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Policy No. () Pari I	,	Tcl:)	
Confirmed by:) Period:		Cover Type: ()	
Insured/Driver Liability		Date:	Time:)	
Year of Registration: (E-Est. Status (WO): N: 0-20 ranty: YES ()/NO (%; P: 21-79%. F: 80-1	00%]	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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,	
and the second second	ACCIDENT STATEMENT
Date Of Report	03/09/2018 13:45
Date Of Accident	01/09/2018 16:15
Exact Location Of Accident	C"WEALTH AVE WEST TWDS CLEMENTI MALL DIRECTION
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJZ8092B
Insured/Policyholder	
Name Of Registered Owner	BUDGET LEASING PTE LTD
Co Reg No	201818180W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90998833
Alternative Phone No	OFFICE-90998833
Vehicle Particulars	
Manufacturer	KIA
Model	CARENS 2.0 AT ABS D/AIRBAG 2WD 5DR
Exact Purpose for which vehicle was being used at time of accident	WORKING HOURS
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5101315196

-			
Dr	 201		

Cover Note Number

NEO AH KAY Name of Driver S6925233H NRIC No 08/08/1969 Date Of Birth OUTDOOR Occupation 07/04/2006 Date Of Driving Pass

12 YEARS AND 4 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-96318111 Mobile Number

Fax Number

OTHERS-96318111 Contact Number

NOEMAIL **EMail Address**

BLK 233 JURONG EAST STREET 21 Address

#07-420 600233

Was driver an employee of the Insured's Company NO

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

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

Insurance Company of Driver's Own Vehicle

NO

NO

NO

NO

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

AFTER RAIN Weather Conditions Road Surface SLIGHTLY WET

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

PLS REFER TO THE ATTACHED 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

SJR2841M

Vehicle Make/Model/Colour

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)

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>.
- 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 aforesald.
- 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;
 - (lii) 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.:

ALONG COMMONWEALTH AND WILL TOWARDS SKETCH PLAN CLEMANTI MALL -7 vingenian Vanicus A - 552 80923 MEHICUE B-SSR2841 M 4 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT TRAISTIC movinih OFF IN SLOW SPEED. AFTER THE LICHT Just TURNED CARREN THIS THIRM UN LANE. AS THIE Just EVENISO GRREN Tepipe watt

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IMPACT

DECLARATION

Date & Time:

Valle bye the foregoing particulars are true in every respect.

Policy Obster's Signature

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

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Reporting Centre Personnel's Signature Name:

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WHERE

NRIC/FIN No ..

Transfer Of Vehicle Ownership (Acknowledgement) Vehicle Details

Vehicle No.:

SJZ8092B

Vehicle Type:

N19 - Passenger (Co) Company Station

Vehicle Make:

KIA

Wagon (Single Rate)

Vehicle Model:

Normal

Chassis No.:

KNAFG521397294357

Engine No.:

CARENS 2.0 AT ABS D/AIRBAG 2WD 5DR

Motor No.:

Propellant: Petrol Engine Capacity: 1998 cc

Passenger Capacity:

Trailer Chassis No.:

Vehicle Scheme:

G4KA9H352418

Unladen Weight: 1597 kg

Power Rating:

Maximum Laden Weight: 2155 kg

Primary Colour:

Black

Secondary Colour:

IU Label No.:

1124056242 29 Dec 2010

Maximum Power Output: 108.9 kW (146 bhp)

First Registration Date: Manufacturing Year:

2009 Yes

Open Market Value:

Original Registration Date: 29 Dec 2010 \$17,370.00

PARF Eligibility: No. of Transfer:

2

Minimum PARF Benefit: Actual ARF Paid:

\$8,685,00 \$17.370.00

Owner Particulars

Owner Name:

BUDGET LEASING PTE. LTD.

Owner ID Type:

Company 201818180W

Owner ID:

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.:6001

Registered Street Name: BEACH ROAD

Registered Unit No.:

#19-06

Registered Building Name: GOLDEN MILE TOWER

Registered Postal Code: 199589 COE No./Expiry Date:

2011010103000219W / 28 Dec 2020

COE Bid Category:

B - Car (1601cc & above)

OP Paid:

\$62,502.00

Transaction Details

Business Transaction Ref.

