NATIONAL Assessment Centre	CIDI FICTOR	wet i Jan'us;	MIMA 119148		
11/11/19 09:28	Jeb description		Date &Time Comple	ned E	foirs by
WAI INC19019890/64	SAS c-filling				
Ventila PA 7940X	E-mail (widin t	hrs, AIC 2hrs)			
25/10/19 14:20 .	I-Motor Claim	n Form	MT11068786	11/11	119 17:01
	I-Motor W/O	(Within: OD 2hrs			***************************************
(ii) If ' Repairing Only	i-Photo Uploa	ded			
	Assessment/Sur	vey Report			
TP Impres	Ass'i Report by	Fax/Handt	Owner/Wktn		
Proformi Wissp / INC Assign Wissp / QW: (AND SECURIOR		Tol:	Fax:	
I'l Particulius: Veh No: 53	JQ 71996.	. INC()/Non-INC()	
Owner / Driver: (11 101.		Tel:	.)	
Policy No: () Pario	d: ()	Cover Type: ()
Confirmed by : (Date;	Tlme:)	
Insured/Driver Liability: (%) [No	te-Est. Status (W	O): N: 0-2	%; P: 21-79%. F:	80-100%]	
Year of Registration: (') Wa	irranty: YES ()/NO()		
Excess: (\$) Loading: \$1,000	()/\$2,000()			
Send that the first of the send of the sen	SHEDEN	建筑建筑	A Description of the second	Laster A	
) Walk-In Customar ; Customer's Inform	ation strictly Con	fidential & St	ictly NO rafer of repa	irer.	
) Total Loss Case : to e-mail Insurer	URGENTLY.				
Drive-In ()/Towed-In (); Invoice:	YES () / N	O();T	owing Co: (· , ')
tennelse - Anno hapitelores colonia.		NAMES OF STREET	Briez Briegolina	建校装建	one by
	rtesy Car ()	MADE CONTRACTOR	The state of the s	1	Total Control
2) QC Check / Post Repair Inspection	(·)		. *		
() Upload Resurvey Photo [Repair Cost > \$300					
Injury:					
	Manual Company	or or name and assert	STREET,	NESCHIER ST	14-15-40-
and the decomposition of the property	401.00 E 60 E 6			ESPESSO.	SEE.
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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.

- 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.

在文章的企业。由3.10名词 by 50.000 5000	ACCIDENT STATEMENT
Date Of Report	11/11/2019 09:28
Date Of Accident	25/10/2019 14:00
Exact Location Of Accident	ALONG CAIRNHILL CIRCLE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PA7940X
Insured/Policyholder	
Name Of Registered Owner	JK SINCERE TRANSIT SERVICES
Co Reg No	53213662D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91455796
Vehicle Particulars	
Manufacturer	TOYOTA
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	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	5100101134-01
Cover Note Number	
Driver	
Name of Driver	CHIA PENG KOON

 Name of Driver
 CHIA PENG ROC

 NRIC No
 \$1649662F

 Date Of Birth
 14/07/1964

 Occupation
 OUTDOOR

 Date Of Driving Pass
 17/10/1987

Driving Experience 32 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91455796

Fax Number Contact Number

EMail Address NOEMAIL

Address

BLK 53 MARINE TERRACE #02-215

Postcode

440053

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

SIDE SWIPE

Type Of Accident 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

2

Was any body injured in the Accident?

NO

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.

NO

Number of Passengers (Including Driver)

2

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station Police Station Name

MARINE PARADE N.P.C

Police Station Address

ROAD: 300 MARINE PARADE ROAD, POSTCODE: 449296, COUNTRY:

SINGAPORE

Police Station Contact
Was notice of intended Prosecution given?

TEL NO: - FAX NO:

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20191106/2156

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

SJQ7199G

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:
 - 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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

			A	5	PA	70	1402	(
			13	11	53	a	7199	6	
A									
6									

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer	+ >	Police	Report	T/20191106/2156
		_	,	/
			/_	
			/	
			/	

DECLARATION TO

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.:





Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

Report No. T/20191106/2156

1 of 3

Tel No: 1800-4428999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/11/2019 20:27	Vide Report No.:	Station Diary No.: 59

00/11/20	713 20.27			59		
Informa	nt's Partic	ulars				
Name of Informant: CHIA PENG KOON			Address: APT BLK 53 MARINE TERRACE #02-215 SINGAPORE 440053			
ID Type / ID No.: NRIC NO / S1649662F			Contact No.: Home/Office: Mobile: 91455796			
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Male	Age: 55	Date of Birth: 14/07/1964	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name		
Occupation:		Driving Licence Information: Class: Date of Expiry:				

Jenoral Inton	mation of the Accid				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 25/10/2019 14:00	Type of Location: Straight Road	
Location:					
CAIRNHILL C Along Cairnhi Weather: Clear		Road Surface:		Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Worl	king	Traffic Volume: Heavy	
Type of Collis		To Side	9510	Anyone conveyed by ambulance:	

Details of Vehicle Involved									
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger			
PA7940X	Bus/Coach/Mi nibus	TOYOTA	HIACE COMMUTER GL 3.0 A	Silver	Slightly Damaged	1			
SJQ7199G	Car	TOYOTA		Black	Slightly Damaged	0			

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

Tel No: 1800-4428999

2 of 3 Report No. T/20191106/2156

CONTINUATION OF REPORT

Name	01111						
ivame	CHIA PENG KOON	A PENG KOON				S1649662F	
Related Vehicle	PA7940X (Bus/Coa	PA7940X (Bus/Coach/Minibus)					
	(Bus/Coach/Minibus)				act No.	91455796	
Hospital/Clinic	NIL						
Plospital/Clinic NIL				Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Data Dis				
No. of Days granted Medical Leave NIL			Date Disc Degree o		NIL		

Brief Details.

