Date In: 1 6 /18 -18 132	Jcb description	Date &Time Completed	Done by
Ref No: NA/INC18000977/24	SAS e-filing		
Veh No: SICK 2074K	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 1/6/18-10:40	i-Motor Claim Form	M 10996893-001	116/18 19:12
	i-Motor W/O (Within: OD 2h)		
OD (TP) Reporting Only	i-Photo Uploaded	1	
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	ax:
TP Particulars: Veh No: 6BE	a 60am INC (	)/Non-INC( )	<u> </u>
Owner / Driver: (		Tel:	)
Policy No: ( ) Pe	eriod: (	Cover Type: (	)
Confirmed by : (	Date:	Time:	)
	Note-Est. Status (WO): N: 0-2	0% P-21-79% P-80-1	00%1
		1. 21-7770. 1. 30-1	3070
	Warranty: YES ( )/NO (	<i>)</i>	
	000 ( )/\$2,000 ( )		
General Remarks:			
( ) Walk-In Customer: Customer's info	rmation strictly Confidential & St	rictly NO refer of renairer	
· · · · · · · · · · · · · · · · · · ·		nouy NO Islan of reporter.	
( ) Total Loss Case : to e-mail Insur			
Drive-In ( )/ Towed-In ( ); Invoice	e: YES( ) / NO( ); T	owing Co: (	. )
Remarks: (INC horline: 6788 6616)		Date& Time Completed	25-SESECTION
		Dates: 11116 Completed	AS THE DONE BY
	Courtesy Car ( )		
2) OC Charle / Part 2 in in-			
2) QC Check / Post Repair Inspection	( )		
Upload Resurvey Photo [Repair Cost > \$3	( )		
3) Upload Resurvey Photo [Repair Cost > \$3	( )	1	
	( )		
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3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions  MA 18 0 3 43 5  numant's Particulars: iver/Owner: ontact No: maged Portion:  Checked by (Engr-In-Charge):	Invoice Pres  1) AR: Accident 2) DA: Damege 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idao DA: 8) NTUC Additio OD: *N5: Courtesy *N6: Repair Cc *N7: Fost Reps	Reporting (530); Assessment (5100); INC (580 es 540/ brough Survey (Sesurvey) teinst INC Only (wef 10 Jan 2005) tion SMRT Survey 5 hal Services: Car / Tpt Allowance condination in Inspection	196 Bill Add 1
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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 ladgement 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.

Teachers to the for all a definition of	ACCIDENT STATEMENT
Date Of Report	01/06/2018 18:32
Date Of Accident	01/06/2018 10:40
Exact Location Of Accident	CTE TWDS CITY BEFORE BRADDELL RD EXIT
Country/State of Loss	SINGAPORE

<b>基格的人类的现在分词</b>	DETAILS OF OWN VEHICLE	THE PARTY OF
Vehicle Registration Number	SKK2074K	
Insured/Policyholder		
Name Of Registered Owner	H & H RENTAL & LEASING PTE LTD	
Co Reg No	201703965Z	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-89999999	
Vehicle Particulars		
Manufacturer	LIGHT.	

venicie Particulars	
Manufacturer	HONDA
Model	STREAM 1.8L A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	5090735902-01

Cover Note Number	
Driver	
Name of Driver	LOW HAN CHUAN (LIU HANQUAN)
NRIC No	S8130243Z

NRIC NO	S8130243Z
Date Of Birth	19/12/1981
Occupation	OUTDOOR
Date Of Driving Pass	14/11/2005

Driving E	experience	12 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-85002212

Fax Number

Contact Number OFFICE-85002212

EMail Address NOEMAIL

Address BLK 52 LORONG 6 TOA PAYOH

#09-06

Postcode 310052

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

I No, Relationship of the Driver with the Insured OTHER

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

WET

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?

YES

Was any injured conveyed to hospital by

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

A .....

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

ambulance?

NAME:

: TANG THU HUONG

GENDER:

: FEMALE

**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

REFER TO STATEMENT.