20180723170040139590

Business Transaction Date: 23 Jul 2018 Business Transaction Time: 17:00:40

Message

Vehicle has been successfully transferred to BUDGET LEASING PTE, LTD. (201818180W).

Please note that \$25.00 will be deducted from your GIRO account.

Save as PDF OK

Vehicle No.	55 2 8092 13 Model/Make KIA CARIENS
Date of Accident	01/09/2018
Time of Accident	1/ 15 HRS
Location of Accident	COMMON WEALTH AVE WEST TOWARDS CUSMENT MOLI
Evact purpose use during acci	ident W Derent would break was
Name of Owner	BUDGET LEASING PTIE (TI)
Telephone No.	H/P: 9099 9833 Home: Office:
NRIC	201818180 W
	6001 Baren ROAD # 19-06 GULDIEN MILLE TOWER
Address	2 1987591
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTAC TILLS TO THE
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft
Policy No.	5101315196
Name of Driver	As Above If No, NEO AH KAY
NRIC	5 6925233H Any Passengers:
Date of birth	08 AUG 1969
Occupation	Outdoor / Indoor
Driving License Pass Date	07 APK 2006
Gender	Male / Female
Contact No.	H/P: 91631 8111 Home: Office:
Address	BLK 233 JURONG BAST ST ZI \$07-420 S(600253
Driver have any own vehicle	(No. If yes, Reg No.
Relationship	Employee, If no, state RENTAL / LEASING
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other Scientes was / owner RAIN.
TOTAL CONTROL OF THE PROPERTY	No. If Yes, Who?
Any Injuries Name And Contact No.	(VO,) II Tes, WIIO:
Name And Contact No.	(Is Ver Where?
Police Report	SJR 244 M Any Passengers:
Vehicle B No.	7111/1 0336118613
Name of Driver	Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	REAR
Camera Recorder	Yes (No
Email Address	
	BY UNKNOWN PERSON SOLICITING /
OFFERING ACCIDENT CLAIMS	S ASSISTANCE? Yes / No
PARTICULAR WORKSHOP	N-51 AUROMOTIVE PTIE LTID
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Ian
FAX NO	6741 0510

REPUBLIC OF SINGAPORE



IDENTITY CARD NO \$6925233H



NEO AH KAY

CHINESE

08-08-1969

SINGAPORE

55926233H





Issue Date : 6/4/2010 Please visit www.tta gov.sg to check the status of this vocational licence



15-02-2005

APT BLK 233 JURONG EAST STREET 21 #07-420 SINGAPORE 600233

OU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES! PASS DATE

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request, if found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Description 02 TAXI VL

Issue Date 06/04/2010





Certificate of Insurance

Cover : Third Party, Fire & Theft

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
A COTOR LIFTHER FOR ITHING BARDEN BILLION AND A CALL LAND AND AND A COTOR AND

LES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

ertificate N	Number: 510.	1315196	

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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.

: 5JZ8092B

: 20 Jul 2018 : 19 Jul 2019

: KNAFG521397294357

: BUDGET LEASING PTE LTD

- 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: AL AUTOCAR PTE LTD
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

: ASSURE (SINGAPORE) PTE. LTD. (00000615327)

Date of Issue

: 08 Jun 2018 14:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech								GeneralClaim			
Hello, NAC_PAYA_UBI_80	0601						· Change La	nguage	Change Pa	assword	Log Out
Notice of Loss Policy No. Vehicle No.	Polic	cy Query									
	Policy N	io.				Date of	Accident	01/0	9/2018 16:16	j.	
	Vehicle	No.(For Motor)	SJZ8092	2B		Certifica	ite Number				
				Se	earch						
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5101315196		BUDGET LEASING PTE LTD	201818180W	GFT	Third Party, Fire & Theft	SJZ8092B	SJZ8092B	20/07/2018	
					Co	ntinué					

