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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.
- 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. | |
|---|--|
| REAL PROPERTY OF THE PROPERTY | ACCIDENT STATEMENT |
| Date Of Report | 10/02/2020 17:13 |
| Date Of Accident | 07/02/2020 18:30 |
| Exact Location Of Accident | UPP SERANGOON RD TWDS WAN THO AVE |
| Country/State of Loss | SINGAPORE |
| C | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | PA6900T |
| Insured/Policyholder | |
| Name Of Registered Owner | EHSAN TRANSPORT & TRADING |
| Co Reg No | 5XXXX128E |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-97527589 |
| Vehicle Particulars | |
| Manufacturer | MITSUBISHI |
| Model | • |
| Exact Purpose for which vehicle was being used at time of accident | WORK |
| 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 | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | 5094391264-02 |
| Cover Note Number | |
| Driver | |
| | |

MANISAH BINTE ARIFIN Name of Driver NRIC No SXXXX508E Date Of Birth 04/07/1968 OUTDOOR Occupation 11/01/1996 Date Of Driving Pass

Driving Experience 24 YEARS AND 0 MONTHS

FEMALE Gender

(LOCAL) +65-81985474 Mobile Number

Fax Number

Contact Number

NOEMAIL **EMail Address**

Address

BLK 73 GEYLANG BAHRU #12-3040

Postcode

330073

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

HIT BY FALLEN TREE / OTHER OBJECTS

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

2

involved in the accident

YES

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

KOLAM AYER NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 72 GEYLANG BAHRU #01-3038, POSTCODE: 330072,

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-2969999 - FAX NO: 62937659

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20200207/2155

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLX7768D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

DETAILS OF INJURED PERSON 1

Name MANISAH BINTE ARIFIN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

YES

BODY

PA6900T

Address Postcode

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.
- 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 <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.
- 7. 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)

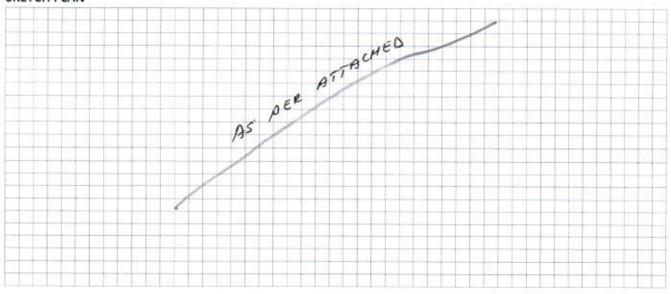
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| PESCRIBE C | IRCUIVISTAN | CES OF TI | TE ACCIDE | IVI: | | |
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| Pls | refr | to | the | police | report: | 7/20200007/2155 |
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DECLARATION

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:

hos

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Google Maps Upper Serangoon Rd

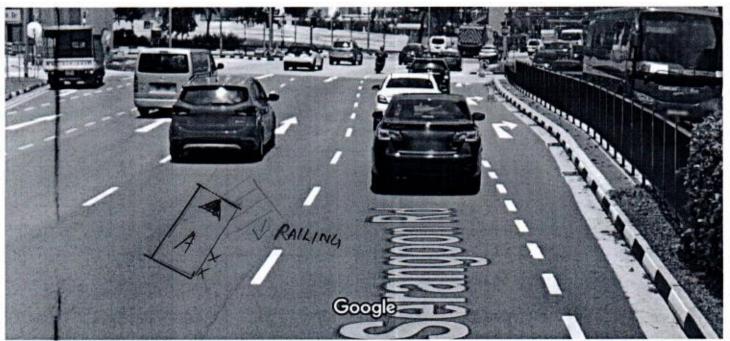
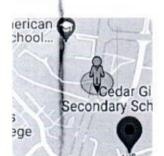


Image capture: May 2019 © 2020 Google

Singapore



Street View



A-PA6900T B-UNKNOWN

ACCIDENT STATEMENT

| ACCIDENT DA | ATE: 07, 02, 90 | (DD/MM/YYYY), TIME:(/O | (HH:MM) | 98 |
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| | | DRIVER WITH INSURED: | | |
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| () de la | VEDIC NUMBER: | MODEL: | | SLX 776 |
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Police Station Of Origin:

Kolam Ayer NPP

72 Geylang Bahru #01-3038 SINGAPORE 330072

Tel No: 1800-2969999

REPORT OF A TRAFFIC ACCIDENT

| | 1 of 3 |
|------------|-----------------|
| Deport No. | T/20200207/2155 |

| Date/Time Report Made: | Vide Report No.: | Station Diary No.: | |
|------------------------|------------------|--------------------|--|
| 07/02/2020 21:56 | E/20200207/0116 | 54 | |

| Informan | t's Partic | ulars | MIGHT STEEL STEEL STEEL STEEL | | |
|--|------------|---------------------------|---|---------------------------|--|
| Name of Informant: MANISAH BINTE ARIFIN | | | Address: APT BLK 73 GEYLANG BAHRU #12-3040 SINGAPORE 330073 | | |
| ID Type / ID No.: NRIC NO / S6820508E | | | Contact No.: Home/Office: | Mobile: 81985474 | |
| Nationality: SINGAPORE CITIZEN | | Email: | | | |
| Sex: Female | Age: 51 | Date of Birth: 04/07/1968 | Type of Informant: Driver | 84 C 855 | |
| Race: Malay | | | Language: | Institution / School Name | |
| Occupation: Bus driver | | | Driving Licence Inform Class: | ation: Date of Expiry: | |

