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	i-Motor W/O (Within: OD 2hr	s, TP 4hrs)		
OD / TP / Reporting Only	i-Photo Upload	led	1		19-22
	Assessment/Surv	ey Report			
TP Insurer:	Ass't Report by	Fax / Hand	o Owner/Wksp	1	
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:	
TP Particulars: Veh No:	W88975	. INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (WO	O): N: 0-2	0%; P: 21-79%. P: 30	-100%]	S 71
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$	31,000 ()/\$2,000 ()			-
General Remarks;-				Sissen Pro-	
() Walk-In Customer's	information strictly Confi	dential & St	rictly NO refer of repaire	Γ.	
() Total Loss Case : to e-mail Ins		174			
	pice: YES () / NO) · T	owing Co: ()
Dive-in ()/ / owed-in (), inve	oice. TES () / NO	, , , ,	Offing Co. (
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Remarks:- (INC hotline: 6788 6616)) (Date & Time Completed	Done	by
) / Courtesy Car ()		Date&Time Completed	Done	by
	5. 4 st a 10. 500 to 10. 50 to 10. 5		Date&Time Completed	Done	by
1) Apply for Transport Allowance ()	/ Courtesy Car ()		Date&Time Completed	Done	by
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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.
- 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.
- 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.

aforesaid,	
Charles and the second of the second	ACCIDENT STATEMENT
Date Of Report	13/08/2020 15:15
Date Of Accident	13/08/2020 07:50
Exact Location Of Accident	JURONG TOWN HALL RD
Country/State of Loss	SINGAPORE
Property was a series of the	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PC2903B
Insured/Policyholder	
Name Of Registered Owner	PRESTIGE TRANSPORT SERVICE
Co Reg No	5XXXX462K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97107766
Alternative Phone No	OFFICE-97107766
Vehicle Particulars	
Manufacturer	тоуота
Model	HIACE HIGH ROOF COMMUTER TURBO AUTO
Exact Purpose for which vehicle was being used a time of accident	t working
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5113130032
Cover Note Number	
Driver	
Name of Driver	LOW SHIN CHEN
NRIC No	SXXXX318A
Date Of Birth	19/10/1995
Occupation	OUTDOOR
Date Of Driving Pass	15/12/2016
Driving Experience	3 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97107766
Fax Number	
Contact Number	OFFICE-97107766
EMail Address	NOEMAIL

BLK 326 BUKIT BATOK STREET 33 Address #03-51 650326 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 Type Of Accident COLLISION - HEAD TO REAR Weather Conditions RAINING Road Surface WET 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? YES Was any injured conveyed to hospital by NO ambulance? YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 4 Number of Passengers (Including Driver) **Details of Police Action** Was the accident reported to the police? YES If Yes, Please state which Police Station BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE Police Station Name ROAD: 20 CHAI CHEE DRIVE , POSTCODE: 469045 , COUNTRY: Police Station Address SINGAPORE Police Station Contact TEL NO: 1800-2448999 - FAX NO: 62446558 Was notice of intended Prosecution given? NO If Yes, against whom? Circumstances of Accident REFER TO POLICE REPORT - T/20200813/2044. Attachment(s) YES Are accident photos available for attachment? Was there any video captured by Car Camera? YES VIDEO FOOTAGE WITH DRIVER Remarks/ Reasons: Was there any audio recorded? OTHER VEHICLE PROBERTY 4

White the property of the party	DETAILS OF OTHER VEHICLE PROPERTY I	
Vehicle Registration Number	SJW8895S	
Vehicle Make/Model/Colour		
Details Of Properties		
Vehicle Category	PRIVATE CAR	
Name of Driver		
NRIC/Passport Number		
Contact Number		
Address		
Postcode		
		Page 2 of 17

No. Of Passenger (Including Driver)

2

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

LOW SHIN CHEN

BODY

PC2903B

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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:
 - 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.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to parce report -7/2020	813/2044

