	NAME OF TAXABLE PARTY.	1 may	ate & Time Comple	led !	Done b	1
Date In: 15 1/10 - 10: 34	Job description	ID	ate & Time Compte	160	Done	
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	i-Motor W/O (W	ithin: OD 2hrs, TP	4hrs)			
OD TP Reporting Only	i-Photo Uploade	ed				
	Assessment/Surve	y Report				
TP Insurer:	Ass't Report by F	ax / Hand to O	vner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Т	ol:	Fax:		
TP Particulars: Veh No: CH	6-76A	INC(/Non-INC ()	Na Decide	
Owner / Driver: ([cl:)	
Policy No: ()	Period: () Cc	ver Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%;	P: 21-79%. F:	30-100%]	
Year of Registration: ()		/NO()			V	
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General Remarks:-				233000	Marie .	
() Walk-In Customer : Customer's i	information strictly Confid	ential & Strictly	NO refer of repa	irer.	-2/,233	
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Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 15/01/2020 10:45

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.

	ACCIDENT STATEMENT
Date Of Report	15/01/2020 10:37
Date Of Accident	29/12/2019 11:05
Exact Location Of Accident	CHANGI AIRPORT TERMINAL 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PC6955A
Insured/Policyholder	
Name Of Registered Owner	ISLAND BUS EXPRESS PTE LTD
Co Reg No	2XXXXX213D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91281115
Alternative Phone No	OFFICE-91281115
Vehicle Particulars	
Manufacturer	ZHONG TONG
Model	LCK6107H AUTO
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5113288926
Cover Note Number	
Driver	
Name of Driver	ZHANG YONG
Passport No/FIN	GXXXX613M
Date Of Birth	20/03/1982
Occupation	OUTDOOR
Date Of Driving Pass	23/09/2019
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84205608
Fax Number	
Contact Number	OFFICE-84205608

NOEMAIL

Address

61H CHOA CHU KANG ROAD

NICON GARDENS

Postcode

689396

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

Type Of Accident

COLLISION - CHANGE/CROSS LANE

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

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

YES

Number of Passengers (Including Driver)

1

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

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SH6076A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

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.
- 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 withholding of material
 facts may allow insurance companies to repudiate policy liability.
- 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 wehicle(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)
 - 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)

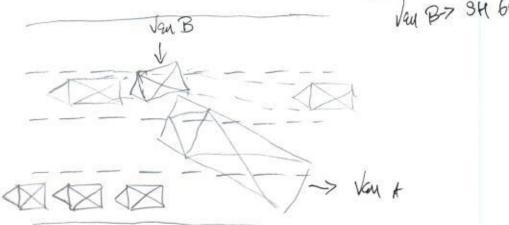
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Ven A-7 PC 6955 A Ven B-7 SH 6076A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was overtaking stationary vehicle in front of stopped to give way to a veh passing through, after my mirror and bland sport for vehicle and confirm moving off. Before I even move off, suddenly I fe vight of my veh and realise veh B had overtook in and due to the poor judgement of veh B thus hitting ont	ed that it is desired before It is huge impact from the
You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time trame from	
DECLARATION We declare the topological and the day of occurance.	. 4 * . 2

