NATIONAL Assessment Centre Services	[wef liderOd]	MNA 117160393		5
Date in 5   12   17   16:26   Jeb descrip		Date &Time Completed	Done	by
Rei No NA I INC 17023087 1 h4 SAS e-fill	ing			
	ithin Bhrs. AFC 2hrs)			2
	Claim Form	MT10972482	Clinia	17176
i-Motor Y	W/O (Within OD 2hr		5112117	17:34
D' TP / Reporting Only i-Photo U	2 03 39 46			0.000
Assessmer	nt/Survey Report			
TP Insurer: Ass't Repo	ort by Fax / Hand t	0 Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW; ( Team wer	k Garage	Tel: 68442475	Fax:	
TP Particulars: Veh No: 53N 9382>	INICIA	)/Non-INC( )		1
Owner / Driver: (		Tel	)	2018-0000
Policy No: ( ) Period: (	)	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %) [Note-Est. State	ıs (WO): N: 0-2	0%; P: 21-79%. F: 80-	100%]	
Year of Registration: ( ) Warranty: YES	S( )/NO(	)		
Excess: (\$ ) Loading: \$1,000 ( ) / \$2,	000()			
General Remarks:-				
( ) Walk-In Customer: Customer's information strictly	Confidential & St	rictly NO refer of repairer		
( ) Total Loss Case : to e-mail Insurer URGENTI	Y.			
Drive-In ( ) / Towed-In ( ); Invoice: YES ( )	/ NO ( ); T	owing Co. (		)
Remarks:- (INC hotline: 6788 6616)		To take to the	Б	1
		Date&Time Completed	Done	Liy
Apply for Transport Allowance ( ) / Courtesy Car (     QC Check / Post Repair Inspection (	. )			
Upload Resurvey Photo [Repair Cost > \$3000]     (	3			
Injury: ————				
Date/Time Actions				
		18		
				250/525100
	PRINCIPAL AND		111222240	V V #1
M4170750	Invoice Pre	eparation Checklist	Anit (\$) Ist Bill	Amt (\$) Add Bill
laimant's Particulars :-	1) AR : Acciden		30.00	7 2 2 1 2 2 1 1 1 1
	2) DA : Damage 3) TF : Towing	e Assessment (\$100), INC (	(\$80) (40/\$45	
river/Owner:	4) FT : Follow-1	Through Survey	\$120	
ontact No:		Through Survey (Resurvey) against INC Only (wef 10 Jan 20	\$30 (05)	
amaged Portion:	6) TR : Re-inspe	ection + SMRT Survey	\$75 \$160	
	8) NTUC Addit		2400	
C Checked by (Engr-In-Charge):	OD* *N3: Courtes	y Car / Tpt Allowance	55	
	*N6: Repair	Co-ordination	310	
auditors'-Comments :-	The same of the sa	pair Inspection officet Excess Coordination	\$25 \$5	
9t 1;	<u>TP</u> (N11):T	P (Non INC) agains: INC	\$20	
at. 2 / 3:	9) N12: Idae M Invoice dated	obile Fee Charge		
	*	Farelance	NEED TO SE	

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Mobile Number

EMail Address

Fax Number Contact Number

- 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 ability.
- 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.
   This report will be forwarded by the insurers of 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.

ASSESSED TO SERVICE AND ASSESSED.	ACCIDENT STATEMENT
Date Of Report	05/12/2017 16:26
Date Of Accident	05/12/2017 13:30
Exact Location Of Accident	ALONG COMMONWEALTH AVE WEST TWDS IMM
Country/State of Loss	SINGAPORE
Description of the Control of the Co	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLH6877M
Insured/Policyholder	
Name Of Registered Owner	EHB LIMOUSINE PTE LTD
Co Reg No	201536531R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88381407
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH 1.8 CVT
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?	YES
f No, Please state action to be taken	
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5075309111-02
Cover Note Number	-
Driver	
Name of Driver	KAMARUDIN BIN OSMAN
NRIC No	S1528626A
Date Of Birth	28/01/1952
Occupation	OUTDOOR
Date Of Driving Pass	12/10/1982
Driving Experience	35 YEARS AND 1 MONTH
Gender	MALE

(LOCAL) +65-88381407

NOEMAIL

BLK 469 CHOA CHU KANG AVE 3 #04-109 Address

680469 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

YES

NO

3

NO

NO

General Information of the Accident

CHAIN COLLISION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO NO Was any body injured in the Accident?