DECLARATION

I/We declare the foregoe partic

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 Strature Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

	ACCI	DENT DAT	re:(13/	8/	22)(DD/N	/M/YY	Y), TIME:(07	_: <u>50</u>)(HH:MN
	LOCA	non:	JARON	g bu	an)	1411	Rd	
	1.	DETAILS	OF VEHIC	CLE		N.		
		a) VEHIC	CLE NUMI	BER: -ST	484	5	862403	13
				DMPANY:_		Ö		
	250		CY NUMBE	Company of the Compan	38 an 1083 - 3			
		d)POLIC	CY TYPE: (COMPREHE	ENSIVE / T	HIRD PA	ARTY / THÍRD P	ARTY FIRE &THEFT
		e)MAKI	E & MODE	L:				192
		f)TYPE:(SALOON	COUPE /	MPV /VAI	N/LOR	RY / MOTORC	YCLE / OTHERS)
							CIAL / MOTOR	
		h)PURP	OSE OF US	SING AT AC	CIDENT T	IME:	0-100000000000000000000000000000000000	_
		i) ARE Y	OU CLAIM	ING UNDER	RYOUR	WN INS	URANCE (YES/	NO
		IF NO,	PLEASE ST	ATE (THIRD	PARTY C	LAIM /	REPORTING ON	JLY)
	2.	INSURE	D / POLICY	HOLDER	O			
		A)NAM	Action to the second second				The state of the s	(ALE / FEMALE)
		b) NRIC.	/FIN/PASSI	PORT:			CONTACT	ſ:
		c)ADDF	RESS:					m = 22
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C Lis	nuer)	b)NRIC,	/FIN/PASSI	PORT:			CONTACT	977077-6
(4)		c)ADDR	RESS:	- 0				
		*d)DATE	OF BIRTH	: (/_	/)(DD	/MM/YYYY)	
		e)OCC	UPATION:	INDOOR /	OUIDO	SR)		
				VG EXPRER		/		
	4.	WAS D	RIVER AN	EMPLOYE	E OF THE	E INSU	RED'S COMPA	NY? (YES / NO
		IF NO,	RELATION	SHIP OF	THE DRI	VER WI	TH INSURED:	ONING! -
	5.			DITION: (C)			OTHERS	
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1 of 3

Report No. T/20200813/2044

Police Station Of Origin: Bedok South N.P.C

20 Chai Chee Drive SINGAPORE 469045

Tel No: 1800-2448999

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 3/08/2020 13:23		Vide Report No.:	Station Diary No.: 13	
Informa	nt's Partic	ulars			
	Informant: IIN CHEN		Address: APT BLK 326 BUKIT E 650326	BATOK STREET 33 #03-51 SINGAPORE	
	ID Type / ID No.: NRIC NO / S9538318A		Contact No.: Home/Office: Mobile: 97107766		
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: Date of Birth: 24 19/10/1995		Type of Informant: Driver		
Race: Chinese		Language: Institution / School Name: English			
Occupation: DRIVER		Driving Licence Inform Class: 3,4	nation: Date of Expiry:		

Seneral Infor	mation of the Accid			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/08/2020 07:50	Type of Location T-Junction
Location: JURONG TO Weather: Heavy rain	WN HALL ROAD	Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Heavy
Type of Collis	sion: ving Vehicles - Head	To Rear		Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
PC2903B	Van	TOYOTA	HIACE	Silver	Slightly Damaged	3
SJW8895S	Car	MAZDA		Grey	Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999 2 of 3 Report No. T/20200813/2044

CONTINUATION OF REPORT

Driver			mar Salmano Landa		F 175	
Name	LOW SHIN CHEN			ID No	,	S9538318A
Related Vehicle	PC2903B (Van)			Conta	ct No.	97107766
Hospital/Clinic	HEALTHLINE FAM SURGERY	ILY CLINIC	&	Class Drivin Licend Expiry	g	Class: 3,4 Date of Expiry: NIL
Date Treatment	13/08/2020		Date Disc	harge	13/08	3/2020
No. of Days granted Medical Leave		03		Degree of Injury Slight		
Driver						
Name	AUNG KO WIN			ID No		S8157965B
Related Vehicle	SJW8895S (Car)			Conta	ct No.	86663593
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	0.00	Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