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

**GBE7647M** 

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 17

#### **DETAILS OF INJURED PERSON 1**

LOW HAN CHUAN (LIU HANQUAN) Name

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKK2074K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Postcode

Address

**DETAILS OF INJURED PERSON 2** 

Name

Approximate Age

Injuries Sustain HEAD & BODY Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

TANG THU HUONG

SKK2074K

YES

YES

NO

NO

#### 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.
- 7. 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:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SKETCH PLAN

CTE Howards & CHU A SINC 2079K

BERN Briddell RM B CBE 7497M

B CBE 7497M

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

IW	as t	ravellind	alon	q CTE	= towar	ds ci	ty 1	sefore	Bradel	exit	
at w	ny o	ion la	ine.	( lane	4) th	e 121	ii cie	int	rout 10	tim bi	aks
but	i kep	t a	safe	dist	ance	to	Stew	dow	in and	Ctoo	6.
Suddle	ly	1 feet	a	Apan	impact	ON	the	rear	portio	n a	£ 1
my	nomic	le. I	went	down	the	car	and	350	trot ,	relacte	R
diel	fon	gote		time	and	tin	51	to v	my veni	cie v	ear
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		****								-	

DECLARATION

ANA declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time: Oriver's Signature (if driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

claims a unitodsy - com .sg

#### SINGAPORE ACCIDENT STATEMENT

#### **IMPORTANT NOTICE**

- Complete and submit this form to the individual insurance authorised reporting centre.
- 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 fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance 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.
- $\boldsymbol{\hat{v}}$  . Any false reporting may be referred to the traffic police department for investigation.

#### Accident details

Date: 1 June 2018 (DD/MM/YY) Time: 10:40	(HH:MM)
(TE towards city before Bindell exit	

#### Details of vehicle

Vehicle registration number	SKK 2074K	Harry Server
Vehicle make and model	Howa Stream I. 8L A	
Type of vehicle	Saloon   MPV   CRV   Van   Lorry   Bus   Motorcycle   Others:	
Vehicle category	Private   Commercial   Motorcycle	
Purpose of using at said time	Commercial	
Are you claiming under your own insurance company?	Yes D No d if no, please select: Third part claim D Reporting only D	

## Insurance information

Insurance company	NTUC .		
Policy number	values de la constante de la c		
Type of policy	Comprehensive a	Third party fire & theft	TP only 🗆

## Insured / Policy holder

Name	HZH.	RENTAL	2	LEASENCE	PTE.	. 073	Male D	Female 🗆
NRIC / Fin / Passport number	2017-039	1652						
Contact								
Address	#09-12	AUENUE AUTENE 8987	2	e mega	MART			

#### Driver

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

Name	LOW HAN CHUAN		Male B	Female a
NRIC / Fin / Passport number	38130243Z			
Contact	85662212			
Address	HOM-06 S(310052)	PAYOH		
Email address				
Date of birth	19-12-1981			
Occupation	Indoor  Outdoor			
Driving date pass	14 NOV 2005		- 5	

# General information of the accident

Was driver an employee of the insured's company?	Yes □ If no, rel	No 🗹 ationship of the	driver and insured:	HIREK	
Accident captured by camera?	Yes 🗆	No 🗗			
Weather condition	Clear	Raining 🗆	Others:		
Road surface	Dry o	Wet @			
No of passenger		L		(Inclusive	of driver)

## Passenger 1

Name	Tang	THU HUONG	
Gender	Male 🗆	Female a	

## Passenger 2

Name			
Gender	Male 🗆	Female D	

## Passenger 3

Name			
Gender	Male 🗆	Female 🗆	J

## Passenger 4

Name			
Gender	Male 🗆	Female	

## Passenger 5

Name			
Gender	Male 🗆	Female □	

## Passenger 6

Name			
Gender	Male 🗆	Female 🗆	

## Other information

Was anybody injured?	Yes 🗆	No 🗆	
Was other vehicle damaged?	Yes 🗆	No 🗆	

# Details of police action

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

## Third party vehicle 1

Name		
Contact number		
NRIC / Fin / Passport number		
Vehicle registration number	GBE 7647 M	
Vehicle make model		

## Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

## Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

## Third party vehicle 6

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

# Witness 1

Name	100

## Witness 2

## Injured person 1

Name	LOW HAN CHURN
Injuries sustained	Body
Which vehicle person in?	SKK 2074K
Were seat belts worn?	Yes O No O
Was injured conveyed to hospital by ambulance?	Yes D No D

# Injured person 2

Name	TANG THU HUDNET
Injuries sustained	Head and Body
Which vehicle person in?	SKK 2074K
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?			
Were seat belts worn?	Yes 🗆	No 🗆	and the same of th
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	

# 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

IDENTITY CARD NO. S8130243Z REPUBLIC OF SINGAPORE



LOW HAN CHUAN (LIU HANQUAN)

Race CHINESE Date of birth 19-12-1981 Country of birth SINGAPORE

58130243Z

REPUBLIC OF SINGAPORE DRIVING LICENCE Marrie Purcher 58130243Z Beth Date: 19 Dec 1981 Name Date: 04 Apr 2018



Date of Sause 12-10-2012

APT BLK 52 LORONG 6 TOA PAYOH #09-06 SINGAPORE 310052

# YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 14 Nov 2005 vehicles with unladen weight =< 2500kg

NP 428A,

<b>eBao</b> Tech							Gen	eralClaim		
Hello, NAC_PAYA_UBI_80	00601						Change Lar	nguage	· Change Passwo	ord + Log Ou
My Desktop Notice of Loss	Poli	cy Query								
	Policy N	io.				Date of Accident		01/06/2018 10:40		2
	Vehicle	No.(For Motor)	SKK2074K							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5090735902- 01	H & H RENTAL & LEASING PTE, LTD.	201703965Z	GFT	drivo CLASSIC	SKK2074K	SKK2074K		
					- 1	Continue				- 1

Policy No.	5090735902-01	Policyholder Name	H&HR	ENTAL & LEASING PTE.	Policyholder NRIC	201703965	SZ.
Address	61 UBI AVENUE 2 #04-12 AU		AMART SI	NGAPORE 408898			
roduct Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	26/03/2018	Effective Date	28/03/20	018 00:00	Expiry Date	27/03/2019	9 23:59
xcess		All Claim Excess					
hird arty xcess	1500.00	Own damage Excess	2000.00		Windscreen Excess	100.00	
dditional xcess	0	OS Premium	0				
outside lingapore D xcess	2000.00	Outside Singapore TP Excess	1500.00			You	ung/Inexperience Driver Excess
gent	S & M ALLIANCE PTE LTD	Agent Tel.	9635428	8	GST Flag	Υ	
nsurance Flag Open Policy Info Certificate	No						
Policyh	nolder Mailing Address						
ddress 1	61 UBI AVENUE 2	Address 2 #04-12 AUTOMOBI		LE MEGAMAF	Address 3	SINGAPORE 408898	
ddress 4		Address Type		Singapore address	Post Code 408898		408898
Init No.	04-12	Relat Numb	ed Policy per	5090735902-01			
D Insure	d Object: SKK2074K						
	ements						
Sequen	ce Date of Endorsement	Endorseme	nt Type	Endorsement Numbe	r Endorser	ment Status	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that the following vehicle( has/have been deleted from this policy: VEHICLE NUMBER
	28/03/2018 00:00	Basic Informa Endorsement	tion	000001286783177	Endorseme Effective	nt Take	CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SGY6835 28-03-2018 \$1,176.42 In view of this amendment, a refund of \$1,176.42 (inclusive of GST) will adjusted against the outstanding premium.
	29/03/2018 00:00	Basic Informa Endorsement	tion	null	Entry Reject	cted	
	29/03/2018 00:00	Basic Informa Endorsement	tion	000001286785069	Endorseme Effective	nt Take	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: CHASSIS NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GB71058136 02-04-2018 \$1,061.56 2. NHP1707115022 02-04-2018 \$1,061.56 In view of this amendment, an additional premium of \$2,123.12 (inclusive of GST) is payable under your policy. Please ignore 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 favour of "NTUC Income" with you name and policy number indicated on the reverse of the cheque.

