NATIONAL Assessment Ce	ntre Services met	1 Jan'05 MNA (18)	632 67	je.	angeso = em
Date In: (9) 14 16 - 14:18	Job description	732.11	&Time Completed	Don	e by
Ref No: NA) INC 18 02 28 09 /24	SAS e-filing				
Veh No: JN 1702	E-mail (within Shrs,	AIC 2hrs)			
D.O.A : 18/1/8 - 11:30	i-Motor Claim F	orm [M]	ייסי-לואנט	19/1/18	M ITT
OD : TP ! Reporting Only	i-Motor W/O (W		T. C.	77-1	1134.
OD THE REPORTING ONLY	i-Photo Uploade	d (-	
TP Insurer:	Assessment/Surve	Report			
11 marci.	Ass't Report by Fr	x / Hand to Own	r/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	F	ax:	*********
TP Particulars: Veh No:	H D 4980D.	. INC()/1	lon-INC ()		
Owner / Driver: (Tel)	-
Policy No: ()	Period: () Cove	Type: ()	-
Confirmed by : (D	ate:	Time:)	
Insured/Driver Liability: (9	6) [Note-Est. Status (WO)	N: 0-20%; P	21-79%. F: 80-1	00%]	
Year of Registration: () Warranty: YES ()	'NO()			
Excess: (\$) Loading:	\$1,000 ()/\$2,000 ()		-	
General Remarks;-		Share and the se	Sedebier L. 200	14 S 12 1 1 1 1	
() Walk-In Customer: Customer's	information strictly Confide			Lech Residence	1 1
() Total Luss Case : to e-mail In		ridar & Strictly No	7 Taler of repairer.		-
			4 14 4		
Drive-In ()/ Towed-In (); Inv	oice: YES () / NO () ; Towing (Co: (, ')
Remarks: (INC hotline: 6788 6616	9.5	D.	Time Completed	7.50.71.75	82.5
	/ Courtesy Car ()	Liateo	Tario Comple 30	Done	ру
2) QC Check / Post Repair Inspection	/ Courtesy Car ()		-		
3) Upload Resurvey Photo [Repair Cost	()				
	> \$3000] ()				
Injury:					
Date/Time Actions	200		See to serios	1700 F. A. e	77 C 77 P. P. P.
				REPROJECT OF	
	market and the second				-
		ii)			
	4				
	The second second				
AIRIRYZI	Iny	oice Preparation	Checklist	Anit (S)	Amt (3)
dimant's Particulars :-	200.30		(530);	fa Bill	Add Bill
	2) DA	: Accident Reporting			
iver/Owner:	3) TF	: Accident Reporting : Damage Assessmen		-	
ntact No:		: Damage Assessmen : Towing Fee	. \$40/5	45	
	4) FT	: Damage Assessmen	. \$40/\$ vey \$1	-	
10 mm (P)	4) FT 5) FT For	: Damage Assessmen : Towing Fee : Follow-Through Sur : Follow-Through Sur claiming against INC	\$40/5 vey \$1 vey (Resurvey) \$ Only (wef 10 Jan 2005)	45 20 30	
maged Portion:	4) FT 5) FT For 6) TR	: Damage Assessmen : Towing Fee : Follow-Through Sur : Follow-Through Sur claiming against INC : Re-inspection	\$40/5 vey \$1 vey (Resurvey) \$ Only (wef 10 Jan 2005)	45 20 30 75	
maged Portion:	4) FT 5) FT For 6) TR 7) N1	: Damage Assessmen : Towing Fee : Follow-Through Sur : Follow-Through Sur claiming against INC	\$40/5 vey \$1 vey (Resurvey) \$ Only (wef 10 Jan 2005) \$ rvey \$1	45 20 30	
Checked by (Engr-In-Charge):	4) FT 5) FT For 6) TR 7) N1 3 8) NT	: Damage Assessmen : Towing Fee : Follow-Through Sur : Follow-Through Sur claiming against INC : Re-inspection : Idae DA + SMRT Su UC Additional Service	\$40/5 vey \$1 vey (Resurvey) \$ Only (wef 10 Jan 2005) \$ rvey \$1 3	45 20 30 75 60	
	4) FT 5) FT 6) TR 7) N1 3) NT QJ:	: Damage Assessmen : Towing Fee : Follow-Through Sur : Follow-Through Sur claiming against INC : Re-inspection : Idac DA + SMRT Su UC Additional Service	\$40/5 vey \$1 vey (Resurvey) \$ Only (wef 10 Jan 2005) \$ rvey \$1 \$	45 20 30 75	
	4) FT 5) FT 6) TR 7) N1 3	: Damage Assessmen : Towing Fee : Follow-Through Sur : Follow-Through Sur claiming against INC : Re-inspection : Idae DA + SMRT Su UC Additional Service : Courtesy Car / Tpt A : Repair Co-ordination : Fost Repair Inspectic	\$40/5 vey \$1 vey (Resurvey) \$ Only (wef 10 Jan 2005) rvey \$1 s:- Illowence in \$5 in \$	45 20 30 75 60 \$5 10; 25	
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Checked by (Engr-In-Charge): ditors Comments:	4) FT 5) FT For 6) TR 7) NI 8) NT OI *N	: Damage Assessmen : Towing Fee : Follow-Through Sur : Follow-Through Sur : Re-inspection : Idac DA + SMRT Su UC Additional Service : Courtesy Car / Tpt A : Repair Co-ordination : Fost Repair Inspectic : DV / Collect Excess (N11): TP (Nan INC)	\$40/5	45 20 30 75 60 \$5 10 25 \$5 20	
Checked by (Engr-In-Charge):	4) FT 5) FT For 6) TR 7) N1 8) NT OI • N • N • N • N IP 9) N1 Invoice	: Damage Assessmen : Towing Fee : Follow-Through Sur : Follow-Through Sur : Follow-Through Sur claiming against INC : Re-inspection : Idac DA + SMRT Su UC Additional Service : : Courtesy Car / Tpt A : Repair Co-ordination : Fost Repair Inspectic : DV / Collect Excess (N11): TP (N-1a INC)	\$40/5	45 20 30 75 60 \$5 10 25 \$5 20	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.
- 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.

