Date In: 23/10/18-19:02	Jeb description	Date &Time Completed	Done	by by
Re[No: HA MC 18 0 19282/24	SAS e-filing	i		
Veh No. Sup 7 641 C	E-mail (within Shrs, AIC	2hrs)		T.
D.O.A: 22/10/18-21:00	i-Motor Claim Form	M71016858-001	23/10/18 2	ירוים
	i-Motor W/O (Within:			
OD / TP / Reporting Only	i-Photo Uploaded			
	Assessment/Survey Re	port		
TP Insurer:	Ass't Report by Fax /	Hand to Owner/Wksp	1	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	MIN MIN
TP Particulars: Veh No: 1	v80561	INC()/Non-INC()		
Owner / Driver: (Tel:)	nesponar
Policy No: ()	Period: () Cover Type: ()	
Confirmed by : (Date	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (WO): 1	N: 0-20%; P: 21-79%. F: 80	-100%]	
Year of Registration: ()	Warranty: YES ()/NO	0()		
	31,000 ()/\$2,000 ()			
General Remarks:			a ser a	
() Walk-In Customer : Customer's	information strictly Confidentia	al & Strictly NO refer of repaire	r	
() Total Loss Case : to e-mail Ins	urer URGENTLY.			
Drive-In ()/ Towed-In (); Invo	oice: YES () / NO (); Towing Co: ()
Remarks: (INC hotline: 6788 6616 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >	/ Courtesy Car ()	Date&Time Comple ad	Done	by
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	/ Courtesy Car ()	Date&Time Comple ad	Done	by
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1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	/ Courtesy Car ()	e Preparation Checklist.	Ant (5)	Amu
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions NA [PoG8]6 Inimant's Particulars:	/ Courtesy Car ()	e Preparation Checklist Accident Reporting (\$30); Damage Assessment (\$100); INC	Ant (5)	Amu
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions NA [2068] 6 Laimant's Particulars:	/ Courtesy Car () () () () () () () () () ()	ce Preparation Checkdist Accident Reporting (330); Damage Assessment (5100); INC (500); INC (500)	Ant (\$) fit Bill (\$80) (40/\$45 \$120	Amu
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions NA 1206216 Claimant's Particulars:- Driver/Owner:	Courtesy Car ()	e Preparation Checklist Accident Reporting (\$30); Damage Assessment (\$100); INC (owing Fee 5	Ant'(\$) fit Bill' (\$80) 40/\$45 \$120 \$30 05)	Amu
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions NA Pogs b Plaimant's Particulars:- Oriver/Owner: Contact No:	Invoice	e Preparation Checklist Accident Reporting (330); Damage Assessment (5100); INC (lowing Fee Sollow-Through Survey Collow-Through Survey (Resurvey) Animing against INC Only (wef 10 Jan 20) Re-inspection	Ant (5) fit Bill (380) (40/545 5120 530 05) \$75	Amu
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1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions NA Pocs 16 Claimant's Particulars:- Oriver/Owner: Contact No: Camaged Portion: C Checked by (Engr-In-Charge):	Courtesy Car ()	e Preparation Checklist Accident Reporting (\$30); Damage Assessment (\$100); INC (lowing Fee Sollow-Through Survey Collow-Through Survey (Resurvey) Animing against INC Only (wef 10 Jan 20) Re-inspection dae DA + SMRT Survey Cadditional Services: Courtesy Car / Tpt Allowance Repair Co-ordination Fost Repair Inspection DV / Collect Excess Coordination	\$30 \$30 \$30 \$5 \$160 \$5 \$10 \$25	Antic Add B
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	Courtesy Car ()	e Preparation Checklist Accident Reporting (\$30); Damage Assessment (\$100); INC (lowing Fee Sollow-Through Survey Collow-Through Survey (Resurvey) Inming against INC Only (wef 10 Jan 20) Re-inspection dae DA + SMRT Survey Cadditional Services: Courtesy Car / Tpt Allowance Repair Co-ordination Fost Repair Inspection DV / Collect Excess Coordination	\$30 \$30 \$30 \$55 \$10 \$25 \$5 \$20 \$30	Amu

