		MNA 11811 38 03		
Date In: 2/9/18 - 11:40	Jeb description	Date &Time Completed	Done	py
Ref No: NA INCIBOIS984/24	SAS e-filing			
Veh No: 3453 97	E-mail (within Shrs, AIC 2h	rs)		-1
D.O.A: 21/8/5-22-17	i-Motor Claim Form	M1/1009795-001	3/9/18 11	126
6	i-Motor W/O (Within: Of	2hrs, TP 4hrs)		
OD TP Peporting Only	i-Photo Uploaded			
	Assessment/Survey Repo	ort		
TP Insurer:	Ass't Report by Fax / Ha	nd to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: ((Tol: F	ax:	
TP Particulars: Veh No: Ju	V7197P . IN	C()/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: 80-1	00%]	
Year of Registration: ()	Warranty: YES ()/NO (()		
Excess: (\$) Loading: \$	31,000 ()/\$2,000 ()			
General Remarks;-		\$24 per \$25 (n. s.) 4 (25) (
			\$1400 MILLS	
() Walk-In Customer : Customer's i		Strictly NO rater of repairer.	-	
() Total Loss Case : to e-mail Ins				
Drive-In ()/ Towed-In (); Invo	pice: YES () / NO ()	; Towing Co: ()
Remarks:- (INC hotline: 6788 6616		Date&Time Comple ad	Done	hy
	/ Courtesy Car ()			
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2) QC Check / Post Repair Inspection	()			100
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost >	()			
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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 <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.
- 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.

ACC	DEN	T CTA	T = 1.0	ENT
ALL	DEN	T STA	ICN	ENI

Date Of Report 03/09/2018 11:40
Date Of Accident 31/08/2018 22:15

Exact Location Of Accident JUNC WOODLANDS AVE 3 & WOODLANDS AVE 1

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLF529T

Insured/Policyholder

Name Of Registered Owner FORTE AUTO LEASING PTE LTD

Co Reg No 201631486C Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-91449265

 Alternative Phone No
 OFFICE-91449265

Vehicle Particulars

Manufacturer MAZDA

Model MAZDA2 SEDAN 1.5L SP.6EAT

Exact Purpose for which vehicle was being used at

time of accident

COMMERCIAL USE

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 YES

Policy Number 5097558305

Cover Note Number

Driver

 Name of Driver
 CHEN JUNJIE

 NRIC No
 \$8835794I

 Date Of Birth
 26/09/1988

 Occupation
 OUTDOOR

 Date Of Driving Pass
 02/06/2011

Driving Experience 7 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98896025

Fax Number

Contact Number OFFICE-98896025

EMail Address NOEMAIL

BLK 840 YISHUN STREET 81 Address

#09-376 760840

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

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 YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

5

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:

GENDER: : MALE

Passenger 2

NAME:

GENDER: : FEMALE

Passenger 3

NAME:

(c) (c)

: FEMALE GENDER:

Passenger 4

NAME:

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

YES

Police Station Name YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 32 YISHUN ST 81, POSTCODE: 768456, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-8522999 - FAX NO: 68522239

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20180901/2048.

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

SLV7392P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MANE S/O SINIVASAN THUKARAM

NRIC/Passport Number S7007890B Contact Number 94572858

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

Passenger 1 NAME: GENDER:

DETAILS OF INJURED PERSON 1

CHEN JUNJIE Name

Approximate Age

Injuries Sustain RIGHT NECK & SHOULDER

Injured person in which vehicle? SLF529T Were seat belts worn? YES NO

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 <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

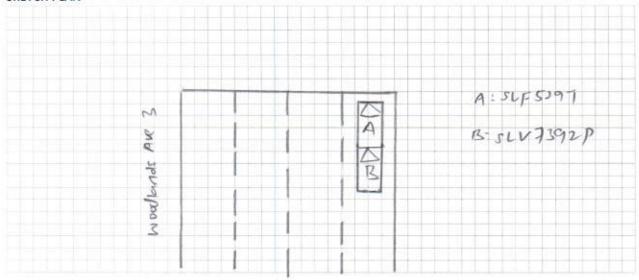
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

neter to	white	re por - 1/	3018 0401/2048.	
	1	N St. S	A.	
			2	
			/	
		/		

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: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:



T/20180901/2048

1 of 3

Report No. T/20180901/2048

Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

REPORT OF A TRAFFIC ACCIDENT

	e Report M 18 11:16	lade:	Vide Report No.: Station Diary 43					
Informa	nt's Particu	ulars						
Name of CHEN J	Informant: JNJIE		Address: APT BLK 840 YISHUN ST 760840	FREET 81 #09-376 SINGAPORE				
ID Type / ID No.: NRIC NO / \$88357941			Contact No.: Home/Office: Mobile: 98896025					
National SINGAP	ty: ORE CITIZ	EN	Email:					
Sex: Male	Age: 29	Date of Birth: 26/09/1988	Type of Informant: Driver					
Race: Chinese			Language: Institution / School Name					
Occupation: PRIVATE HIRE DRIVER			Driving Licence Informatio	on: Date of Expiry:				

