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Date In: 13 /1/18 - 15: 04	Jeb description	Date &Time Completed	Done by
Rel No: 44 INC18022440 /24	SAS e-filing		
Veli No: SICHTIGEX	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 11/1/18-17-50	i-Motor Claim Form	M1 1023760-001	13) 12/18 15:42.
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hr i-Photo Uploaded	z, TP 4hrs)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (fax:)
TP Particulars: Veh No: \$1379:	ais. INC()/Non-INC()	
Owner / Driver: (172.	Tel:)
Policy No: () Perio	od: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [No	ote-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]
Year of Registration: () W:	arranty: YES ()/NO ()	
Excess: (\$) Loading: \$1,000)()/\$2,000()		
General Remarks:-	* * * * * * * * * * * * * * * * * * *		
() Walk-In Customer: Customer's inform			
() Total Loss Case : to e-mail Insurer		netry NO Taler of repailer.	
Drive-In ()/ Towed-In (); Invoice:	YES()/NO();T	owing Co: (
Remarks:- (INC hotline: 6788 6616)			A STATE OF THE STA
(3)(3)310.1111((0)00.0010)	Strands of the second second second second	Date & Jame Completed	13 one by
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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 <u>truthful</u> and <u>accurate</u> as possible. Any witful 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.

Mark the decision by the same of the	ACCIDENT STATEMENT
Date Of Report	13/12/2018 15:04
Date Of Accident	11/12/2018 17:50
Exact Location Of Accident	PUNGGOL RD BEFORE JUNC TPE
Country/State of Loss	SINGAPORE
通到"种"的"大"。	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKN5396X
Insured/Policyholder	
Name Of Registered Owner	OSCARS LEASING PRIVATE LIMITED
Co Reg No	201431292N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91129911
Alternative Phone No	OFFICE-91129911
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E 300
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5071881363-03
Cover Note Number	
Driver	
Name of Driver	CHEN WEIMING SAM
NRIC No	S9018019C
Date Of Birth	30/05/1990
Occupation	OUTDOOR
Date Of Driving Pass	27/06/2013
Driving Experience	5 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87192978
Fax Number	Medical Care Section (Care Section Care Sect
Contact Number	OFFICE-87192978
	(

NOEMAIL

Address BLK 25 HOUGANG AVENUE 3

#10-448

Postcode 530025

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

0

Insurance Company of Driver's Own Vehicle

83

8.322

NO

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions RAINING
Road Surface WET

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 Number of Passengers (Including Driver) 1

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 SLJ7973B

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)

Passenger 1

3

NAME:

GENDER: :

Passenger 2

NAME:

GENDER: :

SKETCH PLAN

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 <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

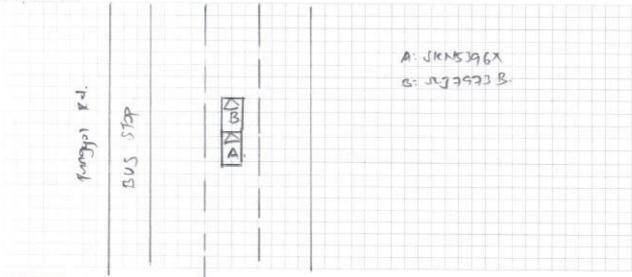
(ii) for complying with requirements under any regulations, laws or court orders.

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

Name:

NRIC/FIN No.:

Reporting Centre Personnel's Signature



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to standard.

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

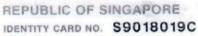
Name: NRIC/FIN No.: ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY VEHICLE B JAMMED BRAKE. I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR PORTION.