On the 13/08/2020 at about 0753hrs, I was driving my company (Prestige Transport Services) van (Toyota Hiace, PC2903B) along Jurong Town Hall Road. I was tationary and was the 4th vehicle at the T-Junction turning right towards West Coast Road. The traffic light just turned green when suddenly I felt an impact from the rear of the vehicle. I felt pain at my back area.

I then alighted from the van and made a check. I realized that another vehicle, a Mazda Grey in colour (SJW8895S) had collided with the rear of my van. At that point in time, the 3 passengers in my van and the 1 passenger in the Mazda were not injured. I then spoke to the driver of the vehicle, exchanged particulars and took photos of the damages before we both left the place. I wish to state that the impact of the collision caused the rear door of my van to be damaged, the rear part of the van was also slightly dented. The Mazda vehicle suffered minor damages to the front portion of his vehicle.

I wish to add in that my van has front and rear cameras and both are in working condition. I had also went to the clinic later in the day and was issued with 3 days of Medical Certificate (13/08/2020 to 15/08/2020). I am lodging this report for insurance purposes.





3 of 3

Report No. T/20200813/2044

Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

CONTINUATION OF REPORT

C	ke	40	h	D	2	n

NP168

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 Officer Recording The Report: G / Sgt 3 MUHAMMAD NURUL'OMARALI BIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/08/2020 13:23
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:

eBaoTech							· Change L			General General	alClaim
My Desktop		cy Query				Change	anguage	Chan	ge Password	, rod out	
Notice of Loss	Policy N	lo.				Date of Accident		13	13/08/2020 07:50		
	Vehicle	No.(For Motor)	PC2903	PC29038		Certificate Number					-3
	Search										
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5113130032		PRESTIGE TRANSPORT SERVICE	53383462K	GBS	Comprehensive	PC2903B	PC2903B	30/10/2019	29/10/2020
					C	ontinue					

	ements						
	d Object: PC2903B						
Init No.	03-51	Relate Numb	d Policy er	5113130032			
ddress 4				Singapore address		Post Code	650326
ddress 1	BLK 326 #03-51	Addre	ss 2	BUKIT BATOK STRE	ET 33	Address 3	SINGAPORE 650326
→ Policyh	older Mailing Address						
ertificate nfo							
pen olicy Info							
lo- nsurance lag	No						
gent	THINK ONE AUTOMOBILE & TRA	Agent Tel.	65553300		GST Flag	Y	
outside Singapore OD Excess	Outside Singapore TP Excess					Young/Inexperience Driver Excess	
dditional excess		OS Premium	0				
hird Party xcess	1500	Own damage Excess	2000		Windscreen Excess	500	
xcess ype	Per Accident	All Claims Excess					
olicy ssue Date	07/10/2019	Effective Date	30/10/2019	00:00	Expiry Date	29/10/2020 2	3:59
roduct lame	BUS INSURANCE	Plan			Group Policy Flag	N:	
ddress	BLK 326 #03-51 BUKIT BATOK S	TREET 33 SI	NGAPORE 650	326			
ertificate		Truste.			74144		
olicy No.	5113130032	Policyholder Name	PRESTIGE TO	RANSPORT SERVICE	Policyholder NR1C	53383462K	