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

### Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

YES Are accident photos available for attachment? NO Was there any video captured by Car Camera? NO Was there any audio recorded?

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJN9382X

Vehicle Make/Model/Colour

**Details Of Properties** 

NONIS MACNEU MARTIN Name of Driver

NRIC/Passport Number S6918657B 93879535 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **Details of Witness**

Name

Phone Number Email Address

### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SJX2395C

Vehicle Make/Model/Colour

**Details Of Properties** 

Name of Driver

NG ZAN JIN

NRIC/Passport Number

S1198792C

Contact Number

98577745

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **Details of Witness**

Name

Phone Number

**Email Address** 

## **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number

GW3031L

Vehicle Make/Model/Colour

**Details Of Properties** 

Name of Driver

LEE CHEE HOE

NRIC/Passport Number

Contact Number

94275017

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **Details of Witness**

Name

Phone Number

Email Address

### 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 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
- 5. Any false reporting may be referred to the Police for investigation.
- 6. 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 ladgment 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 aforesald.
- S. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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)
  - (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
- 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.
- 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

with requirements under any regulations, laws or court orders.

Policyholder's Sig nature

with the Williams

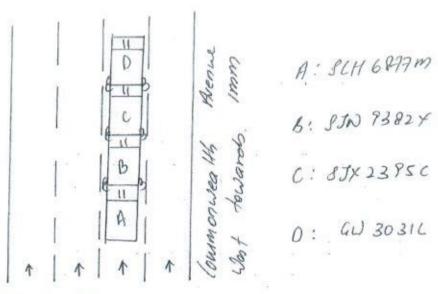
Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

/ /	was	1	vav.	eller	7	Stra	ight	1 0	alou	4	Con	mo	nuko	H	6	
Avenue		Went	-	towa	reb	/m	m.	The	V	ekg.	de	ý	'n	ho	nd	of
we	can	e	to	.9		Sto	ρ.	1	Cou	lol	ho	+	8/07	0	90	
Ane		and		0119	deal	0.	ndo	V	elac	le.	13	).	When	2	1	901
down,	1	rea	lite	01	1	was	5	nvo	lies	/	?n	9	4	10	an	
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								_		- 1,0-	_					
		-														
ABATION	-		-									11-				

I/We declare the largoing particulars are true in every respect.

Policyholde Olpy Date & Time:

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.

- Complete and submit to the more acident to speed up the claim process.

  Please report correctly on the details of the accident to speed up the claim process.

  This form must be filled up by the policy holder and/or authorised driver.

  Information provided must be as fluiful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance information. 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.

  Any false reporting may be referred to the traffic police department for investigation.

## Accident details

Date and time of accident	Date: 05 Dec 2017 (DD/MM/YY) Time: /33	6 (HM:MM)
Exact location of accident	Along Commonwealth Brenne was	nt
	towards Imm	

## Details of vehicle

Vehicle registration number	8 LH 6877 m
Vehicle make and model	Toyata With
Type of vehicle	Saloon D MPV-D CRV D Van D  Lorry D Bus D Motorcycle D Others:
Vehicle category	Private   Commercial Motorcycle   Motorcycle
Purpose of using at said time	Workful
Are you claiming under your own insurance company?	Yes a No a if no, please select: Third part claim a Reporting only a

## Insurance information

Insurance company	Hh	<u>10</u>		
Policy number			75 L	
Type of policy	Comprehensive []	Third party fire & theft a	TP only [	

## Insured / Policy holder

Name	one I Rent Can Ple Hel.	Male D	Female D
NRIC / Fin / Passport number	2013061790		
Contact			-
Address	70 UB? Crescent \$01-12 UBS Tech Park 8(408570)		

