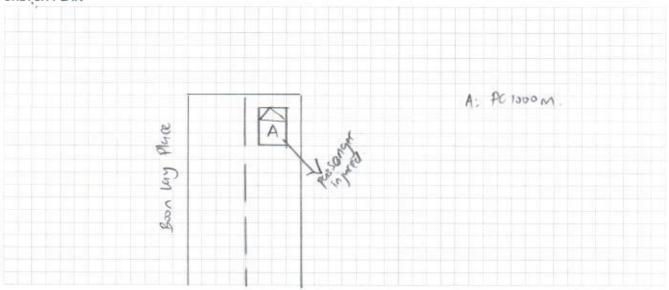
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
 - 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.:



left to pok	1 report - 1/2019125/215.	
To.	1 x = 10 = 10 = 10 = 10	

DECLARATION

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

या:ल

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: DY / 19. (DI	D/MM/YYYY}, TIME :(2 : 03.){HH:MM
LOCATION: June from lay place	& Boon lay Ave.
1. DETAILS OF VEHICLE	0
a) VEHICLE NUMBER: PC 1300M.	
b)INSURANCE COMPANY: HTVC	
CIPOLICY NUMBER: 5112415000	
	/ THIRD PARTY / THIRD PARTY FIRE &THEFT)
e)MAKE & MODEL:	/ MIND PARTY THRU PARTY FIRE &THEFT)
	AN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / C	COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT	T TIME
I) ARE YOU CLAIMING UNDER YOUR	OWN INSTRANCE IVES MAL
IF NO, PLEASE STATE (THIRD PARTY	CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER	STATE ON THE STATE OF THE PARTY
A]NAME:	(MALE / FEMALE)
b)NRIC/FIN/PASSPORT:	CONTACT: 86 137 011.
c)ADDRESS:	
* CONTINUE TO A LITERAL	+ 1
* CONTINUE TO 3.d IF DRIVER ALSO I	POLICY HOLDER
Conduding dis a DINAME: But Jim frig	~
DINRIC/FIN/PASSBORT	(MALE FEMALE)
CIADDRESS:	CONTACT: 90% 2986.
1. sagred.	
A CONTROL OF BIRTH / W / S / WA	V- 1(DD/MM/VYYY)
CONFYER TO DOWN OF CHAIL BOOCCUPATION: (INDOOR / OUTDO	ORI
O THE THE PERSON OF THE PERSON	/101 PM
 WAS DRIVER AN EMPLOYEE OF TH 	IE INSURED'S COMPANYS (VEG. / NO)
IF NO, RELATIONSHIP OF THE DRI	IVER WITH INSURED.
3. GIWEATHER CONDITION: (CLEAR / RA	AINING / OTHERS
b)ROAD SURFACE: DRY / WET / OTH	ERS CONTRACT
6. WAS ANYBODY INJURED (YES) NO)	entangle (megla.
7. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE 8. THIRD PARTY VEHICLE	STATION:
the of passenger a) VEHICLE NUMBER:	
(Including driver) b) DRIVER'S NAME:	MODEL:
	COUTLAN
9. THIRD PARTY VEHICLE	CONTACT:
Ho of passinger d) VEHICLE NUMBER:	MODEL:
(Induly and Induly and	
(Induding driver) f) DRIVER'S NAME:	CONTACT
()	
SCHOOL STATE OF THE STATE OF TH	

email =

fax =

VIDEO =



POLICE REPORT (NP299)

Police Station Of Origin Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No. 1800-7929999



1 of 2

Report No. J/20191025/2115

Date/Time Report Made 25/10/2019 22:24	Vide Report No.			Station Diary No.	
Name Of Informant BAI JIANFENG			TIAN ROAD #29-02 REGENCY SUITE		
ID Type / ID No. FIN NO / G2059251L	Contact	Contact No. Home/Office M		Mobile	
Nationality CHINESE	Email Address		90382986		
Occupation Bus driver Institution/School Name	Sex Male Languaç	Age 47	Date of Birth 24/08/1972	Race Chinese	
Date/Time Of Incident 24/10/2019 21:00	DESCRIPTION OF THE PERSON OF T	t SINGAPORE Boon Lay Shoppi			
Brief details.	The local designation of the local designation	TOTAL TIGAL	COUNT Lay SHOPPI	ing Centre	

