Late III W Late III	Jeb description	Date & Time Comple	ted	Done by
Date In: Walp - IT: y	SAS e-filing			
Rel Nona INCDO 07381124			i i	14
Veh No: CBGY332	E-mail (within Shrs, AIC 2hrs)	1.0000	. > 12	12.17.1
DOA: 29/7/20-09:07	i-Motor Claim Form	M7 1098190-00	1 20	12:21
OD : TP ! Reporting Only	i-Motor W/O (Within: OD 2	-		
	i-Photo Uploaded		-	
TP Insurer:	Assessment/Survey Report			
II ilisaioi.	Ass't Report by Fax / Han	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No:	. INC).	
Owner / Driver: (Tel:)
Policy No: () Peri	od: (Cover Type: (-	,
Confirmed by : (Date:	Time:	20.1000/7)
Insured/Driver Liability: (%) [N	ote-Est. Status (WO): N: 0	-20%; P: 21-79%. P:	30-100%]	
Year of Registration: () W	/arranty: YES () / NO (
Excess: (\$) Loading: \$1,00	0()/\$2,000()		- 1577 - 1	
General Remarks:-			295000	
() Walk-In Customer: Customer's inform	mation strictly Confidential &	Strictly NO refer of repa	oirer.	
() Total Loss Case : to e-mail Insurer				
Drive-In ()/ Towed-In (); Invoice:		Towing Co: (,)
		Date&Time Comple	ad V	Done by
Remarks: (INC horline: 6788 6616)	4 - G()		1000	
Apply for Transport Allowance () / Co	ourtesy Car ()			
	/ /		4	
2) QC Check / Post Repair Inspection	()		_	
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$30]	()			
	()			
3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()			
3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()		12.00	codese.
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July: Date/Time Actions Nalso Sarv	Invoice I	dent Reporting (\$30);		Amt (5) Amt (5
July: Date/Time Actions Nalso Sarv	Invoice I I) AR: Acci 2) DA: Dam	dent Reporting (\$30); age Assessment (\$100);		Amt (5) Amt (5
Onte/Time Actions Actions Halsoyar	Invoice I 1) AR: Acci 2) DA: Dam 3) TF: Towi 4) FT: Follo	dent Reporting (\$30); age Assessment (\$100); age Fee w-Through Survey	INC (\$80) \$40/\$43 \$120	Amt (5) Amt (5
Oate/Time Actions Nanoyir Laimant's Particulars :- river/Owner:	Invoice I 1) AR: Acci 2) DA: Dam 3) TF: Towi 4) FT: Follo	dent Reporting (\$30); age Assessment (\$100); age Fee w-Through Survey w-Through Survey (Resurvey)	INC (\$80) \$40/\$45 \$120 \$30	Amt (5) Amt (5
Oate/Time Actions Nanoyir Laimant's Particulars:- river/Owner: Ontact No:	Invoice I 1) AR : Acci 2) DA : Dam 3) TF : Towi 4) FT : Follo 5) FT : Fello For claims 6) TR : Re-in	dent Reporting (\$30); see Assessment (\$100); ng Fee w-Through Survey w-Through Survey (Resurvey) ng seajust INC Only (wef 10 inspection	(NC (\$80) \$40/\$45 \$120 \$30 an 2003) \$75	Amt (5) Amt (5
Ontact No:	1 Invoice I 1) AR: Acci 2) DA: Dam 3) TF: Towi 4) FT: Follo 5) FT: Follo For claim 6) TR: Re-in 7) N1: Idae	dent Reporting (\$30); see Assessment (\$100); ng Fee w-Through Survey w-Through Survey (Resurvey) ng seajust INC Only (wef 10 1) spection DA + SMRT Survey	INC (\$80) \$40/\$45 \$120 \$30 an 2003)	Amt (5) Amt (5
Date/Time Actions Nanoying Laimant's Particulars:- river/Owner: ontact No: amaged Portion:	1 Invoice I 1) AR: Acci 2) DA: Dam 3) TF: Towi 4) FT: Follo 5) FT: Follo For claim 6) TR: Re-in 7) N1: Idae 3 NTUC Ac OD*	dent Reporting (\$30); see Assessment (\$100); ng Fee w-Through Survey (Resurvey) ng seajust INC Only (wef 10 ispection DA + SMRT Survey (ditional Services:-	INC (\$80) \$40/\$45 \$120 \$30 an 2003) \$75	Amt (S) Amt (S
July: Date/Time Actions Laimant's Particulars:- river/Owner: ontact No: amaged Portion:	1 Involce I 1) AR: Acci 2) DA: Dam 3) TF: Towi 4) FT: Follo 5) FT: Follo For claim 6) TR: Re-i 7) N1: Idae 8) NTUC Ac OD* *N5: Cou	dent Reporting (\$30); age Assessment (\$100); age Assessment (\$100); age Fee w-Through Survey (Resurvey) age against JNC Only (wef 10 1) appetion DA + SMRT Survey ditional Services:- attesy Car / Tpt Allowance	(NC (\$80) \$40/\$45 \$120 \$30 an 2003) \$75	Amt (S) Amt (S
3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time: Actions Halooyan Laimant's Particulars: river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	Invoice I 1) AR : Acci 2) DA : Dam 3) TF : Towi 4) FT : Follo 5) FT : Follo For claims 6) TR : Re-in 7) N1 : Idae 8) NTUC Ac OIL* *N5: Cou *N6: Rep *N7: Fost	dent Reporting (\$30); age Assessment (\$100); age Fee w-Through Survey w-Through Survey (Resurvey) age against INC Only (wef 10 - aspection DA + SMRT Survey ditional Services: attest Car / Tpt Allowance air Ca-ordination Repair Inspection	INC (\$80) \$40/\$45 \$120 \$30 an 2003) \$75 \$160	Amt (5) Amt (5
3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time: Actions Halooyan Laimant's Particulars: river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	Invoice I 1) AR: Acci 2) DA: Dam 3) TF: Towi 4) FT: Follo 5) FT: Follo For claimi 6) TR: Re-in 7) N1: Idae 8) NTUC Ac OD* *N5: Cou *N6: Rep *N7: Fost *N8: DV	dent Reporting (\$30); age Assessment (\$100); age Assessment (\$100); age Fee w-Through Survey w-Through Survey (Resurvey) age against JNC Only (wef 10 1) aspection DA + SMRT Survey ditional Services: attest Car / Tpt Allowance att Car-ordination Repair Inspection / Collect Excess Coordination	INC (\$80) \$40/\$45 \$120 \$30 an 2003) \$75 . \$160	Amt (5) Amt (5
3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions	Invoice I 1) AR: Acci 2) DA: Dam 3) TF: Towi 4) FT: Follo 5) FT: Follo For claimi 6) TR: Re-in 7) N1: Idae 8) NTUC Ac OD* *N5: Cou *N6: Rep *N7: Fost *N8: DV	dent Reporting (\$30); age Assessment (\$100); age Assessment (\$100); age Fee w-Through Survey (Resurvey) age against JNC Only (wef 10 1) appetion DA + SMRT Survey ditional Services: attesy Car / Tpt Allowance att Co-ordination Repair Inspection / Collect Excess Coordination : TP (Non INC) against INC Mobile	INC (\$80) \$40/\$45 \$120 \$30 an 2003) \$75 \$160 \$55 \$10 \$25	Amt (5) Amt (5