## Driver

## Same as insured above $\square$ (skip to D.O.B)

Name	Kamarudin Bin Osman Malen Female
NRIC / Fin / Passport number	\$ 15286264
Contact	8828 1407
Address	Block 469 Choa Chu Kang Avenue 3 A04-108 Sinjapore 680469
Emall address	
Date of birth	28 Jan 1862
Occupation	Indoor D Outdoor D
Driving date pass	12 Oct 1982

# General Information of the accident

	1000
Was driver an employee of the insured's company?	Ves I No. 18
No of passenger	Yes D No.El Coheren
Weather condition Road surface	Clear Raining Others:

## Other information

			 	 -
Was anybody injured?	Yes 🗆 .	NOET		
Was other vehicle damaged?	Yese	No 🗆		
Was other venicle damaged	1			

## Details of police action

	tata which police station.
Reported to police?	Yes  No D If yes, please state which police station.
Police station name	

# Third party vehicle 1 (B)

Name	Monis Macney Marko
Contact number	1387 335 16818657B
NRIC / Fin / Passport number	SIN 93824
Vehicle registration number	SUN 13621
Vehicle make model	

# Third party vehicle 2 (c)

Name	H9 tag 3745	
Contact number	8 11987876	
NRIC / Fin / Passport number		
Vehicle registration number	3JX 2395C	
Vehicle registration number Vehicle make model	30/23130	

## Third party vehicle 3 (0)

Name	her Chee Hoe.	
Contact number	94) \$ 5017	
Ontact number	67932545M	
NRIC / Fin / Passport number	GW 3031C	
Vehicle registration number	0,10 303.55	
Vehicle make model	A STATE OF THE STA	

# Third party vehicle 4

Name	. /
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	-/
Vehicle make model	Page 2

Witness 1	
lama	
Witness 2	
Name	
injured person 1	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes D No D
Injured person 2	
Name	
Injuries sustained Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes D No D
Injured person 3	
Name	
Injuries sustained	
Which vehicle person in?	Yes D No D
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	TES LI TIO
Injured person 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes D No D



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1528626A





KAMARUDIN BIN OSMAN

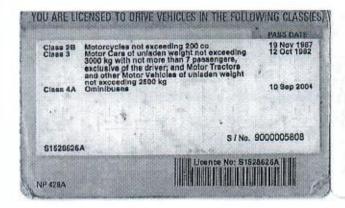
MALAY

Data of birth 28-01-1952

Country of birth SINGAPORE

01520620A

4515773





MRIC No. S1528626A

Address APT BLK 469 CHOA CHU KANG AVENUE 3 #04-109 BINGAPORE 880469

<b>eBao</b> Tech								GeneralClaim		
Hello, NAC_PAYA_UBI_80	0601	1 1 1 1 1 1 1 1 1 1 1 1				,	Change La	nguage	Change Passwor	d · Log Out
My Desktop	Poli	cy Query								
Notice of Loss	Policy 1	No.				Date of Acc	ident	05/12/	2017 16:03	
	Vehicle	No.(For Motor)	SLH6877M							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5075309111-02	EHB LIMOUSINE PTE LTD	201536531R	GFT	drivo PREMIUM	SLH6877M	SLH6877M	01/11/2017	
					1	Continue				

