NATIONAL Assessment Cer	Jeb description	10	Date &Time Completed	Don	e by
Date In: 19/6/8-19:43			Date to time overplanes		
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Veh No. JUGSTIG		Shrs, AIC 2hrs)			-
D.O.A: X 8/18,17720	i-Motor Cla	im Form	MM1008422-001	17/8/18	16:2
OD TP Reporting Only	i-Motor W/0	O (Within: OD 2hr	s, TP 4hrs)		
	i-Photo Uplo	paded			(5)
TP Insurer:	Assessment/S	urvey Report			
TI Mount.	Ass't Report l	by Fax / Hand	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Section of the sectio	Tel: F	Fax:	
TP Particulars: Veh No: Jr	0466770	. INC(	)/Non-INC( )		
Owner / Driver: (			Tel:	)	
Policy No: ( )	Period: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: ( %	) [Note-Est. Status (	WO): N: 0-2	0%; P: 21-79%. P: 30-1	100%]	
Year of Registration: ( )	Warranty: YES (	)/NO(	)		
Excess: (\$ ) Loading: \$	31,000 ( )/\$2,000	( )			
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Drive-In ( )/Towed-In ( ); Invo	oice: YES( )/1	NO( );T	owing Co: (		,
Drive-In ( )/Towed-In ( ); Invo		70( );T	Date&Time Completed	Don.	by
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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.
- 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	27/08/2018 14:43
Date Of Accident	25/08/2018 23:20
Exact Location Of Accident	CHIN SWEE RD TWDS OUTRAM RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJU6855G
Insured/Policyholder	
Name Of Registered Owner	PUNGGOL EAST CAR RENTAL
Co Reg No	53338281E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	BMW
Model	520I AUTO ABS AIRBAG 2WD XENON HEADLAMP
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
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	YES
Policy Number	5091951222-01

#### Driver

Cover Note Number

Name of Driver TAN WEE KEAT, ADRIAN (CHEN WEIJIE)

 NRIC No
 S9321177D

 Date Of Birth
 16/06/1993

 Occupation
 INDOOR

 Date Of Driving Pass
 23/01/2014

Driving Experience 4 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90211776

Fax Number

Contact Number OFFICE-90211776

EMail Address NOEMAIL

Address

BLK 682A EDGEDALE PLAINS #16-745

#16-745 821682

Was driver an employee of the Insured's Company NO

was driver an employee of the insured's company 140

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

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

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? 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.

NO 2

Number of Passengers (Including Driver)

Number of Passengers (Including Driver)

NAME: : -

Passenger 1

GENDER: : MALE

**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

SDY6677D

S1813725I

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LIM SIANG WEE

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 18

#### **DETAILS OF INJURED PERSON 1**

Name

TAN WEE KEAT, ADRIAN (CHEN WEIJIE)

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

SJU6855G

YES

NO

#### SKETCH PLAN

#### **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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudlate 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.
- 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, 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:
  - 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.

100 No. 100 No

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

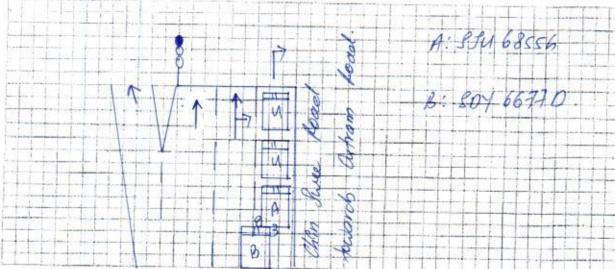
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## SKETCH PLAN



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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My	rehicle	was	Static	many	al	He	traffi	c /	ent	junction
the state of the s	Chin d									
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DECLARATION

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

Policyholder Signature Date & Time:

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

Aura

Reporting Centre Personne's Signature Name: NRIC/FIN No.:

StARM COKRUMPTOR COMMISSION

#### SINGAPORE ACCIDENT STATEMENT

#### **IMPORTANT NOTICE**

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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.

Any false reporting may be referred to the traffic police department for investigation.