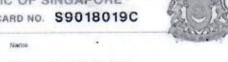
ACCIDENT STATEMENT

ACCIDENT DATE:	112/18)(DD/MA	M/YYYY), TIME:(() :50)(HH:MM)
LOCATION: Ring	the section in the second	7pE.
 DETAILS OF a) VEHICLE 	VEHICLE NUMBER: UK HT396X.	E 20
b)insuran	CE COMPANY: H13C	
	UMBER: 5621861363-03	
d)POLICY T	PE: (COMPREHENSINE / THIS	RD PARTY / THIRD PARTY FIRE &THEFT)
e)MAKE & I		(1000)
g) VEHICLE	CATEGORY: (PRIVATE / COM.) OF USING AT ACCIDENT TIM.	LORRY / MOTORCYCLE / OTHERS) MERCIAL / MOTORCYCLE) E:
i) ARE YOU (LAIMING UNDER YOUR OW	N INSURANCE (YES/NO)
IF NO, PLE	ASE STATE (THIRD PARTY CLAI	IM / REPORTING ONLY)
2. INSURED / P		
b)NRIC/FIN/	ucars leasing thrute 1	
c) ADDRESS:		CONTACT: 9112 9911.
J/10011201		
* CONTINUE	TO 3.d IF DRIVER ALSO POLI	CY HOLDER
THE OF passengs. DRIVER	and the second second	1.
(Including driver) DINRIC/FINA	PASSPORT: 39018019c	(MALE / FEMALE)
	alle is Houghing avenue	CONTACT: 6719.7978.
C/ADDRESS.	THE 13 HOUSE	341 100448 (11004).
*d)DATE OF	BIRTH: (30/5/1995))(DD/MM/YYYY)
	ON: (INDOOR / OUTDOOR)	NOD/MIM/TTTT
f) YEARS OF D	RIVING EXPRERIENCE:	16/2013.
4. WAS DRIVE	AN EMPLOYEE OF THE IN	SURED'S COMPANY? (YES / NO)
IF NO, RELA	TIONSHIP OF THE DRIVER	WITH INSURED: Hing
b)ROAD SURI	CONDITION: (CLEAR / RAINING ACE: (DRY / WET / OTHERS_	G / OTHERS
6. WAS ANYBOD	Y INJURED (YES / NO)	
7. a)REPORTED	O POLICE (YES / NO)	
IF YES, PLEA	SE STATE WHICH POLICE STA	TION:
Q THIRD DARTY	/FILICUE	
He of passanger a) VEHICLE	NUMBER: 5 61 79738.	MODEL:
	1.70.01.1761	See time.
c) NRIC/FIN	PASSPORT:	CONTACT:
THE TAKE		
		MODEL:
Including driver) a LIDIC TOLL	NAME:	4.0
Including driver f) NRIC/FIN	PASSPORI:	CONTACT:
		31
8 4		41
		1

email = donal A@ ascarsteasing.com.sg









CHEN WEIMING SAM





30-05-1990 Country/Place of birth SINGAPORE



5750034

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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 27 Jun 2013 of the driver; and other motor vehicles =< 2500kg 4

15-05-2017

APT BLK 25 HOUGANG AVENUE 3 #10-448 SINGAPORE 530025

eBaoTech					GeneralClaim						
Hello, NAC_PAYA_UBI_80	0601						· Change La	nguage	· Change Pa	ssword •	Log Out
My Desktop Notice of Loss	Poli	cy Query									19
	Policy N	lo.				Date of	Accident	11/1	2/2018 17:50		
	Vehicle	No.(For Motor)	SKN539	6X		Certific	ate Number				
					S	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry
	0	5071881363- 03		OSCARS LEASING PRIVATE LIMITED	201431292N	GFT	drivo CLASSIC	SKN5396X	SKN5396X	01/06/2018	
					Co	ntinue					

amendment, an additional premium

Policy Information Policyholder Policyholder Policy No. 5071881363-03 OSCARS LEASING PRIVATE LIMI 201431292N Certificate Address 110 LORONG 23 GEYLANG #02-05 VICTORY CENTRE SINGAPORE 388410 Product Group FLEET INSURANCE Plan Name Policy Flag Policy Effective 28/05/2018 issue 01/06/2018 00:00 Expiry Date 31/05/2019 23:59 Date Excess All Claims Type Excess Third Own Windscreen Party 1500.00 damage 2000.00 100.00 Excess Excess Excess Additional 732.64 Excess Premium Outside Outside Singapore 2000.00 1500.00 Singapore Young/Inexperience Driver Excess OD TP Excess Excess Agent DICKSON INSURANCE AGENCY Agent Tel. 63447667 GST Flag Coinsurance No Flag Open Policy Info Certificate Policyholder Mailing Address Address 1 110 LORONG 23 GEYLANG Address 2 #02-05 VICTORY CENTRE Address 3 SINGAPORE 388410 Address 4 Address Type Singapore address Post Code 388410 Related Policy Unit No. 5071881765-03 Number □ Insured Object: SKN5396X □ Endorsements Date of Endorsement Sequence Endorsement Type Endorsement Number **Endorsement 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. SLG9083Y 12-06-2018 \$1,507.88 2. SLH6937Z 12-06-2018 \$1,507.88 3. SLH934X 12-06-2018 \$1,507.88 In view of this amendment, an additional premium of \$4,523.64 (inclusive of GST) is Basic Information **Endorsement Take** payable under your policy. Please 12/06/2018 00:00 000001286837847 Endorsement Effective 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. 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. SLG7971Y 13-07-2018 \$1,375.83 2. SLJ4045A 13-07-2018 \$1,375.83 In view of this