On 24/10/2019, at about 2100hrs, I was driving my private bus bearing registration number PC1000M along Boon Lay Place. Before that, I had picked up 30-over passengers at Boon Lay Shopping Centre. The passengers had booked the bus service through my company, Travel GSH Pte Ltd. While travelling along Boon Lay Place, the traffic light at the traffic junction turned red. Thus, I jammed my brakes and as a result, a Malay passenger, who was standing up, then lost his balance and hit his head against the front windscreen of my bus. The front windscreen of my bus suffered a crack as a result. However, the Malay

Signature Of Officer Recording The Report:	Signature Of Informant:
J / Sgt 2 CHONG JIA WEI	自建峰
Signature Of Interpreter. Not applicable	Date/Time: 25/10/2019 22:24
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / Sgt 2 GOH MING LI Contact No.: 63167666	Classification Of Case:
Authentication Starte	

Authentication Stamp





SIGNATURE





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20191025/2115

passenger was not bleeding from his head.

I called for ambulance after seeking advice from my company. Ambulance made a check on the Malay passenger and subsequently conveyed him to hospital. Police was not call in for the incident.

I am lodging this report for record purpose under my company instruction.

Signature Of Officer Recording The Report:

J / Sgt 2 CHONG JIA WEI

Signature Of Interpreter. Not applicable

Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / Sgt 2 GOH MING LI Contact No.: 63167666

Signature Of Informant:

25/10/2019 22:24

Classification Of Case:

Authentication Stamp

SINGAPORE POLICE FORCE

SIGNATURE



olicy No.	5112415009	Policyholder Name	TRAVEL G	SH PTE LTD	Policyholder NRIC	199205400K	
Certificate	5112415009-000008						
Address	101 UPPER CROSS STREET #B1-	17M PEOPLE	S PARK CEN	NTRE SINGAPORE 058	357		
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	08/10/2019	Effective Date	09/10/201	9 00:00	Expiry Date	08/10/2020 23	:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	3000		Windscreen Excess	500	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/	Inexperience Driver Excess
Agent	NLE INSURANCE AGENCIES PTE	Agent Tel.	64250080)	GST Flag	Y	
					10000 100000		
insurance	No						
insurance Flag Open	No				3000 E		
insurance Flag Open Policy Info Certificate	No				PRODUCTION OF		
insurance Flag Open Policy Info Certificate Info	No holder Mailing Address				PESSIC		
insurance Flag Open Policy Info Certificate Info Policy		T Addre	rss 2	#B1-17M PEOPLE'S	PARK CENTI	Address 3	SINGAPORE 058357
insurance Flag Open Policy Info Certificate Info Policyl Address 1	holder Mailing Address		rss 2 ess Type	#B1-17M PEOPLE'S	S PARK CENTI	Address 3 Post Code	SINGAPORE 058357 058357
Co- insurance Flag Open Policy Info Certificate Info Policyt Address 1 Address 4 Unit No.	holder Mailing Address	Addre	ess Type ed Policy	2.20.00 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0	PARK CENTI		
insurance Flag Open Policy Info Certificate Info Policy! Address 1 Address 4 Unit No.	holder Mailing Address	Addre Relate Numb	ess Type ed Policy	Singapore address	PARK CENTI		
insurance Flag Open Policy Info Certificate Info Policy! Address 1 Address 4 Unit No.	holder Mailing Address 101 UPPER CROSS STREE ed Object: 5112415009-000008	Addre Relate Numb	ess Type ed Policy	Singapore address	PARK CENTI		
insurance Flag Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No. Insure	nolder Mailing Address 101 UPPER CROSS STREE ed Object: 5112415009-000008	Addre Relate Numb	ess Type ed Policy per	Singapore address			
insurance Flag Open Policy Info Certificate Info Policy! Address 1 Address 4 Unit No. Insure Endors Sequer	nolder Mailing Address 101 UPPER CROSS STREE ed Object: 5112415009-000008	Addre Relati Numt	ess Type ed Policy per	Singapore address 5112417558		Post Code	058357