Policy Information Page 1 of 5

Policy Information Policyholder Policyholder BUDGET LEASING PTE LTD 201818180W Policy No. 5101315196 NRIC Name Certificate Address 210 TURF CLUB ROAD #LOT-B01 THE GRANDSTAND SINGAPORE 287995 Product Group FLEET INSURANCE Plan Policy Flag Name Policy Effective issue 08/06/2018 08/06/2018 00:00 Expiry Date 04/06/2019 23:59 Date Date Third Own Windscreen 1500 Party damage 0 Excess Excess Excess Additional OS Premium Excess Outside Outside Singapore Singapore 1500 OD TP Excess Excess ASSURE (SINGAPORE) PTE. LTE Agent Tel. GST Flag Agent 68038751 Coinsurance Flag Open Policy Info Certificate Info Policyholder Mailing Address Address 1 210 TURF CLUB ROAD Address 2 #LOT-B01 THE GRANDSTAND Address 3 SINGAPORE 287995 Address Address 4 Singapore address Post Code 287995 Type Related Unit No. LOT-B01 Policy 5101815333 Number Insured Object: SJZ8092B Endorsements Endorsement Date of Sequence Endorsement Type Endorsement Status **Endorsement Content** Endorsement Number Thank you for giving us the opportunity to serve you. We confirm that from 12 Jun 2018, Basic Information Endorsement Take the Hire Purchase Company is 12/06/2018 00:00 000001286838217 Endorsement Effective amended as follows for SJS1308M: HIRE PURCHASE COMPANY: AL AUTOCAR PTE 19/06/2018 00:00 Basic Information 000001286842384 Thank you for giving us the **Endorsement Take** opportunity to serve you. We Endorsement Effective confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLA4948S 20-06-2018 \$1,498.00 In view of this amendment, an additional premium of \$1,498.00(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

Claim Handling					
Accident MT/1009923					
Policy No.	5101315196	Vehicle No.	S1Z80928	GST Registration No.	
Certificate No.				Control of Actors Walter	
Policyholder Name	BUDGET LEASING PTE LTD			Policyholder NRIC	2018
Product Code	FLEET INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	90998833	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
Accident Details					
Report Date	03/09/2018 17:18	Accident Report Within 24 hrs	Yes	Accident Type	Collis
Date of Accident	01/09/2018	Time of Accident hh:mm	16:15	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	C"WEALTH AVE WEST TWDS CLEMENT! MA	LL DIRECTION			
♥ Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500,00		
□ Benefits					
□ GST Registered Inform	ation				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	No	
Modification History					
Policyholder Mailing Ad	dress				
Address 1	210 TURF CLUB ROAD	Address 2	#LOT-801 THE GRANDSTAND	Address 3	SINC
Address 4	500 DO	Address Type	Singapore address	Post Code	2879
Unit No.	LOT-801	Related Policy Number	5101815333		
	Unnamed Private	40000400	action is presented to		
Unnamed driver Name	NEO AH KAY	Driver Type Driver NRIC	Unnamed Driver		
Register Date of Driver License	07/04/2006		S6925233H	Driver DOB	08/0
Contact No.(Mobile)	96318111	Driver Age	49	Driving Experience	12
Address 1	BLK 233	Contact No.(Office) Address 2	0	Contact No.(Home)	0
Address 4	ach 233		JURONG EAST STREET 21	Address 3	MESSA.
Unit No.	±07-420	Address Type	Singapore address	Post Code	6002
Does he own a Singapore					
Registered car?	Yes # No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test	2.00	20020000	Harata San		
Reading?	0 mg	Any injury?	○ Yes ● No		
Modification History					
Claim 001 OD-MX New	an and an				
	W				
Claim Type *	OD-MX	Insured Name	BUDGET LEASING PTE LTD	Insured NRIC	2018
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SJZ6092B	TP Vehicle Number	53R2
Claim Description	SJZ8092B / SJR2841M ON 1 Sept 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	Rece
Date Registered	03/09/2018 17:27	Claim Close Date		Date Received	03/0
Report Taken By	KRISHNASAMY	Workshop Repairer	A 74-11	Total Loss but Repaired	-0107
✓ Print AK letter					
		[Save Submit		
Attachment					
9					
Accident No.	MT/1009923		Chair No.		-
CONTRACTOR CONTRACTOR	MANAGE AND ASSESSMENT OF THE PERSON NAMED ASSESSMENT AS		Claim No.	001	

