Date In: 3hily -1331	Jcb description	Date & Time Completed	Done	by by
Rel No: NA MC 180 19927 /24	SAS e-filing			
Veh No: JBzgors	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 711/18-9:7	i-Motor Claim Form	m11018256-021	2/11/18 K	1:54
	i-Motor W/O (Within: OD 2h)			4
OD / TP Reporting Only	i-Photo Uploaded			
Th. I	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:)
TP Particulars: Veh No: his	146714 . INC ()/Non-INC()	VII.	
Owner / Driver: (Tel)	
Policy No: () Po	eriod: (Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]	
Year of Registration: ()	Warranty: YES () / NO ()		
Excess: (\$) Loading: \$1,	000()/\$2,000()			
General Remarks:-			Con Silving	
() Walk-In Customer: Customers info				
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Drive-In ()/Towed-In (); Invoic		owing Co: (· ·)
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Apply for Transport Allowance ()/(QC Check / Post Repair Inspection	Courtesy Car ()	Date&Time Completed	Done	by
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First of Contract

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.

	ACCIDENT STATEMENT
Date Of Report	02/11/2018 17:31
Date Of Accident	02/11/2018 07:25
Exact Location Of Accident	TPE (PIE) BEFORE TAMPINES AVE 7 EXIT
Country/State of Loss	SINGAPORE
Control of the contro	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SBZ9022S
Insured/Policyholder	
Name Of Registered Owner	BUDGET LEASING PTE LTD
Co Reg No	201818180W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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	YES
Policy Number	5101815333
Cover Note Number	
Driver	
Name of Driver	CHAN GEOK BEE, RUBY (ZENG YUMEI, RUBY)
NRIC No	\$73237761
Date Of Birth	10/07/1973
Occupation	OUTDOOR
Date Of Driving Pass	17/10/1995
Driving Experience	23 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93885873

OFFICE-93885873

NOEMAIL

Address BLK 284 YISHUN AVENUE 6

#11-122

Postcode 760284

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 CHAIN COLLISION

Weather Conditions CLEAR Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 3

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)

Passenger 1

NO

NAME: :

GENDER: : MALE

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

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

GBA4671H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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

SLW5208Y

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

- Please report <u>correctly</u> 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 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.
- 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 Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

NRIC/FIN No.:

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						ci	SLW	520	8Y
							41 Page 124 (1944)		

DECLARATION AS/N

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

Co. Reg. No.

201818180W m

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 .:

Email: <u>sm@idac.com.sg</u> Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

47 . 11 . 2010 (11/11/11)	y) Time of Accident: 07 .25 (24-HR-FORMAT)
Vehicle No.: SBZ 90225 Vehicle	c Make & Model:
Exact location of Accident:	TE Before Tampines Ave 7 Exit
Policyholder's Name / IC No. : Buoge	t. Leasing Pte Ltd 2018/8/80 W
Driver's Name / IC No. : Chan G	eok see 3/3601102 (AS ADOVE)
Driver's Contact No.: 93 88 5873	Company Contact No:
Driver's Address:	
Insurance Company: NTUC	Email address (if any):
Relationship between Owner & Driver: (F Owner / Spouse / Children / Friend / Parents	Please CIRCLE one only) / Sibling / Relative / Employee Hirer or Others specify:
What do you wish to claim? (Please TIC	K one only)
Own Insurance / Other Vehicle (Th	e one you want to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident?	Occupation (nature of job) Indoor/ Outdoor
Private use / Work purpose	No. of Passengers (Including Driver): 02 mall.
Weather condition & Road conditions? (C	on the day of accident)
Clear & Dry / Raining & Wet /	After-Rain & Wet / Drizzling & Wet / Others:
Was there any video captured by your Car	r Camera? Yes / No
Any Injuries: Yes / No (If YES	S) Injured Person' Name:
Injuries Sustain:	Injured Person in Which Vehicle:
Police Report filed: Yes / No	(If YES) Which Police Station:
	The Other Party(s) Details:
1 Deigarle Name / IC No	Vehicle No. (B) GBA 46711
TODGE STORES INTERNATION	Incurance Company (If any):
Driver's Contact No.	Vehicle No: (C) SLW 5208
2. Driver's Name / IC No:	Insurance Company (If any):
*Independent Witness (If Any):	Contact No:
Preferred Workshop Name:	Contact No:

^{*}If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$73237761





CHAN GEOK BEE, RUBY (ZENG YUMEI, RUBY)

CHINESE Date of Birth 10-07-1973 Country of Birth SINGAPORE









Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5101815333

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SBZ90225 : RU11101142

Chassis Number

: RUITIUIT42

2. Name of Policyholder

: BUDGET LEASING PTE LTD

3. Effective Date of Insurance

: 09 Oct 2018

4. Expiry Date of Insurance

: 08 Oct 2019

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.

