NATIONAL Assessment Cen	tre Services   well	[ 1 Jan'05] MH	A118 154 065		
Date In: 28/11/18-11/45	Jeb description		Date & Time Completed	Done	e py
Ref No: NA 14 C18 021474/24	SAS e-filing		1		
Veh No: YUKSZIYL	E-mail (within Shrs.	, AIC 2hrs)			-
D.O.A : 23/11/18 - 16:12	i-Motor Claim I	Form	M 10217 14-001	28/11/18 h	v.70
OD (TP) Reporting Only	i-Motor W/O (w	ithin: OD 2hrs,	γP 4brs)		
OD 7 (17) Reporting Only	i-Photo Uploade	ed	1		
TP Insurer:	Assessment/Surve	y Report			
Tr msurer.	Ass't Report by F	ax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW; (		edis -	Tol:	Fax:	)
TP Particulars: Veh No: 50	७२ घ	. INC (	)/Non-INC( )	166	30
Owner / Driver: (			Tel:	)	
Policy No: ( )	Period: (	),	Cover Type: (	-/ / / / /	
Confirmed by : (	And the Course of	Date:	Time;	)	
Insured/Driver Liability: ( %)	[Note-Est. Status (WO)	): N: 0-20	%; P: 21-79%. P: 80-	100%]	
Year of Registration: ( )	Warranty: YES ( )	/NO(	)		
Excess: (\$ ) Loading: \$1	1,000 ( )/\$2,000 (	)			
General Remarks;-		18 ( N )		1985 13 TO	
( ) Walk-In Customer : Customer's in			-	The state of the s	
( ) Total Loss Case : to e-mail Insu				7	
Drive-In ( )/Towed-In ( ); Invoi	ice: YES ( ) / NO	( ); To	wing Co: (	Maria de Caracteria de Caracte	)
				PARKAGET	STE
Remarks: (INC horline: 6788 6616)	TANK UNITED BY SERVICE SECTION OF THE PROPERTY	and the second	Date&Time Completed	Done	ypy
1) Apply for Transport Allowance ( )			Machine &	2-	
2) QC Check / Post Repair Inspection	( ) ( ) ( )		Walled P	1	
3) Upload Resurvey Photo [Repair Cost>	\$3000] ( )	7			
Injury:					
Date/Time Actions		TALL STATE	A 17 - 17 - 17 (17 - 17 - 17 - 17 - 17 -		
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	3				UH TAN
NA 1807-788	In	voice Prep	aration Checklist	Amt (S) fat Bill	Amt (5)
	1) /	AR : Accident P	sporting (\$30);	1603 Shepina	- Man Dill
laimant's Particulars :-		DA : Damage A FF : Towing Fee	ssessment (\$100); INC (\$	\$80) 40/\$45	
river/Owner:	4) F	FT : Follow-Thr	ough Survey	\$120	
entact No:			ough Survey (Resurvey) instINC Only (wef 10 Jan 200	25)	
amaged Portion:	6) 7	FR: Re-inspecti	on	\$75	
		N1 : Idao DA +	ASSESSMENT OF THE PARTY OF THE	\$160	
C Checked by (Engr-In-Charge):	2	DD			
Checken by (Bugi-th-Charge):	the second secon	NS: Courtesy C	or / Tpt Allowance	\$5 510	
uditors! Comments :-	THE PROPERTY OF THE PARTY OF TH	N7: Post Repni	r Inspection	\$25	
1	A STATE OF THE PARTY OF THE PAR		ot Excess Coordination Non INC) against INC	\$20	
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2/3;		olce dated olce dated	Fee Charged Fee Charged	MARTINE CONTACT	

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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Gender

Mobile Number

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.
- 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.
- 5. 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 aforesaid.

<b>建设的设计区域的</b>	ACCIDENT STATEMENT
Date Of Report	28/11/2018 11:45
Date Of Accident	27/11/2018 16:10
Exact Location Of Accident	JUNC ANSON RD TWDS MAXWELL RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLK5314L
Insured/Policyholder	
Name Of Registered Owner	NEO AUTO LEASING PTE LTD
Co Reg No	201814915N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
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	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	5104798553
Cover Note Number	
Driver	
Name of Driver	YEO TECK SOON
NRIC No	S7301646J
Date Of Birth	14/01/1973
Occupation	OUTDOOR
Date Of Driving Pass	09/05/2005
Driving Experience	13 YEARS AND 6 MONTHS

MALE

NOEMAIL

(LOCAL) +65-96466415

OFFICE-96466415

BLK 929 TAMPINES STREET 91 Address

#12-453 520929

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 COLLISION - CROSS JUNCTION

Weather Conditions CLEAR Road Surface WET

Other Information

Postcode

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

**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, I WAS MAKING A LEFT TURN ALONG THE STATED VENUE AS TRAFFIC LIGHT WAS IN GREEN IN FAVOR. VEHICLE B WAS MAKING A LEFT TURN ALONG LANE 3 AND HE WAS TOO CLOSE TO MY VEHICLE. AS A RESULT, VEHICLE B HIT ONTO MY VEHICLE FRONT RIGHT 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 SDU72J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver JEFFREY CHUA SENG KIAT (JEFFREY CAI CHENGJIE)

NRIC/Passport Number S7247026E

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.
- 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)

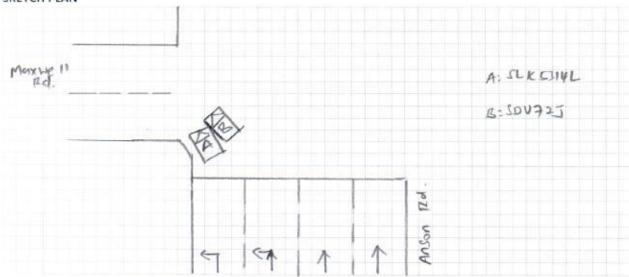
I understand, acknowledge, agree and consent that:

- (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 Signature Date & Time:

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

NRIC/FIN No.:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

peter to statement.	
ARATION EO 4	
declare the foregoing particulars are true in every respect.	

