NATIONAL Assessment Centre Sei	vices per same	1	
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	lotor W/O (Within: OD 2hrs	TP 4hrs)	<u> </u>
	sessment/Survey Report	<u> </u>	
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Preferred Wksp / INC Assign Wksp / QW: (	troport of Enal Hand		
TP Particulars: Yeh No: SEW	183.14 . INC(	1 44	
Owner / Driver: (	(8) S. (4) , INC(	) / Non-INC ( ) Tel:	
Policy No: ( ) Period: (		Cover Type: (	
Confirmed by : (	Date:	Time:	
Insured/Driver Liability: ( %) [Note-Es		%; P: 21-79%. F: 80-100	0%1
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2) QC Check / Post Repair Inspection	( )		
3) Upload Resurvey Photo [Repair Cost > \$3000]	( )		
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C Checked by (Engr-In-Charge):	1) AR : Accident R 2) DA : Damage A 3) TF : Towing Fee 4) FT : Follow-Thr 5) FT : Follow-Thr 6) TR : Re-inspectio 7) N1 : Idao DA + s 8) NTUC Additions OD!* *N5: Courtesy C *N6: Repair Co-c *N7: Post Repair *N8: DV / Collect	Separation   Sep	Add.B

### 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.
- 5. Any false reporting may be referred to the Police for investigation.
- 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

	ACCIDENT STATEMENT
Date Of Report	23/08/2018 10:18
Date Of Accident	23/08/2018 07:45
Exact Location Of Accident	TPE TWDS KPE ( ECP )
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLQ5737T
Insured/Policyholder	
Name Of Registered Owner	VASRO RENTALS
Co Reg No	53367446L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97100455
Alternative Phone No	OFFICE-97100455
Vehicle Particulars	
Manufacturer	NISSAN
Model	LATIO CVT 1.5L ABS D/AIRBAG 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f 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	NO
Policy Number	5093371571-01

## Cover Note Number Driver

Name of Driver	NORHIRME BIN MOHD SANI
NRIC No	S8406559E
Date Of Birth	08/03/1984
Occupation	OUTDOOR
Date Of Driving Pass	25/03/2008
Driving Experience	10 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97100455

Mobile Number Fax Number

Contact Number OTHERS-97100455

EMail Address NOEMAIL

Address BLK 441B FERNVALE ROAD

#03-323

Postcode 792441

Was driver an employee of the Insured's Company NO

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

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - KENTAL

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?

NO

NO

4

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)

Passenger 1 NAME: : NIL

GENDER: : FEMALE

Passenger 2

NAME: :

: NIL

GENDER: : FEMALE

Passenger 3

NAME:

: NIL

GENDER: : MALE

### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

YES

NO

If Yes, against whom?

#### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera? NO

o captured by our curriora.

Was there any audio recorded?

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SFW1831U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver KWEK TSU YONG

NRIC/Passport Number S0034944E Contact Number 92310080 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:

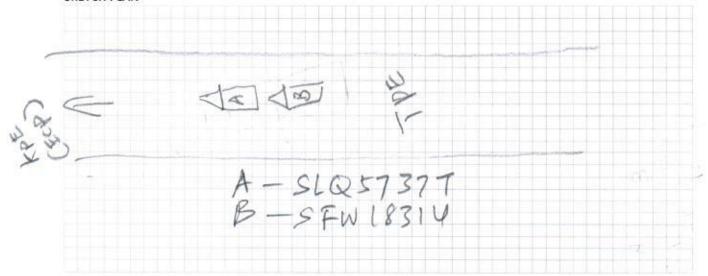
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

VECHILLE A WAS TXAVELLING ALONG	
VECHILLE A WAS TYAVELLING ALONG- TPE EXPRESSIONS WHEN VECHILLE B	
ATT THE BACK OF VECHICLE A	
PAMAGE REAN PAKES	

# DECLARATION

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

Policyholder's Sanature Date & Time:

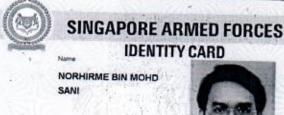
Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