| General Informat | ion of the Accident | William H. Williams | | | | |
|---|------------------------------|-----------------------|--|------------------------------------|--|--|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 07/02/2020 18:3 | Type of Location: Straight Road | | |
| Location: Along Road 1 Tra UPPER SERANG WAN THO AVEN Before Bidadari p Lamp Post Numb | UE ark Drive | 2 | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: | | |
| Traffic Flow: | 混 声 | Traffic Control: | | Traffic Volume: Moderate | | |
| Type of Collision: Object Railling Hi | | | = | Anyone conveyed by ambulance: | | |

| Details of Vehicle Involved | | | | | | | |
|-----------------------------|-----------------------|------|-------|-------|---------------------|-----------------|--|
| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenger | |
| PA6900T | Bus/Coach/Mi nibus | | | | Slightly Damaged | 1 | |





Police Station Of Origin: Kolam Ayer NPP 72 Geylang Bahru #01-3038 SINGAPORE 330072 Tel No: 1800-2969999

2 of 3 Report No. T/20200207/2155

CONTINUATION OF REPORT

Brief Details.

On 07/02/2020 at about 1830hrs, I was driving my bus bearing registration number 'PA6900T' along Upper Serangoon Road toward Wan Tho Ave and before Bidadari Park Drive. I was at 2nd lane on the right. I suddenly saw part of the road railing hit onto my bus windshield and I immediately stop my bus as I was shock by the object. The road railing cause my windshield crack, windshield rear view mirror crack, dent and scratches on the front body of the bus.

Traffic police is at scene and I was issued a case card. At the point, I did not suffer any injury. My bus have front and rear camera and had captured the incident. Few hours later, I felt pain on my left hand and my left shoulder. I will be going to clinic or hospital to check on my injury.





Police Station Of Origin: Kolam Ayer NPP 72 Geylang Bahru #01-3038 SINGAPORE 330072

3 of 3 Report No. T/20200207/2155

Tel No: 1800-2969999

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 Informant: |
|-----------------------------|
| Date/Time: 07/02/2020 21:56 |
| Classification Of Case: |
| |
| |

| eBaoTech | | | | | | | | | | Genera | alClaim |
|------------------------|----------|-------------------|-----------------------|---------------------------------|----------------------|----------|------------------------------|----------------|-------------------|------------------|-------------|
| Hello, NAC_PAYA_UBI_80 | 0601 | | 100000 | | | | • Change | Languag | e · Char | nge Password | · Log Ou |
| My Desktop | Poli | cy Query | | | | | | | | | |
| d | Policy N | No. | | | | Date | of Accident | | 07/02/2020 | 18:30 | |
| | Vehicle | No.(For Motor) | PA690 | ОТ | | Certif | icate Number | | | | |
| | | | | | [| Search | | | | | |
| | Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | 0 | 5094391264- 02 | | EHSAN TRANSPORT & TRADING | 53171128E | GBS | Third Party, Fire & Theft | PA6900T | PA6900T | 29/10/2019 | 28/10/2020 |
| | | | | 500000000 | T | Continue | | | | | |