Policyholder's Signature Date & Time:

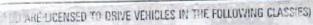
Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:







PASS DATE

Motor curs =< 3000 kg with =< 7 pussengers, exclusive of the driver; and motor tractors /vahicles ≈< 2500 kg

Licence No: 87301646.J

2532561 S7301646J 25-11-1994 SAF FCG APT BLK 929 TAMPINES STREET 91 #12-453 SINGAPORE 520929 Date: 01-02-2004 No: 4832790 NRIC No: \$7301646J



olicy No.	5104798553	Policyholder Name	NEO AUT	O LEASING PTE LTD	Policyholder NRIC	201814915	N.
Certificate lo					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
ddress	BLK 31 #17-204 EUNOS CRESO	CENT EUNOS C	OURT SING	SAPORE 400031			
roduct lame	FLEET INSURANCE	Plan			Group Policy Flag	N	
olicy suc ate	18/10/2018	Effective Date	18/10/20	18 00:00	Expiry Date	24/09/2019	23:59
xcess ype		All Claims Excess					
hird arty xcess	1500	Own damage Excess	1500		Windscreen Excess	100	
dditional xcess	0	OS Premium	16636.32				
outside ingapore ID xcess	1500	Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
gent	ANIKA INS BROKERS & CONSU	L Agent Tel.	66729988	3	GST Flag	Y:	
nsurance lag Open Jolicy Info	No						
Certificate nfo							
<ul> <li>Policyl</li> </ul>	holder Mailing Address						
ddress 1	BLK 31 #17-204	Addre	ess 2	EUNOS CRESCENT		Address 3	EUNOS COURT
ddress 4	SINGAPORE 400031	Addre	ess Type	Singapore address		Post Code	400031
nit No.	17-204	Relati	ed Policy per	5104798553			
Insure	d Object: SLK5314L						
Endors	sements						
Sequen	18/10/2018 00:00	Endorseme Basic Informa Endorsement		Endorsement Numbe	Endorseme Effective	ment Status	Endorsement Content 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. SLJ8974S 24-10-2018 \$1,064.32 2. SLK5314L 24-10-201 \$1,064.32 4. SLN7706K 24-10-201 \$1,064.32 5. SLN833Y 24-10-2018 \$1,064.32 In view of this amendment, an additional premium of \$5,321.60 (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 extended.

	s not been collected.				
Accident MT/1021714	and Contract				
rolicy No Certificate No.	5104798553	Venicle No.	SLK5314L	GST Registration No.	
olicyholder Name.	NEO AUTO LEASING PTE LTD.			Policyholder NRIC	201814915N
roduct Code	PLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
ortact No IMobile)	0	Contact No. (Office)	0	Contact No. (Home)	0
mail Addressi		Special Remark		eCode	mes.
ik.	® No ○ Yes	TCA	® No ○Yes	eCode Reason	100000
CD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
port Date	28/11/2018 12:28	Accident Report Within 24 hrs	res	Academ Type	Collegion - Cross Junction
te of Accident	27/11/2018	Time of Accident hhomes	16-10	Country of Accident	Singapore
porting Centre		Orange Force	V.193300	ICM No.	=-300000000000
cident Location	JUNC ANSON RD TWDS MAXWELL RO.				
Excess					
in damage Excess	1,500.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess		Dulside Singapore OD Excess	1,500.00	Wildscreen Excess	100.00
on Party Excess	1,500.00	Dutaide Singapore TP Excess	1,500.00		
Benefits			1,000,00		
GST Registered Inform	ation				
T Registered	No		GST Registration Date		
T Registration No.	350		GST Statut Verified	Yes	
offication History					
Policyholder Mailing Ac	ddress				
dress 1	BLK 31 #17-204	Address 2	EUNOS CRESCENT	Address 3	EUNOS COURT
Gress 4	SINGAPORE 400031	Address Type	Singapore address	Post Code	400031
rt No.	17-204	Related Policy Number	5104798553		
Of Driver Info					
ver Name	Unnamed Driver	Driver Type	Unnamed Sover		
named driver name	YED TECK SOON	Driver NR3C	573016461	Driver DOB	14/01/1973
gister Date of Driver License	09/05/2005	Driver Age	45	Driving Experience	13
ntact No (Mobile)	96456415	Contact No. (Office)	a	Contact No.(Home)	0
drass 1	BUK 929	Address 2	TAMPINES STREET 91	Address 3	TAMPINES PALMSPRING
idress 4	SINGAPORE 520929	Address Type	Singapore address	Post Code	520929
IT NO	12-453				
us he dwn a Singapore gotered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
gozeren cary				Silver steader Sandard	
claration					
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