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Done		Paka of INC		·ax:					
Policy No: (Owner / Driver: (17700							
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2 DA: Damage Assessment (\$100); INC (\$80) IVCI/Owner: 3) TF: Towing Fee	POST CONTRACTOR CONTRA		THE PARTY OF THE P	IN Bill Add B					
4) FT : Follow-Through Survey \$120	Adminit s Particulars :-	5002792.0000 00000 pp. 600000, 200							
Trick Sources Source	iver/Owner:								
For claiming against INC Only (wef 10 Jan 2005)	ntact No:								
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*N6: Repair Co-ordination 510 *N6: Repair Co-ordination 510 *N7: Fost Repair Inspection 525 *N8: DV / Collect Excess Coordination 55 I: TP (N11): TP (Non INC) against INC 520 9) N12: Idea Mobile 30 2/3: Invoice dated Fee Charged	3			90					
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1: TP (N11): TP (Non INC) against INC S20	ditors' Comments :-	*N7: Fost Repai	r Inspection \$	Market Commencer of State of S					
9) N12: Idno Mobile 30 2/3: Invoice dated Fee Chargea				The second secon					
Z/3: Invoice dated Fee Chargea Market									
Invoice dated Fee Charged	2/3:			Marie Control					

SINGAPORE ACCIDENT STATEMENT

Ak I

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.
- 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

	ACCIDENT STATEMENT
Date Of Report	09/01/2020 17:29
Date Of Accident	08/01/2020 13:00
Exact Location Of Accident	ANGLO - CHINESE SCHOOL PRIMARY
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PC4697H
Insured/Policyholder	
Name Of Registered Owner	JK SINCERE TRANSIT SERVICES
Co Reg No	5XXXX662D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	тоуота
Model	HIACE COMMUTER GL 3.0A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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

5078285261-04

NOEMAIL

-			
Di	ni٦	10	24

Policy Number

EMail Address

Cover Note Number

Name of Driver HAN SOON YIN NRIC No SXXXX237Z Date Of Birth 26/05/1964 OUTDOOR Occupation Date Of Driving Pass 18/01/2006 13 YEARS AND 11 MONTHS **Driving Experience** Gender FEMALE Mobile Number (LOCAL) +65-91455927 Fax Number OFFICE-91455927 Contact Number

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

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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)

0

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

REFER TO STATEMENT.

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

CB7752X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

BUS

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 Mease 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
- 3 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 repudiate policy liability.
- 4 The usure 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.
- 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.
- Ex 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.
- Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- 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")
- 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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, mivestigation 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,

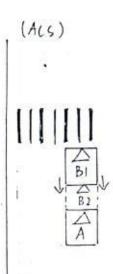
Pola ynolder's Signature Date & Time Driver's SignaldYe (If driver is not the policyholder)

Date & Time:

Reporting Centre Persons 4's Name.

NRIC/FIN No.

VUNCLE A. PC4697H vehice B. CB7751X.



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Policyholder's Signature

Date & Time:

ng particulars are true in every bespect

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name

NRIC/FIN No

ACCIDENT STATEMENT

ACCIDENT DATE: 08 / 01 / 2070 ((DD/MM/YYYY), TIME: 13 : 00)(HH:MM)
LOCATION: Within Anglo-Chinese School Primary.
1. DETAILS OF VEHICLE OJVEHICLE NUMBER: PC4697H DJINSURANCE COMPANY: NT U C CIPOLICY NUMBER: 5078 585 561 - 04
G)POLICY TYPE: (COMPREHEDSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) 6)MAKE & MODEL: T(NOTA HIR)(()TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS) G)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: (YES/NO)
2. INSURED / POLICY HOLDER A)NAME: JK SINGERE TRANSIT SEVICED (MALE / FEMALE)
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
Cinduding chies DRIVER O)NAME: #AM (DON YIM (MALE / FEMALE) D)NRIC/FIN/PASSPORT: S1636237 CONTACT: 9145 5927 C)ADDRESS: 53 MANNE JEVRALE #02-215 S(44003)
e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE:
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES 7 NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: (WYLLY) 5. OJWEATHER CONDITION: (CLEAR / RAINING / OTHERS
b)ROAD SURFACE: (DRY / WET / OTHERS
8. THIRD PARTY VEHICLE (B776) X MODEL:
(01) Male third party vehicle
to duding driver) f) NRIC/FIN/PASSPORT:CONTACT:

email =

eBao Tech									明	Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601				and the later of t	A I I I I I I I I I I I I I I I I I I I) Change L	anguage	· Chan	ge Password	NO CONTRACTOR
My Desktop	Poli	cy Query									
Notice of Lass	Policy !	No.				Date	of Accident	08	3/01/2020		
	Vehicle No. (For Motor)		PC4697	PC4697H			Certificate Number				
					1	Search					
	Select	Palicy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5078285261- 04		JK SINCERE TRANSIT SERVICES	532136620	GBS	Comprehensive	PC4697H		11/09/2019	10/09/2020
					C	Continue					

