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TP Insurer:	Ass't Report by Fr	Land to	0-1/	Vksp			
Preferred Wksp / INC Assign Wksp / QW: (7.15		Faxt		-
TP Particulars: Veh No: 5		MC(1	n-IŅC ().	1	
Owner / Driver: (Telt	D (- /	-
Policy No: ()	Period: ()	Cover			1	-
Confirmed by: (THE RESERVE OF THE PARTY OF THE	-		Time:	- 80 100%	-	
Insured/Driver Liability: (%	Note-Est. Status (WO)		0%; P:	21-79%. P	. 50-10076]		
Year of Registration: (Warranty: YES ()	.0()				
	\$1,000 () / \$2,000 (To stend		LAW STALL	24. S.		
General Remarks:			444	And the second second	S Z Contract	100	
() Walk-In Customer: Gustomer's	information strictly Confide	ntini & St	trictly	rafer of rep	Janet.		
() Total Loss Case : to e-mail In	surer URGENTLY.		_		,	-)
Drive-In ()/ Towed-In (); Inv	voice: YES () / NO ();	rowing C	.0:(1			
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number

EMail Address

- Please report <u>correctly</u> 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 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
Date Of Report	26/12/2018 14:01
Date Of Accident	24/12/2018 15:00
Exact Location Of Accident	JUNC BALESTIER RD & AVA RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SCM7705A
Insured/Policyholder	
Name Of Registered Owner	VASRO RENTALS
Co Reg No	53367446L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS 1.6 AUTO
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5093371571-01
Cover Note Number	
Driver	
Name of Driver	EFENDI BIN JUMALI
NRIC No	S7940260E
Date Of Birth	08/12/1979
Occupation	OUTDOOR
Date Of Driving Pass	04/12/1997
Driving Experience	21 YEARS AND 0 MONTHS
Gender	MALE

(LOCAL) +65-93528587

OFFICE-93528587

NOEMAIL

Address BLK 661A JURONG WEST STREET 64

#03-404

Postcode 641661

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OT

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

1

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface WET

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

YES

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 3

Number of Passengers (Including Driver)

Passenger 1

NAME:

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, I WAS TRAVELLING ALONG THE STATED VENUE. AS I WANTED TO FILTER TO LANE 2, I TURN ON MY VEHICLE INDICATOR LIGHT AND CHECK MY BLIND SPOT BEFORE I CAN PROCEED. WHEN MY VEHICLE IN OUT A LITTLE TO LANE 2, I DID NOT NOTICE THAT VEHICLE B WAS TRAVELING STRAIGHT ALONG LANE 2. AS A RESULT, MY VEHICLE FRONT LEFT PORTION & VEHICLE B REAR RIGHT PORTION INTACT TO EACH OTHER.

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

SJW4477S

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

2

NAME:

GENDER:

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:

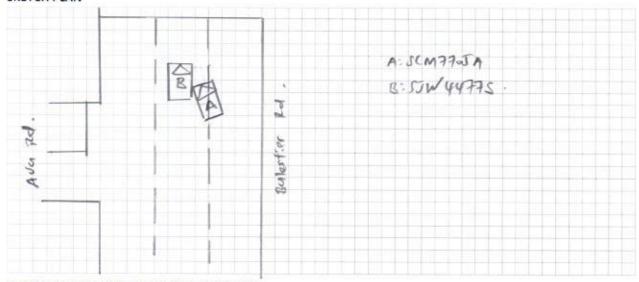
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

peter to otatament.		
1		
DECLARATION	^	

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

Policyholder's Signature Date & Time:

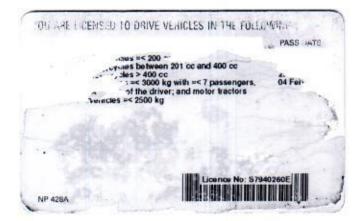
Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No .:









class 3: 4/12/1997.

eBao Tech									C	eneralC	laim
Hello, NAC_PAYA_UBI_80	0601						· Change La	nguage	· Change Pa	assword .	Log Out
My Desktop	Polic	cy Query									,
Notice of Loss	Policy N	10.				Date of	Accident	24/1	2/2018 15:00		
	Vehicle	No.(For Motor)	SCM770	5A		Certific	ate Number				
					S	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured	Commence Date	Expiry Date
	0	5093371571- 01		VASRO RENTALS	53367446L	GFT	drivo CLASSIC	SCM7705A	SCM7705A	07/08/2018	
				MONTHELES	Co	ontinue				00 171	

