			i par	£ 1725	
NATIONAL Assessment C	entre Services.	[wef 1 Jan'05] N	120091811911		
Date In: 12/18-16:06	Jeb descripti	OII	Date & Time Completed	Dor	ne by
Rei No. 44 14 C18022632/24	SAS e-filin	g			
Veh No: JKH50WM	E-mail (wid	ia Shrs, AIC 2hrs)			
D.O.A : 6/14/18-19:55	i-Motor Cl	aim Form	100-62110501 LW	17/12/18.	10.To
-	i-Motor W	O (Within: OD 2hr		11 11	19.50
OD TP Reporting Only	i-Photo Up		1	 	
TO		Survey Report		1	
TP Insurer:		by Fax / Hand t	o Owner/Wksp	 	
Preferred Wksp / INC Assign Wksp / QW	The second secon			Fax:	
TP Particulars: Veh No:	Shupyap.	INC (7 40.	
Owner / Driver: (101019	, 1110(Tel:	- 1	
Policy No: (Period: ()	Cover Type: (
Confirmed by : (Date:	Time:	1	
Insured/Driver Liability: (%) [Note-Est Status	2000000000	0%; P: 21-79%. F: 80-	100%1	
Year of Registration: () Warranty: YES ()		
	\$1,000 ()/\$2,00				
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	information strictly C		a extituos experior	54.09 Art 1	C + .
() Walk-In Customer's			ictly NO refer of repairer.		
() Total Loss Case : to e-mail In			44 1 3		
Drive-In ()/ Towed-In (); Inv	voice: YES () /	NO (); To	owing Co: ()
Remarks:- (INC hotline: 6788 661	G) `		Date&Time Completed	Done	Shiv -
) / Courtesy Car ()	Service of the servic	Wall of STRONG	i de y
2) QC Check / Post Repair Inspection	()	*		
3) Upload Resurvey Photo [Repair Cost	> \$30001 (<u></u>			
	- 65000)				-11-52.5
Injury:					
Date/Time Actions			e in obtain	THE STATE OF	1-27-12
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141808266 ·		Invoice Prepa	aration Checklist	And (S)	Add B
aimant's Particulars :-		1) AR : Accident R			
iver/Owner:		2) DA : Damage A: 3) TF : Towing Fee	ssessment (\$100); INC (\$8	0) /\$45	
		4) FT : Follow-Thr	ough Survey	120	arrage manager
ntact No:			ough Survey (Resurvey) inst INC Only (wef 10 Jan 2005)	\$30	
maged Portion:		6) TR : Re-inspection	on	\$75	
A CONTRACTOR OF THE CONTRACTOR		7) N1 : Idac DA + 8 8) NTUC Additions	The second secon	160	
Checked by (Engr-In-Charge):		OD.	il Sel vices.		1201000
Cuarge of (pugi-in-Charge):			ar / Tpt Allowanue	\$5	
ditors' Comments :-		*N6: Repair Co-r *N7: Fost Repair		\$25	
		*N8: DV / Collec	et Excess Coordination	\$5	
J.	12. 12	TP (N11): TP (N 9) N12: Idae Mobile		30	
2/3;		Invoice dated	Fee Charged		
## _ A		Invaice dated	Fee Charged	经产用权	Maria Control

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.

- 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 ladgement 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

THE STATE OF THE S	ACCIDENT STATEMENT
Date Of Report	17/12/2018 16:06
Date Of Accident	15/12/2018 19:55
Exact Location Of Accident	JUNC CAIRNHILL RD & CAIRNHILL CIRCLE
Country/State of Loss	SINGAPORE
美国基本的 经公司 计	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKN5000M
Insured/Policyholder	
Name Of Registered Owner	EXCEL LIMOUSINE SERVICES
Co Reg No	53258814B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88764614
Alternative Phone No	OFFICE-88764614
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101652658
Cover Note Number	
Driver	
Name of Driver	XIE YUNLI
NRIC No	S7824978A
Date Of Birth	29/08/1978
Occupation	INDOOR
Date Of Driving Pass	05/04/2004
Driving Experience	14 YEARS AND 8 MONTHS

MALE

NOEMAIL

(LOCAL) +65-82828382

OFFICE-82828382

BLK 49 WHAMPOA SOUTH Address

#07-12 330049

Was driver an employee of the Insured's Company

NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

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?

YES

Was any injured conveyed to hospital by ambulance?

NO

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?

YES

If Yes, Please state which Police Station

Police Station Name

MARINE PARADE NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4428999 - FAX NO: 62447678

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20181216/2102.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGL8048P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

JOHAR SANJEEV

NRIC/Passport Number

G5840640L

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME:

GENDER:

DETAI	LS OF	INJURE	D PERSON 1
-------	-------	--------	------------

Name XIE YUNLI

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKN5000M

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

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)

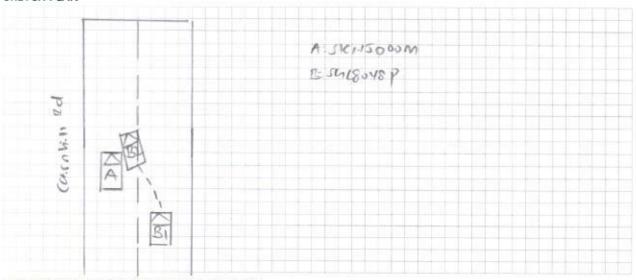
I understand, acknowledge, agree and consent that:

- (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

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Rela to police 19014 -7/2018 1216/212.