A CONTRACTOR STATE OF THE STATE	ACCIDENT STATEMENT
Date Of Report	19/12/2018 14:18
Date Of Accident	18/12/2018 11:30
Exact Location Of Accident	CTE (SLE) AFTER AMK AVE 1 EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJN1702J
Insured/Policyholder	
Name Of Registered Owner	OSCARS LEASING PRIVATE LIMITED
Co Reg No	201431292N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	NISSAN
Model	LATIO CVT 1.5L ABS D/AIRBAG 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	THIRD PARTY

Fleet Policy YES

Policy Number 5071881765-03

Cover Note Number

Driver

Name of Driver ALVAN NG MAO HONG

 NRIC No
 \$9312999G

 Date Of Birth
 20/04/1993

 Occupation
 INDOOR

 Date Of Driving Pass
 11/09/2013

Driving Experience 5 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96231299

Fax Number

Contact Number OFFICE-96231299

EMail Address NOEMAIL

BLK 217 LORONG 8 TOA PAYOH Address

#14-617

Postcode 310217

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 - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

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) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

GENDER:

: FEMALE

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?

NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG STATED VENUE. SUDDENLY VEHICLE B JAMMED BRAKE. I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR PORTION.

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

SHD4980D

Vehicle Make/Model/Colour

Details Of Properties Vehicle Category

TAXI

Name of Driver

TAN PUAY KIM

NRIC/Passport Number

S7300728C

Contact Number

Address

Postcode

Insurance Company Name

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:

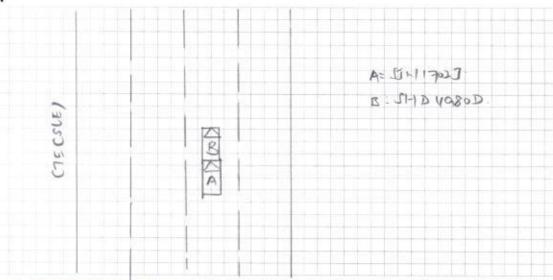
ASIA

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

refer to Hatement.	

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)

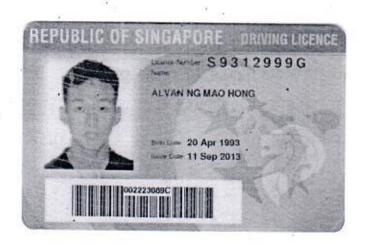
Date & Time:

Reporting Centre Personnel's Signature

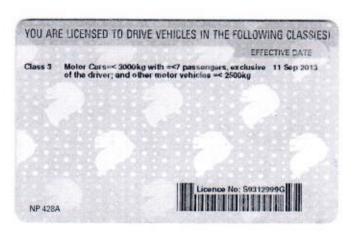
Name:

NRIC/FIN No.:









eBaoTech									G	eneralCl	laim
Hello, NAC_PAYA_UBI_80	0601						· Change La	nguage	Change P	assword ,	Log Out
My Desktop	Poli	cy Query									,
Notice of Loss	Policy N	lo.				Date of A	Accident	18/12	2/2018 11:30		
	Vehicle	No.(For Motor)	SJN1702)		Certificat	e Number				
					Se	arch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5071881765- 03		OSCARS LEASING PRIVATE LIMITED	201431292N	GFT	Third Party	SJN1702J	SJN17023	26/06/2018	
					Cor	ntinue					

