NATIONAL Assessment Centre Services. [wet 1 Jan'05] MURINO 376W Date & Time Completed Done by Date In: 28/3/20 - 16:18 Job description Res No: WHILE 2004 621 SAS e-filing E-mail (within Shrs, AIC 2hrs) Veh No: CRAVSVY i-Motor Claim Form My 10 89919 -001 D.O.A : i-Motor W/O (Within: OD 2hrs, TP 4hrs) OD : TP ! Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Preferred Wksp / INC Assign Wksp / QW: ()/Non-INC (INC (TP Particulars: Veh No: SHD2576B Owner / Driver: (Tcl:) Cover Type: (Policy No: (Period: (Date: Time: Confirmed by : (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Insured/Driver Liability: (Year of Registration: (Warranty: YES ()/NO(Loading: \$1,000 ()/\$2,000(Excess: (\$ General Remarks:) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY.); Invoice: YES () / NO (); Towing Co: (Drive-In () / Towed-In (Remarks:- (INC hotline: 6788 6616) Date&Time Completed) / Courtesy Car (1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection) 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Amt (3) Anit (S) Invoice Preparation Checklist Add Bill NAWOUNTY . 1) AR : Accident Reporting (\$30); Claimant's Particulars :-INC (\$80) 2) DA : Damage Assessment (\$100); \$40/\$45 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Follow-Through Survey 5) FT : Follow-Through Survey (Resurvey) \$30 Contact No: For claiming against INC Only (wef 10 Jan 2005) \$75 6) TR: Re-inspection Damaged Portion: 7) N1 : Idao DA + SMRT Survey 8) NTUC Additional Services:-OD. QC Checked by (Engr-In-Charge): \$5 *N5: Couriesy Car / Tpt Allowance 510 *N6: Repair Co-ordination \$25 *N7: Fost Repair Inspection Auditors' Comments :-35 *N8: DV / Collect Excess Coordination \$20 TP (N11): TP (Non INC) against INC Cat. 1: 9) N12: Idac Mobile Fee Charged Invalce dated Cat. 2 / 3: Fee Charged Invoice dated

in part of the de-

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.
- 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,	
Manager and State of the Secretary	ACCIDENT STATEMENT
Date Of Report	28/03/2020 16:18
Date Of Accident	28/03/2020 09:45
Exact Location Of Accident	SLIP RD TPE (PIE) TWDS LOYANG AVE
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	CB7252Y
Insured/Policyholder	
Name Of Registered Owner	HS CHAN TRANSPORT SERVICE
Co Reg No	5XXXX536D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96792086
Alternative Phone No	OFFICE-96792086
Vehicle Particulars	
Manufacturer	NISSAN
Model	URVAN 3.0 M
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5116107820
Cover Note Number	
Driver	

TAN LIAN TEE Name of Driver NRIC No SXXXX570Z Date Of Birth 06/10/1957 OUTDOOR Occupation 08/04/1999 Date Of Driving Pass

20 YEARS AND 11 MONTHS Driving Experience

Gender

(LOCAL) +65-81830088 Mobile Number

Fax Number

OFFICE-81830088 Contact Number

EMail Address NOEMAIL Address BLK 150 PASIR RIS STREET 13

#07-56

Postcode 510150

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 - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

ambulance?

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? YES

Was any injured conveyed to hospital by

NO

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

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD2576B

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)

DETAILS OF INJURED PERSON 1

Name TAN LIAN TEE

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

CB7252Y

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Farm 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 vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured 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:
 - (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

plying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Driver's Signature

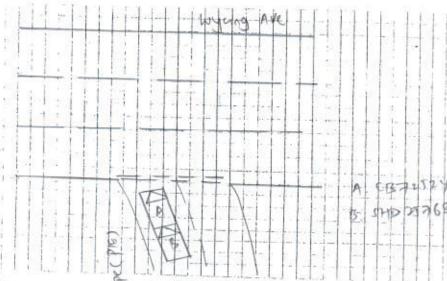
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.		
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RATION TO	*	

I/We degla he foregrap 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.:

