Fluide In 4 l 1	Jcb description	Date &Time Completed	Done b	7.0
Date In: 21 /1 1/19 - 10:58				
Ref No: HA INC 18-229 10 24	SAS e-filing			
Veh No: 14432832	E-mail (within 8hrs, AIC 2hrs)			,4
D.O.A : 2011/18-13:45	i-Motor Claim Form	M1024757-001	31/12/18.10	4:34.
OD TP! Reporting Only	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)		
<u> </u>	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report	i		
	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:		INVENTED IN	Fax:	
TP Particulars: Veh No:	FRE 668 25 INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: (Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	6) [Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. F: 30-	100%]	
Year of Registration: ()	Warranty: YES ()/NO ()		
Excess: (\$) Loading: 5	\$1,000 ()/\$2,000 ()			
General Remarks;-		Company of the Compan		
() Walk-In Customer : Customer's				
() Total Loss Case : to e-mail Ins		arcay NO 1ster of reporter.		-
		Provide Co. (-	1
Drive-In ()/ Towed-In (); Invo	oice: YES () / NO ();	Towing Co: (
Remarks: (INC horline: 6788 6616	5)	Date&Time Completed	Done b	у
1) 1 1 6 15 111 1 1		- 4	Province Service Servi	
1) Apply for Transport Allowance () / Courtesy Car ()			
Apply for Transport Allowance (OC Check / Post Repair Inspection) / Courtesy Car ()	***************************************		
2) QC Check / Post Repair Inspection	()			
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SINGAPORE ACCIDENT STATEMENT

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</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.
- 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	~^	\sim 1	ne	 CT.		ME VI	г
	AC	u	ᅜ	317	A I E N		

 Date Of Report
 21/12/2018 12:58

 Date Of Accident
 20/12/2018 13:45

Exact Location Of Accident VICTORIA ST BESIDE BUSGIS+

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGN3283Z

Insured/Policyholder

Name Of Registered Owner JIS MOTORING PTE LTD

Co Reg No 201817717R Email Address NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-89999999

Vehicle Particulars

Manufacturer TOYOTA

Model ISIS 1.8 A

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 THIRD PARTY

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 5105021917

Cover Note Number

Driver

Name of Driver CHIA MENG HONG (XIE MINGFENG)

 NRIC No
 \$7806360B

 Date Of Birth
 01/03/1978

 Occupation
 INDOOR

 Date Of Driving Pass
 07/01/1997

Driving Experience 21 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87828843

Fax Number

Contact Number OFFICE-87828843

EMail Address NOEMAIL

Address BLK 412 PASIR RIS DRIVE 6

#10-365

Postcode 510412

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

K. 1. 100.1

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

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 3

Number of Passengers (Including Driver)

ber of Passengers (including Driver)

NAME:

1 4

Passenger 1

GENDER: : FEMALE

Passenger 2

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, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS TRAFFIC JUNCTION WAS RED. SUDDENLY I FELT AN IMPACT OF MY VEHICLE. I ALIGHT FROM MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE 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

FBE6682S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

BUDI HERMAWAN BIN MISABI

NRIC/Passport Number

S8321201B

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.
- 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 withholding 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. 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.
- 7. 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:

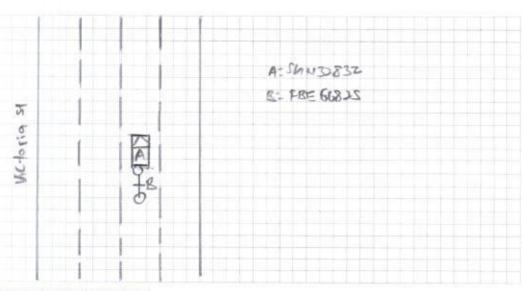
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
 - (i) 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.
- 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:

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 sto	femery.	