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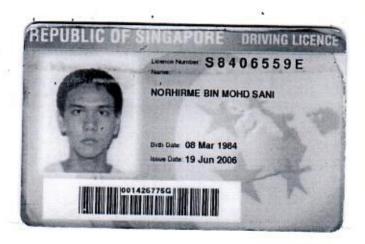
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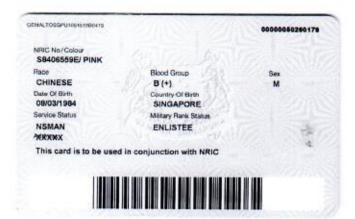


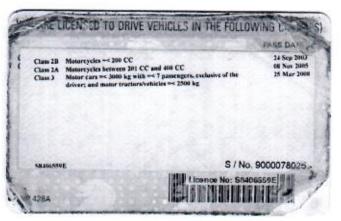
NRIC No.

S8406559E









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Notice of Loss	Policy No	Ĉ.				Date of	Accident	23/0	8/2018 07:45	5	
	Vehicle N	o.(For Motor)	SLQ5737T Certificate Number								
					s	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0 5	093371571- 01		VASRO RENTALS	53367446L	GFT	drivo CLASSIC	SLQ5737T	SLQ5737T	07/08/2018	1
					Co	ntinue					

Policy No.	5093371571-01	Policyholder Name	VASRO RENTALS	Policyholder NRIC	53367446L
Certificate No.					
Address	BLK 272 #03-22 TAMPINES S	TREET 22 SINGA	PORE 520272		
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	02/08/2018	Effective Date	07/08/2018 00:00	Expiry Date	06/08/2019 23:59
Third Party Excess	1500.00	Own damage Excess	2000.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	12438.91		
Outside Singapore OD Excess	2000.00	Outside Singapore TP Excess	1500.00		
Agent	IVAN INSURANCE AGENCY PT	E. Agent Tel.	64400220	GST Flag	Y
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
	older Mailing Address				
Address 1	BLK 272 #03-22	Address 2	TAMPINES STREET 22	Address 3	SINGAPORE 520272
Address 4		Address Type	Singapore address	Post Code	520272
	03-22	Related Policy Number	5093371571-01		
Unit No.					
TANALANSO	Object: SLQ5737T				
TANALANSO					
Insured	ements  Date of	ndorsement Type	Endorsement Number	Endorsement Status	Endorsement Content

The premium on this policy has Accident HT/1008536	not been constitut,				
Policy No.	5093371571-01	Vehicle No.	SLQ5737T	GST Registration No.	
Certificate No.					
Policyholder Name	VASRO RENTALS			Policyholder NR3C	533
Product Code	FLEET INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	97100455	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	No ○ Yes	TCA	■ No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Report Date	24/08/2018 09:48	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	23/08/2018	Time of Accident hh:mm	07:45	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	TPE TWDS KPE ( ECP )				
♥ Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
□ Benefits					
□ GST Registered Informa	tion				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	No	
Modification History					
Policyholder Mailing Ad	dress				
Address 1	BLK 272 #03-22	Address 2	TAMPINES STREET 22	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	520
Unit No.	03-22	Related Policy Number	5093371571-01		67.770
□ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	NORHIRME BIN MOHO SANI	Driver NRIC	\$8406559€	Driver DOB	08/0
Register Date of Driver License	25/03/2008	Driver Age	34	Driving Experience	10
Contact No.(Mobile)	97100455	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 4418	Address 2	FERNVALE ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	792
Unit No.	*03-323				
Does he own a Singapore Registered car?	○ Yes ● No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ® No		
Modification History  Claim 001 OD-MX New	0				
	10				
Claim Type *	OD-MX	Insured Name	VASRO RENTALS	Insured NRIC	533
Contact No.(Mobile)	90187349	Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SLQ5737T	TP Vehicle Number	SFW
Claim Description	SLQ5737T / SFW1831U ON 23 Aug 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	24/08/2018 09:56	Claim Close Date		Date Received	24/
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
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t		IONAL ASSESSMENT CENTRE SERVI Aug 2018 09:53	Photos		Normal		P	hotos 20	18-8-24