p-1: 45

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.
- 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.	
Application of the Company of the Company	ACCIDENT STATEMENT
Date Of Report	28/07/2020 15:42
Date Of Accident	27/07/2020 09:00
Exact Location Of Accident	NPS INTERNATIONAL SCHOOL
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	CB6433Z
Insured/Policyholder	
Name Of Registered Owner	TAN SIEW GIM
NRIC No	SXXXX443D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92973052
Alternative Phone No	OFFICE-92973052
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COASTER 19 SEATER
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5040651675-10
Cover Note Number	
Driver	
Name of Driver	TAN SIEW GIM
NRIC No	SXXXX443D

 Name of Driver
 TAN SIEW GIM

 NRIC No
 SXXXX443D

 Date Of Birth
 29/10/1955

 Occupation
 OUTDOOR

 Date Of Driving Pass
 03/03/1983

Driving Experience 37 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92973052

Fax Number

Contact Number OFFICE-92973052

EMail Address NOEMAIL

BLK 332 HOUGANG AVE 5 Address #09-216 530332 Postcode Was driver an employee of the Insured's Company NO OWNER 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 COLLIDED INTO PEDESTRIAN Type Of Accident Weather Conditions CLEAR DRY Road Surface 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? NO I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 18 **Details of Police Action** NO Was the accident reported to the police? 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?

