Date In: 618/18-14:05	b description	Date &Time Completed	Done	p piv.
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	E-mail (within Shrs, AIC 2hrs)	T		
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	i-Motor W/O (Within: OD 2hr		7.7	
OD TP Reporting Only	i-Photo Uploaded	No. of Contract of		114-4
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Fax:	
TP Particulars: Veh No: FAC2/04	INC()/Non-INC()		
Owner / Driver: (Tel:)	
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: 80-	100%]	9
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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.
- 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.

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.

	ACCIDENT STATEMENT	
Date Of Report	06/08/2018 14:05	18
Date Of Accident	05/08/2018 09:35	
Exact Location Of Accident	SLIP RD CLEMENTI AVE 2 TWDS WEST COAST RD	
Country/State of Loss	SINGAPORE	

	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLD9646P	
Insured/Policyholder		
Name Of Registered Owner	EPIC CAR LEASING PTE LTD	
Co Reg No	201818232K	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-93639889	
Alternative Phone No	OFFICE-93639889	
Vehicle Particulars		
Manufacturer	HONDA	

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Manufacturer	HONDA
Model	STREAM 1.8L AT RSZ

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?

If No, Please state action to be taken

Vehicle Category

PRIVATE HIRE

Vehicle Category PRIVATE HIRE
Insurance Company

Type Of Coverage THIRD PARTY
Fleet Policy YES

Policy Number 5101294101

Cover Note Number

Driver

Name of Insurance Company

 Name of Driver
 LIM SIN HUAT

 NRIC No
 \$1347016B

 Date Of Birth
 19/10/1959

 Occupation
 OUTDOOR

 Date Of Driving Pass
 22/08/1981

Driving Experience 36 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97837722

Fax Number

Contact Number OFFICE-97837722

EMail Address NOEMAIL

Address BLK 811B CHOA CHU KANG AVENUE 7

#13-615

NO

Postcode 682811

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 - 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 2

Was any body injured in the Accident? 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.

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

REFER TO STATEMENT.

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? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBF2102X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

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.
- 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 withholding of material facts may allow insurance companies to repudiate policy liability.
- 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. 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, discipse 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)
 - (i) 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.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

I/We declars the foregoing particulars are true in every respect

Policyhodes Strature Date & Time

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

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

Vehicle No.	SLD 9646P Model/Make HONDA STREAM
Date of Accident	05/08/2018
Time of Accident	O935 HRS
Location of Accident	SUP EUGI) FROM CLIEMENTI PUEZ INTO WEST CUMT KUM
Exact purpose use during accid	
Name of Owner	EPIC CAR LEAGNA PTE LTD
Telephone No.	H/P: 9363989 Home: Office:
NRIC	201814232K
Address	421 TAGORE INDUSTRIAL AUENUE # 01-20 TAGURES 8
Claim type	OD THIRD PARTY REPORTING ONLY 5(787 805)
Insurance Company	NINC
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft
Policy No.	5101294101
Folicy No.	3.000-000
Name of Driver	As Above If No LIM SIN HUOT
NRIC OF DITVE	5134 7016B Any Passengers: NIL
Date of birth	19 OCT 1959
Occupation	Outdoor / Indoor
Driving License Pass Date	22 044 1981
Gender	Male / Female
	H/P: 97737722 Home: Office:
Contact No. Address	BUK 811 B CHOP CHY KANY AND 7 # 13-615 S(68281
	No, If yes, Reg No.
Driver have any own vehicle	
Relationship	Employee, If no, state REMAN / CEASURE
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	No, If (Tes, Where? JUNOW NOW NOW NOC
Vehicle B No.	FBF 2102 × Any Passengers:
Name of Driver	Contact No.:
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	kisan cuit
Camera Recorder	VES/NO FRUNT
Email Address	
PARTICULAR WORKSHOP	N-SI AUTOMOTIVE PTE LTD
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	'IAN
FAX NO	6741 0510
WORKSHOP EMAIL ADDRESS	sales @ n51 · com · sg



NOTICE OF COMPLIANCE

This is to confirm that <u>Lim Sin Huat</u>, <u>NRIC:S1347016B</u>, <u>HP:97837722</u>, who was driving vehicle registration <u>SLD9646P</u>, has reported to the police a non-injury traffic accident which occurred along <u>Clementi ave 2 towards West Coast road junction</u>. On 05/8/2018 at about 0935hrs, involving his vehicle SLD9646P. The other Vehicle involved is **FBF2102X** (Unknown Driver particulars). No one was injured and No government property was damaged.

He / She has therefore complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Date: Vehicle <u>5/8/2018</u>

S/D Ref: 39

Name of Issuing Officer: Sgt Ong Rong Hao Police Post/Unit: Jurong Division / Nanyang NPC



REPUBLIC OF SINGAPORE





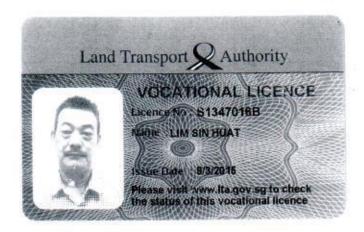
LIM SIN HUAT

新發

CHINESE

19-10-1959 Country/Place of birth SINGAPORE





5719308



24-03-2017

APT BLK 8118 CHOA CHU KANG AVENUE 7 #13-615 SINGAPORE 682811

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 2B Motorcycles not exceeding 200 cc Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 14 Jun 1982 22 Aug 1981

NP.428A



This card is not transferable and is the property of the Land Transport Authority (LTA), it must be surrendered to the LTA on request. It found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type Description 02 TAXI VL

Issue Date 09/03/2015





Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION	ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5101294101

Cover : Third Party

Index mark and Registration Number of Vehicle

: SLD9646P

Chassis Number

..........

