Date In: 18/18-14:43	Jeb description	1	Date &Time C	ompleted	Done	py.
Ref No: NA INCROTAGE 124	SAS e-filing					
Veh No: SLC32855	E-mail (within	Shrs, AIC 2hrs)	T			
D.O.A: 20/8-12:35	i-Motor Cla	im Form	M1 1005560-0	101	18/18/16:1	o
	i-Motor W/0) (Within: OD 2hr				
OD TP Reporting Only	i-Photo Uplo	paded				
	Assessment/S	urvey Report				
TP Insurer:	Ass't Report l	y Fax / Hand	to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW	/: (Tel:	F	ax:)
TP Particulars: Veh No:	UN3842J .	, INC()/Non-INC	().		
Owner / Driver: (Tel:	Y.)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time	-	7	
Insured/Driver Liability: (%) [Note-Est Status (WO): N: 0-2	0%; P: 21-79%	. P: 30-1	00%]	District Homes
Year of Registration: () Warranty: YES ()/NO()			- (6 Samuel 96
Excess: (\$) Loading	: \$1,000 ()/\$2,000	()				
General Remarks;-	ARTHUR NO F	14 11 11 11 11 11	deal of the second	S. \$ 7.33	3.00	
() Walk-In Customer : Customer	100					
() Total Loss Case : to e-mail I			No.			
	rvoice: YES () / I	NO();T	owing Co: (-)
				97. T. W.	*)*************	gept
Remarks:- (INC horline: 6788 66			Date&Time Co	nple'sd	New Allone	py
1) Apply for Transport Allowance () / Courtesy Car ()	-	-		
2) QC Check / Post Repair Inspection	()				
 QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost 	(t>\$3000] ()		.,		
	(t>\$3000] ()				
Upload Resurvey Photo [Repair Cos Injury :	(t>\$3000] ()	Page 1			
3) Upload Resurvey Photo [Repair Cos	(t>\$3000] ()	Name of the second		ASSESSED AND ADDRESS OF A PARTY.	
Upload Resurvey Photo [Repair Cos Injury :	(t>\$3000] ()			rado an	
Upload Resurvey Photo [Repair Cos Injury :	(t>\$3000] ()	Charles and the second		78450-KNF	
Upload Resurvey Photo [Repair Cos Injury :	(t>\$3000] ()			**************************************	
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3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions	(t>\$3000] (Apri (5)	Ami(I)
3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions	(t > \$3000] (Invoice Pre	paration Check	list	Ant (5)	Amt(3)
3) Upload Resurvey Photo [Repair Cos Injury: Date/Time Actions	(t>\$3000] (1) AR : Accident	Reporting (\$30);	EARP. 957.11	fice	Office of the Control
3) Upload Resurvey Photo [Repair Cos Injury: Date/Fime Actions Actions Laimant's Particulars:	(t>\$3000] (1) AR : Accident 2) DA : Damege 3) TF : Towing F	Reporting (\$30); Assessment (\$100);	INC (\$8	јйВШ (0) (75 45	October Charles and Control
3) Upload Resurvey Photo [Repair Cos Injury: Date/Fime Actions Actions Laimant's Particulars:	(t>\$3000] (1) AR : Accident 2) DA : Damege 3) TF : Towing F 4) FT : Follow-T	Reporting (\$30); Assessment (\$100); see	INC (\$8	fit Bill (0) (/\$45 \$120	October Charles and Control
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Date/Fime Actions	(t > \$3000] (1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec	Reporting (\$30); Assessment (\$100); ee hrough Survey hrough Survey (Resu gainst JNC Only (we	INC (\$8 \$40 vey) 10 Jan 2005	fitBill 100 107545 \$120 \$30) \$75	October Charles and Control
Date/Fime Actions	(t > \$3000) (1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming 6	Reporting (\$30); Assessment (\$100); be hrough Survey hrough Survey (Resu gainst JNC Only (we tion + SMRT Survey	INC (\$8 \$40 vey) 10 Jan 2005	fitBill 80) 9/545 \$120 \$30)	October Charles and Control
Onte/Time Actions Actions Actions Actions Actions Contact No: Co	(t > \$3000) (1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Addition	Reporting (\$30); Assessment (\$100); ee hrough Survey hrough Survey (Resu- gainst INC Only (we- thion + SMRT Survey onal Services:-	INC (\$8 \$40 vey) 10 Jan 2005	fit Bill 80) 2545 5120 530) \$75 \$160	OF SALES HERE SALES
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3) Upload Resurvey Photo [Repair Cos Injury: Date/Fime: Actions Actions Laimant's Particulars: river/Owner: ontact No: maged Portion: C Checked by (Engr-In-Charge): additors: Comments:	t>\$3000] (1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-insper 7) N1: Idae DA: 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	Reporting (\$30); Assessment (\$100); ee hrough Survey (Resulted to the second of the se	INC (\$8 \$40 vey) 10 Jan 2005	\$100 (100 (100 (100 (100 (100 (100 (100	OF SALES HERE SALES
Upload Resurvey Photo [Repair Cos Injury :	t > \$3000] (1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-insper 7) N1: Idae DA: 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	Reporting (\$30); Assessment (\$100); ee hrough Survey (Resulted to the second of the se	INC (\$8 \$40 vey) 10 Jan 2005	14.Bill (100) 1/545 5120 530)) 575 5160 55 510 525 53	OF SALES HERE SALES