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

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.
- 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		
		A: CB 64332
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	于 ***********************************	
	大 J pedestrian	
		NPS International school
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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jyda	denly	the	pedeste	m c	ame to	00	0/2	to	my	vehicle	and	inyed
to	my	vehicle	. HUF	184	portio	17.						
		41-28-2-2-3										
_												

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:

NRIC/FIN No.:

Reporting Centre Personnel's Signature Name:

ACCIDENT STATEMENT

ACCIDENT DA	TE: 127	1 20 100/MM	M/YYYY), TIME:(09	: 00)(HH:MM)
LOCATION	UPSI scho			
1. DETAIL	OF VEHICLE	CB 64	33 7	
b)INSUI	RANCE COMPA	ANY: MO		
d)POLIC	CY NUMBER: CY TYPE: (COM	PREHENSIVE / THIS	PARTY / THIRD PAR	
DIMMI	& MODEL:			
f)TYPE:(SALOON / COL CLE CATEGORY	JPE / MPV /VAN /	LORRY / MOTORCYC	CLE / OTHERS)
+1/1 OKF	DOE OF DOING A	A LACCIDENT TIME	(A) OF 12 00	1
VAKEYO	OU CLAIMING L	INDER YOUR OWN	M / REPORTING ONL	20
Z. INSURED	/ POLICY HOLI	DER	M / REPORTING ONLY	er.
A)NAME b)NRIC/			(MAL	E / FEMALE)
c)ADDR	ESS:		CONTACT:	
* CONTIN	IIIE TO 2 d II D	P.11 (FF)		
THE PASSON GO, DRIVER	10E 10 3.0 IF D	RIVER ALSO POLIC	CY HOLDER	
(Including de a) a)NAME:				F / FEMALE)
CJADDRE	SS:		CONTACT	9297305
*d)DATE	OF BIRTH: (,		
e)OCCUF	PATION: (INDO	OR / OUTDOOR!	(DD/MM/YYYY)	
f)YEARS C	F DRIVING EXP	RERIENCE		A .
IF NO, RE	LATIONSHIP	OYEE OF THE IN: OF THE DRIVER	SURED'S COMPANY WITH INSURED:	WESTNO
o. a) WEATHE	R CONDITION:	(CLEAR / RAININ	G / OTHERS	
6. WAS ANYE	SODY INJURED	/ WET / OTHERS_		
7. a)REPORT	D TO POLICE !	YES / NOT		
8. THIRD PART	EASE STATE WH	HICH POLICE STAT	ION:	
40 of passenger as VEHIC	LE NUMBER-	pedestion	MODEL:	
Induding driver) b) DRIVE	R'S NAME: FIN/PASSPORT:	No.		
9. THIRD PART	Y VEHICLE		CONTACT:	
	LE NUMBER:		MODEL:	
oduding driver f) NRIC/F	IN/PASSPORT:		00111107	
(_)	HONEY TORONON A SERVICE		CONTACT:	
				(F

email =

fax =

VIDEO =

eBaoTech				17:00 B						Genera	lClaim
Hello, NAC_PAYA_UBI_800	0601		- NOT TAKEN		O DESCRIPTION OF THE PARTY OF T	Ball Spiles	• Change	Languag	e • Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	io.				Date o	f Accident		27/07/2020 (9:00	
	Vehicle	No.(For Motor)	CB6433	Z		Certific	ate Number				3
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Palicyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5040651675- 10		TAN SIEW GIM	51161443D	GBS	Third Party, Fire & Theft	CB6433Z	CB6433Z	22/01/2020	21/01/2021
					C	Continue					

