	re Services. well assiss M	30 6 6 8 C SULVAN	Company of the last	
Date In: 17/18 - 14:32	Jeb description	Date & Time Completed	Done by	
Res No: NA INCROIDOIZ JUY	SAS e-filing			
Veh No: Skpy1837	E-mail (within Shrs, AIC 2hrs)			
D.O.A : 3 0/6/18 - 11:05	i-Motor Claim Form	M7/100/252 -001	2/2/18 20:1	7
OD TP Preporting Only	i-Motor W/O (Within: OD 2hr	s, 7'P 4hrs)		2 1
OD ATP AREPORTING ONLY	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
	Ass't Report by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	
TP Particulars: Veh No: SBS	7701R INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Pe	eriod: (Cover Type: () _	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-1	00%]	
Year of Registration: ()	Warranty: YES ()/NO ()		-0/4/11
Excess: (\$) Loading: \$1,0	000()/\$2,000()			561AC
General Remarks	Property of the second	AND STREET	PACIFIC TO THE	
Remarks: (INC horline: 6788 6616):		Date & Time Completed	Done by	ž B
1) Apply for Transport Allowance ()/(The state of the s	
4) QC Check / Post Repair Inspection	()			
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3]				
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3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions	3000] ()	aration Checklist	W. S.	1200
Oate/Time Actions NA 204 6	Invoice Prep	Reporting (\$30);	fitBill Ac	1200
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3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions NA 80 69 aimant's Particulars: iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	Invoice Prej 1) AR: Accident 2) DA: Damage / 3) TF: Towing F 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: idac DA + 8) NTUC Additio OD* *N5: Courtesy *N6: Repair Cc *N7: Fost Repair *N8: DV / Coll	Reporting (\$30); Assessment (\$100); INC (\$8: se \$40. rough Survey (Resurvey) sinst INC Only (wef 10 Jan 2005) tion SMRT Survey \$ and Services Car / Tpt Allowanue -ordination ir Inspection cet Excess Coordination Non INC) against INC		12.7

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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.

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.	
	ACCIDENT STATEMENT
Date Of Report	02/07/2018 14:32
Date Of Accident	30/06/2018 11:05
Exact Location Of Accident	ALONG HOLLAND DR BESIDE HDB BLK 41
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKP4583T
Insured/Policyholder	
Name Of Registered Owner	FRANK & GUNTER
Co Reg No	53143033B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97490700
Alternative Phone No	OFFICE-97490700
Vehicle Particulars	
Manufacturer	HONDA
Model	FREED 1.5G 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	5092578441-01
Cover Note Number	
Driver	
Name of Driver	YUSRIBIN ESA

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	200	100	٠	

Name of Driver	YUSRI BIN ESA
NRIC No	S7044518B
Date Of Birth	13/12/1970
Occupation	OUTDOOR
Date Of Driving Pass	04/12/2001

16 YEARS AND 6 MONTHS Driving Experience

MALE Gender

Mobile Number (LOCAL) +65-97775026

Fax Number

OFFICE-97775026 Contact Number

NOEMAIL **EMail Address**

BLK 558 JURONG WEST STREET 42 Address

#04-463

Postcode 640558

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 SIDE SWIPE 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?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 2

Passenger 1

NAME:

NO

NO

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED LANE 2 HOLLAND DR AS IT WAS CONGESTED. SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR RIGHT PORTION WHICH MY VEHICLE IS STILL IN STATIONARY POSITION.