Policy No.	5093371571-01	Policyholder	VASRO F	RENTALS	Policyholder	53367446L	
Certificate		Name	VASIO I	ENTALS	NRIC	33307440L	
No.							
Address	BLK 272 #03-22 TAMPINES ST	REET 22 SINGA	APORE 520	272			
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	02/08/2018	Effective Date	07/08/20	018 00:00	Expiry Date	06/08/2019	23:59
Excess Type		All Claims Excess					
Third Party Excess	1500.00	Own damage Excess	2000.00		Windscreen Excess	100.00	
Additional Excess	0	OS Premium	1674.62				
Outside Singapore OD Excess	2000.00	Outside Singapore TP Excess	1500.00			You	ng/Inexperience Driver Excess
Agent	IVAN INSURANCE AGENCY PTE	Agent Tel.	6440022	0	GST Flag	Y	
Co- insurance Flag Open Policy Info Certificate Info	No						
Policyl	holder Mailing Address						
Address 1	BLK 272 #03-22	Addre	ess 2	TAMPINES STREET	22	Address 3	SINGAPORE 520272
Address 4		Addre	ss Type	Singapore address		Post Code	520272
Unit No.	03-22		ed Policy	5093371571-01			
STATE OF THE PARTY	d Object: SCM7705A	Numb	er:	3033371371 01			
	sandan -					-	
□ Endors	NEWS CONTRACTOR CONTRACTOR CONTRACTOR	250000000000000000000000000000000000000	28500000000	AVS SASMININ SONO - 40 PAG	Sec Prontocol		desirent con a green are se
Sequer	nce Date of Endorsement	Endorseme	nt Type	Endorsement Numbe	r Endorser	ment Status	Endorsement Content
1	16/08/2018 00:00	Basic Informa Endorsement	tion	000001286883419	Endorseme Effective	ent Take	Thank you for giving us the opportunity to serve you. We confirm that from 16 Aug 2018, the Hire Purchase Company is amended as follows for vehicle no SLQ\$737T & SJX3638X: HIRE PURCHASE COMPANY: TAI THONG LEE TRADING PTE LTD
ž	30/08/2018 00:00	Basic Informal Endorsement	tion	000001286892444	Endorseme Effective	ent Take	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SJJ7335S 24-08-2018 \$1,430.78 2. SJJ87720 24-08-2018 \$1,196.65 3. SJH8158 25-08-2018 \$1,193.21 4. SJJ334R 25-08-2018 \$1,305.61 In view of this amendment, a refund of \$5,126.25 (inclusive of GST) will be adjusted against the outstanding premium.
							Thank you for giving us the opportunity to serve you. We

