Date In: 8/11/9 - 19:01		The second secon		
	Job description	Date &Time Completed	Done b	)À.
Rel No: NA , NC 1900 0084 24	SAS e-filing			
Veh No: 5/53450X	E-mail (within Shrs, AIC 2hrs)	=25000 ==2		
D.O.A: 31/10/8-14:00	i-Motor Claim Form	M7/1026092-001	2/1/19 2	0106.
	i-Motor W/O (Within: OD 2h	rs, TP 4brs)		
OD TP/ Reporting Only	i-Photo Uploaded			100
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	000000000000000000000000000000000000000	
Preferred Wksp / INC Assign Wksp / QW: (		CONTRACTOR OF THE PARTY OF THE	ax:	
TP Particulars: Veh No: 50 P8	INC (	)/Non-INC( )	V V	- Haral
Owner / Driver: (	01	Tel:	)	
WORK SAME AND THE PROPERTY OF	riod: (	Cover Type: (	)	Olivernies
Confirmed by : (	Date:	Time:	)	
	Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. F: 80-1	00%]	
	Warranty: YES ( )/NO (	)		
	000 ( )/\$2,000 ( )			- 6723250
		EDWARD STATE	TOTAL TOTAL	
( ) Walk-In Customer : Customer's info				
		thoughto role		
( ) Total Loss Case : to e-mail Insur-		Touring Co. (		)
Drive-In ( )/ Towed-In ( ); Invoice		Towing Co: (		
Cemarks:- 🦿 (INC horline: 6788 6616)		Date& Time Completed	Done	by
1) Apply for Transport Allowance ( )/(				
2) QC Check / Post Repair Inspection	( )			
3) Upload Resurvey Photo [Repair Cost > \$	3000] ( )		l bet	70.00
30 80 00				
Injury:		•	STEP SHOP STONE STONE	
Date/Time Actions	A STATE OF THE STA		STATE OF THE STATE OF	230-22 No. 10 of 1
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			X10000130.750.57	
			V. D. G. S.	
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		eparation Checklist	Ant(S)	
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Na 19 0 0 98:	1) AR : Accide 2) DA : Damag 3) TF : Towing	nt Reporting (\$30); c Assessment (\$100); INC (\$ Fee \$4	fst Bill 80) 0/545	
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Ma 19 00098:  suimant's Particulars:  iver/Owner:  ntact No:	1) AR : Accide 2) DA : Damag 3) TF : Towing 4) FT : Follow 5) FT : Follow For claiming 6) TR : Re-insp 7) N1 : Idae D/ 8) NTUC Addi	nt Reporting (\$30); the Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200 section	\$60) (0/\$45 \$120 \$30 \$5) \$75	
Ala 19 0 0 99:  aimant's Particulars:- iver/Owner: ntact No: maged Portion:	1) AR : Accide 2) DA : Dames 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-insp 7) N1 : Idae DA 2 8) NTUC Addi OD.*	nt Reporting (\$30); c Assessment (\$100); INC (\$ Fee \$4 Through Survey (Resurvey) assinst INC Only (wef 10 Jan 200 section A + SMRT Survey tional Services:-	\$60) (0/\$45 \$120 \$30 \$5) \$75	
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Ma 19 00098:  aimant's Particulars:  iver/Owner:  ntact No:  maged Portion:  Checked by (Engr-In-Charge):	1) AR : Accide 2) DA : Damag 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-ins 7) N1 : Idae D/ 8) NTUC Addi OD*  *N5: Courte  *N6: Repair  *N7: Fost R  *N8: DV / C	nt Reporting (\$30); te Assessment (\$100); INC (\$ Fee \$4 Through Survey (Resurvey) against INC Only (wef 10 Jan 200 section A + SMRT Survey tional Services:- sy Car / Tpt Allowance Co-ordination epair Inspection collect Excess Coordination	\$60) 60/\$45 \$120 \$30 \$50 \$75 \$160 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5	
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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.

