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Veh No: JEW 31635	E-mail (within St	rs, AIC 2hrs)			
D.O.A .: 7/5/18-15:40	i-Motor Claim	Form	M1/0993718-001	9/3/18 19	:14
5	i-Motor W/O	Within: OD 2hr	1, TP 4hrs)	100000	
OD . (TP)! Reporting Only	i-Photo Uploa	ded			T)
TD I	Assessment/Sur	vey Report			
TP Insurer:	Ass't Report by	Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(		100	Fax:	77
TP Particulars: Veh No: 5	FU3215X .	. INC(			
Owner / Driver: (		72	Tel:	)	
Policy No: ( )	Period: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: ( %	6) [Note-Est. Status (W	O): N: 0-2	0%; P: 21-79%. P: 80-	100%]	-
Year of Registration: (	) Warranty: YES (	)/NO(	)		21-31
Excess: (\$ ) Loading:		)		5 M5 2 W 12 M	
General Remarks:-				Star Files	
( ) Walk-In Customer: Customer's	information strictly Conf	idential & St	rictly NO refer of repairer		
( ) Total Loss Case : to e-mail In	surer URGENTLY.	(+)	Thursday of		
	voice: YES ( ) / NO	) ( ) ; T	owing Co: (		)
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Remarks:- (INC hotline: 6788 661)	6)		Date&Time Completed	Done	ny
1) Apply for Transport Allowance (	) / Courtesy Car ( )	2000			
2) QC Check / Post Repair Inspection	( )				
3) Upload Resurvey Photo [Repair Cost:	. 0000003 / \		-		
	> \$3000] ( )	7. 7	1.		
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# SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- 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 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.

aloresalo.	A COURTNIT CTATEMENT
Participant Conference School (1997) and Section (1997)	ACCIDENT STATEMENT
Date Of Report	09/05/2018 12:12
Date Of Accident	07/05/2018 15:40
Exact Location Of Accident	210 TURF CITY BASEMENT CARPARK
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKW3163S
Insured/Policyholder	
Name Of Registered Owner	AUTOBAHN RENT A CAR PTE LTD
Co Reg No	201607970Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90778009
Alternative Phone No	OFFICE-90778009
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	NEW GOLF 1.4 TSI AT 5K14Q5
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5079864471-02
Cover Note Number	
Driver	
Name of Driver	EU LONGJIE, ROGER

Name of Driver S8812881H NRIC No 15/04/1988 Date Of Birth OUTDOOR Occupation 28/03/2007 Date Of Driving Pass 11 YEARS AND 1 MONTH Driving Experience

MALE Gender

(LOCAL) +65-96278201 Mobile Number

Fax Number

OFFICE-96278201 Contact Number

NOEMAIL **EMail Address** 

BLK 511B YISHUN STREET 51

#10-431 762511

Postcode 762

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 - CROSS JUNCTION

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) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

4

#### **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 THE JUNCTION 210 TURF CITY BASEMENT CARPARK. SUDDENLY VEHICLE B COMING OUT FROM MINOR RD WITHOUT STOPPED TO ENSURE OTHERS VEHICLE ALONG THE WAY. IN A RESULT, VEHICLE B HIT ONTO MY VEHICLE FRONT LEFT PORTION.

#### Attachment(s)

Are accident photos available for attachment?
Was there any video captured by Car Camera?

YES NO

Was there any audio recorded?

NO

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SFU3215X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

8

### SKETCH PLAN

### 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.
- 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.
- 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;

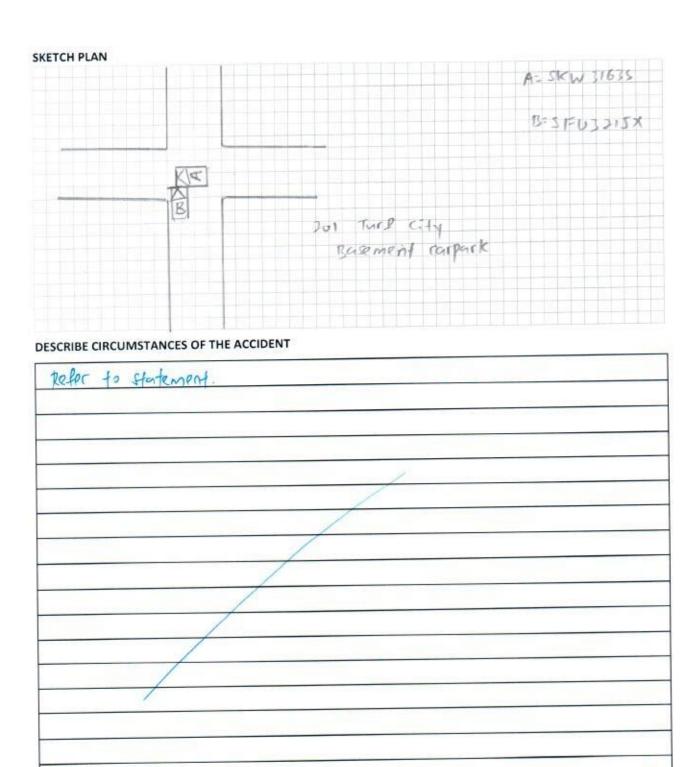
(i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

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:

Name: NRIC/FIN No.:

Reporting Centre Personnell's Signature



### DECLARATION

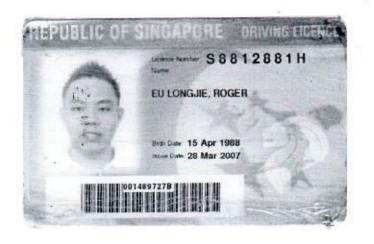
I/We declare the foregoing particulars are true in every respect.