DECLARATION SERV

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.:





1 of 3

Report No. T/20181216/2102

Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

Tel No: 1800-4428999

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 018 20:05	/lade:	Vide Report No.:	Station Diary No.: 91
Informa	nt's Partic	ulars		
Name of	f Informant: NLI		Address: APT BLK 49 WHAMPOA	SOUTH #07-12 SINGAPORE 330049
	/ ID No.: 0 / S78249	78A	Contact No.: Home/Office:	Mobile: 82828382
National SINGAP	ity: ORE CITIZ	EN	Email:	=
Sex: Male	Age:	Date of Birth: 29/08/1978	Type of Informant: Driver	
Race: Chinese		1	Language:	Institution / School Name:
Occupat			Driving Licence Information Class: 3	on: Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/12/2018 19:55	Type of Location Straight Road
Location: Along Road 1 CAIRNHILL F CLEMENCEA Weather:		Road 2	R	oad Speed Limit:
Heavy rain		Wet		oud opood Linin.
Traffic Flow: Two Way		Traffic Control: Traffic Light - Wo	CACAMATA CO.	raffic Volume: eavy

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGL8048P	Car		Mar Kalifornia	zami dani-		0
SKN5000M	Car	3			Seriously Damaged	

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





Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

Tel No: 1800-4428999

2 of 3 Report No. T/20181216/2102

CONTINUATION OF REPORT

Driver		O BUILD		SERVE TO		
Name	JOHAR SANJEEV			ID No		G5840640L
Related Vehicle	SGL8048P (Car)			Conta	ict No.	NIL
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL		Degree of Injury NIL		
Driver					THE R.	What are a second
Name	XIE YUNLI			ID No		S7824978A
Related Vehicle	SKN5000M (Car)			Contact No.		82828382
Hospital/Clinic	SIGLAP FAMILY CLINIC			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	16/12/2018	1000	Date Discl	harge	16/12	2/2018
No. of Days gran	ted Medical Leave	04	Degree of		Slight	

Brief Details.

On 15/12/2018 at about 1958hrs, I was driving along Cairnhill Road towards Clemenceau Avenue. It was raining heavily and the traffic was very heavy. As I was driving alone the lane where there is only a left turn, the other party that was in the lane to my right came in to my lane. Subsequently, the other party's vehicle side then hit onto the front right portion of my vehicle.

I then alighted from my vehicle and discovered that there were damages to my vehicle. The damages include damage to the side fender, damage to the rims, the driver side door is unable open properly as well as scratches at the right headlight. My vehicle is also unable to function properly as there will be a noise created whenever I cruise.

I have proceeded for a medical check-up and was given medical leave of 4 days. I also wished to inform that I have an in car camera that had captured the incident.





3 of 3 Report No. T/20181216/2102

Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296 Tel No: 1800-4428999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

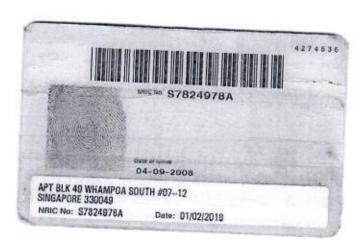
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 2 KHAIRUL HANIS BINTE RUSLI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 16/12/2018 20:05
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID	Classification Of Case:
Contact No.: 65476172 Authentication Stamp	FORCE









eBaoTech									Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601					· Chang	e Language	Chang	e Password	+ Log Ou
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date	of Accident	-	15/12/2018 1	9:55	
	Vehicle No.(For Moto	SKN50	M000		Cert	ficate Numbe	r [
					Search	1				
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5101652658		EXCEL LIMOUSINE SERVICES	53258814B	GPC	drivo CLASSIC	SKN5000M	SKN5000M	27/06/2018	22/06/2019

Policy No.	5101652658	Policyholder	EXCEL LI	MOUSINE SERVICES	Policyholder	53258814B	
Certificate No.		Name	- 1000	TTOTAL OF MICES	NRIC	23230014B	
Address	100 JALAN SULTAN #04-19 SU	ILTAN PLAZA SI	NGAPORE	199001			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	27/06/2018	Effective Date	27/06/20	18 00:00	Expiry Date	22/06/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Agent	TECK WEI CREDIT PTE, LTD.	Agent Tel.	64650020	null	GST Flag	Υ	
Co- insurance Flag	No				Action Parents		
Open Policy							
Info							
Certificate							
Certificate nfo	holder Mailing Address						
Certificate Info	holder Mailing Address	Addre	is 2	#04-19 SULTAN PI	AZA	Address 3	SINGAPORE 199001
Certificate Info Policyl Address 1	CONTROL SERVICE	20000	ss 2 ss Type	#04-19 SULTAN PI Singapore address	10.0351-67	Address 3	SINGAPORE 199001 199001
Certificate Info Policy	CONTROL SERVICE	Addres	ss Type d Policy		10.0351-67	100000000000000000000000000000000000000	
Certificate Info Policyl Address 1 Address 4 Unit No.	100 JALAN SULTAN	Addres Relate	ss Type d Policy	Singapore address	10.0351-67	100000000000000000000000000000000000000	
Certificate Info Policyl Address 1 Address 4 Unit No.	100 JALAN SULTAN 15-982 d Object: SKN5000M	Addres Relate	ss Type d Policy	Singapore address	10.0351-67	100000000000000000000000000000000000000	

