NATIONAL Assessment Cer	CLE DELLICES: Mai Ligurd M	MAIISIANOIA	
Date In: 21 9/18 - 17:29	Jeb description	Date & Time Completed	Done by
Ref No: Na INC 18017267 /24	SAS e-filing	İ	
Veh No: JKG9744	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 2/9/18-14:25	i-Motor Claim Form	M7 1012701-001	2 19 18 18:24
	i-Motor W/O (Within: OD 2h		
OD / TP / Reporting Only	i-Photo Uploaded		
TD Innuar	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tol:	Fax:
TP Particulars: Veh No:	(6837c . 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%. F: 80-	100%]
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()		
General Remarks;-	LE FOR THE STATE OF THE STATE O	ANTENNAME OF THE	TOTAL STATE OF
() Total Luss Case : to e-mail Ins	urer URGENTLY.	25 mar 11 cm	3
		'owing Co: (
Remarks;- (INC hotline: 6788 6616 1) Apply for Transport Allowance ()	California de la companya del companya del companya de la companya	Date&Time Completed	Done by
The state of the s	/ Courtesy Car ()	Date&Time Completed	Done by
Apply for Transport Allowance () QC Check / Post Repair Inspection	/ Courtesy Car ()	Date&Time Completed	Done by
Apply for Transport Allowance () QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost >	/ Courtesy Car ()	Date&Time Completed	Done by
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	/ Courtesy Car ()	Date&Time Completed	Done 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.
- 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

areresans,	
	ACCIDENT STATEMENT
Date Of Report	21/09/2018 17:29
Date Of Accident	21/09/2018 14:25
Exact Location Of Accident	BUKIT BATOK INDUSTRIAL PARK A
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKG974Y
Insured/Policyholder	
Name Of Registered Owner	ACCURATE LEASING PTE LTD
Co Reg No	201727451M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91449265
Alternative Phone No	OFFICE-91449265
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS 1.6 AUTO
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	REPORTING ONLY
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	5094979400
Cover Note Number	
Delver	

Cover Note Number	
Driver	
Name of Driver	CHEW TIEN SENG
NRIC No	S1618775E
Date Of Birth	13/07/1963
Occupation	OUTDOOR
Date Of Driving Pass	09/11/1981
Driving Experience	36 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90616938
Fax Number	
Contact Number	OFFICE-90616938
EMail Address	NOEMAIL

Address BLK 816A KEAT HONG LINK

#09-53

Postcode 681816

Was driver an employee of the Insured's Company NO

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

Vehicle Registration Number of Driver's Own

Vehicle

ATTICK - THINK

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident SIDE SWIPE
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? NO

Was any injured conveyed to hospital by

ambulance?

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) 1

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?

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS PARK BESIDE OF BUKIT BATOK INDUSTRIAL PARK A WAITING FOR A PARKING LOT. WHILE A LORRY DRIVE OFF THE PARKING LOT, I PROCEED TO PARKED MY VEHICLE. I DID NOT NOTICED THAT VEHICLE B WAS TRAVELLING ALONG BUKIT BATOK INDUSTRIAL PARK A. AS A RESULT, MY VEHICLE GRAZED ONTO VEHICLE B FRONT LEFT PORTION.

NO

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 SHC6837C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI
Name of Driver WANG

NRIC/Passport Number

Contact Number 94664324

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

Passenger 1

NAME: : GENDER: :

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.

Driver's Signature

(If driver is not the policyholder)

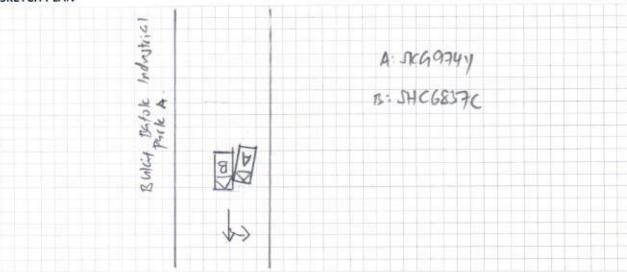
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

nature



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Autement.		