- 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	02/01/2019 19:01
Date Of Accident	31/12/2018 14:00
Exact Location Of Accident	BALESTIER RD TWDS CRAWFORD RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJS3450X
Insured/Policyholder	
Name Of Registered Owner	EPIC CAR LEASING PTE LTD
Co Reg No	201818232K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81833239
Alternative Phone No	OFFICE-81833239
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS 1.6 AUTO
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5101294101

Driver

Cover Note Number

 Name of Driver
 TANG TIONG SIU

 NRIC No
 \$2606169E

 Date Of Birth
 06/11/1966

 Occupation
 OUTDOOR

 Date Of Driving Pass
 05/12/1992

Driving Experience 26 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81833010

Fax Number

Contact Number OFFICE-81833010

EMail Address NOEMAIL

Address

135 CHUAN DRIVE

Postcode

554587

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

RAINING

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

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? 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

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

SBP8018P

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR

Vehicle Category Name of Driver

HAN BIN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 17

## 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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)

Lunderstand, 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:

Driver's Signature

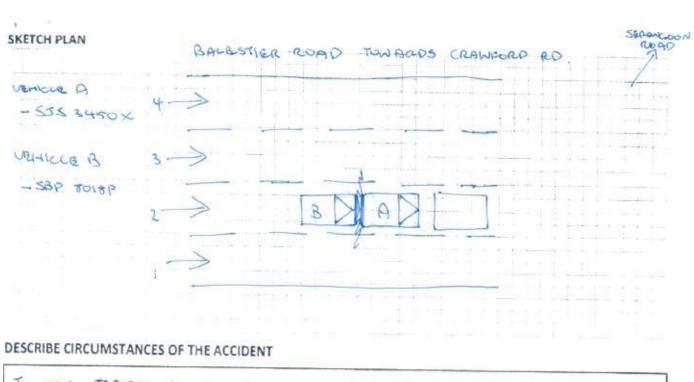
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



I WA	45 TRAVELLINH ALONG BALESTIER RUBD COWDED CROWFORD	RUNO
	TION, I WAS ON THE 2nd LANG.	
WHIL	I TERUSULING STERICHT BHEAD, QUE TO THE HEAVY	
TRAF	FIC THE VEHICLE INFRONT BRAKE TO COMPLETE STOP	ANO
	I TOO APPLIED BRAKE TO COMPLETE STUP.	
	REAR OF MY VEHICLE.	om
	IT WAS RAINING JERS HEAVILY, WE ONLY MANAGED TO  A FEW PHUTUS AND A BUICK EXCHANGED OF PARTICULAR. AN	ID .
VE1-11	ICLE A - SJS 3450 X	
VEHI	ICLE B - SBP 8018P	
-		
		-

derive the foregoing particulars are true in every respect.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Vehicle No.	SJS 3450 X Model/Make TOYOTA ALTIS
Date of Accident	31/12/2014
Time of Accident	1400 HRS
Location of Accident	BALBSTIER ROAD TOWARDS CRAWFOW RUAD
Exact purpose use during acc	
Name of Owner	EPIC CAR LEASING PTE LTD
Telephone No.	H/P: 81833239 Home: Office:
NRIC	201818232 K
Address	421 TAGORE INDUSTRIAL AUB, #01-20 TAGORES, S(78780
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft
Policy No.	510129 4101
Name of Driver	As Above If NO TANK TIONS SIL
NRIC	S 2 60 61 69 Any Passengers: 1 (DAUGHTER)
Date of birth	06/11/1966
Occupation	Outdoor / Indoor
Driving License Pass Date	OS DEC 1992
Gender	Male / Female
Contact No.	H/P: 81833010 Home: Office:
Address	135 CHUAN DRIVE S(554587)
Driver have any own vehicle	NOS If yes, Reg No.
Relationship	Employee, If no, state RENTAL / LEASING
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No. If Yes, Who?
Name And Contact No.	3
Name And Contact No.	
Police Report	(lo) If Yes, Where?
Vehicle B No.	SBP TOIS P Any Passengers :
Name of Driver	HAN BIN Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	REAR
Camera Recorder	Yes / (10)
Email Address	
The state of the s	BY UNKNOWN PERSON SOLICITING /
OFFERING ACCIDENT CLAIMS	
PARTICULAR WORKSHOP	TWINGAR AMONOLUE PER UD
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	ION
FAX NO	6741 0510
WORKSHOP EMAIL ADDRESS	

# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$2606169E



TANG TIONG SIU



CHINESE

06-11-1966

MALAYSIA







135 CHUAN DRIVE SINGAPORE 554587 NRIC No: \$2606169E

Date: 17/11/2003 (R)