ON STATED DATE AND TIME, AS I APPROACHED THE SLIP RD. I STOPPED MY VEHICLE BEFORE THE STOPPING LINE TO CHECK ONCOMING VEHICLES ON MY RIGHT BEFORE I CAN FILTER OUT. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: 1 1 100/MM/YYY	Y), TIME:(09 : 45) (HH:MM
TOCATION SED BY TRECHE.	lyong Ave
	7-13-1
1. DETAILS OF VEHICLE ** *	
a) VEHICLE NUMBER: CB72524	90
DINSURANCE COMPANY: " WTOLE	The same of the sa
CIPOLICY NUMBER: 5 11 61 678 2.	
DIPOLICY TYPE: I COMPREHENSIVE (THIRD BY	
d)POLICY TYPE: (COMPREHENSIVE / THIRD PA	RIY / THIRD PARTY FIRE &THEFT)
F)TYPE: (SALOON / COUPE / MPV /VAN / LORE	RY / MOTORCYCLE, / OTHERS)
S/ TO CONTINUEDO	CIAL / MOTORCYCLE)
THE OWNER OF THE PART TIMES	Parent I
IJ ARE YOU CLAIMING UNDER YOUR OWN INSU	JRANCE (YES/NO)
" " LEASE STATE (THIRD PARTY CHAIM) BI	EPORTING ONLY)
INSURED / FOLICY HOLDER	- (
AINAME: HS Chan Transport Janke	(MALE / FEMALE)
DINRIC/FIN/PASSPORT: 1379136D.	CONTACT: 9679 2086 .
c)ADDRESS:	
* CONTINUE TO 2 of 15 p.m.	
THE OF PASSENGE DRIVER ALSO POLICY HO	DLDER
(Including driver) alNAME: Tan un Tec	
1 11161	(MADE / FEMALE)
(1.) b)NRIC/FIN/PASSPORT: 1/2685722	CONTACT: 81830088-
CINDOKESS.	and the same of th
Edipate of pro-	
*d)DATE OF BIRTH: (6 / 10 / 1917) (DD/A	MM/YYYY)
THE PROPERTY OF THE PROPERTY O	
f)YEARS OF DRIVING EXPRERIENCE:	(-
4. WAS DRIVER AN EMPLOYEE OF THE INSURE	D'S COMPANY? (YES / NO)
5. a) WEATHER CONDITION: (QLEAR / RAINING / O	THERS
6. WAS ANYBODY INJURED (YES) NO)	• • • • • • • • • • • • • • • • • • • •
7. GIREPORTED TO BOUGE (YES) NO	100
7. G) REPORTED TO POLICE (YES / NO)	£3 £3
8. THIRD PARTY VEHICLE	
believe de la DELVERIS NAME: SHOWS 6B	_MODEL:
Including driver) b) DRIVER'S NAME:	
() NRIC/FIN/PASSPORT: 9. THIRD PARTY VEHICLE	_CONTACT:
	MODEL:
MDIC/EIN/DASSDORT	- 10-min
f) NRIC/FIN/PASSPORT:	CONTACT:

email = fax =

eBao Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_800	0601			Tro, Clinic Constitution	Name and Address of the Owner, where		• Change	Languag	e • Char	ge Password	· Log Out
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	lo.				Date o	of Accident		28/03/2020	09:45	
	Vehicle	No.(For Motor)	CB7252	Y		Certific	cate Number				
					To the state of th	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5116107820		HS CHAN TRANSPORT SERVICE	53291536D	GBS	Third Party, Fire & Theft	CB7252Y	CB7252Y	17/02/2020	14/03/2021
				N. 40,40,40	C	Continue					

	SUCCESSION AND AND AND AND AND AND AND AND AND AN	Policyholder			Policyholder		
Policy No.	5116107820	Name	HS CHAN TRANSPORT SERVICE		NRIC 53291536		
Certificate No.							
Address	BLK 35 #24-329 LORONG 5 TOA	PAYOH EAST	PAYOH SPRI	ING SINGAPORE 310	035		
Product Name	BUS INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	12/02/2020	Effective Date	17/02/2020	00:00	Expiry Date	14/03/2021 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	g/Inexperience Driver Excess
Agent	NLE INSURANCE AGENCIES PTE	Agent Tel.	64250080		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy!	nolder Mailing Address						
Address 1	BLK 35 #24-329	Addre	ss 2	LORONG 5 TOA PAY	он .	Address 3	EAST PAYOH SPRING
AND DESCRIPTIONS	BLK 35 #24-329 SINGAPORE 310035	2/2/2/2/2/	ss 2 ss Type	LORONG 5 TOA PAY Singapore address	7.00	Address 3 Post Code	EAST PAYOH SPRING 310035
Address 4	3.30 Res 3 William 199 W.C.	Addre	ss Type ed Policy	A TOREST AND A TOREST AND A COLOR	7.00	0.300.000.74	
Address 4 Unit No.	SINGAPORE 310035	Addre Relate	ss Type ed Policy	Singapore address	7.00	0.300.000.74	
Address 1 Address 4 Unit No. Insure	SINGAPORE 310035 24-321 d Object: CB7252Y	Addre Relate	ss Type ed Policy	Singapore address	7.00	0.300.000.74	