DECLARATION

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

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

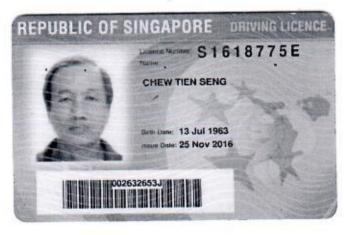
Date & Time:

Reporting Centre Personnel's Signature Name:

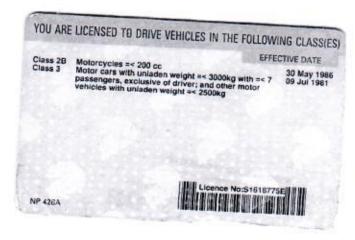
NRIC/FIN No.:

N No.;











	5094979400	Policyholder Name	ACCURAT	TE LEASING PTE LTD	Policyholder NRIC	201727451	М
Certificate No.					2000		
Address	53 UBI AVENUE 1 #01-33 PAYA	UBI INDUSTR	IAL PARK	SINGAPORE 408934			
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	11/10/2017	Effective Date	11/10/20	017 00:00	Expiry Date	08/10/2018	23:59
Excess Type		All Claims Excess					
Third	1000	Own	2000		Windscreen	522	
Excess	1500	damage Excess	2000		Excess	100	
Additional Excess Outside	0	OS Premium	194.52				
Cincanner	2000	Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
	ANIKA INS BROKERS & CONSU	Agent Tel.	6672998	8	GST Flag	Υ	
Co- insurance I Flag - Open Policy							
Info Certificate Info							
	older Mailing Address						
Address 1	53 UBI AVENUE 1	Addre	ess 2	#01-33 PAYA UBI II	NDUSTRIAL I	Address 3	SINGAPORE 408934
Address 4		Addre	ess Type	Singapore address		Post Code	408934
Unit No.	01-33	Relati	ed Policy ber	5095104229			
) Insured	Object: SKG974Y						
	ements						
Sequenc	ce Date of Endorsement 13/10/2017 00:00	Endorseme Basic Informa Endorsement	stion	Endorsement Numbe	Endorseme Effective	ent Take	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 9 additional vehicles as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJH3018U 13-10-2017 \$1,433.84 2. SJH6324R 13-10-2017 \$1,128.84 3. SJK781C 13-10-2017 \$1,540.21 4. SJM3248X 13-10-2017 \$1,210.67 6. SJS3199Y 13-10-2017 \$1,210.67 6. SJS3199Y 13-10-2017 \$1,210.67 8. SLC7773Z 13-10-2017 \$1,331.73 9. SJJ7537C 13-10-2017 \$1,331.73 In view of this amendment, an additional premium of \$11,730.09 (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 in favour of "NTUC Income" with your name and policy number indicated