On 25/10/2019 at around 1400hrs, I was driving my bus PA7940X along Cairnhill Circle. Just after the traffic light, I signalled right to merge onto the middle lane. I then checked the blight spot and the driver on the middle lane gave the go ahead signal for me to change lane. While changing lane, the car had collided onto the right side of my bus. No one was injured. I on the hazard light intend to stop my bus but the driver pointed to me and drove off towards Scott Rd. There is no camera installed in my bus.

On 06/11/2019, I received a letter from NTUC income insurance and was advised to lodge a police report.

Damages to my bus as follows:

1) Scratches at the right side





3 of 3 Report No. T/20191106/2156

Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

Tel No: 1800-4428999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Staff Sgt MUHAMMED SHERIFF MOHAMMED HUSSAIN DEEN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/11/2019 20:27
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168 SINGAPORE	

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						· Change	Languag	e • Chan	ge Password	· Log Out
My Desktop	Polic	cy Query									
	Policy N	lo.				Date	of Accident		25/10/2019	09:25	
	Vehicle	No.(For Motor)	PA7940	X		Certif	ficate Number	ij.			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5100101134- 01		JK SINCERE TRANSIT SERVICES	53213662D	GBS	Third Party, Fire & Theft	PA7940X	PA7940X	03/05/2019	02/05/2020
						Continue					

Claim Handling

Poscy No.	5100101134-01	Vehicle No.	PA7940X		GST F	Registrat	tion No.			
Certificate No.										
Policyholder Name	JK SINCERE TRANSIT SERVICES				Policy	holder N	WRIC		53213662D	
Product Code	BUS INSURANCE	Cover Type	Third Party, Fire &	Theft	Loadi	ing			0	
Contact No.(Mobile)	NA.	Contact No.(Office)			Conta	oct No.()	tome)			
Email Address		Special Remark			eCode	e			No *	
KFK	- No Yes	TCA	= No Yes		eCode	e Reason	7			
NCD Protection	No	NCD Entitlement(%)	20		Privat	te Hire			No	
Accident Details										
Report Date	29/10/2019 11:22	Accident Report Within 24 hrs	Yes		Accid	ent Type	8		Collision - Chi	ange / Cros
Date of Accident	25/10/2019	Time of Accident hh:mm	13:40		Count	try of Ac	cident		Singapore	
Reporting Centre		Orange Force			3CM 5	No.				
Accident Location	TUNC CAIRNHILL CIRCLE & CAIRNHILL	LRD								
▼ Total Excess Applicable										
Excess Type	Per Accident	Windscreen Excess		0.00						
OD Standard Excess	0.00	TP Standard Excess		3,000,00						
VIED OD Excess		VIED TP Excess			Drive	r is Cove	ered?		Not Applicable	
Additional Excess										
Total OD Excess Applicable	0,00	Total TP Excess Applicable		3,000,00						
→ GST Registered Informat	Son									
GST Registered	No		GST Regis	stration Date						
GST Registration No.			GST Statu	is Verified		yes				
Modification History	29/10/2019 11:23:0	6 System changed GST Status Venfied from No	to Yes							
Policyholder Mailing Add	ress									
Address 1	BLK 53 #62-215	Address 2	MARINE TERRACE		Addre	188 3			MARINE TERR	ACE HAVES
Address ≠	SINGAPORE 448053	Address Type	Singapore address		Post 0	Code			440053	
Unit Na.	02-215	Related Policy Number	3103494065-01							
OI Driver Info										
Driver Name		Oriver Type								
Unnamed driver Name		Driver NRIC			Drive	r DOS				
Register Date of Driver License		Driver Age			Drivin	g Expen	ience			
Contact No.(Mobile)		Contact No.(Office)			Conta	et No.(H	fome)			
Address 1		Address 2			Addre	155.3				
						W. C. SC.				
Address 4		Address Type	Foreign address		Post C	Code				
unit No. Does he own a Singapore Registered car?	Yes - No	Address Type Driver Vehicle No.	Foreign address				r Compar	w.		
unit No. Does he own a Singapore Registered car?	Yes - No		Foreign address		Drive	r Insurer	r Compar	Υ		
unit No. Does he own a Singapore Registered car? fudfication History Claim 002 New	Yes - No		Foreign address	OD-MX	Driver	r Insurer		e transit se		
unit No. Does he own a Singapore Registered car? Nudification History Claim 002 New Claim Type *	Yes • No		Foreign address	OD-MX 86521964	Insu Nerr Cont	r Insured			Conta No.	ect +
unit No. Does he own a Singapore Registered car? fludification History Claim 002 New Claim Type * Contact No.(Mobile)	Yes • No		Foreign address		Insu	r Insurer	SINCER		Conta No. (Offic	e) +
Unit No. Does he own a Singapore Registered car? Modification History Claim 002 New Claim Type * Contact No.(Mobile)	Yes • No		Foreign address		Insu	r Insurer			Conta No. (Offic TP Vehic Numb	ect + sjq7
unit No. Does he own a Singapore Registered car? fluctrication History Claim 002 New Claim Type * Contact No. [Mobile] Email Address	Yes - No		Foreign address		Insu	ured 3k he tact me)	SINCER		Conta No. (Offic TP Vehic Numb Prefe	te SJQ7
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Unit No. Daes he own a Singapore Registered car? Modification History Claim 002 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop O	Insured Liability Parafarered Repair Preferred Week	Driver Vehicle Ng.		86521964 PA794BX / SJQ7199G ON	Insur Nam Cont No. (Hotel Num 25 Oct 201)	r Insurer ured DX tool mee)	SINCER		Conta No. (Offic TP Vehic Numb Prefe Work	ect + side sJQ7
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