Date In: 5/6/18-13:31	Jeb description	Date & Time Completed	Done	pi.			
Res No: NA / INC 1801 0244 /24	SAS e-filing						
Veli No: 177793	E-mail (within 8hrs, AIC 2h	re)					
	i-Motor Claim Form	M7/0997215-002	5/6/18 21	: 08			
D.O.A: 7/6/18-16:20			2/5/10	-			
OD / TP-/ Reporting Only		i-Motor W/O (Within: OD 2hrs, TP 4hrs) i-Photo Uploaded					
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TP Insurer:	Assessment/Survey Repo						
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Preferred Wksp / INC Assign Wksp / QW: (Tel:	ax.				
TP Particulars: Veh No: 50	102002]	Tel:					
Owner / Driver: (Period: () Cover Type: (
Policy No: ()		Time:					
Confirmed by : (Date:		100%1				
	Note-Est. Status (WO): N:		10076]				
Year of Registration: ()	Warranty: YES ()/NO	()					
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

Mobile Number

EMail Address

Fax Number Contact Number

Gender

- 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.

discription and the second second second second	ACCIDENT STATEMENT
Date Of Report	05/06/2018 13:31
Date Of Accident	02/06/2018 16:20
Exact Location Of Accident	ALONG BEDOK SOUTH RD BESIDE HDB BLK 71
Country/State of Loss	SINGAPORE
Control of the Contro	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJR5579B
Insured/Policyholder	
Name Of Registered Owner	ACCURATE LEASING PTE LTD
Co Reg No	201727451M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90274664
Alternative Phone No	OFFICE-90274664
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE 1.6(A) SX ABS D/AB 2WD 4DR
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5094921806
Cover Note Number	
Driver	
Name of Driver	MOHAMMAD FAZLI BIN JAFFAR
NRIC No.	S7019394I
Date Of Birth	10/06/1970
Occupation	OUTDOOR

01/08/2013

MALE

NOEMAIL

4 YEARS AND 10 MONTHS

(LOCAL) +65-97678065

OFFICE-97678065

BLK 101 BEDOK NORTH AVENUE 4 Address

#03-1946 460101

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

Postcode

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

DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

2 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)

1

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 LANE 2 BEDOK SOUTH RD. SUDDENLY VEHICLE B BRAKE HIS VEHICLE. IN A RESULT, I COULDN'T BRAKE MY VEHICLE IN TIME AND SLIGHTLY TOUCH VEHICLE B REAR PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SBG5005T

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.
- 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:
 - (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
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder Signature Date & Time: Driver's Signature

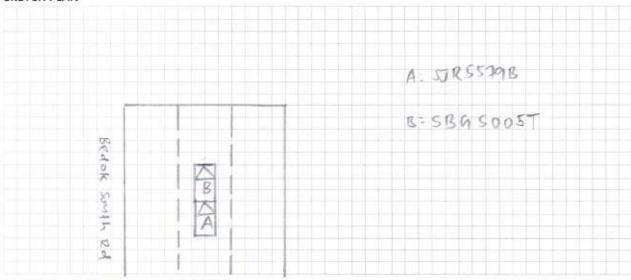
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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

Policyholder's Sanature Date & Time: 7 318

Driver's Signature

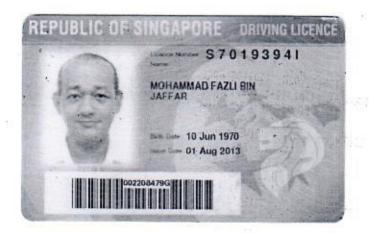
(If driver is not the policyholder)

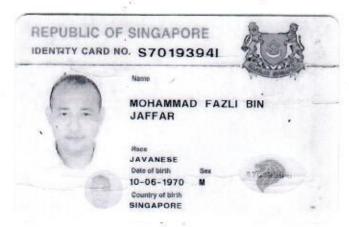
Date & Time:

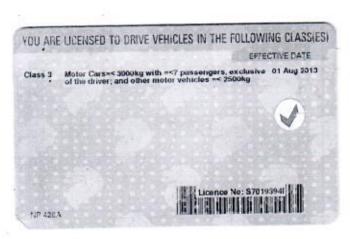
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:









eBao Tech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601			THE REAL PROPERTY.	THE RESERVE OF THE PERSON NAMED IN	0.5	Change Lan	guage	Change Passwo	rd + Log Out
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	o.				Date of Accident 02/0		02/06	/2018 16:40	0
	Vehicle	No.(For Motor)	SJR5579B							
					1	Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5094921806	ACCURATE LEASING PTE LTD	201727451M	GFT	Third Party, Fire & Theft	SJR5579B	S)R5579B	09/10/2017	
					8	Continue				

Claim Handling							
Accident MT/0997215							
Policy No.	5094921806	Vehicle No.	\$1R55798	GST Registration No			
folicyholder Name	ACCURATE LEASING PTE LTD			Policyholder NR3C		201727451M	
Product Code	FLEET INSURANCE	Cover Type	Trind Party, Fire & Theft	Loading		0	
Contact No. (Mobile)	NA.	Contact No.(Office)		Contact No.(Home)	63		
mail Address		Special Remark		eCode		AL V	
DK.	® No ○ Yes	TCA	No ○Yes	eCode Reason			
VCD Protection	No	NCD Entitlement(%)	0	Private Hire		Not available	
S Accident Details							
leport Date	05/06/2018 09:16	Accident Report Within 24 hrs.	Yes	Accident Type		Unknown	
Date of Accident	02/06/2018	Time of Accident hh:mm		Country of Accident			
	12/06/2010		17:30			Singapore	
leporting Centre		Orange Force		1CM No.			
loodent Location	ALONG BEDOK SOUTH RD						
→ Benefits							
♥ Excess							
own damage Excess	0.00	Additional Excess	0	Windscreen Excess		0.00	
Innamed Driver Excess		Outside Singapore OD Excess	0.00				
hird Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00				
□ GST Registered Informa							
IST Registered	No		GST Registration Date				
ST Registration No.	2000		GST Status Venified	Yes			
hodification History			-reconstant	VESS			
Policyholder Mailing Ade	dress						
Address 1	53 UBI AVENUE 1	Address 2	#01-33 PAYA UBI INDUSTRIAL	Address 3		53NGAPORE 408934	
Address 4		Address Type	Singapore address	Post Code		408934	
Unit No.	01-33	Related Policy Number	5095104229	out the eff			
⇒ DI Driver Info	117.50	Will be have been been been been been been been be	TO CONTROL OF THE PARTY OF THE				
Oriver Name		Driver Type					
Jinnamed driver Name		Driver NR3C		Driver DOS			
		Driver Age		Orlving Experience			
Register Date of Driver License							
		Contact No.(Office)		Contact No.(Home)			
Cornact No.(Mobile)		Contact No.(Office) Address 2		Contact No.(Home) Address 3	i.		
Contact No.(Mobile) Address 1			Foreign address				
Corract No.(Mobile) Address 1 Address 4		Address 2	Foreign address	Address 3			
Register Date of Driver License Contact No. (Mobile) Address 1 Address 4 Unit No. Does he own a Singapore Registered car?	○ Yes ® No	Address 2	Foreign address	Address 3			
Contact No.(Mobile) Address 3 Address 4 Unit No. Does he own a Singapore	○ Yes ® No	Address 2 Address Type	Foreign address	Address 3 Post Code			
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Contact No. (Mobile) Iddress 3 Inst No. Ins	Ob-MX	Address 2 Address Type Driver Vehicle No. Insured Name Contact No. (Home) OI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date	ACCURATE LEASING PTE LTD SIRSS798 Fully at Fault: Preferred Workshop, Name unknown	Address 3 Post Code Oniver Insurer Com Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred (Workshop	NIL SBG5005T	
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