Type of Accident: Accident: Accident Accident		Drink Drive: No	Date/Time of Accident: 31/08/2018 22:	220.00	Type of Location X-Junction
WOODLAND	oad 1 and Road 2 S AVENUE 3 S AVENUE 1 ight of Woodlands A	Road Surface:		Road	Speed Limit:
Clear		Dry			
Traffic Flow:		Traffic Control: Traffic Light - W	orking	Traffi Light	c Volume:
Type of Collis	sion:)3(-	300,000,000,000,000	ne conveyed by

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SLF529T	Car	MAZDA	MAZDA2 SEDAN 1.5L SP.6EAT	Silver	Slightly Damaged	4
SLV7392P	Car			Red	No Damage	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999 2 of 3 Report No. T/20180901/2048

CONTINUATION OF REPORT

Driver	200000000000000000000000000000000000000			Santa de	DEPARTO S	The second second second
Name	CHEN JUNJIE			ID No.		S8835794I
Related Vehicle	SLF529T (Car)			Conta	act No.	98896025
Hospital/Clinic	Driving Licence 8		g	Class: 3 Date of Expiry: NIL		
Date Treatment	01/09/2018	40	Date Disc	harge	01/09	9/2018
No. of Days gran	ted Medical Leave	03	Degree of			
Driver						The second second second
Name	Mane S/o Sinivasan	Thukaram		ID No		S7007890B
Related Vehicle	SLV7392P (Car)			Conta	ct No.	94572858
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days grant	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

On 31/08/2018 at about 2215hrs, I was driving my grab car with 4 passengers from Chua Chu Kang St 52 to Woodlands St 41. I was waiting at the red light of Woodlands Avenue 3 (junction with Woodlands Ave 1) for about 30 seconds when suddenly vehicle no. SLV7392P collided with the rear of my car. The driver later informed me that his brake had malfunctioned. My car rear was dented and scratched as a result and there was no damage to the other car.

I felt pain in my right neck and shoulder and it was diagnosed as tenderness and stiffness of the right trapezius muscles due to muscle strain.





3 of 3

Report No. T/20180901/2048

Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

CONTINUATION OF REPORT

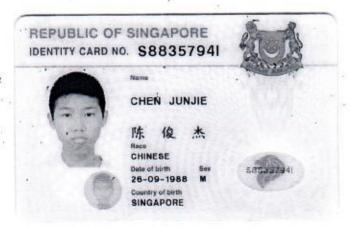
Sketch Plan

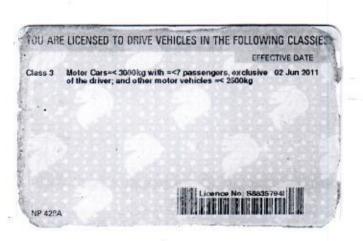
Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: F / Insp LEE MEI QING	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	01/09/2018 11:16
Officer In Charge Of Case: TP / AEIT /	Classification Of Case:
Sr Staff Sgt MOHAMAD ZULFAZDLI BIN ABDULLAH	5,4,535
Contact No.: 65476367	
Authentication Stamp	Bernatura: (/-
NP168	Ta Name Comment









eBao Tech									(GeneralC	laim
Hello, NAC_PAYA_UBI_80	0601						Change Lan	guage	· Change P	assword +	Log Out
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	0.				Date of	Accident	31/0	8/2018 22:1	5	
	Vehicle	No.(For Motor)	SLF5291			Certifica	ite Number				
					Se	arch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5097558305		FORTE AUTO LEASING PTE LTD	201631486C	GFT	drivo CLASSIC	SLF529T	SLF529T	05/06/2018	
					Cor	ntinue					

Policy No.	5097558305	Policyholder Name	FORTE AL	UTO LEASING PTE LTD	Policyholder NRIC	2016314860	
Certificate		Name			NRIC		
Address	53 UBI AVENUE 1 #05-44 PAYA	UBI INDUSTR	IAL PARK	SINGAPORE 408934			
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	19/01/2018	Effective Date	19/01/20	18 00:00	Expiry Date	11/09/2018	23:59
Excess Type		All Claims Excess					
Third Party	1500	Own damage	2000		Windscreen Excess	100	
xcess Additional	0	Excess OS	1284.09		Excess		
Excess Outside		Premium Outside	1204.09				
Singapore OD Excess	2000	Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
Agent	ANIKA INS BROKERS & CONSUL	Agent Tel.	6672998	8	GST Flag	Υ	
Co- insurance Flag Open Policy Info	No						
Certificate Info							
Policyl	nolder Mailing Address						
Address 1	53 UBI AVENUE 1	Addre	ess 2	#05-44 PAYA UBI I	NDUSTRIAL I	Address 3	SINGAPORE 408934
Address 4		Addre	ss Type	Singapore address		Post Code	408934
Jnit No.	01-62	Relate Numb	ed Policy er	5097558305			
Insure	d Object: SLF529T						
	ements						
Sequen	19/01/2018 00:00	Endorseme Basic Informa Endorsement	200	Endorsement Numbe	Endorseme Effective	ment Status	Endorsement Content 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. ZVW516062412 09-03-2018 \$720.16 Z. ZVW516062061 09-03-2018 \$720.16 Z. ZVW516062061 09-03-2018 \$720.16 Z. ZVW516062061 premium of \$1,440.32(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 payment, please issue the cheque if favour of "NTUC Income" with your 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.
							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. SLF5098L 22-03-2018 \$612.40 2. SLF5241P 22-03-2018