DECLARATION

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

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

Name: NRIC/FIN No.:

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7806360B



CHIA MENG HONG (XIE MINGFENG)

謝 明 峰

M

CHINESE

Date of pirth 01-03-1978

Country/Flees of hirth

SINGAPORE



Date of lease

13-04-2017

APT BLK 412 PASIR RIS DRIVE 6 #10-365 SINGAPORE 510412

5737185

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

REPUBLIC OF SINGAPORE - DRIVING LICENCE

CHIA, MENG HONG (XIE MINGFENG)

Dem Cate: 01 Mar 1978 Sauce Date: 11 Oct 2016

S7806360B

EFFECTIVE DATE

Class 3

07 Jan 1997

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight =< 7250kg Motor vehicles not constructed to carry any load and the unladen weight > 7250kg Motor vehicles not constructed to carry any load and the unladen weight > 7250kg Class 4

29 Jul 1999

Class 5

04 Apr 2000

NP 428A



eBaoTech					201	• Change La	nguage	110000	Service of the services	Log Out	
Polic	cy Query				Change Password Log C						
Policy N	10,				Date of	f Accident	20/1	2/2018 13:45	33		
Vehicle	No.(For Motor)	SGN3283Z			Certificate Number						
				5	earch						
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
0	5105021917		JIS MOTORING PTE.LTD.	201817717R	GFT	drivo CLASSIC	SGN3283Z	5GN3283Z	19/12/2018		
	Police Po	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No.	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Number C) 5105021917	Policy Query Policy No. Vehicle No.(For Motor) SGN3283Z Select Policy No. Certificate Number Name Sisseman Number Name O 5105021917	Policy Query Policy No. Vehicle No.(For Motor) SGN3283Z Select Policy No. Certificate Number Name NRIC S105021917 MOTORING 201817717R	Policy Query Policy No. Vehicle No. (For Motor) SGN3283Z Certific Search Select Policy No. Certificate Number Name NRIC Sis MOTORING 201817717R GFT	Policy Query Policy No. Vehicle No.(For Motor) SGN3283Z Certificate Number Search Select Policy No. Certificate Number Name NRIC Name NRIC S105021917 MOTORING 201817717R GFT drivo CLASSIC	Policy Query Policy No. Date of Accident 20/1: Vehicle No.(For Motor) Search Select Policy No. Certificate Number Name NRIC Number Name NRIC 11S MOTORING 201817717R GFT drivo CLASSIC SGN32832	Policy Query Policy No. Date of Accident 20/12/2018 13:45 Vehicle No.(For Motor) Search Search Select Policy No. Certificate Number Name NRIC No. Search Object 115 MOTORING 201817717R GFT drivo CLASSIC SGN3283Z SGN3283Z	Policy Query Policy No. Vehicle No.(For Motor) Search Select Policy No. Certificate Number Name Name Name NRIC Signature Name NRIC Select Policy No. Select Policy No. Certificate Number Name NRIC No. Select Policy No. Select Policy No. Certificate Number Name NRIC No. Select Policy No. Select Policy No. Select Policy No. Certificate Number NRIC No. Select Policy No. Sel	

olicy No.	5105021917	Policyholder Name	JIS MOTO	ORING PTE.LTD.	Policyholder	201817717	2
Certificate No.		Name			NRIC		
ddress	60 JALAN LAM HUAT #05-13 CA	ARROS CENTRE	SINGAPO	RE 737869			
roduct lame	FLEET INSURANCE	Plan			Group Policy Flag	N	
olicy sue ate	26/10/2018	Effective Date	26/10/20	18 00:00	Expiry Date	03/10/2019	23:59
xcess ype		All Claims Excess					
hird arty xcess	1500.00	Own damage Excess	1500.00		Windscreen Excess	100.00	
dditional xcess	0	OS Premium	11553.54				
Outside Singapore OD Excess	1500.00	Outside Singapore TP Excess	1500.00			You	ng/Inexperience Driver Excess
Agent	THINK ONE AUTOMOBILE & TRA	Agent Tel.	65553300)	GST Flag	Υ	
Co- nsurance Flag Open Policy Info Certificate	No						
Policyl	holder Mailing Address						
ddress 1	60 JALAN LAM HUAT	Addre	ss 2	#05-13 CARROS C	ENTRE	Address 3	SINGAPORE 737869
ddress 4	Activities and the second of t		ss Type	Singapore address		Post Code	737869
Init No.	05-13		d Policy	5105021917		r dat Gode	737003
) Insure	d Object: SGN3283Z						
	sements						
Sequer	nce Date of Endorsement	Endorseme	nt Tyne	Endorsement Number	Fodoreas	ment Status	Endorsement Content
		Basic Informat	ion			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. SFY9261B 07-12-2018 \$1,041.12 2. SME4462T 07-12-2018 \$1,139.20 In view of this amendment, an additional premium of \$2,180.32 (inclusive of GST) is payable under your policy. Please
	26/10/2018 00:00	Endorsement		000001286958614	Effective	TOAC	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.

