		1 08P2081 ANN	
Date In: 12 18 - 11:33	Jcb description	Date &Time Completed	Done by
Res No: NA INC 8012732 /ry	SAS e-filing		
Veh No: SUCY7825	E-mail (within Shrs, AIC 2h	rs)	- 1
D.O.A: 117/18-16:00	i-Motor Claim Form	M1 1002939-001	12 1 18:44
	i-Motor W/O (Within: Of		
OD / TP / Reporting Only	i-Photo Uploaded		
Th I	Assessment/Survey Repo	ort	
TP Insurer:	Ass't Report by Fax / Ha	and to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:
TP Particulars: Veh No:	With IN	C()/Non-INC()	*
Owner / Driver: (Tel:)
Policy No: ()	Period: () Cover Type: () .
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Note-Est. Status (WO): N:	0-20%; P: 21-79%. F: 30-1	00%]
Year of Registration: ()	Warranty: YES ()/NO	()	
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()	"	
General Remarks:-		NEW YORK WATER	33. 5
		HA A A HOUSE UNIVERSITY OF THE STATE OF THE	Charles III
() Walk-In Customer: Customer's i		Strictly NO 13ler of repairer.	(4)
() Total Loss Case : to e-mail Ins			
Drive-In ()/ Towed-In (); Invo	oice: YES() / NO()	; Towing Co: (
Remarks: (INC hotline: 6788 6616		Date&Time Completed	Done by
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1) rippi) for Transfritt Andwande (r courtes car (
2) OC Check / Post Pensir Inspection	()		4.1
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SINGAPORE ACCIDENT STATEMENT

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</u> 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.
- 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.

aforesaid.	to refer by consent to the archiving or this report at the centre and to copies of the report being made available				
	ACCIDENT STATEMENT				
Date Of Report	12/07/2018 11:33				
Date Of Accident	11/07/2018 16:00				
Exact Location Of Accident	SLIP RD ALEXANDRA RD TWDS W COAST HWY				
Country/State of Loss	SINGAPORE				
	DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SLC4782S				
Insured/Policyholder					
Name Of Registered Owner	FORTE AUTO LEASING PTE LTD				
Co Reg No	201631486C				
Email Address	NOEMAIL				
Mobile Phone No	(LOCAL) +65-97984296				
Alternative Phone No	OFFICE-97984296				
Vehicle Particulars					
Manufacturer	ТОУОТА				

COMMERCIAL USE

Model VIOS E GRADE 1.5 A/T

Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

epair to your venicle?

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 COMPREHENSIVE

Fleet Policy YES

Policy Number 5097558305

Cover Note Number

Driver

 Name of Driver
 TAN BOCK KIM

 NRIC No
 \$6933425C

 Date Of Birth
 19/09/1969

 Occupation
 OUTDOOR

 Date Of Driving Pass
 02/09/1987

Driving Experience 30 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84271515

Fax Number

Contact Number OFFICE-84271515

EMail Address NOEMAIL

Address 169A STILL ROAD

Postcode 423999

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

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? 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 3

Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER: : MALE

Passenger 2

NAME:

NO

: -

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?

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG SLIP RD ALEXANDRA RD TWDS W COAST HWY: SUDDENLY VEHICLE B BRAKE HIS VEHICLE. IN A RESULT, I COULDN'T BRAKE MY VEHICLE IN TIME AND SLIGHTLY GRAZED ONTO VEHICLE B REAR PORTION.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHB4170K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver CHONG HONG MENG

NRIC/Passport Number S2513597J Contact Number 94785044

Address Postcode Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

NAME:

3

GENDER: :

Passenger 2

NAME:

GENDER: :

:

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 Signatur Date & Time: Oriver's Signature (If driver is not the

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Date & Time:

NRIC/FIN No.:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S6933425C





TAN BOCK KIM

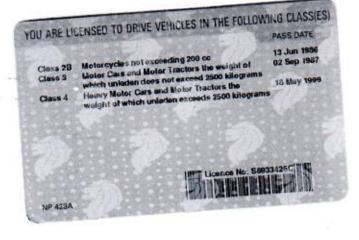
CHINESE Date of Birth

19-09-1969

SINGAPORE









▽ Poli	icy Information						
Policy No.	5097558305	Policyholder Name	FORTE AU	TO LEASING PTE LTD	Policyholder NRIC	201631486	c
Address	25 KAKI BUKIT ROAD 4 #01-6	2 SYNERGY @ I	KB SINGAPO	ORE 417800	,,,,,		
Product Name	FLEET INSURANCE	Plan			Group	N	
Policy		Effective			Policy Flag	Towns and the second	
ssue Date	19/01/2018	Date	19/01/201	18 00:00	Expiry Date	11/09/2018	23:59
xcess ype		All Claim					
hird		Excess					
arty	1500	damage Excess	2000		Windscreen Excess	100	
Additional excess	0	OS Premium	3413.73				
Outside		Outside					
Singapore OD Excess	2000	Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
gent	ANIKA INS BROKERS & CONS	UL Agent Tel.	66729988		GST Flag	Y	
Co- nsurance lag Open Policy nfo Certificate nfo	No						
	nolder Mailing Address						
ddress 1	53 UBI AVENUE 1	Addre	ss 2	#05 - 44 PAYA UBI	INDUSTRIAL	Address 3	SINGAPORE 408934
ddress 4		Addre	ss Type	Singapore address		Post Code	408934
Init No.	01-62		ed Policy	5097558305			
D Insure	d Object: SLC4782S	Numb	er				
▽ Endors							
Sequen	NAME OF THE PROPERTY OF THE PARTY OF THE PAR	Endersons					7200
Sequen	19/01/2018 00:00	Basic Informa Endorsement	tion	Endorsement Number	Endorseme Effective	ent Take	Endorsement Content 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: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. ZVW516062412 09-03-2018 \$720.16 2. ZVW516062061 09-03-2018 \$720.16 In view of this amendment, an additional premium of \$1,440.32(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 if favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
	21/03/2018 00:00	Basic Informal Endorsement	tion (000001286779657	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: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLF5098L 22-03-2018 \$612.40 2. SLF5241P 22-03-2018 \$612.40 In view of this amendmen an additional premium of \$1,224.8 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you

ident MT/1002759		N0607229	2000000	#20000 1 5 MM DEFENDENCE		
icy No.	5097558305	Vehicle No.	SLC4782S	GST Registration No.		
licyholder Name	FORTE AUTO LEASING PTE LTD			Policyholder NRIC	201631486C	
duct Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0	
ntact No. (Mobile)	97984296	Contact No.(Office)	0	Contact No. (Home)	0	
al Address		Special Remark		eCode	THE Y	
¢.	® No ○ Yes	TCA	No ○Yes	eCode Reason		
O Protection	No	NCD Entitlement(%)	0	Private Hire	Yes	
Accident Details						
ort Date	12/07/2018 18:42	Acadent Report Within 24 hrs.	Yes	Accident Type	Collision - Head to Rear	
e of Accident	11/07/2018	Time of Accident hhimm	16:00	Country of Acadent	Singapore	
porting Centre		Orange Force		ICM No.		
oldent Location	SLIP RD ALEXANDRA RD TWDS					
Benefits		ALCO ESTADO VARIA				
Excess						
damage Excess	2,000.0	Additional Excess	0	Windscreen Excess	100.00	
named Oriver Excess		Outside Singapore OD Excess	2,000.00	William Colors	100.00	
rd Perty Excess	1,500.0					
GST Registered Inform		Outside Singapore TP Excess	1,500.00			
	No		02422010000000000			
Registered Registration No.	No		GST Registration Date			
Afication History			GST Status Verified	Yes		
Policyholder Mailing Ac	idress					
ress 1	53 USI AVENUE I	Address 2	#05 - 44 PAYA USI INDUSTRIAL	Address 3	SINGAPORE 408934	
fress 4	Control of the same of	Address Type	Singapore address	Post Code	51NGAPONE 408934 408934	
1 No.	01-62	Related Policy Number	S097558305	From Gode		
OI Driver Info	01-02	Released Policy Number	509/358305			
ver Name	Unnamed Driver	Driver Type	Unnamed Driver			
named driver Name	TAN BOCK KIM	Driver NRIC	56933425C	Driver DDB	19/09/1969	
ester Date of Driver License		Driver Age	48	Driving Expenence	30	
Kact No. (Mobile)	84271515	Contact No.(Office)	0	Contact No.(Home)	0	
ress 1	169A STILL ROAD	Address 2				
	1094 STILL KUND	Abdress 2	BOON COURT	Address 3	SINGAPORE 423999	
		Anthrope Winter	The state of the s			
bress 4		Address Type	Singapore address	Post Code	423999	
t No.	(Clarkety (6000) T)		Singapore address	Post Code	423999	
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t No. Is the own a Singapore sistered car? Iarabon athelyser or Blood Test	○ Yes ® No D mg		Singapore address O Yes No		423999	
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No. s he dwn a Singapore- sistered Car? aration athalyser or Ricod Test ding? fication History aim 001: New In Type * ract No. [Mobile] If Address	0 mg	Driver Vehicle No. Any Injury? Injured Name Contact No.(Home) Ol Vehicle Number	○ Yes ® No	Driver Insurer Company Insured NRIC Contact No.(Office) TP Vehicle Number	201631486C + 5H84170K	
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No. Is he can a Singapore- Isster til car? aration athalyser or Blood Test ding? Ification History Iaim 001 New Type * Iact No. (Mobile) Iiii Address In Description In Exercisation In Registered	0 mg OD-MX 97964296 SLC47825 / SH84170K DN 11 1	Insured Name Contact No.(Home) Ol Vehicle Number us 2018 Insured Liability * Preferenced Repair Option	O YES ® NO FORTE AUTO LEASING PTE LTD SLC4782S Fully at Fault ✓	Driver Insurer Company Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	201631486C + 5H84170K	
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