Claim Handling						
ccident MT/1089919						
olicy No.	5116107820	Vehicle No.	CB7252Y	GST Registration No.		
ertificate No				Through worth one provide and deli-	T/4400440 (0)	
olicyholder Name	HS CHAN TRANSPORT SERVICE			Policyhalder NR3C	532915360	
luct Code 8US INSURANCE		Cover Type	Third Party, Fire & Theft	Loading	0	
ontact No.(Mobile)	96792086	Contact No.(Office)	0	Contact No. (Home)	0	
mail Address	00	Special Remark		eCode	N: V	
FK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason		
CD Protection	No	NCD Entitlement(%)	20	Private Hire	No	
Accident Details						
eport Date	28/03/2020 16:26	Acadent Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear	
ate of Accident	28/03/2020	Time of Accident formm	09:45	Country of Accident	Singapore	
eporting Centre		Orange Force		ICM No.		
ccident Location	SLIP RO TPE (PIE) TWDS LOYANG AVE					
Total Excess Applicable		TIME 15	202			
ccess Type	Per Accident	Windscreen Excess	0.00			
O Standard Excess	0.00	TP Standard Excess	1,500.00			
IED OD Excess	0.00	YIED TP Excess	30,000,000	Driver is Covered?		
dditional Excess	-	The state of the s		and the contract of		
	0.00	Total TP Excess Applicable				
otal OD Excess Applicable Benefits	0.00	Total Paperson				
© GST Registered Inform	ation					
ST Registered	No		GST Registration Date			
ST Registration No.	FOX.51		GST Status Verified	Yes		
odification History	28/03/2020 16:27:27 Syste	em changed GST Status Verified from	m No to Yes			
Policyholder Mailing Ad	dress					
ddress 1	BUX 35 #24-329	Address 2	LORONG 5 TOA PAYOH	Address 3	EAST PAYON SPRING	
ddress 4	SINGAPORE 310035	Address Type	Singapore address	Post Code	310035	
mt No.	24-321	Related Policy Number	5116107848			
Of Driver Info						
river Name	Unnamed Driver	Driver Type	Unnamed Driver		The Management of	
nnamed driver Name	TAN LIAN TEE	Driver NRIC	SXXX5702	Driver DOB	06/10/1957	
egister Date of Driver License	06/04/1999	Driver Age	62	Driving Experience	20	
Contact No.(Mobile)	81830088	Contact No.(Office)	0	Contact No.(Home)	0	
ddress 1	BUK 150	Address 2	PASIR RIS STREET 13	Address 3	SINGAPORE 510150	
ddress 4		Address Type	Singapore address	Post Code	510150	
me No.	07-56					
oes he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company		
egistered car?						
eclaration						
reathalyser or Blood Test	0 mg	Any injury?	® Yes ○No			
eading?		and admit				
todification History						
Claim 001 New						
ASSESSED NO.						
	VIII.			VIZE CONTROL		
laim Type *	OD-MX	Insured Name	HS CHAN TRANSPORT SERVICE	Insured NRIC	53291536D	
ontact No.(Mobile)		Contact No.(Home)		Contact No. (Office)	+	
mail Address		OI Vehicle Number	C87252Y	TP Vehicle Number	SHD2576B	
lamant Type Claimant Type •	Please Select	Type of Benefit *	Please Select			
laimant Name *	44	Claimant NRIC *		20		
laimant Address				Swarp not the analysis of the	012	
laim Description	CB7252Y / SHD2576B ON 28 Mar 2020			Name of Preferred Workshop		
referred Workshop Contact		Insured Liability *	Not at Fault			
equire Finalisation	Yes V	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
ate Registered	28/03/2020 16:28	Claim Close Date		Date Received	28/03/2020 00:00	
eport Yaken By	Jackson					
☑ Print AK letter						
100			Save Submit			
Attachment						
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sccident No.	MT/1089919	Claim No.	001			
ast Doc. Received	● Yes ○ No	Upload Date	28/03/2020 16:29			
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