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

Vehicle Registration Number SBS7701R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

BUS

Name of Driver

YEOH TIAN SIN

NRIC/Passport Number

G2763845M

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:

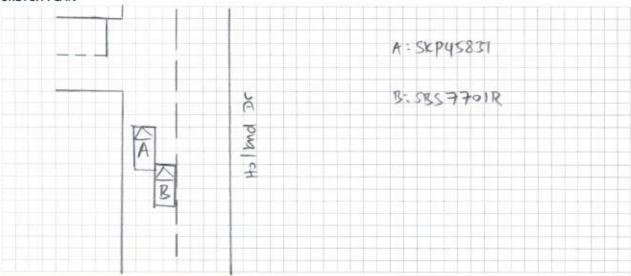
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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'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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to statement.	
To also IV. Interest	

DECLARATION

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

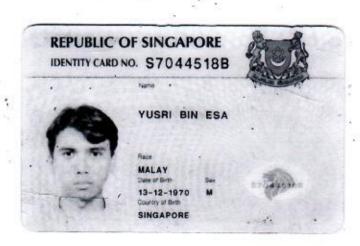
Policyholder's Signature Date & Time:

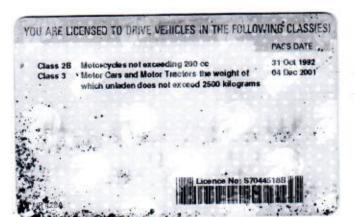
Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:









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0.				Date of Acc	ident	30/06/	2018 11:05	3
No.(For Motor)	SKP4583T							
				Search				
Policy No.	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
5092578441- 01	FRANK & GUNTER	53143033B	GFT	drivo CLASSIC	SKP4583T	SKP4583T	08/06/2018	
	5092578441-	No. (For Motor) SKP4583T Policy No. Policyholder Name 5092578441- FRANK &	No. (For Motor) SKP4583T Policy No. Policyholder Name NRJC 5092578441- FRANK & 51420238	No. (For Motor) SKP4583T Policy No. Policyholder Name NRIC Product 5092578441- FRANK & 521420328 CST	No. (For Motor) SKP4583T Search Policy No. Policyholder Name NRIC Product Cover Type 5092578441- FRANK & 531430338 GET drive CLASSIC	No. (For Motor) SKP4583T Search Policy No. Policyholder Name NRIC Product Cover Type Vehicle No. 5092578441- FRANK & 53143033B GFT drivo CLASSIC SKP4583T	Policy No. Policyholder Name NRJC Product Cover Type Vehicle Insured No. Object 5092578441- FRANK & 53143033B GFT drivo CLASSIC SKP4583T SKP4583T	No. (For Motor) SKP4583T Search Policy No. Policyholder Name NRIC Product Cover Type Vehicle Insured Object Date 5092578441- FRANK & 53143033B GFT drivo CLASSIC SKP4583T SKP4583T 08/06/2018

Policy No.	5092578441-01	Policyholder Name	FRANK & G	UNTER	Policyholder NRIC	53143033B	
Address	BLK 164 #04-406 SIMEI ROAD S	SINGAPORE 5	20164				
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	14/06/2018	Effective Date	08/06/2011	8 00:00	Expiry Date	07/06/2019 23	3:59
Excess Type	Per Accident	All Claim Excess					
Third Party Excess	1500.00	Own damage Excess	2000.00		Windscreen Excess	100.00	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000.00	Outside Singapore TP Excess	1500.00			Young	/Inexperience Driver Excess
Agent	ASSURE (SINGAPORE) PTE, LTD	Agent Tel.	68038751		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 164 #04-406	Addre	ess 2	SIMEI ROAD		Address 3	SINGAPORE 520164
Address 4		Addr	ess Type	Singapore address		Post Code	520164
	04-406	Relat Numl	ed Policy per	5092578441-01			
Unit No.							
Unit No.	ed Object: SKP4583T						
200000000000000000000000000000000000000							