Claim Handling					·Ex
Accident MT/1023760	not been collected.				
Palicy No.	5071881363-03	Vehicle No.	SKN\$396X	GST Registration No.	201431292N
Certificate No.		1.500001000		ser reguestating.	2014312728
Policyholder Name	OSCARS LEASING PRIVATE LIMITED			Policyholder NRIC	201431292N
Product Code	PLEET INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	91129911	Contact No.(Office)	0	Contact No. (Home)	0
Email Address		Special Remark		eCode	The W
KFK	B No ○ Ves	TCA	® No ○ Yes	eCode Reason	
NCD Protection	TAG .	NCD Entitlement(%)	0	Private Hire	No.
 Accident Details 					
Apport Date	13/12/2018 15:40	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Academ	11/12/2018	Time of Accident hh;mm	17:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICH No.	
Acodent Location	PUNGGOL RD BEFORE JUNC TPE			1200000	
T Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		105.44
Third Party Escens	1,500.00	Outside Singapore TP Excess	1,500.00		
⇒ Benefits					
GST Registered Inform	ation				
GST Registered	Yes		GST Registration Date	29/06/2005	
GST Registration No.	201431292%		GST Status vented	No.	
Modification History					
Policyholder Hailing Ad	fdram.				
Address 1		200 15			
	110 LORONG 23 GEYLANG	Address 2	#02-DS VICTORY CENTRE	Address 3	SINGAPORE 388410
Address 4		Address Type	Singapore address	Post Code	388410
Unit No.		Related Policy Number	5071881765-03		
□ DI Driver Info	270000000000000000000000000000000000000		000000000000000000000000000000000000000		
Unnamed driver Name	Unnamed Driver	Onver Type	Unnamed Driver		
	CHEN WEIMONG SAM	Oriver NA3C	\$9018019C	Driver DOB	30/05/1990
Register Date of Oriver License		Driver Age	28	Driving Experience	
Corract No. (Mobile) Address I	87192978	Contact No. (Office)	0	Contact No.(Home)	0
	BLK 25	Address 2	HOUGANG AVENUE 3	Address 3	SINGAPORE 530025
Address 4 Unit No.	10-449	Address Type	Singapore address	Post Code	530025
Does he own a Singapore					
Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test	Omg	Any injury?	○ Yes ® No		
Reading?		and admit	C 165 @ NO		
Modification History					
Claim 001 New					
Maximum I was					
	-			A PARTICIPATION OF THE PARTICI	
Claim Type *	OD-MK	Insured Name	OSCARS LEASING PRIVATE LIM	Insured NRIC	201431292N
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	61006913
Email Address		OI Vehicle Number	SKN5396X	TP Velvole Number	SL179738
Claimant Type Claimant Type •	Prease Select	Type of Benefit *	Please Select		
Claimant Name *	22	Claimant NRIC *			
Claimant Address					
Claim Description Neferred Workshop Contact	SKN5396X / SLJ79736 ON 11 Dec 2018	10		Name of Preferred Workshop	
No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	13/12/2018 15:42	Claim Close Date		Date Received	13/12/2018 00:00
Report Taken By	Jackson				
Print AK letter					
		9	William William		
Attachment		9	Save Submit		
- Manual of					
o .					
Accident No.	MT/1023760	Claim No.	901		
ast Doc. Received	● Yes □ No	Upload Date	13/12/2018 15:43		
	Path *		Category *	Confidential Urgeni	by * Description *
		Browse	Clear Please Select		y · Description ·
		Browse	Oear Please Select		9
		Berner	Pract Pare Sales	The last the	