: JHMRN68809C200442

Name of Policyholder

: EPIC CAR LEASING PTE LTD

Effective Date of Insurance

: 26 Jul 2018

4. Expiry Date of Insurance

: 25 Jul 2019

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation)
Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A	
EXCESS (SECTION 2)	: \$\$1,500	
ADDITIONAL EXCESS	: N/A	
UNNAMED DRIVER EXCESS	: N/A	20
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO	
INSURE WITH COE	: N/A	
NCD PROTECTION	: NO	
PRIMARY DRIVER	: N/A	
NAMED DRIVER (1)	: N/A	
NAMED DRIVER (2)	: N/A	
HIRE PURCHASE COMPANY	: N/A	
SUM INSURED	: N/A	

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: CITY INSURANCE AGENCY PTE. LTD. (00000573566)

Date of Issue

: 07 Jun 2018 17:41 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech			-						G	eneralCl	aim
Hello, NAC_PAYA_UBI_80	0601						· Change Lar	nguage	Change Pa	ssword	Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	ю.				Date of A	occident	05/08	/2018 09:35		
	Vehicle	No.(For Motor)	SLD964	5P		Certificat	e Number				
					Se	arch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5101294101		EPIC CAR LEASING PTE LTD	201818232K	GFT	Third Party	SLD9646P	SLD9646P	26/07/2018	
					Cor	ntinue					

olicy No.	5101294101	Policyholder Name	EPIC CAR	LEASING PTE LTD	Policyholder NRIC	201818232K		
ertificate		11000000						
ddress	421 TAGORE INDUSTRIAL AVEN	NUE #01-20 TA	AGORE 8 SI	NGAPORE 787805				
roduct lame	FLEET INSURANCE	Plan			Group Policy Flag	N		
olicy sue ate	07/06/2018	Effective Date	08/06/20	18 00:00	Expiry Date	07/06/2019	23:59	
xcess ypė		All Claims Excess						
hird arty xcess	1500	Own damage Excess	0		Windscreen Excess	0		
dditional xcess	0	OS Premium	0					
outside Singapore OD xcess	0	Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess	
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D Insure	ed Object: SLD9646P							L
♥ Endors	sements							
Sequer	11/06/2018 00:00	Endorsement Basic Inform Endorsement	ation	Endorsement Numbe	Endorse Endorsem Effective	ment Status	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that this policy is extent to cover the following vehicle(s) follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INC GST) 1. SJN4793B 11-06-2018 \$1,199.16 2. SLA8275Z 11-06-\$1,093.04 3. SLK339OS 11-06-\$1,093.04 4. SLT8519X 11-06-\$1,093.04 5. SLX9647G 11-06-\$1,093.04 In view of this amendment, an additional prem of \$5,571.32 (inclusive of GST) payable under your policy. Pleatings or 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 fithe date of this letter. For chequipayment, please issue the chequipayment, please issue the chequipayment, please issue the chequipayment of "NTUC Income" with yname and policy number indication the reverse of the cheque. Alternatively, you could also mapayment at any of our branches cash or NETS.	20: 20: 20: 20: 20: 20: 20: is se
							Thank you for giving us the opportunity to serve you. We	

ccident MT/1006179					
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icy No.	5101294101	Vehicle No.	SLD9646P	GST Registration No.	
remeate No.					
licyholder Klame	EPIC CAR LEASING PTE LTD			Policyholder NRIC	201018535K
oduct Code	PLEET INSURANCE	Cover Type	Third Party	Loading	0
ntact No.(Mobile)	93639889	Contact No. (Office)	0	Contact No.(Home)	0
nail Address		Special Remark		eCode	The V
к	⊕ No ○ Yes	TCA	® No ○Yes	eCode Reason	
D Protection	Neg	NCD Entitlement(%)	0	Private Hine	Yes
Accident Details					
port Date	06/08/2018 17:59	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
		700		Country of Accident	
te of Accident	05/08/2019	Time of Accident hhimm	09:35		Singapore
sorting Centre		Orange Force		SCM No.	
cident Location	SLIP RD CLEMENT! AVE 2 TWDS WEST COA	ST RD			
Senefits					
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vn damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
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rd Party Excess	1,500.00	Dutside Singapore TP Excess	1,500.00		
GST Registered Inform	ation				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Ventled	Yes	
diffication History					
Policyholder Mailing Ad	dress				
dress 1	421 TAGORE INDUSTRIAL AVEN	Address 2	#01-20 TAGGRE 8	Address 3	SINGAPORE 787805
idress 4		Address Type	Singapore address	Post Code	787805
net No.	01-20	Related Policy Number	5101294101	SOLE FOR	Security Control
OI Driver Info	Con and	- Court Parity Number	No. of the same		
Iver Name	Unnamed Onser	Driver Type	Unnamed Driver		
named driver Name	LIM SIN HUAT	Driver NRIC	513470168	Driver DOB	19/10/1959
			58		
gister Date of Driver License		Driver Age		Oriving Experience	36
react No. (Mobile)	97837722	Contact No.(Office)	0	Contact No.(Home)	0
0/ess 1	BLK 8118	Address 2	CHOA CHU KANG AVENUE 7	Address 3	KEAT HONG COLOURS
Idress 4	SINGAPORE 682811	Address Type	Singapore address	Post Code	682811
and the same	44.44				
91. NO.	13-615				
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