	1	Date &Time Completed	Done by
Date In: \$/1/18-14:43	Jcb description	Date & Time Completed	Dolle o
Re[No: NA   IN (800 428 24	SAS e-Illing	1	
Veh No: \$05800K	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 3/3/18-18:50	i-Motor Claim Form	MT 1098 4768	४ २ । १६ ।
OD : TP : Reporting Only	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)	
OD : 17 - Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
17 hisurei.	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(	Tel: F	ax:
TP Particulars: Veh No: 5	USTOY . INC (	)/Non-INC( )	
Owner / Driver: (		Tcl:	)
Policy No: ( )	Period: ( )	Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: ( %	6) [Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 30-1	100%]
Year of Registration: (	Warranty: YES ( )/NO (	)	
	\$1,000( )/\$2,000( )		
General Remarks;-	Cattle of State of State	BETT WE WAS ASSESSED.	Control of the contro
Remarks:- (INC horline: 6788 6610		Date&Timis Comple ad	Done by
1) Apply for Transport Allowance (	) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection	( )		
3) Upload Resurvey Photo [Repair Cost:	> \$3000] ( )		
Injury:			
174 65	CONTRACTOR DESIGNATION OF THE SECOND CONTRACTOR OF THE SECOND CONTRACTO		
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AIRON09 aimant's Particulars:-	1) AR : Acciden 2) DA : Damage 3) TF : Towing	paration Checklist:  (Reporting (\$30); (Assessment (\$100); INC (\$100);	Ani((S)) An
AIRON09 aimant's Particulars:-	1) AR : Acciden 2) DA : Damage 3) TF : Towing 4) FT : Follow-1	paration Checklist  It Reporting (530);  Assessment (\$100); INC (\$100);  Fee \$40	Amit (S) Ad fit Bill Ad
MAISON09  mimant's Particulars:- iver/Owner:	1) AR : Acciden 2) DA : Damage 3) TF : Towing 4) FT : Follow-1 5) FT : Follow-1 For claiming	paration Checklist.  Reporting (\$30); Assessment (\$100); INC (\$100	Ant (5). An   15t Bill   Ad   80)
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NAISONO9  Inimant's Particulars:- river/Owner: ontact No: nmaged Portion: C Checked by (Engr-In-Charge):	1) AR : Acciden 2) DA : Damage 3) TF : Towing 4) FT : Follow-1 5) FT : Follow-1 For claiming 6) TR : Re-inspe 7) N1 : Idac DA 3	paration Checklist  Reporting (\$30); Assessment (\$100); INC (\$60); Prese S40 Chrough Survey (Resurvey) Against INC Only (wef 10 Jan 2003) Cetton + SMRT Survey Conal Services  y Car / Tpt Allowance Co-ordination pair Inspection Collect Excess Coordination P (Non INC) against INC	\$0) 0/\$45 \$120 \$30 \$75 \$160 \$5 \$10 \$25 \$25 \$20
	1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-inspt 7) N1: Idac DA 8) NTUC Addit OD!* *N5: Courtes *N6: Repair ( *N7: Fost Re *N8: DV / Co	paration Checklist  Reporting (\$30); Assessment (\$100); INC (\$60); Prese S40 Chrough Survey (Resurvey) Against INC Only (wef 10 Jan 2003) Cetton + SMRT Survey Conal Services  y Car / Tpt Allowance Co-ordination pair Inspection Collect Excess Coordination P (Non INC) against INC	Anut (\$) Ad fit Bill Ad 80) 0/545 \$30 \$30 \$5) \$75 \$160

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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.