cident HT/1012501						
	not been collected.					
Hey No.	5094979400		Vehicle No.	5KG974Y	GST Registration No.	
rtificate No.						
licyholder Name	ACCURATE LEASING	PTE LTD.			Policyholder NRIC	201727451M
oduct Code	FLEET INSURANCE		Cover Type	drive CLASSIC	Loading	0
ntact No.(Mobile)	91449265		Contact No.(Office)	0	Contact No.(Home)	0
nail Address			Special Remark		eCode	N. V
K.	® No ○ Yes		TCA	® No ○ Yes	eCode Reason	
CD Protection	No		NCD Entitlement(%)	ō	Private Hire	Yes
Accident Details						
port Date	21/09/2018 18:22		Accident Report Within 24 hrs	Yes	Acodent Type	Side Swipe
te of Accident	21/09/2018		Time of Accident hh:mm	14:25	Country of Accident	Singapore
porting Centre			Orange Force		TCM No.	
dent Location	BUKIT BATOK INDUS	TRIAL PARK A	- 0			
Excess		0.000 (#100000000000				
in damage Excess		2,000.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess			Outside Singapore OD Excess	2,000.00		
rd Party Excess		1,500.00	Outside Singapore TP Excess	1,500.00		
F Benefits		Approximately 1	Johnson Highlyond IF EAN-650.	4,200,000		
GST Registered Informa	itten					
Registered Informa	No.			GST Registration Date		
T Registration No.	70			GST Status Verified	Yes	
dification History						
Policyholder Mailing Add	dress					
dress 1	S3 UBI AVENUE 1		Address 2	#01-33 PAYA UBI INDUSTRIAL I	Address 3	SINGAPORE 408934
dress 4			Address Type	Singapore address	Post Code	408934
it No.	01-33		Related Policy Number	5095104229		
OI Driver Info						
ver Name	Unnamed Driver		Driver Type	Unnamed Driver		
named driver Name	CHEW TIEN SENG		Driver NRIC	S161877SE	Driver DOB	13/07/1963
gister Date of Driver License	09/11/1981		Driver Age	55	Driving Experience	36
ritact No.(Moorie)	90616938		Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK S16A		Address 2	KEAT HONG LINK	Address 3	KEAT HONG MIRAGE
odress 4	SINGAPORE 681816		Address Type	Singapore address	Post Code	681816
st No.	09-53		Contraction (
pes he own a Singapore rgistered car?	○ Yes ® No		Driver Vehicle No.		Driver Insurer Company	
A TOO AND THE COMMENT						
claration						
eathalyser or Blood Test ading?	0 mg		Any injury?	○ Yes ® No		
dification History						
Claim 001 New	оо-мх	V	Insured Name	ACCURATE LEASING PTE LTD	Insured NRJC	201727451M
Claim 001 New	OD-MX	V	Insured Name Contact No.(Home)	ACCURATE LEASING PTE LTD	Insured NRIC Contact No.(Office)	201727451M NIL
claim 001 New ann Type * entact No. (Mobile)	ОБ-МХ	V		ACCURATE LEASING PTE LTD SKG974Y		
claim 001 New im Type * intact No. (Mobile) tall Address		V	Contact No.(Home)		Contact No. (Office)	NIL
claim 001 New int Type * ntact No.(Mobile) tall Address sument Type Claimant Type *			Contact No. (Home) OI Vehicle Number	SKG974Y	Contact No. (Office)	NIL
claim 001 New sen Type * entact No.(Mobile) sail Address sement Type Claimant Type * sement Name *		S	Contact No.(Home) DI Vehicle Number Type of Benefit *	SKG974Y	Contact No. (Office)	NIL
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10 m	Please Select	V	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	SKG974Y Please Select	Contact No. (Office) TP Vehicle Number	NIL
arm Type * intact No. (Mobile) intal Address ament Type Claimant Type * simant Name * simant Address with Description efferred Workshop Contact quire Finalisation	Please Select SKG974Y / SHC6837	≥≥ C ON 21 Sept 2018	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability *	SKG974Y Please Select Fully at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	MIL SHC6837C
sm Type * stact No. [Mobile) all Address smont Type Claimans Type * smant Name * smant Address im Description ferred workshop Contact pure Finelisation se Registered	Please Select SKG974Y / SHC6R37	≥≥ C ON 21 Sept 2018	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option	SKG974Y Please Select Fully at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop G1A report	MIL SHC6837C Received
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ism Type * Intact No. (Mobile) Intact No. (Mobile	Please Select SKG974Y / SHC6837 Yes: 21/09/2018 18:24	≥≥ C ON 21 Sept 2018	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option	SKG974Y Please Select Fully at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop G1A report	MIL SHC6837C Received
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em Type * em Type * ettact No.(Mobile) eil Address ement Type Claimant Type * ement Mame * ement Address em Description ferred Workshop Contact pure Finalization e Registered sort Taken By Print AK letter attachment	Please Select SKG974Y / SHC6R37 Yes 21/09/2018 18:24 Jackson	≥≥ C ON 21 Sept 2018	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date Claim No.	Skig974Y Please Select Fully at Fault Preferred Workshop, Name unknown Save Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop G1A report	MIL SHC6837C Received 21/09/2018 00:00
m Type * ttact No.(Mobile) sil Address mort Type Claimant Type * mant Name * mant Address in Description ferred Workshop Contact pure Finalization e Registered port Taken By Print AK letter Attachment	Please Select SKG974Y / SHC6R37 Yes 21/09/2018 18:24 Jackson	C ON 21 Sept 2018	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date Claim No.	Skig974Y Picase Select Fully at Fault Preferred Workshop, Name uninjown CO1 21/09/2018 18:25 Category *	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop G1A report Date Received	MIL SHC6837C Received 21/09/2018 00:00