Policy No.	5040651675-10	Policyholder Name	TAN SIEW O	SIM	Policyholder NRIC	S1161443D	
Certificate No.							
Address	BLK 332 #09-216 HOUGANG AVE	ENUE 5 SING	APORE 53033	2			
Product Name	BUS INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	23/12/2019	Effective Date	22/01/2020	00:00	Expiry Date	21/01/2021 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	3000	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	S'PORE SCH&PTE HIRE BUS OW	Agent Tel.	67410788		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	nolder Mailing Address						
Address 1	BLK 332 #09-216	Addre	ess 2	HOUGANG AVENUE	5	Address 3	SINGAPORE 530332
Address 4		Addre	ess Type	Singapore address		Post Code	530332
Unit No.		Relat Numb	ed Policy per	5117750352			
The state of the s	d Object: CB6433Z						
Insure							
□ Insure □ Endors	sements						

Claim Handling					
Accident MT/1095190					
Policy No.	5040651675-10	Vehicle No.	CB64332	GST Registration No.	
Certificate No.					
Policyholder Name	TAN SIEW GIM			Policyholder NRIC	51161443D
	BUS INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Product Code					0
Contact No. (Mobile)	92973052	Contact No (Office)	0	Contact No. (Home)	
Email Address		Special Remark		eCode	U.V.
KFK .	⊕ No ○ Yes	TCA	® No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
→ Accident Details					
Report Date	28/07/2020 15:49	Accident Report Within 34 hrs	Yes	Acodent Type	Collided into Pedestrian
Date of Accident	27/07/2020	Time of Accident bh:mm	09:00	Country of Accident	Singapore
	277772020		1,000	TCM No.	
Reporting Centre		Orange Force		ICM NO.	
Accident Location	NPS INTERNATIONAL SCHOOL				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
OO Standard Excess	0.00	TP Standard Excess	3,000.00		
TEO DO Excess	0.00	VIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable			
♥ Benefits					
	ation.				
☑ GST Registered Information SST Registered	No.		GST Registration Date		
SST Registration No.	40		GST Status Venified	Yes	
			300 300 300 300 300	550	
fodification History					
Policyholder Mailing Ad	dress				
Address 1	BLK 332 #09-216	Address 2	HOUGANG AVENUE 5	Address 3	SINGAPORE 530332
Address 4		Address Type	Singapore address	Post Code	530332
Unit No.		Related Policy Number	5117750352		
₩ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TAN SIEW GIM	Driver NRIC	S1161443D	Driver DOB	29/10/1955
		Driver Age	64	Driving Experience	37
Register Date of Driver License					
Contact No. (Mobile)	92973052	Contact No.(Office)	O Company of the Comp	Contact No. (Home)	0
Address 1	BLK 332	Address 2	HOUGANG AVENUE 5	Address 3	SINGAPORE 530332
Address 4		Address Type	Singapore address	Post Code	530332
Unit No.	09-216				
Does he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Registered car?	O Pes ® No	Driver vericle No.		Direct tristing Company	
200.00A130+1U					
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	O Yes Ns		
And Reation History					
Hodinization restory					
Claim 001 New					
7640 001 H					
Daim Type *	OD-MX	Insured Name	TAN SIEW GIM	Insured NRIC	\$1161443D
Contact No. (Mobile)	92973052	Contact No.(Home)	62865639	Contact No.(Office)	
Email Address		OI Vehicle Number	C864332	TP Vehicle Number	
Darmant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
	A CONTRACTOR CONTRACTOR	Claimant NRIC +	press seed		
Daimant Name *	>>	Commercial ARIC T	-	-	
Diement Address					
Dam Description	CB6433Z ON 27 Jul 2020			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liebility *	Not at Fault		
Require Finalisation	Yes	Preference Repair Option	Preferred Workshop, Name unknown	GIA report	Received
	28/07/2020 15:51	Claim Close Date		Date Received	28/07/2020 00:00
Date Registered		Present Present Present		The second second	
Report Taken By	3ackson				
Print AK letter					
			Chica C houle		
			Save Submit		
Attachment					
•					
Accident Na.	MT/1098190	Claim No.	901		
Last Doc. Received	∀es ○ No	Upload Date	28/07/2020 15:52		
	Path *		Category +	Confidential Urger	ncy * Description *
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