Claim Handling						- Exit
Accident MT/0996893						
Policy No.	5090735902-0t	Vehicle No.	SKK2074K	GST Registration No.		
Policyholder Name	H & H RENTAL & LEASING PTE, LTD.			Policyholder NRJC	2017029652	
Product Code	FLEET DISURANCE	Cover Type	drivo CLASSIC	Loading	0	
Cornect No.(Mobile)	D	Contact No. (Office)	0	Contact No.(Home)	0	
Email Address		Special Remark		eCode	THE V	
KPK	® No ⊜ Yes	TCA	® No ⊜Yes	eCode Reason		
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes	
S Accident Details		COURT OF LINES AND ADDRESS OF THE PERSON OF				
Report Date	01/06/2018 19:10	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear	
Date of Acodern	01/06/2018	Time of Accident hh: mm	10:40	Country of Accident	Singapore	
Reporting Centre	01/00/2010	Orange Force	10.40	ICM No.	and defend	
	CTE TWOS CITY BEFORE BRADDELL RD EXIT	Livenge raice		ace no		
Accident Location	CIE I WOS CITA BEFORE BRADDELL RD EXST					
♥ Benefits ♥ Excess						
	525,2155		82	and the same	187828	
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00	
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00			
Thard Party Excess	1,500.00	Dutside Singapore TP Excess	1,500.00			
GST Registered Inform			14.40 v.m.400m.4200.11			
GST Registered GST Registration No.	No		GST Registration Date GST Status Verified	No		
Modification History				1100		
Policyholder Mailing Ac	ldress					
Address 1	61 UBI AVENUE 2	Address 2	#04-12 AUTOHOBILE MEGAMAF	Address 3	SINGAPORE 408898	
Address 4		Address Type	Singapore address	Post Code	408898	
Unit No.	04-12	Related Policy Number	5090735902-01			
OI Driver Info						
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Unnamed driver Name:	LOW HAN CHUAN (LIU HANQUA	Driver MR3C	\$61302432	Driver DOS	19/12/1981	
Register Date of Driver License	14/11/2005	Driver Age	36	Driving Experience	12	
Contact No.(Mobile)	85002212	Contact No. (Office)	0	Contact No.(Home)	0	
Address 1	BLK 52	Address 2	LORDING 6 TOA PAYOH	Address 3	EAST PAYOH PALM	
Address 4	SINGAPORE 310052	Address Type	Singapore address	Post Code	310052	
Unit No.	09-06					
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Compa	arry	
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	® Yes ○ No			
410400000000000000000000000000000000000						1
Modification History						3
Claim 001 New						
Claim Type +	OD-MX	Insured Name	H & H RENTAL & LEASING PTE.	Insured NRIC	201703965Z	
Contact No.(Mobile)	100	Contact No.(Home)	NSL.	Contact No. (Office)	NOL.	
Email Address		Of Vehicle Number	5KK2074K	TP Vehicle Number	G8E7647M	
Claim Description	SKK2074K / GBE7847M ON 1 Jun 2018			Name of Preferred W		
Preferred Workshop Contact		Insured Liability *	Not at Fault	OE.		
No.	Disc.		and the second s		Description in the last of the	
Require Finalisation	Yes.	Preferered Repair Option	Preferred Workshop, Name unknown		01/06/2018 00:00	
Date Registered Report Taken By	01/06/2018 19:12	Clerm Close Date		Date Received	01/06/2018 00:00	
G Print AK letter	Jackson					
List Print Section						
			Save Submit			
Attachment						
Ψ.						
· ·						-
Accident No.	MT/0996893	Claim No.	001.			
Accident No. Last Doc. Received	Yes ○ No	Claim No. Upload Date	01/05/2016 19:13			
		Upload Date	01/06/2016 19:13 Category *	Confidential	Urgency * Description *	
	Yes ○ No		01/06/2016 19:13 Category *	Confidential	Normal V	
	Yes ○ No	Upload Date	Clear Please Select	Confidential	Normal U	
	Yes ○ No	Upload Date Browse	Clear Please Select	Confidential	Normal V	
	Yes ○ No	Upload Data  Browse  Browse	Clear Please Select Clear Please Select		Normal U	
	Yes ○ No	Upload Date  Browse  Browse	O1/06/2016 19:13  Category *  Clear Pease Select  Clear Pease Select  Clear Pease Select	Confidential  Indian vision vi	Normal V	
	Yes ○ No	Upload Date  Browse  Browse  Browse	O1/06/2016 19:13  Category *  Clear Please Select  Please Select	Confidential	Normal V	

