i-Motor W/O (within: OD 2hrs, TP 4hrs) i-Photo Uploaded Assessment/Survey Report Ass't Report by Fax/Hand to Owner/Wksp Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax: TP Particulars: Veh No: SUE Veh IV 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%; P: 30-100%] Year of Registration: () Warranty: YES () / NO () Excess: (\$) Loading: \$1,000 () / \$2,000 () General Remarks: () Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. () Total Loss Case : to e-mail Insurer URGENTLY. Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: (Remarks: (INC hotline: 6788 6616)) Dates same Completed Dates)
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1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	100
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Invoice Preparation Checklist fit Bill In Imant's Particulars':-	STY TENEDLE

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

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.
- 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 aforesaid.

	ACCIDENT STATEMENT
Data Of Based	
Date Of Report	29/08/2018 12:49
Date Of Accident	29/08/2018 10:10
Exact Location Of Accident	LENTOR AVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLT9924C
Insured/Policyholder	
Name Of Registered Owner	EASY RENTAL CAR PTE LTD
Co Reg No	201613123E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH 1.8X A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096168085
Cover Note Number	
Driver	
Name of Driver	QUAH YAW KHOON
NRIC No	S6839761H
Date Of Birth	19/10/1968
Occupation	OUTDOOR
Date Of Driving Pass	19/09/2008
Driving Experience	9 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	+65-81230603

OFFICE-81230603

NOEMAIL

BLK 80 LORONG 4 TOA PAYOH Address

#08-472

310080 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

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

3

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)

Passenger 1

NAME:

: MALAFERNAN DES

GENDER: : FEMALE

Passenger 2

NAME:

GENDER: : FEMALE

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLE4991U

Vehicle Make/Model/Colour

TOYOTA WISH

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name QUAH YAW KHOON

Approximate Age

NECK, BACK & LEG Injuries Sustain

SLT9924C Injured person in which vehicle? Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

NO

Address Postcode

DETAILS OF INJURED PERSON 2

MALAFERNAN DES Name

Approximate Age

Injuries Sustain HEAD SLT9924C Injured person in which vehicle? Were seat belts worn? YES Was this injured conveyed to hospital by

ambulance?

Address Postcode

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 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.
- 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 Sign

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

	0	10	20 4
Lentor Aye			P. And A.
		A B	

DOA: 29/8/18 A: SLY 9914C

B - SLE 4991U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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B	Pri be	l to	brake	in	time	hit o	do
my	veh	1001	portion				
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DECLARATION

I/We deplaying foregoing particulars are true in every respect.

Policyholder sphature

Date & Time:

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

NRIC/FIN No .:

Personal Particulars
Date of Accident: 29 8 18 Time of Accident: 10 12 am
Exact Location of Accident: Lenter Ave
Owner's Name: Fasy Rental Car PH Ltd NRICNO: HP No:
Driver's Name: Quah Yaw Khoon NRIC No: S683976114P No: 81230603
Date of Birth: 19 10 1968 Driving Licence Passing Date: 19 9 2005 Occupation: Indoor / Outdoor
Address:
Relationship of Driver with Insured: HITET Email Address:
Vehicle No: SLT 9924C Make & Model: Toyota Wish
Insurance Co: NTa C Coverage: Comprehense Policy No:
*Purpose of Reporting? Own Damage Claim / 3rd Party Claim / Not Claiming, Just Reporting Only
*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work
Application and the state of th
*Weather Condition? Clear / Raining / Others: Wet / 00 / Others:
* Any passenger inside vehicle involved? (Yes / No) if yes, Vehicle No & How many pax:
A: (+2 B: 1+0 C: D:
*Was Anybody Injured ? (Yes / No) If yes,
Name/NRIC/In Vehicle: Quah Yow Knoon neck 1 back 1 leg
*Was The Accident Reported To The Police?
No O Yes, Which Police Station?
*Does the Driver Own Any Other Vehicle?
O No O Yes, Vehicle Registration No:insurer:
*Was any foreign vehicle involved? (Yes / No) if yes, Vehicle No & Category:
*Was there any video captured by Car Camera? (Yes/Ne)
Third Party Driver's Particulars
Vehicle B No: SLE 49914 Make & Model: Toyota Wich
Driver's Name: NRIC No: HP No:
Vehicle C No: Make & Model:
Driver's Name:NRIC No: HP No:
Witness Particulars
Name: NRIC No: HP No:

20 Te.



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

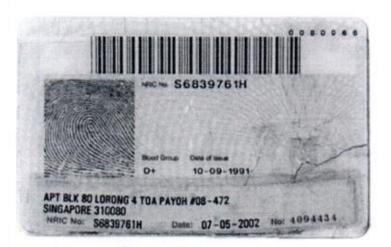
IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

	ADDE	ENDOW	
PARTICULARS OF	PERSON MAKING THE AMENDA	MENTS:	
Original Report N	10: MNA 1181 1896	Vehicle Registration No	: Sty 9924c
Name(as shownin N	RICI: anah Yau Khoon	NRIC/FIN/Passport No	U683976 H
(*Vehicle Driver)	Vehicle Owner) (*) Please delete	e as appropriate	
Address	: BIL 80 Loring 47	24 baby 408. AL	Singapore(3)0680
Contact (Tel)	1	Mobile No.: 02306	(V)
Email Address	1		
Date of Accident	: 24/8/18	Time of Accident :	3:/0
Place of Accident	: Lenter here		
Insurance Compa	any: MUC		
ADDITIONALINE	ORMATION / AMENDMENTS:		
	rehicle A from St vehicle B from Str		in the vietal
19-			
&			
			Man
Policyholder / Dri Date:	ver's Signature	Reporting Centre Per Name: NRIC/FIN No.:	sonnel's Signature

Q Enter text to search





REPUBLIC OF SINGAPORE DRIVING LICENCE

JUAH YAW KHOON

Birth Date: 19 Oct 1968

Issue Date 19 Sep 2008

001654076A

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

PASS DATE

Motor Cars=< 3000 tg with =<7 pcss > ngers, exclusive 19 Sep 2008 of the driver; and other motor velicles < 2500 kg Class 3

Licence No: S6839761H

NP 428A

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	+ Chang	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	Vo.				Date	of Accident	2	9/08/2018 1	10:10	
	Vehicle	No.(For Mator)	SLT99	24C		Certif	icate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5096168085		CAR PTE LTD	201613123E	GPC	CLASSIC	SLT99240	SLT9924C	23/11/2017	23/01/2019
						Continue	I				

Policy No.	5096168085	Policyholder Name	EASY RENT	TAL CAR PTE LTD	Policyholder NRIC	2016131238	
Certificate No.		Manie			WATC		
Address	BLK 80 #08-472 LORONG 4 To	AOT HOYAG AC	PAYOH PEAK	(VIEW SINGAPORE 31	10080		
roduct Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	23/11/2017	Effective Date	23/11/201	7 00:00	Expiry Date	23/01/2019	23:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess Dutside	0	OS Premium	0				
Singapore OD Excess	2000	Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
Agent	SININS AGENCY PTE, LTD,	Agent Tel.	66310728		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	BLK 80 #08-472	Addre	ss 2	LORONG 4 TOA PA	УОН	Address 3	TOA PAYOH PEAKVIEW
Address 4	SINGAPORE 310080	Addre	ss Type	Singapore address		Post Code	310080
Unit No.	08-472	Relat Numb	ed Policy er	5102922837			
D Insure	ed Object: SLT9924C						
□ Endors	sements						
Sequer	nce Date of Endorsem	ent	Endorsemer	п Түре	Endorsement	Status	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that the Period of
1	17/07/2018 00:00	POI E	xtension/Sh	orten Endorsi	ement Take Ef	fective	Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 23 Nov 2017 TO 23 Jan 2019 In view of this amendment, an additional premium of \$324.61 (inclusive or GST) is payable under your polic Please ignore this premium payment request if you have sin 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 in favour of "NTUC"