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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

aloi caaru,	
Shall have been seen as he so we've	ACCIDENT STATEMENT
Date Of Report	01/08/2018 15:43
Date Of Accident	30/07/2018 12:35
Exact Location Of Accident	JUNC MOULMEIN RD & SHREWSBURY RD
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLC3285S
Insured/Policyholder	
Name Of Registered Owner	FORTE AUTO LEASING PTE LTD
Co Reg No	201631486C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS E GRADE 1.5 A/T
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	COMMERCIAL VEHICLE
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	LIM HWEE LEE (LIN HUILI)
NRIC No	S7819619Z
Date Of Birth	08/07/1978
Occupation	INDOOR
Date Of Driving Pass	25/04/2014
Driving Experience	4 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-87495502
Fax Number	
Contact Number	OFFICE-87495502
	A CONTRACTOR OF THE CONTRACTOR

NOEMAIL

Address 14A BUTTERFLY AVENUE

Postcode 349777

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 DRIZZLING Road Surface WET

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? YES

Was any injured conveyed to hospital by

ambulance?

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

HOUGANG NEIGHBOURHOOD POLICE CENTRE

ROAD: 60 HOUGANG AVE 9, POSTCODE: 538775, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-4890999 - FAX NO: 63128989

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180731/2181.

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

SJM5845J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

SEENIAR THAMBU KASINATHAN

NRIC/Passport Number

S2205881I

Contact Number

81251926

Address

Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name

LIM HWEE LEE (LIN HUILI)

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

NECK & BACK

SLC3285S

YES

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.
- 3. 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:

Reg. No. 2016314860

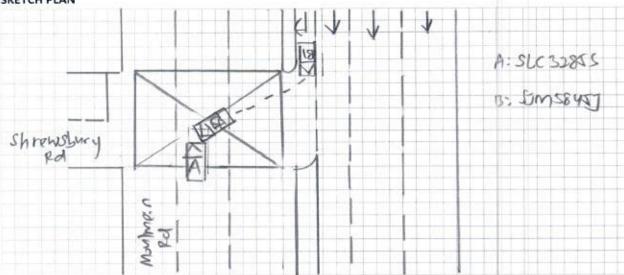
> Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Fersonnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

HANCE OF CONTAINING THE CONTAINING CONTAINING A MARKET OF CONTAINING CONTAINI	
Refer to police report-7/20180731/287.	

DECLARATION

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

Reg. No. 201631486C

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





1 of 3 Report No. T/20180731/2181

Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/07/2018 22:46		Made:	Vide Report No.:	Station Diary No.: 176	
Informan	t's Partic	ulars			
Name of Informant: LIM HWEE LEE			Address: 14A BUTTERFLY AVENUE SINGAPORE 349777		
ID Type / NRIC NO	ID No.: / S78196	19Z	Contact No.: Home/Office: Mobile: 87495502		
Nationalit SINGAPO	y: DRE CITIZ	EN	Email:		
Sex: Female	Age:	Date of Birth: 08/07/1978	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Interior designer			Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/07/2018 12:35	Type of Location: T-Junction	
Location: Junction of Ro MOULMEIN F SHREWSBUF Weather: Drizzling		Road Surface: Wet		Road Speed Limit:	
Traffic Flow: Tra		Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collis Between Mov	ion: ing Vehicles - Head	To Side		Anyone conveyed by ambulance:	

