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Veh No: STE /OYI E E-	-mail (within 8hrs, AIC 2hrs)			
D.O.A: M2/15-17:30 I-N	Motor Claim Form	MT 0987735	19/7/18-	17:57
in	Motor W/O (Within: OD 2hr	s, TP 4hrs)		
OD / TP:/ Reporting Only	Photo Uploaded	!		7
As	sessment/Survey Report			
TP Insurer:	s't Report by Fax / Hand	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Contract of the second of the		ax:	-
TP Particulars: Veh No: ICF 157p	INC ()/Non-INC()	-8	
Owner / Driver: (Tel:)	
Policy No: () Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Es	st. Status (WO): N: 0-20	0%; P: 21-79%. F: 30-1	00%]	
	y: YES ()/NO ()		
	A CONTRACTOR OF THE PROPERTY O			
General Remarks:		Jezephikus (A.S.)	THE RESERVE	3
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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 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.

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.

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19/02/2018 11:48 Date Of Report Date Of Accident 15/02/2018 15:30

Exact Location Of Accident SLIP RD PIE (CHANGI) TWDS TPE

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJE1041E

Insured/Policyholder

DLS AUTO Name Of Registered Owner 53359130M Co Reg No **Email Address** NOEMAIL

Mobile Phone No (LOCAL) +65-90088701 Alternative Phone No. OFFICE-90088701

Vehicle Particulars

Manufacturer HONDA

Model STREAM 1.8X A Exact Purpose for which vehicle was being used at COMMERCIAL

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

REPORTING ONLY If No, Please state action to be taken PRIVATE HIRE Vehicle Category

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

THIRD PARTY Type Of Coverage

YES Fleet Policy

5090047087 Policy Number

Cover Note Number

Driver

Name of Driver CHAN WEI JIANG

NRIC No S8108762H Date Of Birth 28/03/1981 Occupation OUTDOOR Date Of Driving Pass 17/09/2001

16 YEARS AND 4 MONTHS Driving Experience

MALE Gender

Mobile Number (LOCAL) +65-97476090

Fax Number

OFFICE-97476090 Contact Number

EMail Address NOEMAIL Address

BLK 512 WEST COAST DRIVE

#06-349

Postcode

120512

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

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

Was any foreign vehicle involved in this accident?

NO

Number of vehicles 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?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

4

Passenger 1

NAME:

GENDER:

: MALE

Passenger 2

NAME:

GENDER:

: MALE

Passenger 3

NAME:

.

GENDER:

: MALE

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG PIE (CHANGI) TWDS TPE. VEHICLE B MOVE AN INCH FORWARD SUDDENLY STEP ON HIS BRAKE. IN A RESULT, MY VEHICLE SLIGHTLY TOUCH HIS VEHICLE REAR PORTION.

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

SCF157P

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

LEE TECK MENG

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

S1674836F

4

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 <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.
- 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.

OM E Co. Reg. No. 70 528271281

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 .:

A. SEDYIE

B= SCFISTP

The later

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

leter to	Rafemont.
1145	

DECLARATION

I/We dee and the foregoing particulars are true in every respect.

Co. Reg. No. 52827128L

Policyholder's Signature

Date & Time:

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

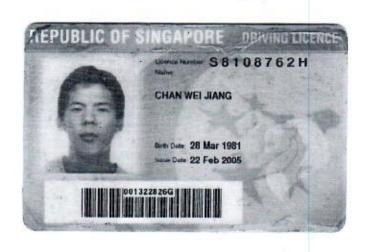
Date & Time:

Reporting Centre Personner's Signature

Name:

NRIC/FIN No.:







YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

17 Sep 2001

Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor fractions /vehicles =< 2500 kg Heavy motor cars and motor tractors > 2500 kg

NP 428A

eBao Tech			Jinta B						Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601						Change Lan	guage '	Change Passwo	rd + Log Out
My Desktop	Polic	cy Query						- Constitution		
Notice of Loss	Policy N	ia.				Date of Ac	cident	15/02	2018 15:30	
	Vehicle	No.(For Motor)	SJE1041E							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5090047087	DLS AUTO	53359130M	GFT	Third Party	S)E1041E	SJE1041E	13/02/2018	
					-	Continue				