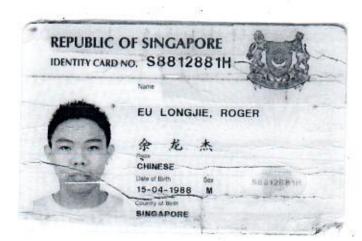
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

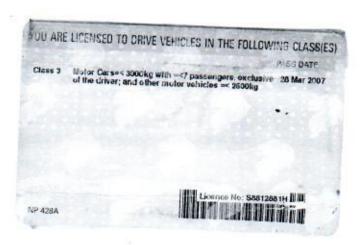
NRIC/FIN No.:

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2









eBaoTech									Gene	ralClaim
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My Desktop	Polic	cy Query				CONTRACTOR SOCIETY	CALLS OF THE			,
Notice of Loss	Policy N	lo.				Date of Acc	dent	07/05	/2018 15:40	
	Vehicle	No.(For Motor)	SKW31639	3						
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5079864471- 02	AUTOBAHN RENT A CAR PTE. LTD.	201607970Z	GFT	drivo CLASSIC	SKW3163S	5KW31639	26/04/2018	
					- 1	Continue				

olicy No.	5079864471-02	Policyholder Name	AUTOBAHI	N RENT A CAR PTE, LT	Policyholder NRIC	201607970Z	
ddress	6001 BEACH ROAD #08-06 GOL	DEN MILE TO	WER SINGA	PORE 199589			
roduct lame	FLEET INSURANCE	Plan			Group Policy Flag	N	
olicy sue ate	04/04/2018	Effective Date	26/04/201	8 00:00	Expiry Date	25/04/2019	23:59
xcess ype		All Claim Excess					
hird arty xcess	3000.00	Own damage Excess	3500.00		Windscreen Excess	100.00	
dditional xcess	0	OS Premium	6907.60				
Outside Singapore OD Excess	3500.00	Outside Singapore TP Excess	3000.00			Youn	g/Inexperience Driver Excess
gent	HAMILTON AUTOHUB PTE, LTD.	Agent Tel.	64751946	i	GST Flag	Y	
o- nsurance	No						
	15520						
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	AUTOBAHN RENT A CAR PTE. LTD.				olicyholder NRIC		016079702	
	PLEET INSURANCE	Cover Type	Grave CLASSIC		eading	0		
	90779009	Contact No.(Office)	0	0	ontact No.(Home)		Lance Co.	
Address		Special Remark		*	Code	1	· V	
	® No ○Yes	TCA	® No ○Yes		Code Reason			
	P4G	NCD Entitlement(%)	0	P	rivate Hire	×	46	
Accident Details								
	09/05/2018 19:52	Accident Report Within 24 hrs	Yes	,	vooident Type		offision - Cros	a Junction
	07/05/2018	Time of Accident hhimm	15:40		Country of Accident	5	ingapore	
	07/02/2010	Orange Force		1	CM No.			96
reing Centre								
ent Location	210 TURF CITY BASEMENT CARPARK							
Benefits								
Excess					Windscreen Excess	- 1	00.00	
damage Excess	3,500.00	Additional Excess	0		WINDSCIPPIN EXCESS		5.500	
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s Marty Excess	3,000.00	Queside Singagore TP Excess		3,000.00				
GST Registered Informat	tion							
Registered	No			stration Date	922			
Registration No.			GST Sta	tus Verified	No			
fication History								
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fress 1	6001 BEACH ROAD	Address 2		The terrain			199589	000000
fress A		Address Type	Singapore addr		Post Códé			
n No.	LOT38	Related Policy Number	5079864471-0	2				
DI Driver Info								
ver Name	Unnamed Driver	Driver Type	Unnamed Drive					
named driver Name	EU LONGIJE, ROGER	Driver NRIC	58812881H		Driver DOB		15/04/1988	
pister Date of Driver License		Driver Age	30		Driving Experience		11	
	96278201	Contact No.(Office)	0		Contact No.(Home)		0	
ntact No. (Mobile)		Address 2	YISHUN STREE	T 51	Address 3		OLEANDER B	REEZE @ YISHUN
dress I	BLK 511	Address Type	Singapore add		Post Code		762511	
dress 4	SINGAPORE 762511	Address 1994	100000					
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