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
SJM5845J	Car				Slightly Damaged	0	
SLC3285S	Car				Slightly Damaged	0	

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





T/20180731/2181

2 of 3

Report No. T/20180731/2181

Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999 CONTINUATION OF REPORT

Driver		A STATE OF				Section 2 to the second
Name	Seeniar Thambu Ka	sinathan		ID No.		S2205881I
Related Vehicle	SJM5845J (Car)		Contact No.		81251926	
Hospital/Clinic	NIL				of g ce & Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disc				NIL	
No. of Days gran	ted Medical Leave	NIL		egree of Injury NIL		
Driver						
Name	LIM HWEE LEE			ID No	-	S7819619Z
Related Vehicle	SLC3285S (Car)				ct No.	87495502
Hospital/Clinic	G.I.F.T MEDICAL CENTRE				of g ce & Date	Class: 3 Date of Expiry: NIL
Date Treatment	30/07/2018		Date Disc	harge	30/07	/2018
No. of Days gran	ted Medical Leave	03	Degree of		Slight	TO THE PARTY OF TH

Brief Details.

On 30/07/2018 at about 1235hrs, I was driving my vehicle SLC3285S along Moulmein Road towards Thomson road. I was on the second lane of the three lanes road. When I was nearing the junction of Moulmein Road and Shrewsbury Road, there was a vehicle SJM5845J who was travelling on Moulmein towards Moulmein Rise, wanted to turn in to Shrewsbury Road.

The driver then straight away turn out. I did not manage to stop in time and hit onto his vehicle. Both of us had then came down to exchange particulars and left the scene. After resuming, I did not feel well and went to see a doctor. I was given a 3 days of MC. There is no in built CCTV installed in my vehicle.





3 of 3

Report No. T/20180731/2181

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999 CONTINUATION OF REPORT

Sketch Plan

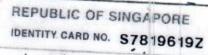
Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:	Signature Of Informant:
Sgt 3 LOW CAI XING	Judgin .
Signature Of Interpreter:	Date/Time:
Not applicable	31/07/2018 22:46
Officer In Charge Of Case:	Classification Of Case:
SSI KASMAWATI BTE SAMIAN	
Contact No.: 65476179	SX 0305
Authentication Stamp	(Urot

and prince Force









LIM HWEE LEE (LIN HUILI)

CHINESE Date of birth

08-07-1978 Country of birth SINGAPORE



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Motor Cars=< 3000kg with =<7 passengers, exclusive 25 Apr 2014 of the driver; and other motor vehicles =< 2500kg

NP 428A

08-11-2006 14A BUTTERFLY AVENUE SINGAPORE 349777 NRIC No: \$7819619Z Date: 23/05/2018

eBao Tech								GeneralClaim			
Hello, NAC_PAYA_UBI_80	0601						Change Lan	guage	Change Pa	ssword	Log Out
My Desktop	Polic	cy Query									3
Notice of Loss	Policy N	lo.				Date of	Accident	30/07	7/2018 12:35	13	
	Vehicle	No.(For Motor)	SLC3285	5S		Certifica	ate Number	1.00			Ę.
					Se	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5097558305		FORTE AUTO LEASING PTE LTD	201631486C	GFT	drivo CLASSIC	SLC3285S	SLC3285S	05/06/2018	i.
					Cor	ntinue					

Policy No.	5097558305	Policyholder Name	FORTE AL	UTO LEASING PTE LTD	Policyholder NRIC	2016314860	
Certificate					THE CONTRACTOR		
No. Address	53 UBI AVENUE 1 #05-44 PAYA	LIGITADUCTO	TAL DARK	STNGARORE 400034			
Product			IAL PARK	SINGAPORE 408934	Group		
Name Policy	FLEET INSURANCE	Plan			Policy Flag	N	
Date	19/01/2018	Effective Date	19/01/20	18 00:00	Expiry Date	11/09/2018	23:59
Excess Type		All Claims Excess					
Third Party	1500	Own	2000		Windscreen	100	
Excess		Excess	2000		Excess	200	
Additional Excess	0	OS Premium	3413.73				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			You	ng/I rexperience Driver Excess
Agent	ANIKA INS BROKERS & CONSU	IL Agent Tel.	6672998	8	GST Flag	Υ	
Co-							
insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	53 UBI AVENUE 1	Addre	ess 2	#05-44 PAYA UBI I	NDUSTRIAL I	Address 3	SINGAPORE 408934
Address 4		Addre	ess Type	Singapore address		Post Code	408934
Unit No.	01-62	Relate	ed Policy per	5097558305			
1 Insure	d Object: SLC3285S						
♥ Endors	sements						
Sequer	Date of Endorsement	Endorseme	ent Type	Endorsement Numbe	r Endorsei	ment Status	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 arriendment, an additional premium of \$1,440.32(inclusive of GST) is
1	19/01/2018 00:00	Basic Informa Endorsement	tion	000001286771604	Endorseme Effective	ent Take	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 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.