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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 <u>truthful and accurate</u> as possible, Any wilful misrepresentation or witholding 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.
- 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.

sforesaid.	ANY TO DOES TO PROPER AND
som alle i delle alla medicale delle	ACCIDENT STATEMENT
Date Of Report	23/10/2018 19:02
Date Of Accident	22/10/2018 21:00
Exact Location Of Accident	SLIP RD UPP PAYA LEBAR RD TWDS UPP SERANGOON RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLP7641C
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	MAZDA
Model	MAZDA3 SEDAN 1.5 AT EU6
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	5101038005
Cover Note Number	
Driver	
Name of Driver	SIM AIK PIN
NRIC No	S1789882E
Date Of Birth	11/10/1967
Occupation	OUTDOOR
Date Of Driving Pass	21/06/1993
Driving Experience	25 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87328891
CHANGE OF THE BOOKS IN	

OFFICE-87328891

NOEMAIL

Address BLK 302A ANCHORVALE LINK

#06-60

Postcode 541302

Was driver an employee of the Insured's Company NO

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

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

Vehicle

OTHER - HIRER

.

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
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.

NO 1

NO

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? 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

SLU8056J

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)

1

SKETCH PLAN

IMPORTANT NOTICE

- 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:
 - 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 S

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	0	n	the	STA	tecl	date)	tin	ne,	ī,	veh	icle	4'	, SL	76416	
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line	10	(N	ect	on	on-	(0 km)	10	ve	hicl	ec.	100	ut	2-	3 Se	conds	
later	, \	1811	ii(1e	`B',	SLU	8056	J	Mit	ont	O	my	57	ation	nany	vehic	e's
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				2/12												
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DECLARATION NO

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

	DENT DATE: 12/10/-			
LOCA	TION: Junction of U	ipp- Paya Leber	x upp serai	ngoon Rd
	DETAILS OF VEHICLE		20	
1.		3LP 76416		
	a) VEHICLE NUMBER:	I bald		
174	b)INSURANCE COMPAN			
	CIPOLICY NUMBER:	PENERVE / THIPD BAR	TY / THIRD PARTY	FIRE &THEFTI
	d)POLICY NUMBER:	FHENSIAE I LUIND LVI	ar / minor / min	A. 1010 101 101 101 101 101 101 101 101 1
	FITYPE: (SALOON / COUP	E / MPV /V AN / LORR	Y / MOTORCTLL	E/OITICKS)
	CIVEHICLE CATEGORY: (F	PRIVATE / COMMERCI	AL/ MOIORCIC	LE)
	LIBURDOSE OF HSING AT	ACCIDENT TIME:	INDIE	
		DED VOLLE OWN INSU	RANCE (YES/NO	1
	IF NO, PLEASE STATE (TH	IRD PARTY CLAIM / RE	PORTING ONLY)	
	INTERIOR / POLICY HOLD	- 10		
2.,	A) NAME: METED CO	ir Leasing Ple Ltc	(MALE	/ FEMALE)
	b) NRIC/FIN/PASSPORT:_		CONTACT:	
			- Transport of the second define	
	c)ADDRESS:			
	· CONTINUE TO 3.d IF DR	MED ALSO POLICY HO	OLDER	
0		VER ALBOT OLIOTTIC		_
14 Ho of pessongs	DRIVER Din Air	Pin	IMALE	/ FEMALE)
(Induding driver)	O) NAME: JIM TIK	(1789881E	CONTACT	8733 8891
Cindiding shipe	Dittiered in the Lines of the	Anchonale link	106-06 ST5	41302)
COID	CIADDRESS: 300 A	ANCHONNAIS TIME	1100 00 037	
85		10 / 1967 1(DD/	invovi	
GC.	*d)DATE OF BIRTH: (MM/1111/	
	e)OCCUPATION: (INDOC		ars.	1002
2(40)	f)YEARS OF DRIVING EXPL WAS DRIVER AN EMPLO	REKIENCE VALUE	ED'S COMPANY	(YES / ND)
4.	WAS DRIVER AN EMPLO	YEE OF THE INSURI	H INSURFO:	Hirer
	IF NO, RELATIONSHIP	ICITED LEVINING	THERS	
5.	DIWEATHER CONDITION:	CLEAR / KAIRING /	,	
	BIROAD SURFACE: (DRY	WEI / OTHERS		1.
6.	WAS ANYBODY INJURED	TEST NOT		10 55 KG
7.	a) REPORTED TO POLICE (YES / NO)	(A	
	IF YES, PLEASE STATE WH	IICH POLICE STATION:	4 - 1 4 mm - 4.51	
8.	THIRD PARTY VEHICLE	CLU 80567 .	MODEL:	
4 Ho of passenger	a) VEHICLE NUMBER:	2 FM 90264	MODEL:	
(Induding driver)	b) DRIVER'S NAME:		CONTACT	
CONTRACTOR OF THE PROPERTY OF THE PARTY OF T	c) NRIC/FIN/PASSPORT:		CONTACT:	HERENIE CONTRACTOR
(OI) males.	THIRD PARTY VEHICLE	131 192		
× 11. 1	d) VEHICLE NUMBER:		_MODEL:	
* No of passenger	e) DRIVER'S NAME:		CONTRACT	
(Induding driver)	f) NRIC/FIN/PASSPORT:		CONTACT::_	
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email =

