

NATIONAL Assessment Centre Services [part 1 Jan'03] **MMA 120036190**

Date In: 24/3/20 15:40	Job description	Date & Time Completed	Done by
Ref No: NA(C7Z 2000 44421h4	SAS e-filing		
Veh No: PC 869 E	E-mail (within 3hrs, A/C 2hrs)		
ICCA: 17/3/20 12:00	I-Motor Claim Form		
QD: IP? Report <u>Only</u>	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
IP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / GW: () Tel: () Fax: ()

IP Particulars: () Veh No: **SJM 5550J** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) () Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks: (INC Ref: 67496616)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time	Actions

NA 2002198

Claimant's Particulars:	Invoice Itemization Checklist	Am (\$)	Am (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
Ref: 1	For claiming against INC Only (wef 10 Jan 2003)		
Ref: 2	6) TR: Re-Inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	QD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	Invoice dated Fee Charged		
	Invoice dated Fee Charged		

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 withholding 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	24/03/2020 15:40
Date Of Accident	17/03/2020 12:00
Exact Location Of Accident	BRAS BASAH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC869E
Insured/Policyholder	
Name Of Registered Owner	FONTUZ TRANSPORTATION
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83235854

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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMB1SN3073221901
Cover Note Number	

Driver

Name of Driver	TAN TECK LEE
NRIC No	SXXXX588A
Date Of Birth	26/07/1965
Occupation	OUTDOOR
Date Of Driving Pass	01/06/1999
Driving Experience	20 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97706161
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 608 BEDOK RESERVOIR RD #09-694
Postcode	470608
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	NO COLLISION
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?	
Was any other material or property damaged?	NO
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?	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?	YES
Remarks/ Reasons:	HAVENT RETRIEVE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJM5550J
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)	

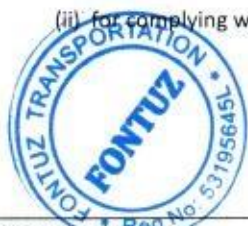
SKETCH PLAN

IMPORTANT NOTICE

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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:
 - (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:
 - (i) 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

Queen St

A = PC 869E
B = SJM 5550J

Bros Basah Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Statement

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

I WAS TRAVELLING ALONG BRAS BASAH RD WHILE APPROACHING A TRAFFIC JUNCTION, I STOP BEHIND VEH B DUE TO RED LIGHT. VEH B DRIVER SUDDENLY WENT DOWN FROM HIS VEH AND COME TO TALK WITH ME, HE CLAIMS I HAD HIT ONTO HIS VEH AND HIS PASSENGER NOT HAPPY, I WENT DOWN TO CHECK, THERE WAS A GAP BETWEEN MY VEH AND HIS VEH, HE MENTIONED HAVE A LINE OF SCRATCHED ON HIS REAR BUMPER, HE DID NOT EXCHANGE PARTICULAR OR TAKE PICTURES OF THE VEHICLE. THEN HE LEAVE THE SCENE. MY COMPANY RECEIVED A LETTER FROM MY INSURANCE COMPANY INFORM THE OTHER PARTY HAVE FILE A CLAIMS ON MY VEH.

ACCIDENT STATEMENT

ACCIDENT DATE: (17 / 3 / 2012) (DD/MM/YYYY), TIME: (12 : 00) (HH:MM)

LOCATION:

Bras Basah Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC 869 E
 b) INSURANCE COMPANY:
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Hiace
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Working
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Fontuz transportation. (MALE / FEMALE) CI
 b) NRIC/FIN/PASSPORT: CONTACT: 8323 5854
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 9770 6161
 c) ADDRESS:

*d) DATE OF BIRTH: (/ /) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJM 5550 J MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger
 (Including driver)
 (1)

* No of passenger
 (Including driver)
 ()

* No of passenger
 (Including driver)
 ()

* CI

✓ * chop

tomorrow

Email = fontuz.fots@hotmail.com / shiva.thesan88@gmail.com

fax =

VIDEO = Yes. Haven't Retrieve.

Contact : 83235854 (shiva)



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Anson Road #16-00 Springleaf Tower Singapore 079909
Tel: 6389 6111 Fax: 6222 1033
Website: www.sg.cntaiping.com
Co. Reg. No. 200208384E

ORIGINAL

THE SCHEDULE

Agency	AN0597A	Class of Policy	MOTOR PRIVATE BUS	Policy Number DMB1SN3073221901
Account	AN0597A	Issued on 15/11/2019 in SINGAPORE	Replacing Policy no.	DMB1SN3073221800
Client	3226730	Acceptance Date	15/11/2019		

Period of Insurance from 17/11/2019 to 16/11/2020 , both dates inclusive

Insured's Name....	FONTUZ TRANSPORTATION
Address.	BLK 471B UPPER SERANGOON CRESCENT #08-364 HOUGANG PARKVIEW SINGAPORE 532471

Business/Occupn...

Premium	Base Annual Premium.....	S\$2,117.00		
	Less 5% Loyalty Discount.....	S\$105.85-		
	No Claim Discount	S\$301.67-		
	Total Annual Premium	S\$1,709.48	Premium Due	S\$1,709.48
			Premium GST	S\$119.66
			Total Due	S\$1,829.14

Risk No. 001	MOTOR PRIVATE BUS			
1. Registration	PC869E	ORIGINAL REGISTRATION DATE: 16-11-2011	Make/Model ..	TOYOTA HIACE HI-ROOF
Type of Cover	Third Party		No. of seats	14
Engine No. . .	1KD2125512		Capacity cc's	0
Chassis No...	JTFST22P100011909		Tonnage	0.98
				Certificate Ref. MZ601
Sum Insured..Market value at the time of loss				
Excess Sect. II		S\$3,000.00		

RESTRICTION TO USE:

1. USE FOR TRANSPORTING OF PASSENGERS, SCHOOL CHILDREN OR WORKERS. BUS IS ALSO ALLOWED TO TRANSPORT TOURISTS WITHIN SINGAPORE ONLY.

2. THE COMPANY SHALL NOT BE LIABLE FOR ANY CLAIMS WHEN:
A. THE BUS IS USED AS PUBLIC SERVICE TRANSPORT

The geographical limit of this Policy is restricted to Singapore only and not as otherwise stated.

Other terms and conditions remain unchanged.

MEMORANDUM (SHORT-PERIOD REFUND)

It is hereby declared and agreed that should this Policy be cancelled, the refund shall base on short-period basis as stated in the Policy Wording.

Other terms and conditions remain unchanged.

The following clauses and endorsements apply to this policy

Continued on page 2