clars are true in every respect

Policynoicer's Signature 01 Date & Time

driver is not the policyholder Pare & Time

Name Name

Peppming ()en--4 24-54

DATE OF ACCIDENT	MAKE & MODEL: Thong Tong Bus
TIME OF ACCIDENT	11 08 AM / PM
LOCATION OF ACCIDENT	Man or A
Exact Purpose use during acciden	nt Hong Chauge Awport Permina 1
NAME OF OWNER	Island Bus Express Pte Ltd
TELP NO	9128/115 Press Pte Ltd
NRIC	
CLAIM TYPE	OD / THIRD PARTY / Reporting Only
PRIVATE HIRE	YES / NO 2 Reporting Only
INSURANCE CO.	
TYPE OF CAVERAGE	Ntuc
POLICY NO.	Comprehensive / Third Party / Third Party Fire & Theft
	5104588726 5 113288926
NAME OF DRIVER	A an all passengers are some of the second o
NRIC	C2107020
DATE OF BIRTH	20 / 03 / 1982 Any passengers.
OCCUPATION	Outdoop / Indoor
DATE OF DRIVING PASS	00 / 6
GENDER	Male / Female
CONTAC NO.	Charle
ADDRESS	TIOID:
DRIVER HAVE ANY OWN Vehicle	NO / If yes, Reg No. (689396)
RELATIONSHIP	NO / If yes : Reg No.
WEATHER CONDITION	Employee / If No:
ROAD SURFACE	Clear / Raining / Other:
ANY INJURIES	Dry / Wet / Other.
CONTAC NO.	No If yes . Who?
POLICE REPORT	
VEHICLE B NO.	No / If yes : Where?
NAME	SH 6076 A Any Passenger:
CONTAC NO.	Tany Landerix CI :
VEHICLE C NO.	
EHICLE D NO.	A say Dogger
VEHICLE D NO.	Any Passenger :
EHICLE F NO.	Any Passenger .
NY WITNESS	Any Passenger
	Any Passenger
VITNESS CONTACT NO.	
VAS THERE ANY VIDEO CAPTURE?	
AS THERE ANY AUDIO CAPTURE?	YES / NO
CENE ACCIDENT PHOTOS TAKEN?	YES / NO
TANKEN!	N
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My Desktop	Poli	cy Query								•	
Notice of Loss	Policy N	Vo.	511328	8926		Date	of Accident	28	7/12/2019	11:05	
	Vehicle No. (For Motor)		PC6955	PC6955A Certificate Numb		cate Number					
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5113288926	5113288926- 000001	ISLAND BUS EXPRESS PTE LTD	2017152130	GFM	Comprehensive	PC6955A		09/10/2019	08/10/2020

Accident MT/1077796										
Palicy Na.	S113288926	Vehicle No.	POS955A			GST Registration	No.		20171521	D.
Certificate No.	5113288926-000001						900			
Policyholder Name	ISLAND BUS EXPRESS PTE LTD		3 10			Policyholder NRI	C		20171521	PD .
Product Code	PLEET MASTER INSURANCE	Cover Type	Comprehe	reive		Loading	252)		0	
Contact No.(Mobile) Small Address	na .	Contact No. (Office) Special Remark				Contact No.(Hor eCode	nei)		100	
KFK	® No ○Yes	TDA	® No ○	Ten.		eCode Reason			1	
NCD Protection	No	NCD (intitlement(%))	ď			Private Hire			No	
Accident Details										
Report Date	30/12/2019 17:43	Accident Report Within 24 hrs	Yes			Academi Type			Side Swize	
Date of Accident	29/12/2019	Time of Accident hhome	11:05			Country of Accid	e ne		Singapore	
Reporting Centre		Cirange Force	1100000			ICM No.	2.17			
Accident Location	AIRPORT TI DEPARTURE					TOT HOL				
▼ Total Excess Applicable	ALPONIA I L DEPARTORE									
xcess Type	Per Accident	Windscreen Excess		500.00						
		The second second		330,00						
OD Standard Excess	3,000.00	TP Standard Excess		1,500.00						
TED OD Excess		YIED TF Excess				Oriver is Covere	d7		Not Applica	ble
Additional Excess										
Total DO Excess Applicable	3000.00	Total TP Excess Applicable		1,500.00						
⇒ Benefits										
⇒ GST Registered Informa										
ST Registered	Yes			Registration Date		12/02/	2018			
ST Registration No.	2017152130	Caraca de Caraca de Periodo de Caraca de Carac		F Status Ventied		Yes				
fedification History	SWILDSON AT ANCIES	System changed GST Status Venified from	TOND DO YES							
Policyholder Mailing Ad	dress									
doress 1	61H OHOA CHU KANG ROAD	Address 2	NICON GA	anews		Address 3			SINGAPOR	5 68979P
Address 4	DEFICITION CHO KAND RUND									5 9993340
Jntt No.		Address Type Related Policy Number	Singapore 51144996			Post Code			689396	
⇒ OI Driver Info		Keladed Folicy Multiple	21144230	.0						
Oriver Name		Driver Type								
Annamed driver Name		Driver NRIC				Driver DOB				
Register Date of Driver License		Driver Age				Driving Experien	6.0			
		Driver Age Contact No.(Office)				Driving Experien Contact No. (Hon				
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Register Date of Driver License Contact No. (Mobile) Address 4 Junit No. Does he own a Singapore Registered car?	○ Yes: ® No	Contact No.(Office) Address 2	Foreign ad	dress		Contact No.(Hor Address 3	ne)			
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