fax =

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$1789882E





Name

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Date of birth

10

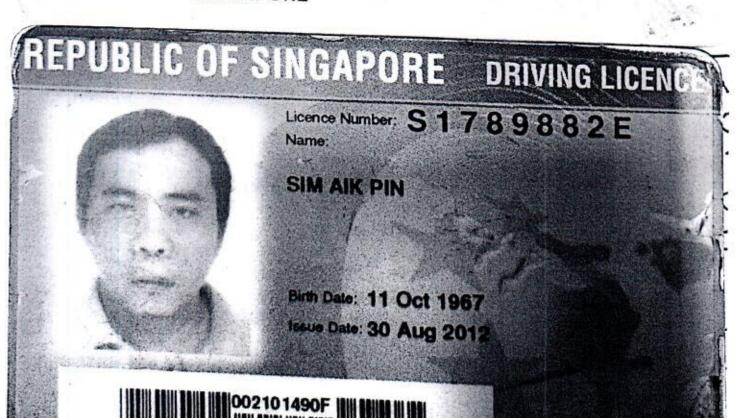
11-10-1967

Sex M

Country/Place of birth

SINGAPORE











Date of issue

19-06-2014

Address

APT BLK 302A ANCHORVALE LINK #06-60 SINGAPORE 541302

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

EFFECTIVE DATE

Class 3

Class 28 Motorcycles =< 200 cc

Motor Cars=< 3000kg with =<7 passengers, exclusive 21 Jun 1993 of the driver; and other motor vehicles =< 2500kg

22 Feb 1993





eBao Tech									計畫的	Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	• Chan	ge Password	Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.				Date	of Accident	2	2/10/2018 2	21:00	
	Vehicle	No.(For Motor)	SLP76	41C		Certif	icate Number				11/2
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5101038005		METRO CAR LEASING PTE LTD	201810490D	GPC	drivo CLASSIC	SLP7641C	SLP7641C	28/05/2018	27/05/2019
						Continue	l				