Policy No.	5075309111-02	Policyholder Name	EHB LIMOUSINE PTE LT	Policyholder NRIC	201536531R
ddress	70 UBI CRESCENT #01-12	SINGAPORE 40857	0		
roduct lame	FLEET INSURANCE	Plan		Group Policy Flag	N
olicy ssue Date	23/10/2017	Effective Date	01/11/2017 00:00	Expiry Date	31/10/2018 23:59
hird arty xcess	1000.00	Own damage Excess	1000.00 Windscreen Excess		0.00
Additional excess	0	OS Premium	21537.04		
Outside Singapore OD Excess	1000.00	Outside Singapore TP Excess	1000.00		
Agent	Marsh (Singapore) Pte Ltd	Agent Tel.	63277687	GST Flag	Y
co- nsurance lag Open Policy Info Certificate nfo	No				
Policyh	older Mailing Address	200000 00	Island description	\$50,000,000	WAS CONTROL OF SAME AND
Address 1	70 UBI CRESCENT	Address 2	#01-12	Address 3	SINGAPORE 408570
Address 4		Address Type Related	Singapore address	Post Code	408570
Jnit No.	01-12	Policy Number	5075309111-02		
1 Insured	d Object: SLH6877M				
• Endors	ements				
Sequenc	Date of Endorsement  09/11/2017 00:00	Endorsement Type  Basic Information Endorsement	Endorsement Number 000001286691817	Endorsement Status  Endorsement Take Effective	Endorsement Content  Thank you for giving us the opportunity to serve you. We confirm that the following 1 vehicle have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SKL9024D 01-11-2017 1,347.68 In view of this amendment, a refund of \$1,347.68 (inclusive of GST) will be adjusted against the outstanding premium.
2	09/11/2017 00:00	Basic Information Endorsement	000001286689224	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicles as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLL60X 08-11-2017 \$1,321.84 In view of this amendment, an additional premium of \$1,321.84 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciat it if you could make payment tus within 14 days from the dat of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the

Claim Handling The premium on this policy has a	not been collected.			
Accident MT/0972482	turista continue			
Policy No.	5075309111-02	Vehicle No.	SLH6877M	GST Registration No.
Policyholder Name	EHB LIMOUSINE PTE LTD			Policyholder NRIC
Product Code	FLEET INSURANCE	Cover Type	drivo PREMIUM	Loading
Contact No.(Mobile)	88381407	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	© No ○ Yes	TCA	© No ○ Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	
Accident Details				
Report Date	05/12/2017 17:23	Accident Report Within 24 hrs	Yes	Accident Type Chai
Date of Accident	05/12/2017	Time of Accident hh:mm	13:30	Country of Accident Sing
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG COMMONWEALTH AVE WEST TWDS	IMM		
⇒ Benefits				
♥ Excess				
Own damage Excess	1,000.00	Additional Excess	0.00	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	1,000.00	
Third Party Excess	1,000.00	Outside Singapore TP Excess	1,000.00	
⇒ GST Registered Informa	stion		-555 We the east-	
GST Registered	No		GST Registration Date	4000
GST Registration No.			GST Status Verified	Yes
Modification History				
m Palinchalder Mailing Ad	desce			
Policyholder Mailing Ad	The three constraints over	Address 2	#01-12	Address 3
Address 1 Address 4	70 UBI CRESCENT	Address Type	Singapore address	Post Code
	01-12	Related Policy Number	5075309111-02	
Unit No.	01-12	Related Policy Mulliper	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	KAMARUDIN BIN OSMAN	Driver NRIC	S1528626A	Driver DOB
Register Date of Driver License		Driver Age	65	Driving Experience
Contact No.(Mobile)	88381407	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 469 #04-109	Address 2	CHOA CHU KANG AVENUE 3	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	04-109			
Does he own a Singapore Registered car?	€ Yes Ge No	Driver Vehicle No.		Driver Insurer Company
Declaration			(M. A.M.) (177)	
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes @ No	
Modification History				
Claim 001 New				
Claim Type *	OD-MD ▼	Insured Name	EHB LIMOUSINE PTE LTD	Insured NRIC
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)
Email Address		OI Vehicle Number	SLH6877M	TP Vehicle Number
Claim Description	SLH6877M / SJN9382X ON 5 Dec 2017			Name of Preferred Workshop
Preferred Workshop Contact No.	68442475	Insured Liability *	Fully at Fault	
Require Finalisation	Yes ▼	Preferered Repair Option	Preferred Workshop (refer below)	GIA report
Date Registered	05/12/2017 17:33	Claim Close Date		Date Received
Report Taken By	LIEW SHAN HUI			
Print AK letter				
CLINE OF ISSUE			Care Cobart	
Attachment			Save Submit	
9				
Accident No.	MT/0972482	Claim No.	801	
Last Doc. Received	Yes © No	Upload Date	05/12/2017 17:34	
TOWN DEPT (CONTROL OF THE CONTROL OF	Path *	dinki-wil	Category *	Confidential Urgency

