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Owner / Driver: (Tcl:)
Policy No: () Per	iod: ()	Cover Type:)
Confirmed by a (Dates,	Tin)
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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,
- 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.
- 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.

ACCIDENT STATEMENT

	ACCIDENT STATEMENT
Date Of Report	31/01/2020 16:22
Date Of Accident	02/01/2020 10:30
Exact Location Of Accident	ALONG COMMONWEALTH AVENUE WEST
Country/State of Loss	SINGAPORE
(数数字)的 《数据》及中部 "合并可以 0	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PC2448Z
Insured/Policyholder	
Name Of Registered Owner	ASCENTIA BUS SERVICES
Co Reg No	
Email Address	HINHUP@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-91790293
Alternative Phone No	OFFICE-91790293
Vehicle Particulars	
Manufacturer	KING LONG
Model	XMQ6902K-6,7 D (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	NO
Policy Number	5109463322
Cover Note Number	
Driver	
and the state of t	

 Name of Driver
 ZHANG ZHIQUAN

 Passport No/FIN
 GXXXX392P

 Date Of Birth
 17/12/1969

 Occupation
 OUTDOOR

 Date Of Driving Pass
 22/05/2009

Driving Experience 10 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91790293

Fax Number

Contact Number OTHERS-91790293

EMail Address HINHUP@SINGNET.COM.SG

Address

3 ALEXANDRA VIEW #13-10 ASCENTIA SKY

Postcode

158749

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

•

The state of the s

•

General Information of the Accident

Type Of Accident

SIDE SWIPE

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

NO

ambulance?
Was any other material or property damaged?

YES

I have been approached by unknown person(s)

777045

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

20

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

PLEASE REFER TO ATTACHMENT

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

SMB3534S

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. 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 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 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:
 - (i) 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)

ZHANG ZHIQUAN

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

	//
	V.M.
	Mr.
	(V) (V)
	N
/	
-	

DECLARATION

I/We declare the focegoing particulars are true in every respect.

Policyholder Signato Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

ZHANG ZHIQUAN

Reporting Centre Personnel's Signatu

NRIC/FIN No.:

PC 34482 A A A A D

1) I was driving on centre lane 1) sm35345 was coming from my behind lane 1)

@ SMB35345 bus suddleng drive too near to my lane, the bus hit on my bus mght hand side mirror and drove off.

(3) 9 horn at him and chase him and he finally stop shead.

(4) 9 west down to inspect my bus the side mirror was misalingen. 9 ask side mirror was misalingen. 9 ask shop he say he do not know why no stop he say he do not know he got hit my bus.

(5) We inspect his bus but see no damage

Market hours



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7	IF NO, PLEASE STATE (THIRD PARTY CLAIM / RE	RANCE (YES/NO)	
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email = HmHup