Claim Handling						
Accident MT/1099808						
Policy No.	5113130032	Vehicle No.	PC29038	GST Registration No.		
Certificate No.						
Policyholder Name	PRESTIGE TRANSPORT SERVICE			Policyholder NRIC	53383462K	
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading	0	
Contact No.(Mobile)	97107766	Contact No.(Office)	0	Contact No.(Home)	0	
Email Address		Special Remark		eCode	- ×	
KFK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason		
NCD Protection	tvo	NCO Entitlement(%)	10	Private Hire	No	
P Accident Details						
Report Date	13/08/2020 15:39	Accident Report Within 24 hrs	Yes	Academ Type	Collision - Head to Rear	
Date of Acodent	13/08/2020	Time of Accident hh:mm	07.50	Country of Accident	Singapore	
Reporting Centre		Orange Force		ICM No.		
Acodem Location	JURONG TOWN HALL RD					
→ Total Excess Applicable		With Description	200 (00)			
Еховая Туре	Per Acodent	Windscreen Excess	500.00			
OD Stangard Excess	2,000.00	TP Stendard Excess	1,500.00			
VIED OD Excess	1000.00	VIED TP Excess		Driver is Covered?		
Additional Excess	MORROOM					
Total DD Excess Applicable	3000.00	Total TP Excess Applicable				
▽ Benefits	200000					
GST Registered Informa	ation					
GST Registered	No		GST Registration Date			
GST Registration No.			GST Status Verified	Yes		
Modification History	13/08/2020 15:42:00 System	n changed GST Status ventiled from	m No to Yes			
Policyholder Mailing Ad		(Participal)		0.000000000011	SINGAPORE 650326	
Address 1	BLK 326 #03-51	Address Type	BUKET BATOK STREET 33 Singapore address	Activess 3 Post Code	650326	
Address 4	03-51		5113130032	Post Code	690.876	
ur OI Driver Info	03-91	Related Policy Number	3113130032			
Driver Name	Unnamed Driver	Driver Type	unnamed Driver			
Unnamed driver Name	LOW SHIN CHEN	Driver NRIC	S9538318A	Driver DOB	19/10/1995	
Register Date of Driver License	15/12/2016	Driver Age	24	Driving Experience	3	
Contact No.(Mobile)	97107786	Contact No. (Office)	Q	Contact No.(Home)	0	
Address 1	BLK 326	Address 2	BUKIT BAYOK STREET 33	Address 3	SINGAPORE 650326	
Address 4		Address Type	Singapore address	Post Code	650376	
Unit No.	03-51					
Opes he own a Singapore	☐ Yes ® No	Orrest Vehicle No.		Oriver Insurer Company		
Registered car?	15,07957400					
Declaration						
dreathalyser or blood Test Reading?	0 mg	Any injury?	® Yes ○ No			
nceury.						
Modification History						
modificación (History						
Claim 001 New						
D(2000) 2000						
					622200	
Claim Type *	OD-MX V	Insured Name	PRESTIGE TRANSPORT SERVICE	Insured NRIC	53383462K	
Contact No.(Mobile)		Contact No. (nome)		Contact No.(Office)	NS.	
Email Address Claimant Type Claimant Type+	Pinase Select	OI Vehicle Number Type of Benefit *	Picase Select	TP Vehicle Number	5.7W88955	
Claimant Name *	22	Claimant NRIC +	Trease seem			
Claimant Address						
Claim Description	PC29038 / SJW8895S ON 13 Aug 2020		114 114 114 114 114 114 114 114 114	Name of Preferred Workshop		
Preferred Workshop Contact No.		Sneured Liability •	Not at Fault V			
No. Regure Finalisation	yes 💌	Preference Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	13/08/2020 15:42	Claim Close Date		Date Received	13/08/2020 00:00	
Report Taken By	Jackson		The state of the s			
Print AK letter						
			CALLED THE COUNTY			
			Save Submit			
Attachment						
· ·						
Accident No.	MT/1099808	Claim No.	001			
Accident No.		Uproad Date	13/08/2020 15:47			
West Part Hereisen	● Yes ○ No	suprimed Water		Park de const		
	Path *	Browse	Category *	Confidential Urgen	cy • Description •	
		70000	The latest and the la	-514	~	
		Browse				
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