Sequenc	e Date of Endorsement	E	ndorsemen	t Type	Endorsement	Status	Endorsement Content
□ Endorse	ements						
♪ Insured	Object: PC4697H						
Jnit No.	02-215	Relater Numbe	d Policy er	5103494065-01			
Address 4	SINGAPORE 440053	Addres	120 CH	Singapore address	3	Post Code	440053
Address 1	BLK 53 #02-215	Addres	s 2	MARINE TERRACE		Address 3	MARINE TERRACE HAVEN
	older Mailing Address						
Certificate Info							
Open Policy Info							
Co- insurance Flag	No						
Agent	S'PORE SCH&PTE HIRE BUS OW	Agent Tel.	67410788		GST Flag	Υ	
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	g/Inexperience Driver Excess
Additional Excess		OS Premium	0				
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	500	
Excess Type	Per Accident	All Claims Excess					
Policy issue Date	31/08/2019	Effective Date	11/09/201	9 00:00	Expiry Date	10/09/2020 2	3:59
Product Name	BUS INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 53 #02-215 MARINE TERRA	CE SINGAPOR	E 440053				
Certificate No.					HAIC		
Policy No.	5078285261-04	Policyholder Name	JK SINCER	RE TRANSIT SERVICES	Policyholder	53213662D	

Claim Handling										
Accident MT/1079366										
Palicy No.	5078265261-04	Vehicle No.	PC4	6974			GST Registration No.			
Certificate No.										
Policyholder Name	IK SINCERE TRANSIT SERVICES						Pakcytrolder NRIC		53213662D	
Product Code	BUS INSURANCE	Cover Type	Con	mpremer	SINE		Loading		D	
Contact No.(Mobile)	0	Contact No.(Office)	0				Contact No.(Home)		0	
Email Address		Special Remark					eCode		11.4	
KFK	® No ○ Yes	TCA	(8)	No 🗀 Y	es		eCode Reason			
NCD Protection	No	NCD Entitlement(%)	30				Private Hire		No	
 Accident Details 										
Report Date	09/01/2020 18:18	Accident Report Within 2	24 hrs Yes				Academt Type		Damaged while	st parked
Date of Accident	06/01/2020	Time of Accident hh:mm	13:	00			Country of Accident		Singapore	
Reporting Centre		Orange Force					TCM No.			
Accident Location	ANGLO - CHINESE SCHOOL PRIMARY									
Total Excess Applicable		2009/09/04/25 (816			V-225/2011					
Excess Type	Per Accident	Windscreen Excess			500.00					
OD Standard Excess	2,000.00	TP Standard Excess			1,500.00					
VIED OD Excess	0.00	YIED TP Excess					Driver is Covered?			
Additional Excess										
Total OD Excess Applicable	2000.00	Total TP Excess Applicab	ile :							
▽ Benefits										
□ GST Registered Informa	ation									
GST Registered	No.			GST	Registration Cate					
GST Registration No.					Stebus Venther		Yes			
Misdification History	09/01/2020 18:20:07 5/56	rm changed GST Status verifi	hed from No I	to Yes						
	gest?									
⇒ Policyholder Mailing Ad Address 1	BLK 52 #02-215	Address 2	sike	RINE TE	DEADE		Address 3		MARINE TERR	400 00000
Address 4	5INGAPORE 440053	Address Type		рароге а			Post Code		440053	ALE HAVEN
Unit No.	02-215						Post Code		440003	
OI Driver Info	02/215	Related Policy Number	210	349406	3-01					
Driver Name	Unnamed Driver	Driver Type	Clinn	amed D	muer					
Unnamed driver Name	HAN SOON YIN	Driver NRIC		OX2372			Driver DOB		26/05/1964	
Register Date of Driver License		Driver Age	55				Driving Experience		13	
Contact No. (Mobile)	91455927	Contact No.(Office)	0				Contact No.(Home)		0	
Address 1	BUX 53	Address 2		ADME TE	RRACE		Address 3		MARINE TERR	ACE HAVEN
Address 4	SINGAPORE 460053	Address Type		apore a			Post Code		440053	
Unit No.	02-215									
Does he own a Singapore	○ Yes ® No	Driver Vehicle No.					Driver Insurer Company	,		
Registered car?	NA VIOLE COS									
Declaration										
Breathalyser or Blood Test Reading?	0 mg	Any injury?	0	res ® N	WO .					
nesung										
Modification History										
- durication reality										
Claim 001 New										
Claim Type +	OD-HX V	Insured Name	DK S	SINCERE	TRANSIT SERVICES		Insured NRIC		53213662D	
Contact No.(Mobile)	86521964	Contact No.(Home)	275.4	MINGENI	Transpir desertices		Contact No.(Office)		+	
Email Address	NO SELECTION OF SE	Ot vehicle Number	904	697H			TP Vehicle Number		CB7752X	
Claimant Type Claimant Type*	Please Select V	Type of Benefit *	600000	ase Sele	NT.		ALCO DE TRANSPORTO			
Claimant Name +	>>	Claimant NR3C *	1							
Claimant Address										
Claim Description	PC4697H / CB7752X ON 8 Jan 2020						Name of Preferred Work	cahop		
Preferred Workshop Contact No.		Insured Liability *	Not	et Paul	t V					
Require Finalisation	Yes	Preference Repair Option	r Pref	ferred V	Forkshop, Name unknown	V	GIA report		Received	~
Date Registered	09/01/2020 18:20	Claim Close Date					Date Received		09/01/2020 0	0:00
Report Taken By	Jackson									
Print AK letter	50000000000000000000000000000000000000									
			Save	Sub	mit					
Attachment										
22										
9	5255242P	52.0-000			17227					
Accident No.	MT/1079366	Claim No.			001					
Last Doc. Received	● Yes ○ No	Upload Date			09/01/2020 16:21					
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