Claim Handling

Accident MT/1078647						
Palicy No.	5109463322	Vehicle No.	PC2448Z		GST Regis	fration No.
Certificate No.						
Policyholder Name	ASCENTIA BUS SERVICES				Policyhuldi	er NRIC
Product Code	BUS INSURANCE	Cover Type	Comprehensive		Loading	
Contact No.(Mobile)	NA.	Contact No. (Office)			Contact No	s. (Home)
Email Address		Special Remark			eCode	
KFK.	n No Yes	TCA	+ No Yes		eCode Rea	ison
NCD Protection	No	NCD Entitlement(%)	0		Private Hi	16
Accident Details						
Report Date	06/01/2020 13:50	Accident Report Within 24 hrs	You		Accident 1	Turnin .
Date of Accident		Time of Accident Nhumm				
Reporting Centre	02/01/2020		23(30)		Country of	ALCIGENT
		Orange Picce			JEM mu.	
Accident Location	COMMONWEALTH AVE WEST AFT B/S 20101					
→ Total Excess Applicable						
Ехсеза Туре	Per Accident	Windscreen Excess		500.00		
OD Standard Excess	3,000.00	TP Standard Excess		1,500.00		
	3,000.00			1,500.00	Police In P	Salvana del III
YIED OD Excess		VIED TP Excess			Driver is 0	Jovened /
Additional Excess	50,930,533	9150 No. Fall Co. (1975)		Historia		
Total DO Excess Applicable	3000.00	Total TP Excess Applicable		1,500.00		
→ Benefits	e de la composition della comp					
	9230					
GST Registered	No		G5T Registra			
GST Registration No.			GST Status \	verified		100
Modification History						
Policyholder Mailing Add	ress					
Address 1	3 ALEXANDRA VIEW	Address 2	#13-10 ASCENTIA SI	KY	Address 3	
Address 4	3 ALEXANDRA VIEW			71		
	Paramo	Address Type	Singapore address		Post Code	e e
Orit No.	13-10	Related Folicy Number	5109463322			
₩ OI Driver Info						
Driver Name		Driver Type				
Unnamed driver Name		Driver NRIC			Driver DO	NB C
Watching Place of Potuce License						
Register Date of Driver License		Driver Age			Driving E	xportence:
Contact No.(Mobile)		Contact No.(Office)				vperience (6,(Home)
		52-320 DE ORGANISA DE CO				io,(Home)
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Contact No. (Mobile) Address 1 Address 4 Unit No. Does he own a Singapore Registared car? Modification History Claim 002 New Claim 17pe = Contact No. (Mobile) final Address Claim Description Preferred Workshop Sanuke No. Date Registared Report Taken By # Print AX letter Attachment	Profeseed Unbilly Not at Fault Preferred Workshop, Nan Dotton MT/1078647	Contact No. (Office) Address 2 Address Type Driver Vehicle No. ** GIA Receive Claim No.	Save Submit	PC24482 / SH835345 D 31/01/2020 16:39 RDSLI WAHAB	Contact N Address 3 Post Gode Driver Ins Insured Name Contact No. Hidmel OI Vehicle Number N 2 Jan 2020	ASCENTIA BUS SERVICE
Contact No. (Mobile) Address 1 Address 4 Unit No. Does he own a Singapore Registared car? Modification History Claim 002 New Claim Type = Contact No. (Mobile) fimal Address Claim Description Preferred Workshop Samukt No. Yes Innalised Report Taken By # Print AX letter Attachment	Insured Liability Not at Fault Preferred Workshop, Nar Dotton HT/1078647 * Yes © No.	Contact No. (Office) Address 2 Address Type Driver Vehicle No.	Save Submit	PC244BZ / SM8353AS O 01/01/2020 16:39 RDSLI WAHAB 02 1/01/2020-16-47	Contact N Address 3 Post Code Driver Int Insured Name Contact No. (Home) Ot Vehicle Number Number Classe Date	ASCENTIA BUS SERVICE NIL PC24482
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Claim Handling(Claim Task)

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P Attachment List

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Attachment	Upkiede	d By/Date	Category	9	Degincy		Description
±2 €5	NAC_BUKIT_MERAH_800676[NATI S (BUKIT MERAH))	DNAL ASSESSMENT CENTRE SERVICE on 31 Jan 2020 16:47	NRIC/ Driving License	Y	Normal	NAIC/ D	riving License 2020-1-3
100	NAC_BUKIT_MERAH_800676[NATI S (BUKIT MERAH))	DNAL ASSESSMENT CENTRE SERVICE on 31 Jan 2020 16:47	SAS		Normal		SAS 2020-1-31
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127)	NAC_BUKIT_MERAH_800676(NATI S (BUKIT MERAH))	IONAL ASSESSMENT CENTRE SERVICE on 31 Jan 2020 16:39	Photos		Normal		Photos 2020-1-31
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41	NAC_BLMIT_MERAH_800676(NAT S (BLMIT MERAH))	IONAL ASSESSMENT CENTRE SERVICE on 31 Jan 2020 16:39	Photos		Normal		Photos 2020-1-33
1	NAC_BUKIT_MERAH_B00676(NAT S (BUKIT MERAH))	IONAL ASSESSMENT CENTRE SERVICE on 31 Jan 2020-16:35	Photos		Normal		Photos 2020-1-31
9	NAC_BURIT_MERAH_800676[NAT 5 (BURIT MERAH))	TONAL ASSESSMENT CENTRE SERVICE on 31 Jan 2020 16:39	Protos		Normal		Photos 2020-1-31
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THE SCHEDULE

Private Bus Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium. The provision of this insurance is subject to:

- 1 any Endorsement specified as operative in the Schedule
- the Conditions and General Exclusions of this Policy, and
- the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document. GST Reg No. M4-0003030-8

Policy Number

: 5109463322

The Policyholder

ASCENTIA BUS SERVICES 3 ALEXANDRA VIEW #13-10 ASCENTIA SKY SINGAPORE 158749

Period of Insurance

: 24 May 2019 To 23 May 2020

Sum Insured

: Market Value of Insured Vehicle less Residual COE/PARF Value at Time of Loss

Premium (inclusive GST)

: \$\$3,157.12

interest Insured

Cover Type

: Comprehensive

Make/Model

: KING LONG/OTHERS

Capacity

= 3.44 ton(s)

Number of Seater

Registration Number

PC2448Z

Registration Date

: 24 May 2014

Chassis Number

: LA6R1DSC6E8101726

Insure with COE NCD Entitlement

: No

Excess (Section I)

5\$3,000

Excess (Section II)

: \$\$1,500

Windscreen Excess

Geographical Limit

5\$500

: WITHIN THE REPUBLIC OF SINGAPORE ONLY

Hire Purchase Company

: N/A

Memo A: Model: XMQ6902K

Endorsement Operative: M3

Agency

: NLE INSURANCE AGENCIES PTE LTD (00000614580)

Date of Issue

: 09 May 2019 16:54 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive

Transaction ref 20190524054410831487

Please check that the owner and vehicle details are correct:

Identification No. Type Susiness	1.	Name	: ASCENTIA BUS SERVICES
3. Identification No. 4. Country/Region 5. Vehicle Registration No. 6. Previous Vehicle Registration No. 7. Effective Date of Ownership 8. Original Registration Date 9. First Registration Date 10. Vehicle Type 11. Vehicle Scheme 12. Attachment 1 13. Attachment 2 14. Attachment 3 15. Vehicle Make 16. Vehicle Model 17. Year of Manufacture 18. Primary Colour 19. Secondary Colour 20. Passenger Capacity 21. Chassis/Trailer Chassis No. 22. Propellant 23. Engine No./Motor No. 24. Engine Capacity(cc)/Power Rating(kW) 25. Maximum Power Output(kW/bhp) 26. Unladen Weight(kg) 27. Maximum PARF Benefit 28. No. of Terrefore 29. PARF Eligibility Expiry Date 31. No. of Terrefore 31. No. of Terrefore 31. Vehicle Registration No. 21. Provious Vehicle Registration No. 22. Propellant 23. Engine No./Motor No. 24. Eligibility Expiry Date 25. Minimum PARF Benefit 26. Sayay 2014 27. No. of Terrefore 28. Open Market Value 29. PARF Eligibility Expiry Date 31. No. of Terrefore 31. Minimum PARF Benefit 32. No. of Terrefore 33. No. of Terrefore	2.	Identification No. Type	
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31. Minimum PARF Benefit : \$0.00	30.	PARF Eligibility Expiry Date	
37 No of Transfers	31.		**Imperveed.
	32.	No. of Transfers	: 1

Transaction ref 20190524054410831487

Please check that the owner and vehicle details are correct:

33.	IU Label No.	: 2050097475
34.	COE No.	: 2014060105000259M
35.	COE Expiry Date	: 23 May 2024
36.	COE Category	: C - Goods Vehicle & Bus
37.	Quota Premium/Prevailing Quota Premium	: \$36,301.00 / -
	Actual Quota Premium/PQP Paid	: \$36,301.00
	Actual ARF Paid	: \$5,377,00
40.	CO2 Emission(g/km)	
41.	CO Emission(g/km)	전 원위 기타 등
42.	HC Emission(g/km)	1 = K
43.	NOx Emission(g/km)	5 5=
44.	PM Emission(mg/km)	1-
45.	Actual CEVS/VES Rebate Utilised	D=
	CEVS/VES Surcharge Paid	180-1
	Actual Green Vehicle Rebate Utilised	2 -
	Vehicle Lifespan Expiry Date	: 23 May 2034
	Road Tax Amount	: \$108.00
50.	Road Tax Start Date	: 24 May 2019
51.	Road Tax End Date	: 23 May 2020
52.	Remarks	: This is a public service vehicle.