cident MT/1009795									
RCY No.	5097558305		Venicle No.	SLP529T		GST Registration N	6.		
rtificate No.									
Noyholder Name	FORTE AUTO LEASING PT	ELTD:			9	Policyholder NRIC		201631	1486C
oduct Code	PLEET INSURANCE		Cover Type	drive CLASSIC		Loading		п	
ontact No.(Mobile)	91449265		Contact No. (Office)	0		Contact No.(Home)		0	
nail Address			Special Remark	7.0		eCode		THE V	
	84.0			8				100.00	
×	® No ○ Yes		TCA	® No ○ Yes		eCode Reason			
D Protection	No		NCD Entitlement(%)	0		Private nice		Yes	
Accident Details									
port Date	03/09/2018 11:56		Accident Report Within 24 hr	v Ves		Acadent Type		Collisio	un - Head to Rear
re of Accident	31/08/2018		Time of Accident hh:mm	22:15	3	Country of Accident	10	Singapi	pre
porting Centre			Orange Force			ICM No.			
ident Location	JUNE WOODLANDS AVE	8 WOO	DLANDS AVE 1						
Excess									
n damage Excess.	2.7	00.00	Additional Excess	0	- 9	Windscreen Excess		100.00	
named Oriver Excess			Outside Singapore OD Excess	2,000.00					
ind Party Excess	L/	500.00	Outside Singapore TP Excess						
Benefits	-		3 10 10 10 10 10 10 10 10 10 10 10 10 10	4,200.00					
	460								
GST Registered Informa									
T Registered	No			GST Registration Date		192			
T Registration No.				GST Status Verified		Yes			
dification History									
S. Belleviselder Mellier 5.7	and the same of th								
Policyholder Mailing Ad	53 UBI AVENUE 1		Address 2	#DS-44 PAVA UBI INDUSTRIAL I		Address 3		grave .	DOOR 400034
Idrass 1	23 UBL AVENUE L								PORE 408934
Kiress 4			Address Type	Singapore address		Post Code		408934	•
id:No.	01-62		Related Policy Number	5097558305					
OI Driver Info									
iver Name	Unnamed Driver		Driver Type	Unnamed Driver					
named driver Name	CHEN JUNITE		Driver NRIC	588357941	3	Driver DOB		26/09/	1988
gister Date of Oriver License	02/06/2011		Driver Age	29	9	Driving Experience		7	
intact No.(Mobile)	98896025		Contact No. (Office)	0	3	Contact No.(Home)		0	
Idress I	BLK 840		Address 2	YISHUN STREET BI	9	Address 3		SINGA	PORE 760840
dress 4			Address Type	Singapore address	3	Post Code		760840	0
ne No.	09-376								
oes he own a Singapore	○ Yes ® No		Driver Vehicle No.			Oriver Insurer Com	222		
gistered car?	O res & no		Differ verice Acc.			DINEL HOMEL COM	pary		
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arring?	0 mg		Any injury?	® Yes ○ No					
odification History									
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III Type *	ор-мх	×	Insured Name	FORTE AUTO LEASING PTE LTD		Insured NRIC		201631	1486C
ntact No.(Mobile)	97984296		Contact No.(Home)		3	Contact No. (Office)		+	- 4 1 1 1 1 1 1 1
ail Address	-		OI Vehicle Number	SLFS29T		TP Vehicle Number		SLV735	929
	Please Select	v	Type of Benefit *	Please Select				-	
umant Name *	Particular and the second								
			≥ Claimant NRIC *						
imant Address								-	
em Description ferred Workshop Contact	SUPSZET / SLV7392F ON	31 Aug 2				Name of Preferred	workshop		
County County			Ensured Liability *	Not at Fault					
gure Finansation	Yes	¥	Preferend Repair Option	Preferred Workshop, Name unknown	m V	GIA report		Receiv	red 💟
te Registered	03/09/2016 11:58		Claim Close Date		1	Date Received		03/09/	2018 00:00
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