Claim Handling							·EXIL
Accident MT/1009328							
Policy No.	5096168085		Vehicle No.	SLT9924C	GST Registration No.		
Certificate No.					TITOPOS SONOSON AZALEN	2272.02722	
Policyholder Name	CAST RENTAL CAR FT				Policyholder NRIC	201613123E	
Product Code	PRIVATE CAR INSUR	ANCE	Cover Type	drivo CLASSIC	Loading	0	
Contact No. (Mobile)	•		Contact No.(Office)	0	Contact No.(Home)	ů.	
Email Address			Special Remark	727 B	eCode	to (V)	
KFK	® No ○Yes		TCA	® No ○ Yes	eCode Reason		
NCD Protection	NO		NCD Entitlement(%)	۰	Private Hire	Yes	
→ Accident Details							
Report Date	29/08/2016 16:42		Accident Report Within 24 hrs	Ves	Accident Type	Collision - Head to Rear	
Date of Accident	29/08/2018		Time of Acodent hh min	10:10	Country of Academi	Singapore	
Reporting Centre			Orange Force		ICM No.		
Accident Location	LENTOR AVE						
♥ Excess	12201200000						
Own damage Excess		2,000.00	Additional Excess	0	Windscreen Excess	100.00	
Unnamed Driver Excess		3000000000	Outside Singapore OD Excess	2,000.00			
Trurd Party Excess		1,500.00	Outside Singapore TP Excess	1,500.00			
□ Benefits		1,300.00	Oblade Singebore 17 Citoss	1,000,00			
♥ GST Registered Informa	ation						
				GST Registration Date			
GST Registered	No			GST Status Venfied	Yes		
GST Registration No. Modification History				40. 2000 11.000	1000		
Pagintal India							- 9
Policyholder Mailing Ad	dress						
Address 1	BLK 60 #08-472		Address 2	LORONG 4 TOA PAYOH	Address 3	TOA PAYOH PEAKVIEW	
Address 4	SINGAPORE 110080		Address Type	Singapore address	Post Code	310050	
Unit No.	08-472		Related Policy Number	5102922837			
OI Driver Info	200			(2.000000000000000000000000000000000000			
Driver Name	Unnamed Driver		Driver Type	Unnamed Driver			
Unnamed driver Name	QUAH YAW KHOON		Driver NAIC	56839761H	Driver DOB	19/10/1968	
Register Date of Driver License	19/09/2008		Driver Age	49	Driving Experience	9	
Contact No. (Mobile)	H1230603		Contact No.(Office)	0	Contact No.(Home)	0	
Address 1	BLK 80		Address 2	LORONG 4 TOA PAYOH	Address 3	TOA PAYON PEAKVIEW	
Address 4	SINGAPORE 310080		Address Type	Singapore address	Post Code	310080	
Unit No.	05-472		Andreas 1994	To Make a grant con	28022000	0.55500	
Does he own a Singapore					2017/42/10/1020/103		
Registered car?	☐ Yes ® No		Driver Vehicle No.		Driver Insurer Company		
Declaration							
Breathayser or Blood Test			200002				
Reading?	0 mg		Any injury?	Yes ○ No			
Modification History							
Water was a Bridge N							
Claim 001 New							
Claim Type *	ОБ-МХ	V	Insured Name	EASY RENTAL CAR PTE LTD	Insured NRIC	201613123E	
Contact No. (Mobile)	NIL		Contact No.(Home)		Contact No. (Office)	NDL	
Email Address			OI Vehicle Number	SLT9924C	TP Vehicle Number	SLE4991U	
Claimant Type Claimant Type •	Please Select	v	Type of Benefit +	Please Select			
Claimant Name +		>>	Claimant NRIC *				
Claimant Address							
Claim Description	SLT9924C / SLE499	1U ON 29 Aug 2018		n.	Name of Preferred Workshop		
Preferred Workshop Contact		-	Insured Liability *	Not at Fault	TOO IT		
No.	Total Control	101			SIA report	Received	
Require Pinalisation	70000000000000	0	Preferend Repair Option	Preferred Workshop, Name unknown		29/08/2018 00:00	
Date Registered	29/08/2018 16:44		Claim Close Date		Date Received	- 0.00 to 00.00	
Report Taken By	Jackson						
Print AK letter							
				Save Submit			
Attachment				managed with a second limit of			
ALLECTRICH							
9							
Acodem No.	MT/1009328		Claim No.	001			
Last Doc, Received	● Yes ○ No		Upload Date	29/08/2018 16:56			
	100 mg 17 mg	Path +	2120000000	Category *	Confidential Urger	ncy * Description *	
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