Policy No.	5101038005	Policyholder Name	METRO C	AR LEASING PTE LTD	Policyholder NRIC	201810490D	
Certificate No.					net Control		
Address	210 TURF CLUB ROAD #LOTA8	THE GRANDST	AND SING	APORE 287995			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	28/05/2018	Effective Date	28/05/20	18 00:00	Expiry Date	27/05/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	1500		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	1500	Outside Singapore TP Excess	1500			Young	g/Inexperience Driver Excess
Agent	TECK WEI CREDIT PTE, LTD.	Agent Tel.	64650020) null	GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	210 TURF CLUB ROAD	Addre	ss 2	#LOTAS THE GRAN	DSTAND	Address 3	SINGAPORE 287995
Address 4		Addre	ss Type	Singapore address		Post Code	287995
Jnit No.	LOTA8	Relate	ed Policy er	5104885239			
	ed Object: SLP7641C						
1 Insure							
⊕ Endors	sements						

cident MT/1016858					
	61 0.1 VISIONS	Vehicle No.	SLP7641C	GST Registration No.	
39.	5101038005	venice is.	20 70420	25-50 July (\$28-52/2011)	
tificate No.				Policyholder NRIC	201810490D
	METRO CAR LEASING PTE LTD	water water and the same of th	grive CLASSIC	Loading	ů.
	PRIVATE CAR INSURANCE	Cover Type		Contact No.(Home)	0
10. 13.	o .	Cornact No.(Office)	0	eCode	N. V
ari Address	200200	Special Remark	® No ⊜Yes	eCode Reason	
	® No ○ Yes	TCA		Private Hire	Tes
Protection	No.	NCD Entitlement(%)	0	Private nice	163
Accident Details				Normal Company Company	PORTON DESIGNATION DANS
ort Date	21/10/2018 20:10	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
of Academ	22/10/2018	Time of Acadent hh:mm	21:00	Country of Accident	Singapore
orting Centre		Orange Force		ICM No.	
dent Location	SLIP NO UPP PAYA LIBBAR RO TWOS UPP SER	IANGOON RO			
Excuse					
damage Excess	1,500.00	Additional Excess	0	Windscreen Excess	100.00
amed Driver Excess		Outside Singapore CO Excess	1,500.00		
d Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits	355 CO CO	ASSESSED SERVICE AND ASSESSED.			
GST Registered Informa	tion				
Registered	No		GST Registration Date		
Registration No.			GST Status Verified	No	
rication History					
Policyholder Mailing Ade	dress				
ivess t	210 TURF CLUB ROAD	Address 2	#LOTAS THE GRANDSTAND	Address 3	SUNGAPORE 287995
Iness 4		Address Type	Singapore address	Post Code	257995
t No.	LOTAS	Related Policy Number	5104885239		
OI Driver Info					
ver Same	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	SIM AIK PIN	Driver NRIC	\$1789862E	Driver DOS	11/10/1967
ester Date of Driver License		Driver Age	51	Driving Experience	25
	87328891	Contact No.(Office)	0	Contact No.(Home)	0
stact No. (Mobile)		Address 2	ANCHORVALE LINK	Address 3	ANCHORVALE COURT
iress 1	BLK 302A		Singapore address	Post Code	541302
dress 4	SINGAPORE 541302	Address Type	Singapore adultess	7 444 4444	0.2500000
it No.	06-60				
es he own a Singapore gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
claration			2002		
eathalyser or Blood Test ading?	0 mg	Any injury?	○ Yes ® No		
dification History					
dification History					
A STATE OF THE PARTY OF THE PAR					
Claim 001 New	IOD-MX	Insured Name	METRO CAR LEASING PTE LTD	Insured NRIC	2016104900
Claim 001 New	OD-MX	Insured Name	METRO CAR LEASING PTE LTD		2016104900 ND
claim 001 New son Type * ntect No. (Mobile)	OD-MX V S1119294	Contact No.(Home)		Centact No.(Office)	ND.
ctieim 001 New sun Type * intect No. (Mobile) ned Address	81119294	Contact No.(Home) OI Vehicle Number	SLP7641C		-
im Type * ntact No (Mobile) had Address immort Type Claimant Type *	81119294 Preose Select	Contact No.(Home) OI Vehicle Number Type of Benefit *		Centact No.(Office)	ND.
ion Type * ntect No (Mobile) had Address limont Type Claimant Type * limont Name *	81119294	Contact No.(Home) OI Vehicle Number	SLP7641C	Centact No.(Office)	ND.
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