▽ Polic	y Information				
Policy No.	5090047087	Policyholder Name	DLS AUTO	Policyholder NRIC	53359130M
Address	19 KIM CHUAN TERRACE SIN	IGAPORE 537041			
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	10/04/2017	Effective Date	07/04/2017 00:00	Expiry Date	05/04/2018 23:59
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	1365.43		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		
Agent	HOBBES INSURANCE AGENC	Y Agent Tel.	97919911	GST Flag	Y
Co- insurance Flag Open Policy Info Certificate Info	No				
Policyh	nolder Mailing Address				
Address 1	19 KIM CHUAN TERRACE	Address 2	SINGAPORE 537041	Address 3	
Address 4		Address Type Related	Singapore address	Post Code	537041
Unit No.		Policy Number	5094623985		
□ Insure □ Endors □	d Object: SJE1041E				
Sequenc	Date of	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	00/05/2017 00:00	asic Information ndorsement	000001286554857	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJC8206L 09-05-2017 \$924.60 In view of this amendment, an additional premium of \$924.60 (inclusive of GST) is payable under your policy. Please ignorthis premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
					Income" with you policy number ind reverse of the che Alternatively, you make payment at

premium on this policy has n	ot been collected.				
ident HT/0982735				2110 23 21110	
Icy No.	5090047087	Vehicle No.	SJELD41E	GST Registration No.	
icyholder Name	DLS AUTO			Policyholder NRIC	53359130M
oduct Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
neact No.(Mobile)	90088701	Contact No. (Office)	0	Contact No. (Home)	0
nali Address		Special Remark		eCode	12. 🗸
	® No ⊜ Yes	TCA	® No ○ Yes	eCode Reason	
K	8/6/J/G		TOXALLERON.	Private Hire	Yes
D Protection	No	NCD Entitlement(%)	0	77742	
Accident Details					C. House Hand to Date
sport Date	19/02/2018 23:55	Academ Report Within 24 hrs	Yes	Accident Type	Colleion - Head to Rear
ate of Accident	15/02/2018	Time of Accident hhimm	15:30	Country of Acadent	Singapore
eporting Centre		Orange Force		SCM No.	
ccident Location	SLIPRO PIE (CHANGE) TWOS TPE				
or Benefits					
7 Excess					5000
wn damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	0.00
named Driver Excess		Outside Singapore OO Excess	0.00		
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and Party Excess		SAME TO BE REPORTED THE SAME SAME SAME SAME SAME SAME SAME SAM			
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ddress 1	19 KIM CHUAN TERRACE	Address 2	SINGAPORE 537041		537041
doress 4		Address Type	Singapore address	Post Code	- mar/1974 -
nit No.		Related Policy Number	5094623985		
OI Driver Info					
river Name	Unnamed Onver	Driver Type	Unnamed Driver	12500 (1250)	30000000
nnamed striver Name	CHAN WEI JIANG	Driver NRIC	\$8108762H	Driver DOB	28/03/1981
egater Date of Driver License	17/09/2001	Driver Age	36	Driving Experience	16
ontact No.(Mobile)	97476090	Contact No.(Office)	0	Contact No.(Home)	0
ddress 1	BLM: 512	Address 2	WEST COAST DRIVE	Address 3	WEST COAST VISTA
	SINGAPORE 120512	Address Type	Singapore address	Post Code	120512
ddress 4	06-340	Secretary Secretary	W10140101010101010		
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eclaration breathalyser or Blood Test teading?	0 mg	Any injury?	Yes ○No		
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5	NAC_PAYA_UBI_BOOKO1 NA	TIONAL ASSESSMENT CENTRE SERVICES) on 19 Fe b 2018 23:57	Photos		Normal	Photos 2018-2-19	Ed
Video List	Uploaded By/Date	Folder Date	Frie Name		9	Source	Action

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