#### **Accident details**

Date and time of accident	Date:	25	Any	1 2018	(DD/MM/	Y) Time:	2320	(HH:MM)
Exact location of accident		Ou	han	1.	chin	hree	Local	40

#### Details of vehicle

Vehicle registration number	1	JU 685	59
Vehicle make and model		Bmw s	209
Type of vehicle	Saloon D	MPV 🗆	CRV □ Van □ Others:
Vehicle category	Private 🗆	Comme	rciaL Motorcycle
Purpose of using at said time	)	mate.	
Are you claiming under your own insurance company?	Yes  Third part cl	No.	if no, please select: Reporting only □

#### **Insurance information**

Insurance company	HTUE		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only

## Insured / Policy holder

Name	Punggol East Car Kental.	Male 🗆	Female
NRIC / Fin / Passport number	533382416.		
Contact			
Address			

### **Driver**

## Same as insured above □ (skip to D.O.B)

Name	Pan wee kear Achsan.	Male Female
NRIC / Fin / Passport number	893211770	
Contact	9021 1776	
Address	Block 681A Edgedale Plains \$18-745 Penjapare 821682.	
Email address	931682.	
Date of birth	16 June 1993.	
Occupation	Indoor D Outdoor D	The state of the s
Driving date pass	13 Jan 2014.	

## General information of the accident

Was driver an employee of the insured's company?	Yes  No.  If no, relationship of the driver and insured:	Harer -
Accident captured by camera?	Yes No 🗆	
Weather condition	Clear Raining Others:	
Road surface	Dry. Wet a	
No of passenger	2	(Inclusive of driver)

### Passenger 1

Name	
Gender	Male P Female D

## Passenger 2

Name		
Gender	Male  Female	

## Passenger 3

Name			
Gender	Male	Female 🗆	

## Passenger 4

Name		
Gender	Male  Female	

## Passenger 5

Name			
Gender	Male p	Female □	

## Passenger 6

Name		
Gender	Male D Female D	

## Other information

Was anybody injured?	Yes	No 🗆
Was other vehicle damaged?	Yes	No 🗆

## **Details of police action**

Reported to police?	Yes 🗆	No.	If yes, please state which police station.
Police station name			

## Third party vehicle 1

Name	L'em Plan Wee.
Contact number	
NRIC / Fin / Passport number	918137251.
Vehicle registration number	SOY 66770.
Vehicle make model	

# Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

## Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

## Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

#### Witness 1

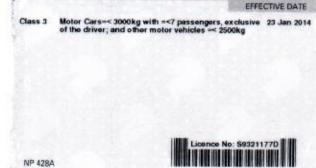
Name	
Witness 2	
Name	
Injured person 1	
Name	Tan whee keat Adiran
Injuries sustained	Neck & back
Which vehicle person in?	P5U68556
Were seat belts worn?	Yes No a
Was injured conveyed to hospital by ambulance?	Yes D No.
Injured person 2	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes - No -
Was injured conveyed to	Yes 🗆 No 🗷

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes D No D

# Injured person 4

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes D No D





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIE:





eBaoTech									G	eneralC	laim
Hello, NAC_PAYA_UBI_80					· Change Lan	guage	Change Pa	assword	Log Out		
My Desktop	Polic	y Query									
Natice of Loss	Policy N	0.				Date of	Accident	25/08	/2018 23:20		
	Vehicle	No.(For Motor)	SJU6855	SJU6855G		Certificate Number					ĺ
					Se	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
	0	5091951222- 01		PUNGGOL EAST CAR RENTAL	533382818	GFT	drivo CLASSIC	S3U6855G	SJU6855G	26/03/2018	1
					Co	ntinue					

Policy No.	5001051323-01	Policyholder	DUNCCO	EACT CAD DENTAL	Policyholder	E2220204F	
Certificate	5091951222-01	Name	PUNGGO	L EAST CAR RENTAL	NRIC	53338281E	
ddress	BLK 663C #12-232 PUNGGOL	DRIVE WATER	VAV CLIMB	EAM SINGABORE 93244	2		
roduct	BLK 003C #12-232 PONGGOL	DRIVE WATERY	VAT SUND	EAM SINGAPURE 02300	Group		
lame olicy	FLEET INSURANCE	Plan			Policy Flag	N	
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Agent .	CREDENTIAL MOTOR PTE LTD	Agent Tel.	6256928	18	GST Flag	Υ	
Co- nsurance Flag Open Policy	No						
nfo Certificate nfo							
	holder Mailing Address						
ddress 1	BLK 663C #12-232	Addre	ess 2	PUNGGOL DRIVE	60	Address 3	WATERWAY SUNBEAM
ddress 4	SINGAPORE 823663	Addre	ess Type	Singapore address	(0	Post Code	823663
Init No.	12-232	Relat	ed Policy per	5087587803-01			
D Insure	d Object: SJU6855G						
	sements						
Sequer	nce Date of Endorsement	Endorseme	ent Type	Endorsement Numbe	r Endorser	ment Status	Endorsement Content
eniano E	13/12/2017 00:00 Basic Information Endorsement		ition	000001286709803	Endorsement Take Effective		Internal update usage to Private Hire (Self Drive or Chauffeur)
1	28/03/2018 00:00	Basic Informa Endorsement	The State of the	000001286784342	Endorseme Effective	ent 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. SJU6855G 26-03-2018 \$1,396.32 In view of this amendment, an additional premium of \$1,396.32 (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 favour of "NTUC Income" with you 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.
		Basic Informa		000001286866336	Endorseme	nt Take	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle( has/have been deleted from this policy: VEHICLE NUMBER