ACCI	DENI	SIAI	EN	ENI
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 Date Of Report
 05/03/2018 14:43

 Date Of Accident
 02/03/2018 18:50

Exact Location Of Accident JURONG EAST ST 24 BEFORE JUNC JURONG EAST AVE 1

Country/State of Loss SINGAPORE

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SJD5800K

Insured/Policyholder

Name Of Registered Owner IRENT LEASING PTE LTD

Co Reg No 201722077D Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-97277987

 Alternative Phone No
 OFFICE-97277987

Vehicle Particulars

Manufacturer TOYOTA

Model VIOS J AUTO

Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident

W. C. C. COCC STREET

Are you claiming under your own insurance policy

for repair to your vehicle?

REPORTING ONLY

If 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 YES

Policy Number 5093346229

Cover Note Number

Driver

Name of Driver HUANG JIANSHENG

 NRIC No
 S8516748J

 Date Of Birth
 22/05/1985

 Occupation
 OUTDOOR

 Date Of Driving Pass
 27/12/2004

Driving Experience 13 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96872274

Fax Number

Contact Number OFFICE-96872274

EMail Address NOEMAIL

BLK 547 CHOA CHU KANG STREET 52 Address

#03-23 680547

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

#### General Information of the Accident

SIDE SWIPE Type Of Accident CLEAR Weather Conditions WET Road Surface

#### Other Information

NO Was any foreign vehicle involved in this accident? Number of vehicles 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? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

### **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?

If Yes, against whom?

NO

1

## Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG JURONG EAST ST 24. SUDDENLY VEHICLE B BRAKE HIS VEHICLE. IN A RESULT I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR LEFT PORTION.

#### Attachment(s)

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

# DETAILS OF OTHER VEHICLE PROPERTY 1

SLJ8250Y Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## 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.
- 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.

Policyholder's Signature

301722077D UEN:

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date & Time:

NRIC/FIN No.:

# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$8516748J





HUANG JIANSHENG



CHINESE Date of birth

22-05-1985 M Country/Place of birth

SINGAPORE





5602719



NAIC No. S8516748J



23-05-2016

APT BLK 547 CHOA CHU KANG STREET 52 #03-23 SINGAPORE 680547

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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 27 Dec 2004 of the driver; and other motor vehicles =< 2500kg

NP 429A



eBaoTech	ech ech						GeneralClaim			
Hello, NAC_PAYA_UBI_800	0601						Change Lan	guage	Change Passwo	rd • Log Out
My Desktop	Poli	cy Query								
Notice of Loss	Policy N	lo.				Date of Acc	ident	02/03	1/2018 18:50	
	Vehicle	No.(For Motor)	SJD5800K							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5093346229	IRENT LEASING PTE LTD	201722077D	GFT	drivo CLASSIC	SJD5800K	S3D5800K	22/08/2017	
			A		II.	Continue				