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)

EXCESS (SECTION 2)

WINDSCREEN EXCESS

ADDITIONAL EXCESS

UNNAMED DRIVER EXCESS

REPAIR AT OWNER'S PREFERRED WORKSHOP

INSURE WITH COE

TRANSPORT ALLOWANCE

EXCESS WAIVER

PRIMARY DRIVER

NAMED DRIVER (1)

NAMED DRIVER (2) HIRE PURCHASE COMPANY

SUM INSURED

: N/A

: PLEASE REFER OVERLEAF

NO.

: YES

: NO

: NO

: N/A

: N/A

: N/A

: AL AUTOCAR PTE LTD

: 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

: 28 Jun 2018 10:39 hrs

FOR NEUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



Policy Information

olicy No.	5101815333	3	Policyholder Name	BUDGET	LEASING PTE LTD	Policyholder NRIC	201818180	N
ertificate lo.								
ddress	6001 BEACH	ROAD #19-06 GOL	DEN MILE TO	WER SING	APORE 199589			
roduct lame	FLEET INSU	RANCE	Plan			Group Policy Flag	N	
olicy sue ate	28/06/2018		Effective Date	28/06/20	18 00:00	Expiry Date	04/06/2019	23:59
xcess ype			All Claims Excess					
hird arty xcess	1500		Own damage Excess	2000		Windscreen Excess	100	
dditional xcess	0		OS Premium	0				
outside iingapore D xcess	2000		Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
gent	ASSURE (SI	NGAPORE) PTE. LTC	Agent Tel.	6803875	1	GST Flag	Y	
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O Policyl	holder Mailir	ng Address		an income			THE REPORT OF THE PARTY.	
ddress 1	6001	L BEACH ROAD	Addre	ess 2	#19-06 GOLDEN M	ILE TOWER	Address 3	SINGAPORE 199589
ddress 4			Addre	ess Type	Singapore address		Post Code	199589
Init No.	19-0	16	Relati	ed Policy per	5103815653			
) Insure	ed Object: SI	3Z9022S						
□ Endors	sements							
Sequer	nce Dat	e of Endorsement	Endorseme	ent Tyne	Endorsement Numbe	er Endorse	ment Status	Endorsement Content
I		8/2018 00:00	Basic Informa Endorsement	ition	000001286892513	Endorsem Effective		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. SJJ8706Z 30-08-2018 \$1,226.84 In view of this amendment, an additional premium of \$1,226.84 (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 favour of "NTUC Income" with you 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.
								Thank you for giving us the opportunity to serve you. We confirm that this policy is extende to cover the following vehicle(s) at follows: VEHICLE NUMBER

Mode	Claim Handling										
Carlotter No. Control No. Control No	Accident MT/1018256										
Marginet M	Policy No.	5101815333		Vehicle No.	58290225			GST Registration N	D.		
MARKED ON PATER 1	Certificate No.										
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Address 7	Modification History										
Address 7											
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## OF Driver Table Driver Table					100			Post Code		19958	9
Diver Family		19-06		Related Policy Number	51038156	53					
Univaried Name		Decree of Period		Datum Tuna	Transmiss of						
Address of Driver License 1712/1979			189 (28NS)					Driver DOD		10/02	0.673
Contact No. (Moore) \$3945573			Ser Izena								1200
Address 1											
Address Type Singapore andress Post Code 760264 Int No. 1-123 Driver Vehicle No. Driver Desurer Company Driver Insurer Comp	Address 1					VENUE 6					PORE 760284
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Claim 003 New Claim 1/26 * OD-MX	Modification History										
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Damant Type Claimant Type Clai	Consect No.(Mobile)			Contact No.(Home)			-	Contact No.(Office)		NO.	
Claimant Name *	Email Address			Of Vehicle Number	SBZ9022S			TP Vehicle Number		GBA46	71H
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Claim Description SB290225 / OBA4671H ON 2 Nov 2018 Professor Workshop Contact No. Regulare Finalisation Ves Professor Option Preferred Workshop, Name unknown V G1A report Report Taken By Jackson Attachment Attachment Accident No. MT/1018256 Claim No. Upload Date Option Place Browse Date Report Preferred Workshop, Name unknown V G1A report Received O2/11/2018 00:00	Carnam Name *		2.2	Claimant NR3C *							
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