	tre Services. well Janos M	NH 110 140404		
Date In: 30/6/18-17:30	Jeb description	Date &Time Completed	Done	o'.
Rel No: NA MICHEOM723/24	SAS e-filing			
Veh No: Jicpg 308 E	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 29/10/18-23:00	i-Motor Claim Form	MT/1017750-001	3/10/18/1	1:W
OD TP Preporting Only	i-Motor W/O (Within: OD 2hr	rs, TP 4hrs)		
OD . TP . Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
ir insurer.	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:)
TP Particulars: Veh No: Jp	66837 . INC ()/Non-INC()	100 F-00 0-1	
Owner / Driver: (Tel:)	
Policy No: () P	Period: (Cover Type: ()	
Confirmed by : (Date:	Time:)	
	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-1	00%]	
Year of Registration: ()	Warranty: YES ()/NO ()		
	,000 ()/\$2,000 ()		-	
General Remarks;-		#CONTRACTOR	Con Silver	
() Walk-In Customer: Customer's inf	formation strictly Confidential & St	trictly NO refer of repairer.		
() Total Loss Case : to e-mail Insu	rer URGENTLY.		1	
Drive-In ()/ Towed-In (); Invoid	ce: YES() / NO(); T	Towing Co: ()
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done	hv
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	Courtesy Car ()			
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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 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.
- 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.

SECTION OF SECTION ASSESSMENT OF SECTION OF	ACCIDENT STATEMENT
Date Of Report	30/10/2018 12:30
Date Of Accident	29/10/2018 23:00
Exact Location Of Accident	T3A BASEMENT CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKP9008E
Insured/Policyholder	
Name Of Registered Owner	MOO AUTO
Co Reg No	53373000K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90088701
Alternative Phone No	OFFICE-90088701
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	ESTIMA AERAS-S 3.5 A
Exact Purpose for which vehicle was being used at time of accident	
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5100745627
Cover Note Number	
Driver	
Name of Driver	INDARTO DONNY BUDIARTO
NRIC No	S2676186G
Date Of Birth	27/02/1967
Occupation	OUTDOOR
Date Of Driving Pass	29/09/1995
Driving Experience	23 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90086465
Fax Number	(b) (3) (10-CV) (5C)
Contact Number	OFFICE-90086465
E. LONG & D. C. (1970)	and the first section of the f

NOEMAIL

BLK 335 ANG MO KIO AVENUE 1 Address

#07-2001

560335

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

Postcode

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) NO soliciting/offering accident claims assistance. 2

Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name AIRPORT POLICE DIVISION

ROAD: 35 AIRPORT BOULEVARD , POSTCODE: 819645 , COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65460000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20181030/2000.

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 SDG6833P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver KOH CHIN KOON NRIC/Passport Number S6833478J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

NAME: :

3

GENDER:

Passenger 2

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.

Policyholder's Signature Date & Time:

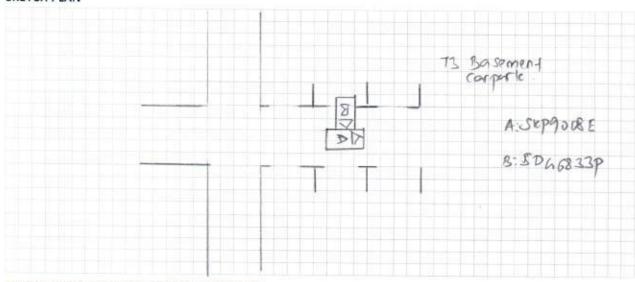
0

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

Udanan

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to parce reporty -71	18 12 DOSO.	
· ·		

DECLARATION

// We declare the taregoing 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 .:





Police Station Of Origin: Airport Police, Airport Police Post 35 Airport Boulevard SINGAPORE 819645 Tel No: 1800-5460000 1 of 3 Report No. T/20181030/2000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/10/2018 00:06			Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars		
	f Informant: O DONNY	BUDIARTO	Address: APT BLK 335 ANG MC SINGAPORE 560335	O KIO AVENUE 1 #07-2001
	/ ID No.: O / S26761	86G	Contact No.: Home/Office:	Mobile: 90086465
National NETHER	lity: RLANDS		Email:	
Sex: Male	Age: 51	Date of Birth: 27/02/1967	Type of Informant: Driver	
Race: Javanes	е		Language:	Institution / School Name:
Occupation: Business development executive			Driving Licence Informa Class: 3	ation: Date of Expiry:

General Infor	mation of the Accide	ent			
Type of Accident:	cident:		Date/Time of Accident: 29/10/2018 23:00	Type of Location:	
Location: AIRPORT BC	DULEVARD asement 1 section 1				
		Road Surface:	R	Road Speed Limit:	
Traffic Flow: Tra		Traffic Control:	Tr	Traffic Volume:	
Type of Collis	sion:			nyone conveyed by mbulance:	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SDG6833P	Car				Slightly Damaged	2
SKP9008E	Car				Seriously Damaged	1

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





T/20181030/2000

Police Station Of Origin: Airport Police, Airport Police Post 35 Airport Boulevard SINGAPORE 819645 Tel No: 1800-5460000 2 of 3 Report No. T/20181030/2000

CONTINUATION OF REPORT

Driver					
Name	INDARTO DONNY BUDIART	ID No		S2676186G	
Related Vehicle	NIL	Conta	ct No.	90086465	
Hospital/Clinic	NIL	Class Drivin Licend Expiry	g ce &	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of	Contract of the last of the la	NIL	

Brief Details.

1964

On the above mentioned date, time and location, I was driving along the carpark when a car exited parking lot no. 228 and hit the left side of my car, leaving scratches along the left side of my car. I am lodging this car for investigation purposes. That is all.





Police Station Of Origin: Airport Police, Airport Police Post 35 Airport Boulevard SINGAPORE 819645 Tel No: 1800-5460000 3 of 3 Report No. T/20181030/2000

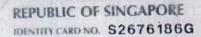
CONTINUATION OF REPORT

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.

Time: 2018 00:06
fication Of Case:





chapeo

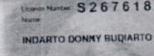


INDARTO DONNY BUDIARTO

JAVANESE

27-02-1967

INDONESIA

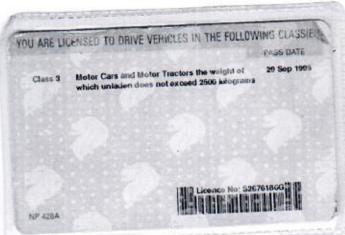


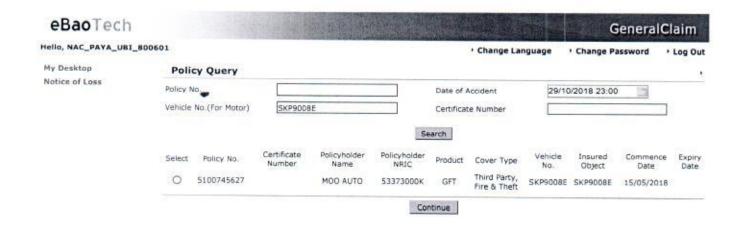
Licones Martin S2676186G

bra bar 27 Feb 1967 Tuner Date 06 Oct 2003









OUTRAM ROAD #81-37 (ET INSURANCE 15/2018 OUTOR AGENCY	Plan Effective Date All Claims Excess Own damage Excess OS Premium Outside Singapore TP Excess Agent Tel.		018 00:00	Figure 1 of 1 o	N 02/01/2019 0 You	23:59
T INSURANCE	Plan Effective Date All Claims. Excess Own damage Excess OS Premium Outside Singapore TP Excess	15/05/20 0 281.25 1500	018 00:00	Group Policy Flag Expiry Date Windscreen Excess	0	
)5/2018	Effective Date All Claims Excess Own damage Excess OS Premium Outside Singapore TP Excess	0 281.25 1500		Policy Flag Explry Date Windscreen Excess	0	
	Date All Claims. Excess Own damage Excess OS Premium Outside Singapore TP Excess	0 281.25 1500		Windscreen Excess	0	
	Excess Own damage Excess OS Premium Outside Singapore TP Excess	281.25 1500	7	Excess		ng/Inexperience Driver Excess
	damage Excess OS Premium Outside Singapore TP Excess	281.25 1500	7	Excess		ng/Inexperience Driver Excess
OTOR AGENCY	OS Premium Outside Singapore TP Excess	1500	7	CST Flag	You	ng/Inexperience Driver Excess
OTOR AGENCY	Singapore TP Excess		7	CST Flan	You	ng/Inexperience Driver Excess
OTOR AGENCY	Agent Tel.	6344072	7	GST Flag		
	100 (2 Page 17 Tug may 17				Y	
r Mailing Address						
2.502507979937000000000	1202		10.501 0.500 0.10 0.500		2020 20	
317 OUTRAM ROAD		ess 2	#B1-37 CONCORDE			SINGAPORE 169075
08-13	Relat	ess Type ted Policy	Singapore address 5100745627		Post Code	169075
ject: SKP9008E	Num	ber	33337733377			
nts						
	w.w.c.	0.04 - 0.09	1470 po 100 (4470) na 2570 (190)	Fig. 12306245656	5000 F2004F5	S_6/(430) F \$100 (100) F \$100 (100)
Date of Endorsement 15/05/2018 00:00	Endorseme Basic Informa Endorsement	ation	O00001286817649	Endorser Endorseme Effective	ent Take	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that from 15 May 2018, the following policy details are amended as follows for SKP9008E: HIRE PURCHASE COMPANY: SIN HENG CREDIT PTE LTD CHASSIS NUMBER GSR507016054 ENGINE NUMBER: 2GR0515302 VEHICLE REGISTRATION NUMBER: SKP9008 ORIGINAL REGISTRATION DATE: 2: May 2008
01/06/2018 00:00	Basic Informa Endorsement		000001286829826	Endorseme Effective	ent Take	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. SKN3415M 01-06-2018 \$873.82 In view of this amendment an additional premium of \$873.82 (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 on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
- 63		Endorsement	Endorsement	Endorsement	Endorsement 00001280029020 Effective	Endorsement Effective

Claim Handling he premum on this postly nas occident MT/1017750	not been collected.				
picy No.	5100745627	Vehicle No.	SKP9008E	GST Registration No.	
ertificate No.					
Sicyholder Name	MOO AUTO			Policyhalder NRIC	53373000K
oduct Code	FLEET INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
orkect No.(Mobile)	90089701	Contact No.(Office)	0	Concact No.(Home)	0
mail Address		Special Remark		eCode	Two Y
×	® No ○Yes	TCA		eCode Reason	1,000
CD Protection	No	NCD Entitlement(%)			11400
F Accident Details	300	woo enonement say	0	Private Hire	No
		Note that the second second second			
port Data	30/10/2018 14:22	Accident Report within 24 hrs.	Yes	Accident Type	Side Swipe
ite of Accident	29/10/2018	Time of Accident hit:mm	23:00	Country of Acadent	Singapore
porting Centre		Orange Force		ICM No.	
cident Location	TIA BASEMENT CARPARK				
Excess					
in damage Excess	0.00	Additional Excess	0	Manager St. Co.	
named Driver Excess				Windstreen Excess	0.00
ed Party Excess	12.022.00	Outside Singapore OD Excess	0.00		
	1,500.00	Outside Singapore TP Excess	1,500,00		
Benefits					
GST Registered Inform					
T Registered	No		GST Registration Date		
T Registration No.			GST Status Verified	No	
diffication History					
Policyholder Mailing Ad	Idress				
dress t	317 OUTRAM ROAD	Address 2	#81-37 CONCORDE SHOPPING	Address 3	SINGAPORE 189075
dress 4		Address Type	Singapore address	Post Code	169075
nit No.	08-13	Related Policy Number	5100745627		
OI Driver Info) 128 B	24901,42021		
tver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	INDARTO DONNY BUDIARTO	Driver NRIC	52676186G	Delicat DOD	
gister Date of Driver License				Driver DOB	27/02/1987
ntact No.(Mobile)		Driver Age	St	Driving Experience	23
	90086465	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 335	Address 2	ANG MO KIO AVENUE 1	Address 3	SINGAPORE 560335
dress 4		Address Type	Singapore address	Post Code	560335
it No.	07-2001				
es he own a Singapore gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
claration					
eathalyser or Blood Test			an 8		
ading?	0 mg	Any injury?	○ Yes ® No		
dificesion History Cleim 001 New					
sim Type *	OD-MX	3rdured Name	моо аито	Insured NRIC	53373000K
rtart No. (Mobile)	NIL.	Contact No. (Home)	NOL	Contact No. (Office)	NIL.
ail Address		OI Vehicle Number	SKP9008E	TP Vahicle Number	SDG6833P
imant Type Claimant Type *	Please Select	Type of Benefit +	Please Select	The second contract of	(September 1)
mant Name *		Claimant NRIC *	(2)		
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