5093346229	Policyholder Name	IRENT LEASING PTE LTD	Policyholder NRIC	201722077D
28 BUKIT BATOK EAST AVE	NUE 2 #11-16 HILL	VIEW REGENCY SINGAP	ORE 659921	
FLEET INSURANCE	Plan		Group Policy Flag	N
10/08/2017	Effective Date	10/08/2017 00:00 Expiry Date (		09/08/2018 23:59
1500.00	Own damage Excess	2000.00	Windscreen Excess	100.00
0	OS Premium	5407.49		
2000.00	Outside Singapore TP Excess	1500.00		
AA INTERNATIONAL INSUR	RANCI Agent Tel.	64646022	GST Flag	Y
No				
older Mailing Address				
28 BUKIT BATOK EAST AV	VENUE Address 2	#11-16 HILLVIEW REG	ENCY Address 3	SINGAPORE 659921
	Address Type	Singapore address	Post Code	659921
11-16	Related Policy Number	5093346630		
d Object: SJD5800K				
ements				
Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content Thank you for giving us the
18/08/2017 00:00	Basic Information Endorsement	000001286622292	Endorsement Take Effective	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. SJD5800K 22-08-2017 \$1,428.05 In view of this amendment, an additional premium of \$1,428.05 (inclusive of GST) is payable under your policy. Please ignor this 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.
	28 BUKIT BATOK EAST AVE FLEET INSURANCE  10/08/2017  1500.00  0  2000.00  AA INTERNATIONAL INSUE No  colder Mailing Address  28 BUKIT BATOK EAST AVE  11-16  d Object: SJD5800K  ements  Date of Endorsement	28 BUKIT BATOK EAST AVENUE 2 #11-16 HILL  FLEET INSURANCE Plan  10/08/2017 Effective Date  Own damage Excess 0 OS Premium  2000.00 Singapore TP Excess  AA INTERNATIONAL INSURANCI Agent Tel.  No  colder Mailing Address  28 BUKIT BATOK EAST AVENUE Address 2 Address Type Related Policy Number  d Object: SJD5800K  ements  Date of Endorsement Endorsement Type	28 BUKIT BATOK EAST AVENUE 2 #11-16 HILLVIEW REGENCY SINGAP FLEET INSURANCE Plan  10/08/2017 Effective	Sog3346229 Name IRENT LEASING PTE LTD NRTC  28 BUKIT BATOK EAST AVENUE 2 #11-16 HILLVIEW REGENCY SINGAPORE 659921  FLEET INSURANCE Plan Own damage Excess 0 OS Premium Outside Singapore TP Excess AA INTERNATIONAL INSURANCI Agent Tel. 64646022 GST Flag  No  Policy Flag  Outside Singapore TP Excess AA INTERNATIONAL INSURANCI Agent Tel. 64646022 GST Flag  No  Policy Flag  Outside Singapore Singapore TP Excess AA INTERNATIONAL INSURANCI Agent Tel. 64646022 GST Flag  No  Policy Flag  Balated Policy Number  Doublet Singapore Type Related Policy Number  Endorsement Endorsement Status  Endorsement Status  Endorsement Take  Endorsement Take  Endorsement Take