Attachment	Uploads	Category	P Urger	ncy Description	Sent? (CO)	Action	
651	NAC_PAYA_UBI_800601( NATIONAL A	SSESSMENT CENTRE SERVICES) on 01 July 8 19:13	NR3C/ Driving License	Norm	NRIC/ Driving License 2018-6-1		Edit
3.88	NAC_PAYA_UBI_800601( NATIONAL A n 201	ISESSMENT CENTRE SERVICES) on 01 July 8 19:13	NRIC/ Driving License	Norm	nal NR3C/ Oriving License 2018-6-1		Edit
60	NAC_PAYA_UBI_BOOGDI( NATIONAL A n 201	SSESSMENT CENTRE SERVICES) on D1 Ju B 19:13	SAS	Norm	SAS 2018-6-1		Edis
10	NAC_PAYA_UBI_800601( NATIONAL A: n 201	SESSMENT CENTRE SERVICES) on 01 Jul 8-19:12	Photos	Norm	Photos 2018-6-1		Edit
-mg	NAC_PAYA_UBI_800601( NATIONAL A: n 201	SESSMENT CENTRE SERVICES) on 01 July 8 19:12	Photos.	Norm	Photos 2018-6-1		Edit
3	NAC_PAYA_UB1_800601( NATIONAL A) n 201	SESSMENT CENTRE SERVICES) on 01 Jul 8 19:12	Photos	Norm	Photos 2018-6-1		Edit
2	NAC_PAYA_UBI_R00603( NATIONAL A	Photos	Norm	rel Photos 2018-6-1		Edit	
	NAC_PAYA_UB1_800601( NATIONAL At n 201	SESSMENT CENTRE SERVICES) on 01 July 8 19:12	Photos	Norm	Photos 2018-5-1		Edit
100	NAC_PAYA_UBI_BD060t( NATIONAL AS n 201	SESSMENT CENTRE SERVICES) on 01 July 8 19:12	Photos	Norm	Photos 2018-6-1		Edit
	NAC_PAYA_UBI_BODSOI( NATIONAL AS 0.201	SESSMENT CENTRE SERVICES) on OL July 19:12	Photos	Norm	Photos 2018-6-1		Edit
U	NAC_PANA_UBI_800601( NATIONAL AS % 201	SESSMENT CENTRE SERVICES) on 01 July 19:12	Photos	Norm	Photos 2018-6-1		Edit
	NAC_PAYA_URL 800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Ju rs 2018 19-12		Photos	Norm	el Photos 2018-6-1		Edit
	NAC_PAYA_UBI_B00601( NATIONAL AS n 201	SESSMENT CENTRE SERVICES) on 01 July 19:12	Photos	Norm	al Photos 2018-5-1		Edit
	NAC_PAYA_UBI_B00601[ NATIONAL AS n 201	SESSMENT CENTRE SERVICES) on 01 July 19:12	Photos	Norm	ai Photos 2018-6-1		Edit
E k	NAC_PAYA_UBI_800501; NATIONAL AS n 2011	SESSMENT CENTRE SERVICES) on OI 3u 19/12	Photos	Norm	al Photos 2018-6-1		Edit
	Uploaded By/Date	Folder Date	File Name		P Source	Action	

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