NATIONAL Assessment Centre &	EFFICES post a facility	MMA 118106761.		
Date In: 17 18 119 17:12	cb description	Date & Time Completed	Don	e by
	SAS e-filing			
	E-mail (within Shrs, AIC 2hrs			74
	i-Motor Claim Form	MT/1007713-001	1718118	17:39.
	-Motor W/O (within OD			
OD 7 TP ' Reputing Only	i-Photo Uploaded	1		10000
	Assessment/Survey Repor			
TP fasurer:	Ass't Report by Fax / Han	d to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW; (		Tol: F	ax:	)
TP Particulars: Veh No: 5kJ	5705 J INC	( )/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: ( ) Warra	anty: YES ( )/NO (	)		
Excess: (\$ ) Loading: \$1,000 (	and the course of the course o			
General Remarks;-				
( ) Walk-In Customer: Customer's informati				
( ) Total Loss Case : to e-mail Insurer UF	RGENTLY.			
Drive-In ( )/ Towed-In ( ); Invoice: YE	s( )/NO( );	Towing Co. (		)
		1	Don	one of the second
Remarks:- (INC hotline: 6788 6616)		Date& Firm Completed	ASS. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	7.1.7
13 4 6 60 110 114 2 3 4 60 7	24 2	1	11304 1 1	
Apply for Transport Allowance ( ) / Courte	esy Car ( )		austra de la	
2) QC Check / Post Repair Inspection	( )		4.3.4.7	
	( )			
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QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > \$3000]	( )			
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:	( )		Risefolica:	
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2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time   Actions    Nat Section   Actions   Acti	( )   ( )	eparation Checklist ent Reporting (\$30); ge Assessment (\$100); INC (\$8; ge Fee \$40 Through Survey (Resurvey); gagainst INC Only (wef 10 Jan 2005) section A + SMRT Survey dional Services sy Car / Tpt Allowance Co-ordination cpair Inspection collect Excess Coordination	Ant (5) fit Bill 30.20 0) /\$45 6120 530 575 160	Amt(3)
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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.

and the second s	ACCIDENT STATEMENT
Date Of Report	17/08/2018 17:12
Date Of Accident	17/08/2018 10:30
Exact Location Of Accident	SOMAPAH RD ENTRANCE OF SUTD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJK1062M
Insured/Policyholder	
Name Of Registered Owner	AURORA CAR RENTAL & LEASING SINGAPORE
Co Reg No	53353787L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96156888
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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 CAR

# Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5095346683

Cover Note Number -

#### Driver

Name of Driver FONSEKA SARAH ANNE

 NRIC No
 \$8910595A

 Date Of Birth
 26/03/1989

 Occupation
 INDOOR

 Date Of Driving Pass
 23/04/2015

Driving Experience 3 YEARS AND 3 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-90184290

Fax Number Contact Number

EMail Address NOEMAIL

BLK 109 SIMELST 1 #03-706 Address

520109 Postcode

Was driver an employee of the Insured's Company NO

OTHER - HIRER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

NO

1

NO

NO

General Information of the Accident

COLLISION - HEAD ON COLLISION Type Of Accident

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?

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)

**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

I WAS TRAVELLING ALONG SOMAPAH RD WHEN TURNING LEFT INTO SUTD, I MISJUDGED HIT ONTO VEH B RIGHT FRONT PORTION.

Attachment(s)

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

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SKJ5705J

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver LYDIA

NRIC/Passport Number

Contact Number 98183227

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.

Policyhologia Signature Driver's Signature
Date & Time 1914 (If driver is not the

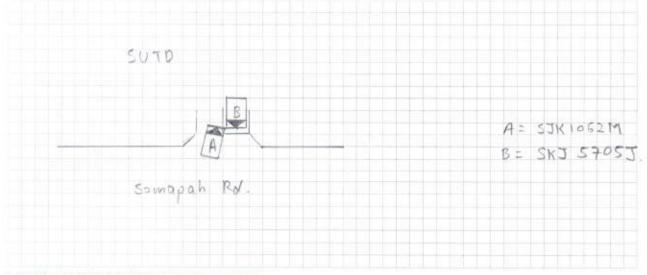
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DECCOIDE	CIDCLIBACTABLEEC	OF THE ACCIDENT	۰
DESCRIBE	CIRCUINISTANCES	OF THE ACCIDENT	п

please	Refer	to statement

# DECLARATION

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

Policyholidar s Sussataire Date & Maria

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

NRIC/FIN No.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8910595A

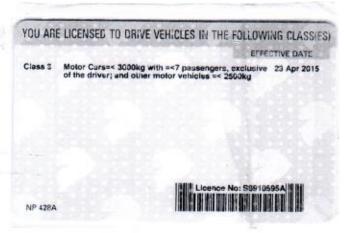
FONSEKA SARAH ANNE

FONSEKA SARAH ANNE

Race
SINHALESE
Data of birth
26-03-1989 F
Cuartry of birth
SINGAPORE









# 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: 5095346683	Cover		drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SJK1062M