Claim Handling					• Exti
The premium on this policy has Accident HT/1005560	not been collected.				
Palicy No.	5097558305	Venicle No.	SLC32855	GST Registration No.	
Certificate No.			32,020,00	GS (Registration rec.	
Policyholder Name	FORTE AUTO LEASING PTE LTD			Bellevholder MS10	***********
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Policyholder NRIC Loading	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address	50	Special Remark			STATE OF THE PARTY
KPK	® No ○ Yes	TCA	® No ⊜Yes	eCode eCode Reason	N. V
NCD Protection	No.	NCD Entitlement(%)	0	Private Hire	No
S Accident Details	58			Timese rive	
Report Date	01/08/2018 16:08	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Cross Junction
Date of Accident	20/07/2018	Time of Accident his min			
Reporting Centre	PRIVITAGE	Orange Force	12:35	Country of Accident	Singapore
Accident Location	JUNC MOULMEIN RD & SHREWSBURY RD	orange roice		JUST NO.	
⊕ Benefits	pero tivos car no a sinchiscotti no				
♥ Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	STANDED.	Outside Singapore OD Excess	2,000.00	Windscreen Excess	100.00
Third Party Excess	1 500 00	1300			
GST Registered Inform	1,500.00	Outside Singapore TP Excess	1,500.00		
GST Registered	No.		GST Registration Date		
GST Registration No.			GST Status Verified	Yes	
Modification History			Walter Women Stock	A. 2940).	
▼ Policyholder Halling Ad	idress				
Address 1	53 UBI AVENUE 1	Address 2	#05-44 PAYA UBI INDUSTRIAL!	Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address	Post Code	408934
Unit No.	01-62	Related Policy Number	5097558305		
© OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TIM HMEE TEE (TIM HOITI)	Driver NR3C	\$7819619Z	Driver DOS	08/07/1978
Register Date of Oriver License		Driver Age	40	Oriving Experience	4
Contact No.(Mobile)	87495502	Contact No.(Office)	0	Consact No.(Home)	d
Address 1	14A BUTTERFLY AVENUE	Address 2	SENNETT ESTATE	Address 3	SINGAPORE 349777
Address 4		Address Type	Singapore address	Post Code	349777
Unit No.					
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Declaration Breathalyser or Blood Test	S. Sales	SSAME SAMESIN	100 frazionescoma		
Reading?	0 mg	Any injury?	® Yes ○ No		
Modification History					
25 D. 105 De					
Claim 001 New					
Claim Type *	OD-MX	Insured Name	FORTE AUTO LEASING PTE LTD	Insured NR3C	201631486C
Contact No.(Mobile)	97984296	Contact No.(Home)		Contact No.(Office)	4
Email Address		OI Vehicle Number	SLC32855	TP Vehicle Number	S3M58453
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name +	22	Claimant NRIC *			
Claim Description	SLC32855 / SJMS845J ON 30 Jul 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liebisty *	Not at Fault		
Require Finalisation	Yes	Preference Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	01/08/2018 16:10	Claim Close Date		Date Received	01/08/2018 00:00
Report Taken By	Jackson	NAMES AND ADDRESS OF THE PARTY		AND THE PROPERTY OF THE PROPER	
Print AK letter	14.550 (16.11)				
			Save Submit		
Attachment					
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	turninger-	965100000	800		
Accident No.	MT/1005560	Claim No.	001		
Last Doc. Received	● Yes ○ No	Upload Dete	01/08/2018 16:12		
	Path *	and the second s	Category *	Confidential Urgen	bey * Description *
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		Browse	Clear Please Select	NO Y Normal	U
		Browse	Clear Please Select	Normal V Normal	V
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