Claim Handling The premium on this policy has	THE BASE COLUMN				· Ex
Accident HT/1024757	- In ores coveries				
Policy No.	5109021917	Vehicle No.	SGN32832	GST Registration No.	
Certificate No.			A STATE OF THE STA	and hegine dividing	
Policyholder Name	IIS MOTORING PTELTO			Policyholder NRIC	201817717#
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No (Mobile)	G .	Contact No.(Office)	0	Contact No.(Home)	0
Cmail Address		Special Remark		eCode	Fa V
474	® Ne ⊜Yea	TCA	® No ○Yes	eCode Reason	20
NCD Profession	No	NCD Entitlement(%)	a	Private Hers	No
Accident Details					
Report Date	21/12/2018 14:31	Accident Report Within 24 hrs.	Yes	Acodent Type	Collision - Head to Rear
Date of Accident	20/12/2018	Time of Accident hh:mm	13:45	Country of Accident	Singapore
Reporting Centre		Orange Force		1CH No.	
Acoperit Location	VICTORIA ST BESIDE BUSGIS+				
Tucess					
Own damage Excess	1,500.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Expass		Outside Singapore OD Excess	1,500.00	77.000	100.00
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
→ Senefits		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
⇒ GST Registered Inform	ation				
GST Registered	No		GST Registration Date		
DST Registration No.			GST Status Venified	No	
Modification History					
Policyholder Mailing Ad	dress				
Address 1	GO JALAN LAM HUAT	Address 2	405 43 540005 50000	130 Sa	
Address 4	OD STANKE SHIP PROPER		#05-13 CARROS CENTRE	Address 3	SINGAPORE 737869
Unit No.	05-13	Address Type	Singapore address	Post Code	737869
OI Driver Info	03-13	Related Policy Number	5105021917		
Onver Name	Unnamed Driver	Driver Type			
Unnamed driver Name	CHIA MENG HONG (XIE MINGFE	Oriver Type Oriver NR3C	Unnamed Driver 978063608	Driver DDB	
Register Date of Driver License		Oniver Age	40	Driving Experience	01/03/1978
Contact No. (Mobile)	67625643	Contact No. (Office)	0	Contact No.(Home)	0
Address 1	BLK 412	Address 2	PASIR RIS DRIVE 6	Address 3	SINGAPORE 510412
Address A		Address Type	Singapore address	Post Code	510412
Unit No.	10-765	1998/153 (MIL) (F0167201000000000000000000000000000000000	Train source	20012
Does he own a Singapore Rogistered car?	○ Yes (¥) No	Driver Vehicle No.		Driver Insurer Company	
The same of the sa				20.2	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ® No		
Modification History					
Comment of the second					
Claim 001 New					
Claim Type *	00-MX Ψ	Insured Name	JIS HOTORING PTE.LTD.	Insured NRIC	factorial and the second
Contact No.(Mouse)	96418419	Contact No.(Home)	als Hotoland Pie.Ets.	Contact No. (Office)	201817717k
Email Address		OI Vehicle Number	SGN3283Z	TP Vehicle Number	FBE5682S
Claimant Type Claimant Type +	Please Select	Type of Benefit +	Please Select	and Checks and College	10000023
Claimant Name *	>>	Cleimant NRIC *			
Claimant Appress				1	
Claim Description	SGN12812 / F866682S ON 20 Dec 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	ives 🔻	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	21/12/2018 14:32	Claim Close Date		Date Received	21/12/2018 00:00
Report Taken By	Jackson		100		
2 Print AK letter					
			Save Submit		
Attachment					
9					
Accident No.	MEANING TEN	B			
Last Doc. Received	MT/1024757	Claim No.	001		
CONTRACTOR (SEC.)	® Yes ○ No	Upload Date	21/12/2018 14:34		
	Patrs +		Category *	Confidential Urgen	
		Browse	Clear Please Select V		<u> </u>
		Browse.		Normal V	
		Browse.	Clear Please Select V	Normal V Normal	V