gremium on this policy h	as not been collected.				
dent MT/0984768					
y No.	5093346229	Vehicle No.	SIDSHOOK	GST Registration No.	957000000000000000000000000000000000000
vholder Name	DRENT LEASING PTE LTD			Policyholder NR3C	2017220770
ct Code	PLEET INSURANCE	Cover Type	anvo CLASSIC	Loading	0
ct No. (Mobile)	97277987	Contact No. (Office)		Contact No.(Home)	0.000
Address		Special Remark		eCode	19. ×
	(ii) No (i) Yes	TCA	® No ○Yes	eCode Reason	
Protection	60	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
	05/03/2018 17:40	Accident Report Within 24 hrs	Yes	Academ Type	Side Swipe
t Date		Time of Accident Inh.mm	18:50	Country of Accident	Singapore
of Accident	02/03/2018		10.30	ICM No.	200000
rting Centre		Grange Force		JCP6 NO.	
lent Location	JUNONG EAST ST 24 BEFORE JUNE JUNE	ONG EAST AVE S			
Benefits					
Excess		2710X 0020X25	112951	Windscreen Excess	100.00
samage Excess	2,000.00	Additional Excess	0.00	windscreen excess.	100,00
med Driver Excess		Dutaide Singapore OD Excess	2,000.00		
Party Excess	1,500.00	Outside Singapore TP Excens.	1,500.00		
SST Registered Info			CCT Berintenine Brit		
egistered	No		GST Registration Date GST Status Verified	Yes	
legistration No.			CONTROL STORM		
lication History					
Ballanda Maria	Addraga				
Policyholder Mailing		Taran *	WARREND COMMUNICATION	Address 3	SINGAPORE 659921
ess I	29 BUKIT BATOK EAST AVENUE	Address 2	#11-16 HILLVIEW REGENCY	Post Code	659921
ress 4		Address Type	Singagore address	Publicade	Annual Control of the
No.	11-16	Related Policy Number	5093346630		
Ot Driver Info		THE STATE OF THE S	Heatmed Private		
er Name	Unnamed Onver	Driver Type Driver NRIC	Unnamed Driver 58516748)	Driver DOB	22/05/1985
smed driver Name	HUANG HANSHENG	Driver Age	32	Driving Experience	13
ster Date of Driver Lice		Contact No.(Office)	90	Contact No.(Home)	
tact No.(Mobile)	96872274		CHOA CHU KANG STREET 52	Address 3	SINGAPORE 680547
ress I	BLK 547 #03/23	Address 2		Post Code	680547
ress 4		Address Type	Singapore address		
t No.	03-23			LANCE CONTRACTOR AND AND	
is he own a Singapore pistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Compar	Υ
Wration					
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incetum History  Itelm 002 New	OD-MX	Insured Name	IRENT LEASING PTE LTD	Insured NRTC Contact No.(Office)	201722077D
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nceoun History  leim 002 hex  m Type * tact No.(Mobile)			IRENT LEASING PTE LTD	Contact No. (Office) TP Vehicle Number	NIL SLJ6250Y
m Type * tact No.(Mobile) si Address m Description	SJDS800K / SIJ8250V ON 2 Mar 2018	Contact No.(Home)	5J05900K	Contact No.(Office)	NIL SLJ6250Y
in Type * al Address and Description	SJDS800K / SIJ8250V ON 2 Mar 2018	Contact No.(Home)		Contact No. (Office) TP Vehicle Number	NIL SUB2501 rkshap
incepum History  Ioim 002 New  m Type * tact No. (Mobile) si Address m Description	SJDS800K / SIJ8250V ON 2 Mar 2018	Contact No. (Home) Of Vehicle Number	5J05900K	Contact No. (Office) TP Vehicle Number Name of Preferred Wo	NIL SLJ6250Y
inceoun History  Ioim 002 New  In Type * Itact No. (Modile) In Address In Address In Description  Herred Workshop Confac	SJD5800K / SLJ8250V ON 2 Mar 2018	Contact No. (Home) OI Vehicle Number Insured Datrity *	SJOSBOOK Fully at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Wo	NIL SLI82501 rkshap
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ing Theorem History  In Type *  Itact No. (Mobile) at Address In Description  erred Workshop Contact  uire Finalization  Registered  ort Taken By  Print AK letter	SJD5800K / SLJ8250V ON 2 Mar 2018 	Contact No. (Home) OI Vehicle Number Insured Liability * Preferend Repair Option	SJOSBOOK  Fully at Pault  Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Wo GIA report	NIL SLJ82501 rkshop Received
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Attachment	- 24	ploaded By/Date	Category	Y	Urgency	Description	(CO)
** ****	NAC_PAVA_UBI_800601/ NATIO	NAL ASSESSMENT CENTRE SERVICES) on 05 Ma r 2018 18:44	NRICY Driving License		Normal	NRIC/ Driving Ucente 2019-3-5	
60	NAC_PAYA_UBI_BOOGO1[ NATIO	NAL ASSESSMENT CENTRE SERVICES) on 05 Ma r 2018 18:43	SAS		Normal	SAS 2018-3-\$	
	NAC_PAYA_UBI_800601( NATIO	NAL ASSESSMENT CENTRE SERVICES) on 05 Ma , 2010 16:43	Photos		Normal	Photos 2018-3-5	
	NAC_PAYA_UB1_800601( NATIO	NAL ASSESSMENT CENTRE SERVICES) on D5 Ma + 2018 18:43	Photos		Normal	Photos 3019-3-5	
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	MAC_PAYA_UBI_800501( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Ma $_{\rm 7}$ 2018 18:43		Photos		Normal	Photos 2018-3-5	
	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Ma / 2018 18:43		Photos		Normal	Photos 2018-3-5	
NEW YORK	NAC_PAYA_UBI_800601( NATK	NAL ASSESSMENT CENTRE SERVICES) on 05 Ma « 2018 18:43	Photos		Normal	Photos 2018-3-5	
Video List			File Name		0	Source	Action