not been collected.				
	20103960			
5093371571-01	Venicle No.	SCM7705A	GST Registration No.	
VASRO RENTALS			Policyholder NRIC	53367446L
FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
0	Contact No.(Office)	g .	Contact No.(Home)	0
	Special Remark		eCode	for 🗸
® No ○ Yes	TCA	® No ○Yes	eCode Reason	
No	NCD Entitlement(%)	0	Private Hire	Yes
26/12/2018 19:11	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
24/12/2018	Time of Accident hh:mm	15:00	Country of Accident	Singapore
	Orange Force		3CM No.	
JUNC BALESTIER RD & AVA RD				
2,000.00	Additional Excess	9.5 (20.00 Miles)	Windscreen Excess	100.00
		2,000.00		
1,500.00	Outside Singapore TP Excess	1,500.00		
ation				
		COT Secretary No.		
(10)		GST Registration Date GST Status Venfled	Yes	
			10.85	
Idress				
BLK 272 #03-22	Address 2	TAMPINES STREET 22	Address 3	SINGAPORE 520272
	Address Type	Singapore address	Fost Code	520272
03-22	Related Policy Number	5093371571-01		
Unnimed Petros		10000000 E.O.		
			Dec 1996	
				08/12/1979
93528587				0
BLK 661A				51NGAPORE 641661
				641661
03-404		CONTROL OF STREET		X18854
○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
0 mg	Any injury?	○ Yes ® No		
0 mg	Any injury?	○ Yes ® No		
300 1950	Any injury?	○ Yes ® No		
ОО-МХ	Any injury?	○ YES ® NO.	Brisured NKIC	53367446.
300 1950	Insured Name Contact No.(Home)	VASRO RENTALS	bisured NRIC Contact No.(Office)	53367446L NIL
00-Mx 290187349	Insured Name Contact No.(Home) Of Vehicle Number	VASRO RENTALS SOM7705A		
ОО-МХ	Insured home Contact No.(Home) Of Vehicle Number Type of Benefit +	VASRO RENTALS	Contact No.(Office)	NIL
00-Mx 290187349	Insured Name Contact No.(Home) Of Vehicle Number	VASRO RENTALS SOM7705A	Contact No.(Office)	NIL
OD-MX 90187349 Please Select	Insured home Contact No.(Home) Of Vehicle Number Type of Benefit +	VASRO RENTALS SOM7705A	Contact No.(Office) TP Vehicle Number	NIL
OD-MX 90187349 Piease Select	Insured Name Contact No.(Home) G0 Vehicle Number Type of Benefit + Claimant NR3C +	VASRO RENTALS SCM7705A Please Select	Contact No.(Office)	NIL
OD-MX 90187349 Please Select ≥≥ SCM7705A / S7W4477S ON 24 Dec 2018	Insured Name Contact No.(Home) G0 Vehicle Number Type of Benefit + Claimant NR3C +	VASRO RENTALS SCM7705A Please Select Fully at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	NIL SJW4477S
OD-MX	Insured Name Contact No.[Home) Of Vehicle Number Type of Benefit + Claimant NR3C + Insured Liability + Preferered Repair Option	VASRO RENTALS SCM7705A Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NIL SJW4477S
OD-MX	Insured Name Contact No.(Home) G0 Vehicle Number Type of Benefit + Claimant NR3C +	VASRO RENTALS SCM7705A Please Select Fully at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	NIL SJW4477S
OD-MX	Insured Name Contact No.[Home) Of Vehicle Number Type of Benefit + Claimant NR3C + Insured Liability + Preferered Repair Option	VASRO RENTALS SCM7705A Please Select Fully at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NIL SJW4477S
OD-MX	Insured Name Contact No.[Home) Of Vehicle Number Type of Benefit + Claimant NR3C + Insured Liability + Preferered Repair Option	VASRO RENTALS SCM7705A Please Select Fully at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NIL SJW4477S
OD-MX	Insured Name Contact No.(Home) GS Vehicle Number Type of Benefit * Claimant NR3C * Insured Liability * Preference Repair Option Claim Close Date	VASRO RENTALS SCM7705A Please Select Fully at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NIL SJW4477S
OD-MX	Insured Name Contact No.(Home) GS Vehicle Number Type of Benefit * Claimant NR3C * Insured Liability * Preference Repair Option Claim Close Date	VASRIG RENTALS SCH7705A Flease Select V Fully at Fault Preferred Workshop, Name unknown V	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NIL SJW4477S
OD-MX	Insured Name Contact No.(Home) GS Vehicle Number Type of Benefit * Claimant NR3C * Insured Liability * Preference Repair Option Claim Close Date	VASRIG RENTALS SCH7705A Flease Select V Fully at Fault Preferred Workshop, Name unknown V	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NIL SJW4477S
OD-MX	Insured Name Contact No.(Home) GS Vehicle Number Type of Benefit * Claimant NR3C * Insured Liability * Preference Repair Option Claim Close Date	VASRIG RENTALS SCH7705A Flease Select V Fully at Fault Preferred Workshop, Name unknown V	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NIL SJW4477S
OD-MX	Insured Name Contact No.(Home) G3 Vehicle Number Type of Benefit * Claimant NR3C * Insured Liability * Preferend Repair Option Claim Close Date	VASRO RENTALS SCH7705A Please Select Fully at Fault Preferred Workshop, Name unknown Save Subms	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NIL SJW4477S
OD-MX 90187349	Insured Name Contact No. (Hisme) G3 Vehicle Number Type of Benefit + Claimant NR3C + Insured Liability + Preferend Repair Option Claim Close Date	VASRO RENTALS SCH7705A Please Select Fully at Fault Preferred Workshop, Name unknown Seve Subms	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NIL
OD-MX	Insured Name Contact No. (Hisme) G3 Vehicle Number Type of Benefit + Claimant NR3C + Insured Liability + Preferend Repair Option Claim Close Date	VASRO RENTALS SCM7705A Please Select Fully at Fault Preferred Workshop, Name unknown Save Submit 001 26/12/2018 19:16	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urgen	NIL
	FLEET INSURANCE 0 ® No Yes No 26/12/2018 19:11 24/12/2018 JUNC BALESTIER RD & AVA RD 2,000.00 1,500.00 ation No Moreas BLK 272 #03-22 Unnamed Driver EFENDI BIN JUMALI 04/12/1997 93528507 BLK 661A 03-404	VASRO RENTALS FLEET INSURANCE O Confact No. (Office) Special Remark TCA NO NCD Entitlement(%) 26/12/2018 19:11 Accident Report Within 24 hrs Time of Accident hh:mm Orange Force 1UNC BALESTIER RD & AVA RD 2,000.00 Additional Excess Outside Singapore TD Excess 1,500.00 Outside Singapore TP Excess BLK 272 ≠03-22 Address Type Refered Posicy Number Unnamed Driver EFENDI BIN JUMAL1 Diver NRIC Diver Age 103-20 Outside Singapore TD Diver RRIC Diver RRIC Diver Age 104-604 Outside Singapore TD Diver RRIC Diver RRIC Diver RRIC Diver Age 105-604 Outside Singapore TD Diver RRIC Diver RRIC Diver RRIC Diver RRIC Diver RRIC Diver Age 105-604 Outside Singapore TD Diver RRIC	VASRO RENTALS PLEET DISURANCE Conect No. (Office) Special Remark TCA ® No ○ Yes No NCD Entitlement(%) 0 26/12/2018 19:11 Accident Report Within 24 hrs Time of Accident hh:mm 15:00 Orange Force 1.900.00 Additional Excess Outside Singapore DO Excess 1,900.00 Address Singapore TP Excess 1,500.00 Address Singapore TP Excess Singapore address O3-22 Address 2 Address 12 Address 2 Address 12 Address 12 Address 12 Address 13 Final Address Type Singapore address O3-22 Contact No. (Office) Diver Age 39 Unicond west street 64 Address 7ype Singapore address Unicond Singapore address O3-404	VASACI RENTALS #LEET INSURANCE Conver Type Condact No. (Office) Condact No. (Office) Special Remark #No Oves TCA No NCD Entitlement(%) NC