Accident MT/1001252 Policy No.					
folicy No.		NAME OF THE OWNER		500 S (7 / Vol.) (1 0)	
	5092578441-01	Vehicle No.	SKP4583T	GST Registration No.	
olicyholder Name	PRANK & GUNTER			Policyholder NRJC	531430338
roduct Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
omact No.(Mobile)	97490700	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	No. V
PK.	® No ○ Yes	TCA	No ○ Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
eport Date	02/07/2018 20:35	Accident Report Within 24 hrs	Yes	Academ Type	Side Swipe
ate of Accident	30/06/2018	Time of Accident hh;mm	11:05	Country of Accident	Singapore
eporting Centre		Orange Force		ICM No.	
ccident Location	ALONG HOLLAND OR BESIDE HDB BLK 41				
♥ Benefits					
♥ Excess					
ccess Type	Per Accident	Windscreen Excess	100.00		
ACTOR DE		0.0000000000000000000000000000000000000	44444		
O Standard Excess	2,000.00	TP Standard Excess	1,500.00		
ED CO Excess	SECTIONS	YIED TP Excess	(514)(57)(5)(Driver is Covered?	
dditional Excess	0.00				
otal OD Excess Applicable	M. she	Total TD Former Acceptable			
	atta a	Total TP Excess Applicable			
GST Registered Inform.			CANAL CONTRACTOR		
ST Registered	No		GST Registration Date	1.20	
ST Registration No.			GST Status Verified	Yes	
addication History					
Policyholder Mailing Ad					
ddress 1	BLK 164 #04-406	Address 2	SIMEI ROAD	Address 3	SINGAPORE 520164
idress 4		Address Type	Singapore address	Post Code	520164
nit No.	04-406	Related Policy Number	5092578441-01		
OI Driver Info					
river Name	Unnamed Driver	Driver Type	Unnamed Driver		
nnamed driver Name	YUSRI BIN ESA	Driver NRIC	S7044518B	Driver DOB	13/12/1970
egister Date of Driver License		Driver Age	47	Driving Experience	16
ontact No.(Mobile)	97775026	Contact No.(Office)	9	Contact No. (Home)	0
ddress 1	BLK 558	Address 2	JURONG WEST STREET 42	Address 3	SINGAPORE 640558
ddress 4		Address Type	Singapore address	Post Code	640558
	04-463				
nit No.					
oes he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
oes he own a Singapore		Driver Vehicle No.		Driver Insurer Company	
oes he own a Singapore egistered car ³		Driver Vehicle No.		Driver Insurer Company	
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oes he own a Singapore rigistered car? claration eathalyser or Blood Test lading? dification History	○ Yes ® No	4330x4.0xx01x	○ Yes ® No	Driver Insurer Company	
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es he own a Singapore gistered car? claristion eathalyser or Blood Test- ading? dification History Claim 001 New him Type * mtact No. (Motrile)	○ Yes ® No O mg	Any injury? Insured Name Contact No.(Home)	PRANK & GUNTER NIL	Insured NRJC Centact No. (Office)	NIL
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ses he own a Singapore gistered car? claristion eathalyser or Blood Test- ading? dification History. Claim 901 New sim Type * mact No. (Mobile) hai Address aim Description	○ Yes ® No O mg	Any injury? Insured Name Contact No.(Home) OI Vehicle Number	FRANK & GUNTER NIL SKP4583T	Insured NRJC Centact No. (Office)	NIL
pes he own a Singapore spistered (air) claration eathalyser or Blood Test- lading? Claim 001 New sim Type * ontact No. (Motels) haim Description efferred Workshop Contact	○ Yes ® No 0 mg	Any injury? Insured Name Contact No.(Home)	PRANK & GUNTER NIL	Insured NRIC Contact No. (Office) TP Vehicle Number	NIL
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ses he own a Singapore gistered car? claristion eathalyser or Blood Test- ading? diffication History Claim 001 New sim Type * meat No. (Mobile) half Address aim Description eferred Workshop Contact quire Finalisation file Registered	O mg OD-MX 97490700 SKP4583T / S8S7701R ON 30 Jun 2018 Yes ▼	Any injury? Insured Name Contact No.(Home) OI Verticle Number Insured Liability * Preference Repair Option	PRANK & GUNTER NIL SKP4583T	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NSL SBS7701R Received.
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