Claim Handling					
Accident MT/1069709					
Pakcy No.	5112415009	Vehicle No.	PC1000M	GST Registration No.	
Certificate No.	5112415009-000008				
Policyholder Name	TRAVEL GSH PTE LTD			Policyholder NRIC	199205400K
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading	а
Contact No. (Mobile)	86133011	Contact No.(Office)	0	Contact No.(Home)	0
Emat Address		Special Remark		eCope	THE W
KFK	® No ○ Yes	TCA	® No ⊜ Yes	eCode Reason	19000000
NCO Protection	No.	NCD Entitlement(%)	0	Private Hire	Na
Accident Details		were entirement of		P. Real C. Park	190.
		0.0.00.00.00		900 9	FE 755
Report Date	04/11/2019 09:54	Academ Report Within 24 hrs	Yes	Accident Type	No collision
Date of Accident	24/10/2019	Time of Accident Nh:mm	21:00	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	JUNC BOON LAY PLACE & BOON LAY AVE				
▼ Total Excess Applicable	E.				
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	3,000.00	TP Standard Excess	1,500.00		
VIED OD Excess	0.00	VIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	3000.00	Total TP Excess Applicable			
♥ Benefits					
GST Registered Inform	ation				
2ST Registered	Yes		GST Registration Date	26/10/1998	
GST Registration No.	199205400K		GST Status Verified	Yes	
Modification History	04/11/2019 09:55:26 System 04/11/2019 09:55:26 System	m changed GST Registered from No. m changed GST Registration No. fr	o to Yes om nust to 199205400K		
	04/11/2019 09:55:26 System	m changed GST Registration Date f	rom null to 25/10/1995		
→ Policyholder Hailing Ad	dress				
Address 1	101 UPPER CROSS STREET	Address 2	#81-17M PEOPLE'S PARK CENTI	Address 3	SINGAPORE 058357
Address 4		Address Type	Singapore address	Post Code	058357
Unit No.		Related Policy Number	5112417558		
♥ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	BAI JIANFENG	Driver NRIC	G2059251L	Driver DOB	24/08/1972
Register Date of Driver License	02/06/2014	Driver Age	47	Driving Experience	5
Contact No.(Mobile)	90382986	Contact No.(Office)	0	Contact No.(Home)	0
Address I	36 KIM TIAN ROAD	Address 2	REGENCY SUITES	Address 3	SINGAPORE 169279
Address 4		Address Type	Singapore address	Post Code	169279
Unit No.	29-02				
Does he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Registered car?	O res & res	prives serioe as			
Declaration					
Breathalyser or Blood Test			00		
Reading?	0 mg	Any injury?	® Yes ○No		
Modification History					
AND THE RESERVE TO SECOND					
Claim 001 New					
Claim Type *	00-MX	Insured Name	TRAVEL GSH PTE LTD	Insured NKIC	199205400K
Contact No.(Mobile)	93805854	Contact No.(Home)		Contact No. (Office)	65363933
Emer Address		01 Vehicle Number	PC1000M	TP Venicle Number	
Claimant Type Claimant Type •	Please Select	Type of Benefit *	Please Select	ACCOUNT OF AN ADDRESS	
Daimant Name *	22	Claimant NRIC *			
Claimant Address	9.60		120		
Claim Description	PC1000M DN 24 Oct 2019			Name of Preferred Workshop	
Preferred Workshop Contact		Descript Colories	Not at Paids	TE .	
No.		Insured Lieblity *	Not at Fault		
Require Finalisation	Yes 🔻	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	04/11/2019 09:89	Claim Close Date		Date Received	04/11/2019 00:00
Report Taken By	Jackson				
Print AK letter					
			Save Submit		
Attachment					
22					
9		A			
Accident No.	MT/1069709	Claim No.	001		
Last Doc. Received	● Yes ○ No	Upload Date	04/11/2019 10:01		
	Path *	7	Category •	Confidential Urger	cy * Description *
		Browse	Gear Please Select	V Normal	V
		Browse	Dear Please Select	V Normal	V
		Browse	Quar Please Select	V Normal	V
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