Claim Handling

| Accident MT/1083733 | | | | | |
|---|--|--|--|----------------------------|---------------------------------|
| Policy Na. | 5094391264-02 | Vehicle No. | PA6900T | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | EHSAN TRANSPORT & TRADING | Salar I tratego | | Policyholder NRIC | 53171128E |
| Product Code Contact No.(Mobile) | BUS INSURANCE | Cover Type | Third Party, Fire & Theft | Loading | 0 |
| Email Address | 97527589 | Contact No.(Office) Special Remark | | Contact No.(Home) eCode | [|
| KEK | • No Yes | TCA | No ⊚ Yes | eCode Reason | No. Y |
| NCO Protection | No | NCD Entitlement(%) | 15 | Private Hire | No |
| | | | | | |
| Report Date | 10/02/2020 17:25 | Accident Report Within 24 hrs | Yes | Accident Type | Others |
| Date of Accident | 07/02/2020 | Time of Accident hh:mm | 18:30 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | UPP SERANGOON RD TWDS WAN THO AVE | | | | |
| ▼ Total Excess Applicable | **** | Name of the Control o | | | |
| Excess Type | Per Accident | Windscreen Excess | 0.00 | | |
| OD Standard Excess | 0.00 | TP Standard Excess | 1,500.00 | | |
| YIED OD Excess | 0.00 | YIED TP Excess | 0.00 | Driver is Covered? | Covered |
| Additional Excess | | | | | |
| Total OD Excess Applicable | 0.00 | Total TP Excess Applicable | 1,500,00 | | |
| ▼ Benefits | 4.00 | | | | |
| ♥ GST Registered Informal GST Registered | No | | CCT Sanistropies Sale | | |
| GST Registration No. | NO | | GST Registration Date GST Status Verified | Yes | |
| Modification History | 10/02/2020 17:27:34 Sy | stem changed GST Status Verified from No | | | |
| 1 | | | | | |
| Policyholder Mailing Add | ireas | | | | |
| Address 1 | BLK 109 #01-144 | Address 2 | WOODLANDS STREET 13 | Address 3 | SINGAPORE 730109 |
| Address 4 | | Address Type | Singapore address | Post Code | 730109 |
| Unit No. | 01-144 | Related Policy Number | 5094391264-02 | | |
| ♥ OI Driver Info | The Control of the Co | 400000000000000000000000000000000000000 | WO NO 102200 107 | | |
| Unnamed driver Name | Unnamed Driver MANISAH BINTE ARIFIN | Driver Type Driver NRIC | Unnamed Driver SXXXXX5D8E | Driver DOB | 24/27/2000 |
| Augister Date of Driver License | 11/01/1996 | Driver Age | 51 | Driving Experience | 04/07/1968 |
| Contact No.(Mobile) | 81985474 | Contact No.(Office) | | Contact No.(Home) | 1772 |
| Address 1 | BLK 73 #12-3040 | Address 2 | GEYLANG BAHRU | Address 3 | SINGAPORE 330073 |
| Address 4 | | Address Type | Singapore address | Post Code | 330073 |
| Unit No. Does he own a Singapore | 12-3040 | | | | |
| Registered car? | ⊕ Yes ■ No | Driver Vehicle No. | | Driver Insurer Company | |
| Declaration | | | | | |
| Breathalyser or Blood Test | 0 mg | **Ortanios | and the second | | |
| Reading? | U ing | Any injury? | * Yes () No | | |
| | | | | | |
| Modification History | | | | | |
| Claim 001 New | | | | | |
| 10 10 100 100 | | | | | |
| | | | - | The said I | |
| Claim Type • | | | OD-MX | | RT & TRADING Insured NRJC 53171 |
| Contact No.(Mobile) | | | | No. | Contact No. |
| | | | | (Home) | (Office) |
| Email Address | | | | Vehicle PA6900T Number | Vehicle SLX77 Number |
| Claim Description | | | PA6900T / SLX77680 | 0 ON 7 Feb 2020 | Name of Preferred |
| Preferred | | | Washington & Property Conference | | Workshop |
| Workshop | Insured Liability Not at Fo | ault GLA Received | | | |
| Finalisation Yes Date Registered | Repair Preferred Workshop, Option | , Name unknown Teport Received | 10/02/2020 17:28 | Claim | Date 10/02/ |
| and the second | | | 10/02/2020 17:28 | Date | Received |
| Report Taken By | | | LIEW SHAN HUI | | |
| ✓ Print AK letter | | | | | |
| * Print AK letter | | | | | |
| | | | | | |
| | | | Save Submit | | |
| Attachment | | | | | |
| ₩ | | | | | |
| Accident No. | MT/1083733 | Claim No. | has . | | |
| Last Doc. Received | ₩ yes ② No | Upload Date | 10/02/2020 17:30 | | |
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| ▼ Video List | 10 Feb | 2020 17:28 | rivus | | Hamilai | F110000 2020 2-49 | |
| | 10 Feb NAC_PAYA_UB3_800601(NATION | AL ASSESSMENT CENTRE SERVICES) 0. 2020 17:28 AL ASSESSMENT CENTRE SERVICES) 0 | Photos | | Normal | Photos 2020-2-10 Photos 2020-2-10 | |
| | 10 Feb | AL ASSESSMENT CENTRE SERVICES) o 2020 17:28 | Photos | | Normal | Photos 2020-2-10 | |
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| | NAC_PAYA_US1_800501(NATION 10 Feb | AL ASSESSMENT CENTRE SERVICES) o 2020 17:28 | Photos | | Normal | Photos 2020-2-10 | |
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| | | AL ASSESSMENT CENTRE SERVICES) o 2020 17:29 | Photos | | Normal | Photos 2020-2-10 | |
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| - | NAC_PAYA_USI_800601{ NATION 10 Feb | AL ASSESSMENT CENTRE SERVICES) 0 2020 17:29 | Photos | | Normal | Photos 2020-2-10 | |
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| | | AL ASSESSMENT CENTRE SERVICES) o 2020 17:30 | Photos | | Normal | Photos 2020-2-10 | |
| | NAC_PAYA_UBI_800601(NATION 10 Feb | AL ASSESSMENT CENTRE SERVICES) o 2020 17:30 | Photos | | Normal | Photos 2020-2-10 | |
| 1 | | AL ASSESSMENT CENTRE SERVICES) o 2020 17:30 | SAS | | Normal | SAS 2020-2-10 | |
| | NAC_PAYA_UB1_BDD601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Feb 2020 17:30 | | NRIC/ Driving License | Y | Normal | NRIC/ Driving License 2020-2-10 | |
| Attachment | Uploa | ded By/Date | Category | 9 | Urgency | Description | 2 |

Display in New Window Scan and uploading