Date In: 13/3/18-17:44		Date &Time Completed	Done b	V
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Ref No: NA/ 1408004783/24	SAS e-filing			
Veh No: Jp19074	E-mail (within Shrs, AIC 2hrs)		and all the life	10.
D.O.A: 13/3/18-16:10	i-Motor Claim Form	MT10985910	13/7/18 18:	38
Name	i-Motor W/O (Within: OD 2hr	s, TP 4brs)		
OD / TP / Reporting Only	i-Photo Uploaded	\ <u></u>		
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: 604 6	YA . INC ()/Non-INC()	Y	
Owner / Driver: (Tel:)	
2. (20. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1	iod: (Cover Type: () .	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [N	Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-	100%]	
	Warranty: YES ()/NO()		
	00()/\$2,000()		THE PERSON NAMED IN	
General Remarks:				4 .
() Walk-In Customer : Customer's infor	rmation strictly Confidential & S	trictly NO refer of repairer		725-2415
() Total Loss Case : to e-mail Insure		, * + A		
Drive-In ()/ Towed-In (); Invoice		Towing Co: ()
		Date& Time Completed	Done	ov .
Remarks: (INC hotline: 6788 6616)		Datescinite configuration	1	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to
- 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

7. By the lodgement of this report to the insurers, you hereby conset foresaid.	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	13/03/2018 17:44
Date Of Accident	13/03/2018 16:10
Exact Location Of Accident	ALONG AMK AVE 5 AFTER JUNC AMK IND PARK 2
Country/State of Loss	SINGAPORE
Di	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJP1907A
Insured/Policyholder	
Name Of Registered Owner	RENT A CAR LEASING PTE LTD
Co Reg No	201529642E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	AIRWAVE 1.5M 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?

THIRD PARTY

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

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

NO

THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

NO Fleet Policy

5092383531 Policy Number

Cover Note Number

Driver

YASIN BIN MOHD ZAIN Name of Driver

S1314512A NRIC No 26/05/1958 Date Of Birth OUTDOOR Occupation 13/07/1988 Date Of Driving Pass

29 YEARS AND 8 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-96197339 Mobile Number

Fax Number

OFFICE-96197339 Contact Number

NOEMAIL **EMail Address**

BLK 43 CIRCUIT ROAD Address #02-685

370043 Postcode

Was driver an employee of the Insured's Company NO

OTHER - HIRER 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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

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

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

2

Number of Passengers (Including Driver)

NAME: Passenger 1

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, MY VEHICLE WAS TRAVELLING ALONG LANE 2 AMK AVE 5. SUDDENLY A VEHICLE CAME OUT FROM LANE 1 TRYING CUT ONTO MY LANE. I STATIONARY STOP AND I HONK THE VEHICLE. SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