Chassis Number : KMHDU41BR8U584961

2. Name of Policyholder : AURORA CAR RENTAL & LEASING SINGAPORE

3. Effective Date of Insurance : 28 Mar 2018 4. Expiry Date of Insurance : 27 Mar 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	; N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : ALPINE CREDIT PTE LTD (00000610144) Date of Issue

: 25 Oct 2017 16:01 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

**Authorised Officer** 

Chief Executive

Countersigned By:

### Claim Handling

weengent Militoniii							
Policy No.	5095346683	Vehicle No.	SJK1062M		GST Regi	stration No.	
Certificate No.							
Policyholder Name	AURORA CAR RENTAL & LEASING SINGAPORE				Policyholo	er NRIC	53353
Product Code	FLEET INSURANCE	Cover Type	drivo CLASSIC		Loading		-0
Contact No.(Mobile)	96156888	Contact No.(Office)				io.(Home)	-
Email Address	CHANG TARY	Special Remark			eCode		No *
KFK NCD Protection	- No Yes	TCA	* No Yes		eCode Re		11037
Accident Details	No	NCD Entitlement(%)	0		Private H	ire	No
Report Date	\$15005 0 000 \$1000 000	2	1928		200700	200	
Date of Accident	17/08/2018 17:33	Accident Report Within 24 hrs	Yes		Accident		Collisio
Reporting Centre	17/08/2018	Time of Accident hh:mm	10:30			of Accident	Singap
N. A.		Orange Force			ICM No.		
Accident Location  Benefits	SOMAPAH RD ENTRANCE OF SUTD						
♥ Excess							
	2 222 22	Additional Excess			MICHELLE	00 400000-2	100000
Own damage Excess Unnamed Driver Excess	2,000.00		0	* ***	Windscre	en Excess	100.00
Third Party Excess	1,500.00	Outside Singapore OD Excess Outside Singapore TP Excess		2,000.00 1,500.00			
GST Registered Information		Colore Singapore IV Excess		1,300.00			
GST Registered	No.		CST Reni	stration Date			
GST Registration No.	Ma		GST State			Yes	
Modification History			Service Cold			155	
	iress						
Address 1	BLK 798 #29-17	Address 2	TOA PAYON CENTS	RAL	Address 3	lis .	CENTR
Address 4	SINGAPORE 312079	Address Type	Singapore address		Post Code	ta .	312075
Unit No.	29-17	Related Policy Number	5100637719				
✓ OI Driver Info							
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver				
Unnamed driver Name	FONSEKA SARAH ANNE	Driver NRIC	S8910595A		Driver DC	16	26/03/
Register Date of Driver License	23/04/2015	Driver Age	29		Driving E	sperience.	3
Contact No.(Mobile)	90184290	Contact No.(Office)			Contact N	io.(Home)	
Address 1	BLK 109 #03-706	Address 2	SIMEI STREET 1		Address 2		SINGA
Address 4		Address Type	Singapore address		Post Code		520105
Unit No.	03-706						
Does he own a Singapore Registered car?	Yes « No	Driver Vehicle No.			Driver Ins	surer Company	
Declaration							
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes · No				
Modification History							
Claim 001 New							
Claim Type *				ОD-МХ	Insured Name	AURORA CAR RE	NTAL & LEASIN
Contact No.(Mobile)					Contact No.	NIL	
					(Home)	ALITA .	
Email Address					Vehicle	SJK1062M	
= MATERIAL BUTCHERS (AND AND AND AND AND AND AND AND AND AND					Number		
Claim Description				SJK1062M / SKJ5705J O	N 17 Aug 2018		
Preferred Workshop D	Insured Liability Fully at Fault	•					
Workshop 0 Ensures No. Finalisation Yes	Repair Preferred Workshop, Name	ALO /		1			
Date Registered	Option	Teport		17/08/2018 17:38	Claim		
Report Taken By				LIEW SHAN HUI	Date		
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Attachment							
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	National Control	None Control Section		2200			
Accident No.	MT/1007713	Claim No.		001			

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V	NAC_PAYA_UBI_800601{	NATIONAL ASSESSMENT CENTRE SERVICES) 0 17 Aug 2018 17:39	Photos		Normal	Photos 2018-8-17
1	NAC_PAYA_UBI_800601(	NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2018 17:39	SAS		Normal	SAS 2016-8-17
CE CC	NAC_PAYA_UBI_800601(	NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2018 17:39	NRJC/ Driving License		Normal	NRJC/ Driving License 2018-8-
		Uploaded By/Date	Category	?	Urgency	Description

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