Claim Handling The premium on this policy has Accident HT/1008955	not been collected.				Exit	
Policy No.	5091951222-01	Vehicle No.	51U6855G	GST Registration No.		
Certificate No.						
Policyholder Name	PUNGGOL EAST CAR RENTAL			Policyholder NR3C	53338261E	
Product Code	PLEET INSURANCE	Cover Type	drivo CLASSIC	Loading	0	
Contact No.(Mobile)	.0	Contact No.(Office)	0	Contact No.(Home)	0	
Email Address		Special Remark		eCode	74. V	
KEFK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason		
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes	
Accident Details	Contractor (SCO)	2002/00/2010 002000 0020100	TY CASE	190,000,000,000,000	U/2000 Ur Scholate	
Report Date	27/08/2018 16:20	Accident Report Within 24 hrs		Accident Type	Collision - Head to Rear	
Date of Accident	25/DB/2018	Time of Accident hh:mm	23:20	Country of Accident	Singapore	
Reporting Centre		Orange Force		ICM No.		
Accident Location	CHIN SWEE RD TWOS OUTRAM RD					
♥ Excess	V-1111	And the Control of th				
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00	
Unnamed Driver Excess	0.752292.7	Outside Singapore OD Excess	2,000.00			
Third Party Excess  P Benefits	1,500.00	Outside Singapore TP Excess	1,500,00			
GST Registered Inform	-ti					
GST Registered	No.		GST Registration Date			
GSY Registration No.			OST Status Venties	Yes		
Modification History						
→ Policyholder Halling Ad	ddress					
Address 3	BLK 663C #12-232	Address 2	PUNGGOL DRIVE	Address 3	WATERWAY SUNBEAM	
Address 4	SINGAPORE 823663	Address Type	Singapore address	Post Code	823663	
Line No.	12-233	Related Policy Number	5087587903-01			
O OI Driver Info						
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Unnamed driver Name	TAN WEE KEAT, ADRIAN (CHEN	Driver NR3C	S9321177D	Onver DOS	16/06/1993	
Register Date of Oniver License	23/01/2014	Driver Age	25	Driving Experience	4	
Contact No.(Mobile)	90211776	Contact No. (Office)	0	Contact No.(Home)	0	
Address i	BLK GBZA	Address 2	EDGEDALE PLAINS	Address 3	WATERWAY VIEW	
Address 4	SINGAPORE 821682	Address Type	Singapore address	Post Code	821682	
Lint No. Does he own a Singapore	16-745					
Registered car?	☐ Yes ® No	Driver Vehicle No.		Driver Insurer Company		
Declaration						
Breathalyser or Blood Test Reading?	D mg	Any injury?	Yes ○ No			
Modification History  Claim 001 New						
Claim Type *	DD-MX	Insured Name	PUNGGOL BAST CAR RENTAL	Insured NRIC	53338281E	
Contact No. (Mobile)	84443305	Contact No.(Home)		Contact No.(Office)		
Email Address		OJ Vehicle Number	SJU6855G	TP venicle Number	S0Y6677D	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Clement Name 1	22	Claimant NRIC *		9		
Clamant Address						
Craim Description Preferred Workshop Contact	5306853G / SDY6677D ON 25 Aug 2018			Name of Preferred Workshop		
No.		Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	27/08/2018 16:22	Claim Close Date		Date Received	27/08/2018 00 00	
Report Taken By	Dackson					
2 Print AK letter			Save Submit			
Attachment						
v						
Accident No.	MT/1008955	Claim No.	001			
Last Doc Received	Ves ○ No	Upload Date	27/08/2018 16:24			
	Path *		Caregory •	Confidencial Organi	by * Description *	
		Browse.	Total Commence Management Commence of the Comm	No V Normal	<u> </u>	
		Browse		NO Y Normal	¥	
		Benune	Class Bases Select	Dir. H. Historia		