Palicy No.	5071881765-03	Policyholder Name	OSCARS	LEASING PRIVATE LIMI	Policyholder NRIC	201431292	V
Certificate No.		SCORE VIII					
ddress	110 LORONG 23 GEYLANG #02	-05 VICTORY (CENTRE SI	NGAPORE 388410			
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
olicy ssue Date	28/05/2018	Effective Date	01/06/20	18 00:00	Expiry Date	31/05/2019	23:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0	
Additional Excess	0	OS Premium	1890.91				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	6344766	7	GST Flag	Y	
Co- insurance Flag Open Policy Info Certificate	No						
Info	haldon Mallion Addison						
10001-100	holder Mailing Address	021 8910	Sac		No.		22 4400 100
ddress 1	110 LORONG 23 GEYLAN			#02-05 VICTORY C	NTRE	Address 3	SINGAPORE 388410
Address 4		Relat	ess Type ed Policy	Singapore address 5071881765-03		Post Code	388410
D Insure	ed Object: SJN1702J	Numb	ber				
		en e 210 men		- supra constituent briggs story on	Va vapoteni		72.02.02.02.04.02.02.02.00.00.00.00
Sequer	01/06/2018 00:00	Endorseme Basic Informa Endorsement	stion	000001286827137	Endorsem Effective	ent Take	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. SJN6366M 01-06-2018 \$984.46 In view of this amendmen an additional premium of \$984.46 (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 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 "NTU Income" with your name and policy indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
2	01/06/2018 00:00	Basic Informa Endorsement	tion	000001286828160	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. SLZ8634P 01-06-2018 \$984.46 2. SJL9163Y 01-06-2018 \$984.46 In view of this amendment

Claim Handling The premium on this policy has Accident MT/1024513	not been collected.					EXIL
Policy No.	5071881765-01	Vehicle No.	53N17023	GST Registration No.		
Certificate No.			270/09/2019	POSTERON POSTERONOS IN		
Policyholder Name	OSCARS LEASING PRIVATE LIMITED			Policyholder NRIC	201431292N	
Product Code	FLEET INSURANCE	Cover Type	Tried Party	Loading	0	
Contact No.(Motile)	0	Contact No.(Office)	0	Contact No.(Home)	0	
Email Address		Special Remark		eCode	THE V	
KFK	® No ○ Yes	TCA	® No ○Yes	eCode Reason	10	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No	
Report Date	19/12/2018 19:53	Accident Report Within 24 hrs	Yes	Acodent Type	Collision - Head to Rear	
Date of Accident	18/12/2018	Time of Accident hhomm	11:30	Country of Accident	Singapore	
Reporting Centre		Orange Force		ICM No.		
Accident Location	CTE (SLE) AFTER AMK AVE 1 EXIT					
▽ Excess						
Dwn damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00	
Unnamed Driver Excess		Outside Singapore OD Excess	0.00			
Third Perty Excess	1,500.00	Outside Singapore TP Excess	1,500.00			
□ Benefits						
⇒ GST Registered Inform	ation					
GST Registered	No		GST Registration Date			
GST Registration No.			GST Status Verified	Yes		
Modification History						
- Ballockalder Mailler As						1.3
Policyholder Mailing Ad	110 LORONG 23 GEYLANG				A CONTRACTOR OF THE	
Address 1 Address 4	110 LORONG 23 GETLANG	Address Type	#02-05 VICTORY CENTRE	Address 3	SINGAPORE 388410	
Unit No.		Related Policy Number	Singapore address	Post Code	388410	
OI Driver Info		Related Policy Number	5071881765-03			
Driver Name	unnamed Driver	Driver Type	Unnamed Driver			
Unnamed driver Name	ALVANING MAD HONG	Driver NRIC	99312999G	Driver DOS	20/04/1993	
Register Date of Driver License	11/09/2013	Driver Age	25	Driving Experience	5	
Contact No.(Mobile)	96201299	Contact No.(Office)	0	Contact No. (Home)	8	
Address 1	BLK 217	Address 2	LORONG 8 TOA PAYOH	Address 3	SINGAPORE 310217	
Address 4		Address Type	Singapore address	Post Cade	310217	
Linit No.	14-617					
Opes he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company		
A STATE OF THE STA				10.110.00.00.00.00.00.00.00.00		
Declaration						
Breathalyser or Blood Test Reading?	Omp	Any injury?	○ Yes ® No			
Modification History Claim 001 New						(
Claim Type *	OD-MX	Insured Name	OSCARS LEASING PRIVATE LIM	Insured NRIC	201431292N	
Contact No.(Mobile)		Contact No.(Home)		Contact No. (Office)	61006913	
Email Address		Of Vehicle Number	S3N17023	TP Vehicle Number	SHD4980D	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *	>>	Clarmant NRIC *				
Claimant Address				1		
Owin Description	S3N17022 / SHD4980D OW 18 Dec 2018			Name of Preferred Workshop		
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault.			
Require Finalisation	Yes	Preference Regain Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	19/12/2018 19:55	Claim Close Dace		Date Received	19/12/2018 00:00	
Roport Taken By	Jackson					
of Print AK letter						
			Second References			
Attachment			Save Submit			
9						
Accident No.	MT/1024513	Claim No.	001			
Last Doc. Received	₩ Yes ○ No	Upload Date	19/12/2018 19:56			
	Path *		Category *	Confidential Urgeni	cy * Description *	
		Browse.	The second secon		<u> </u>	
		Browse.			0	
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