GBH64A Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

RIZAL Name of Driver S1769543F NRIC/Passport Number 90690767 Contact Number

Address Postcode

Insurance Company Name

SKETCH PLAN

IMPORTANT NOTICE

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

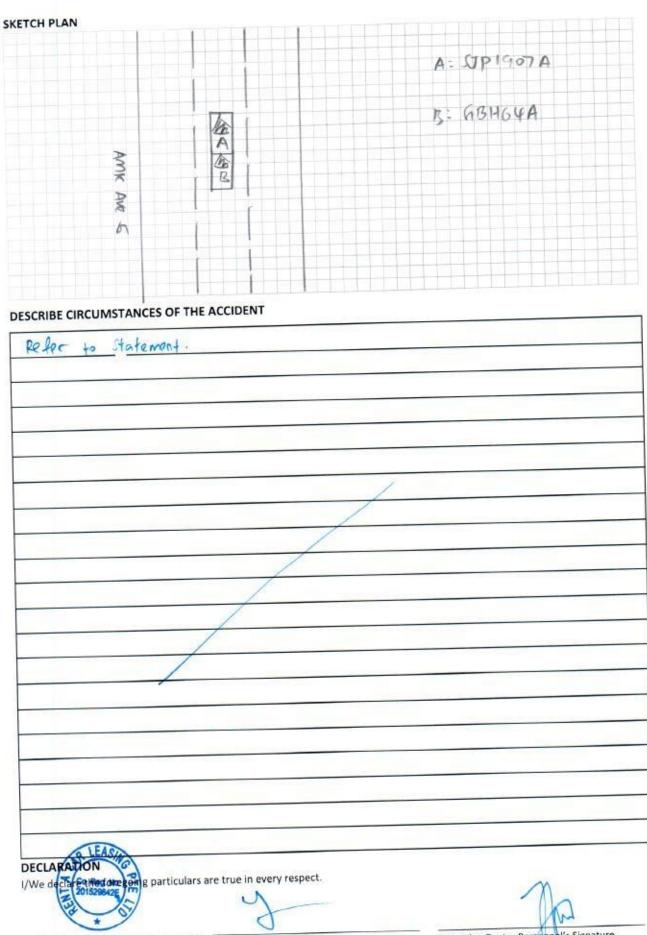
NRIC/FIN No .:

Name:

Reporting Centre Personnel's Signature

CONDINC SEPERPLANTERS VI

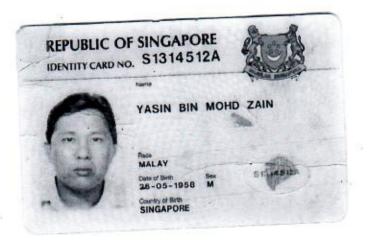
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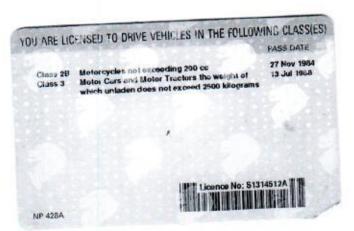


Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:









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Notice of Loss	Policy N	D.	95.5			Date of Acc	ident	13/03/	2018 16:10	
	Vehicle	No.(For Motor)	SJP1907A							
					1	Search				
	Select	Policy No.	Policyhoider Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5092383531	RENT A CAR LEASING PTE LTD	201529642E	GPC	Third Party, Fire & Theft	SJP1907A	SJP1907A	03/07/2017	01/07/2018

	sements			nent Status	Endorsement Content
▶ Insure	ed Object: SJP1907A				
Unit No.		Related Policy Number	5092383531		
Address 4		Address Type	Singapore address	Post Code	415875
Address 1	8 KAKI BUKIT AVENUE 4	Address 2	PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
Policy	holder Mailing Address				
Certificate Info					
Open Policy Info					
Co- nsurance Flag	No				
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL	GS1 Flog	10
Singapore DD Excess	0	Singapore TP Excess	3000	GST Flag	٧
Outside		Outside	2000		
dditional		OS Premium	0		
hird arty xcess	1500	Own damage Excess	0	Windscreen Excess	0
olicy ssue ate	03/07/2017	Effective Date	03/07/2017 00:00	Expiry Date	01/07/2018 23:59
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ddress	8 KAKI BUKIT AVENUE 4 PREMIE	R @ KAKI BU	KIT SINGAPORE 4158/5	Group	N
20,00	5092383531	Policyholder Name	RENT A CAR LEASING PTE LTD	Policyholder NRIC	201529642E

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No. 90	92383531	Venicle No.	53F1907A		holder NRIC	201	529642E	
	INT A CAR LEASING PTE LTD					0		
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Party Excess								
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Of Driver Info	1900 State 1900 S	Driver Type	Unnamed Drive	ir east				
p mana	Unnamed Driver	Driver NRIC	\$1314512A		ver DOB		6/05/1958	
amed driver Name	VASIN BIN MOHO ZAIN	Driver Age	59	Dri	ving Experience	2	9	
ster Date of Driver License		Contact No (Office)	0	Co	ntact No.(Home)	. 0		
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