	itre Services. part 1 Janos		The state of the s	
Date In: 1/10/18 - 19:48	Job description	Date & Time Completed	Done by	
Ref No: Na) IN(18017774/14	SAS e-filing	i		
Veh No: JUENTA	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 28/9/8-19 50	i-Motor Claim Form	M7 1017222-001	1/10/18 20:18	
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2	hrs, TP 4hrs)		
OD TP Reporting Only	i-Photo Uploaded			38 5253
TD	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	- TARRES II MARKON IN	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	J
TP Particulars: Veh No: JIC	cogrupe . INC	()/Non-INC()	8	
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: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO ()		-0-17-18-8
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()			V 10-10-10-10-10
General Remarks:			32 S	-
() Walk-In Customer : Customer's in	nformation strictly Confidential & S	Strictly NO refer of repairer.		
() Total Loss Case : to e-mail Insu	urer URGENTLY.		-	
Drive-In ()/ Towed-In (); Invo	ice: YES() / NO();	Towing Co: ()
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	S ASSESSMENT OF THE SECOND	
(11)(5-110) III (5-0700 0010)		Datescining Completed	XSE V. SINGROLLY	
1) Apply for Transport Alleman as ()	/ Country Con /			
	/ Courtesy Car ()			
2) QC Check / Post Repair Inspection	()	1		
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2) QC Check / Post Repair Inspection	()			
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	()			
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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.
- 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.
- 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.

 by the loagement of this report to the insurers, you hereby consaforesaid. 	sent to the archiving of this report at the centre and to copies of the report being made available
How was the same of the same of	ACCIDENT STATEMENT
Date Of Report	01/10/2018 19:48
Date Of Accident	28/09/2018 19:50
Exact Location Of Accident	PIE (CHANGI) BEFORE EUNOS LINK EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLP8256A
Insured/Policyholder	
Name Of Registered Owner	METRO CAR LEASING PTE LTD
Co Reg No	201810490D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER EX 1.6 AT LED TAIL LAMP
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 5100798940

Cover Note Number

Driver

Name of Driver LILIS SURYANI BINTE AHMAD

 NRIC No
 \$7015410B

 Date Of Birth
 12/05/1970

 Occupation
 OUTDOOR

 Date Of Driving Pass
 01/04/2004

Driving Experience 14 YEARS AND 5 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-83890940

Fax Number

Contact Number OFFICE-83890940

EMail Address NOEMAIL

Address

BLK 463 CHOA CHU KANG AVENUE 4

#04-39

Postcode

680463

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

4

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)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

2

Passenger 1

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

SKD9222R

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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SHD3889S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SJN4856D

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.
- 3 Information provided must be as truthful 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.
- 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)
 - 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.

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

KI	1 KO KA KO
Vehicle A SLP8256A -	
Vehicle B SkD9222 R	
vehicle C SHD 3889S	
vehicle D. SJN 4856 D	
	PIECCHangi) before Euros Exit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

		0N	the	ctated	date	Y time	, I,	vehiz	a A',	SLP	8256A,
ias	trav	elling	Strar	ght ala	of m	e stateo	veni	v. ħ	out l	ehill	brosted
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DECLARATION

I/We declare the foregoing 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.:

ACCIDENT STATEMENT

LOCAT	TION: PIE(changi), before Euros Exit.
LOCAI	ion. Tite a and 7
1.	DETAILS OF VEHICLE
	GIVEHICLE NUMBER: SLP 82 56A
	DINSURANCE COMPANY: NTU L
	- IDOUGY NUMBER
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	MISUNISMI LANTER
	FITYPE (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS)
	CIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
	HIPURPOSE OF USING AT ACCIDENT TIME: WOYK
	JARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2.	
5000	AINAME: METYD CAY LEASING ME VIC MALE / FEMALE)
	b)NRIC/FIN/PASSPORT:CONTACT:
	c)ADDRESS:
- H - 51	
	CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
lo of passongal 1	DRIVER OUT OUT OUT OUT OUT
11. 1. 10	a) NAME: UI IS SUMANT BIME ALMAD (MALE FEMALE) DINRIC/FIN/PASSPORT: S70154108 CONTACT: 8389 0940
COS TIEMOTES C	C) ADDRESS: 463 (400 Chu rang Ave 4 404-39 5(680463).
	CYYYY MANAGOL OFPLY EGY CLYMINGS
	d)DATE OF BIRTH: (12 / 05 / 1910)(DD/MM/YYYY)
e	OCCUPATION: (INDOOR / OUTDOOR)
e	DOCCUPATION: (INDOOR / OUTBOOR)
e f)	PIOCCUPATION: (INDOOR / OUTDOOR) YEARS OF DRIVING EXPRERIENCE: 14 YEARS NAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 100)
e f) 4. W	PIOCCUPATION: (INDOOR / OUTDOOR) YEARS OF DRIVING EXPRERIENCE: 14 YEARS WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 100) F NO. RELATIONSHIP OF THE DRIVER WITH INSURED: HITEY
e f) 4. V II	PIOCCUPATION: (INDOOR / OUTDOOR) YEARS OF DRIVING EXPRERIENCE: 14/2015 NAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) F NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HITELY THE OUTDOOR OF THE DRIVER WITH INSURED: HITELY THE OUTDOOR OF THE DRIVER WITH INSURED: HITELY THE OUTDOOR OUTDO
6 f) 4. W II 5. a	PIOCCUPATION: (INDOOR / OUTDOOR) JYEARS OF DRIVING EXPRERIENCE: 14 YEARS WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 100) F NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HITELY WEATHER CONDITION: (CLEAR / RAINING / OTHERS
6. W	PIOCCUPATION: (INDOOR / OUTDOOR) JYEARS OF DRIVING EXPRERIENCE: 14 YEARS WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 100) F NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HITEY JYEATHER CONDITION: (CLEAR / RAINING / OTHERS
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6. W 7. a	POCCUPATION: (INDOOR / OUTDOOR) IYEARS OF DRIVING EXPRERIENCE: 14 YEARS WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 100) F NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HITELY WEATHER CONDITION: (CLEAR / RAINING / OTHERS
4. W II 5. a b 6. W 7. a B. TH of passenger	POCCUPATION: (INDOOR / OUTDOOR) IYEARS OF DRIVING EXPRENENCE: 14 YEARS WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 100) F NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HITEY INWEATHER CONDITION: (CLEAR / RAINING / OTHERS
e f) 4. W 11 5. a 6. W 7. a 8. Th af passenger c 4. ding driver) b	POCCUPATION: (INDOOR / OUTDOOR) IYEARS OF DRIVING EXPRERIENCE: 14 YEARS WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 100) F NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HITELY WEATHER CONDITION: (CLEAR / RAINING / OTHERS
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of passenger coluding driver) to column driver to column	POCCUPATION: (INDOOR / OUTDOOR) (YEARS OF DRIVING EXPRERIENCE: 14 YEARS) WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 100) F NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HILLY (WEATHER CONDITION: (CLEAR / RAINING / OTHERS

email =

fax =

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7015410B

Name

LILIS SURYANI BINTE

AHMAD

MALAY Race

Date of Birth

12-05-1970

SINGAPORE Country of Birth





Name:

LILIS SURYANI BINTO AHMAD

Birth Date: 12 May 1970 Issue Date: 30 Apr 2004













NRIC No. S7015410B



Date of issue

13-02-2003

APT BLK 463 CHOA CHU KANG AVENUE 4 #04-39 SINGAPORE 680463

NRIC No: \$7015410B

Date: 02/01/2017

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

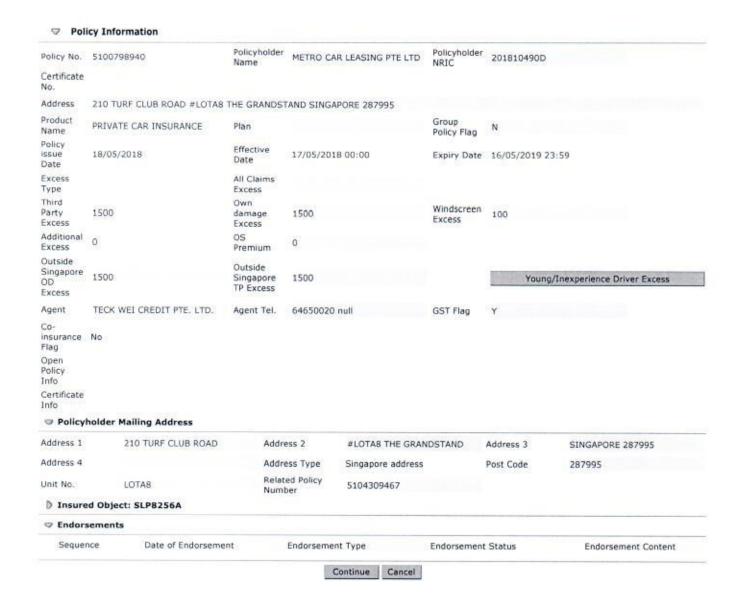
PASS DATE

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms pr 2004









ocident MT/1013BSS					
olicy No.					
	5100798940	Vehicle No.	SUPB256A	GST Registration No.	
ertificate No.					
icyholder Name.	METRO CAR LEASING PTE LTD			Policyholder NRIC	201810490D
duct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
ntact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
el Address		Special Remark		eCode	THE V
	® No ⊜ Yes	TCA	® No ○ Yes	eCode Reason	
Protection	No	NCD Entitlement(%)	•	Private Hire	Yes
Accident Details			8		ACC .
ort Date	01/10/2018 20:16	Accident Report Within 24 hrs	Nee .	C MARK MARK W. SANC	Telesco de Marcon
				Acodent Type	Chain Collision
of Accident	28/09/2018	Time of Accident hit mm	19:50	Country of Accident	Singapore
irting Centre		Orange Force		ICM No.	
lent Location	PIE (CHANGE) BEFORE EUROS LINK EXIT				
Excess					
damage Excess	1,500.00	Additional Excess	0	Windscreen Excess	100.00
med Driver Excess		Outside Singapore CO Excess	1,500.00		
Party Excess	3,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Inform	ation				
Registered	No		GST Registration Date		
Registration No.	5-0		GST Status Venified	Yes	
fication History			O OF THE PROPERTY OF THE PARTY	1000	
Policyholder Halling Ad	dress				
ess 1	210 TURE CLUB ROAD	Appress 2	#LOTAS THE GRANDSTAND	Address 3	SINGAPORE 287995
ess a	= Lavadarder (or rapid)	Address Type	Singapore address	Past Code	287995
No.	LOTAS	Related Policy Number	5104309467		2.703/10-1
OI Driver Info	and the same of th	Andreas - Street Marriage	31/4/3/34/3/		
er Name	Unnamed Driver	Driver Type	Unnamed Driver		
amed driver Name	LILIS SURYANI BINTE AHMAD	Driver NRIC	\$7015410B	Driver DDB	12/05/1970
ster Date of Driver License		Driver Age	48		
act No.(Mobile)	83890940		98	Driving Experience	14
		Contact No.(Office)	Transaction of the second	Contact No.(Home)	0
ress 1	BLK 463	Address 2	CHOA CHU KANG AVENUE 4	Address 3	SINGAPORE 680463
ress 4		Address Type	Singapore address.	Post Code	680463
No.	04-39				
es he own a Singapore pistered car?	○ Yes ® No	Oriver Vehicle No.		Driver Insurer Company	
eration					
athalyser or Blood Test	0 mg	Any injury?	○ Yes ® No		
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