V-1/1/2					
licy No.	5101652658	Vehicle No.	SKN5000M	GST Registration No.	
rtificate No.					
kcynoider Name	EXCEL LIMOUSINE SERVICES			Poscyholder NRtC	532506148
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
ontact No.(Mobile)	88764614	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	To V
W.	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	1,20
D Protection	No	NCD Encidement(%)	10	Private Hire	CHARLE
Accident Details				Private ring	Yes
port Date	17/12/2018 19:49	Accident Report Within 24 hrs.		71 0000 00 1002 100 10	
He of Accident	15/12/2018			Accident Type	Collision - Change / Cross lane
porting Centre	127 127 2010	Time of Accident hh:mm	19:55	Country of Acadent	Singapore
SCHOOL SCHOOL STATE		Orange Force		3CM No.	
cident Location	JUNG CASHNHILL RD & CASHNHILL CIRCLE				
vir damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess		Outside Singapore CO Excess	2,000.00		
ird Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Inform	ation				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Ventied	No	
dification History					
Bolicuboldes Malling	Maria				
Policyholder Mailing Ad					
dress 1	100 JALAN SULTAN	Address 2	#04-19 SULTAN PLAZA	Address 3	SINGAPORE 199001
dress 4		Address Type	Singapore address	Post Code	199001
it No.	15-982	Related Policy Number	5101652658		
OI Driver Info					
ver Name	XIE YUMCI	Driver Type	Main Driver		
names driver Name		Driver NRIC	57824978A	Driver DOB	29/08/1976
gister Date of Driver License	05/04/2004	Oriver Age	40	Driving Experience	14
ntact No.(Mobile)	02028302	Contact No.(Office)	0	Contact No.(Home)	ō.
dress 1	ILK 49	Address 2	WHAMPOA SOUTH	Address 3	SINGAPORE 330049
dress 4		Address Type	Singapore address	Post Code	330049
it No.	07-12				
es he own a Singapore pistered car?	○ Yes ® No	Driver Vehicle No.			
protected cary		SERVICE STATE		Driver Insurer Company	
deration					
eathalyser or Blood Test ading?	0 mg	Any injury?	® Yes □ No		
2000	둳		0.000		
dification History					
Claim 001 New					
NOT SELECT ON THE PARTY OF THE					
at The State of the	OD-MX	Insured Name	EXCEL LIMOUSINE SERVICES	Insured NR3C	532588148
		Contect No.(Home)		The second second	programme and the second
	83884928	Source worklands		Contact No.(Office)	THE RESERVE THE PARTY OF THE PA
ract No. (Mobile)	83884928 cugene.xie@sve.com.sg	OI Vehicle Number	SKN5000M	TP Vehicle Number	SGL8048P
cact No. (Mobile) oil Address	eugene.xie@iive.com.sg		SKN5000M Please Select		SGL8048P
tact No. (Mobile) of Address marct Type Claimant Type *	eugene.xie@kve.com.sg	00 Vehicle Number			SGL8048P
tact No. (Mobile) of Address mant Type Claimant Type * mant Name *	eugene.xie@ave.com.sg	OI Vehicle Number Type of Benefit •			SGL8048P
tact No. (Mobile) of Address mant Type Claimant Type * mant Name * mant Address	eugene.xie@ave.com.sg	OI Vehicle Number Type of Benefit •		TP Vehicle Number	3:GL8048F
tact No.(Mobile) all Address mant Type Claimant Type * mant Name * mant Address m Description	eugeneute@tve.com.sg	00 Vehicle Number Type of Benefit • Claimant NRIC •	Please Select		\$-GL8048F
tact No. (Mobile) al Address mant Type Claimant Type * mant Name * mant Address m Description erred Wernshop Contact	Please Select SKNS000M / SGLB04BP ON 15 Dec 2018	OI Vehicle humber Type of Benefit * Claimant hRIC *	Phoase Select	TP Vehicle Number	
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tact No. (Mobile) M Address mant Type Claimant Type * mant Name * mant Address in Description erred Wernshop Confect ure Final-socion Registered out Taken By	Eugene_sie@live.com.sg PHases Select >> SKNSD00M / SGI8048P DN 15 Dec 2018 Yes	OS Verticle Number Type of Benefit * Craimant NRSC * Insured Liability * Preference Repair Option	Phoase Select	TP Vehicle Number Name of Preferred Workshop GIA report	Received 💌
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