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

PASS DATE

Motor Cars and Motor Tractors the weight of

which unladen does not exceed 2500 kilograms

428A



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5101294101

Cover : Third Party

1. Index mark and Registration Number of Vehicle

SIS3450X

Chassis Number

: MR053ZEE106151096

2. Name of Policyholder

: EPIC CAR LEASING PTE LTD

3. Effective Date of Insurance

: 21 Aug 2018

4. Expiry Date of Insurance

: 20 Aug 2019

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

#### This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

**EXCESS (SECTION 1)** : N/A EXCESS (SECTION 2) : S\$1,500 ADDITIONAL EXCESS : N/A UNNAMED DRIVER EXCESS : N/A REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : N/A NCD PROTECTION : NO PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : N/A SUM INSURED : N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: CITY INSURANCE AGENCY PTE. LTD. (00000573566)

Date of Issue

: 07 Jun 2018 17:41 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive

<b>eBao</b> Tech									0	GeneralC	laim
Hello, NAC_PAYA_UBI_80	0601						· Change La	nguage	· Change Pa	ssword •	Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy M	10.				Date of	Accident	31/12	2/2018 14:00		
	Vehicle	No.(For Motor)	SJS3450	X		Certificat	e Number				
					Se	arch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry
	0	5101294101		EPIC CAR LEASING PTE LTD	201818232K	GFT	Third Party	SJS3450X	20070000	21/08/2018	
					Cor	ntinue					

Policy No.	5101294101	Policyholder Name	EPIC CAR	R LEASING PTE LTD	Policyholder NRIC	201818232	K
Certificate No.							
Address	421 TAGORE INDUSTRIAL AVEN	IUE #01-20 TA	GORE 8 S	INGAPORE 787805			
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	07/06/2018	Effective Date	08/06/20	018 00:00	Expiry Date	07/06/2019	23:59
xcess		All Claims Excess					
Third		Own			Windscreen		
arty xcess	1500	damage Excess	0		Excess	0	
dditional xcess	0	OS Premium	520.07				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
gent	CITY INSURANCE AGENCY PTE.	Agent Tel.	6459867	7	GST Flag	Υ	
Co- nsurance	No						
lag Open Policy							
nfo Certificate							
nfo Policyl	nolder Mailing Address						
ddress 1	421 TAGORE INDUSTRIA	AL AVEN Addre	ss 2	#01-20 TAGORE 8	- 10	Address 3	SINGAPORE 787805
ddress 4		Addre	ss Type	Singapore address		Post Code	787805
Init No.	01-20	Relate	ed Policy	5104264258			
) Insure	d Object: SJS3450X						
□ Endors	ements						
Sequer	24 (0.1) (14 (0.0)			Tarona respectation as more			
	ice Date of Endorsement	Endorseme	nt Type	Endorsement Number	Endorser	ment Status	<b>Endorsement Content</b>
	11/06/2018 00:00	Endorseme Basic Informal Endorsement		000001286836857	Endorseme Endorseme Effective		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) a follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJN4793B 11-06-2018 \$1,199.16 2. SLA8275Z 11-06-20 \$1,093.04 3. SLK1390S 11-06-20 \$1,093.04 4. SLT8519X 11-06-20 \$1,093.04 4. SLT8519X 11-06-20 \$1,093.04 1. view of this amendment, an additional premiu of \$5,571.32 (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 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 b cash or NETS.

Record State 1			VII. 24. 24. 24. 24. 2				
licy No. rtificate No.	5101294101		Vehicle No.	\$1\$3450X		GST Registration No.	
Scyholder Name	EPIC CAR LEASING PTE LTO					Policyholder NRIC	2018182222
			Cover Type	2000			301818232K
oduct Code intact No.(Mobile)	FLEET INSURANCE			Third Part		Loading	0
	81833239		Contact No.(Office)	0		Contact No.(Home)	0
nail Address	TT SACTO TO SACT THE O		Special Remark			eCode	No. W.
K S	® No ○ Yes		TCA	@ No ()	es	eCode Reason	
CD Protection	No		NCD Entitlement(%)	0		Private Hire	Yes
Accident Details							
port Date	02/01/2019 20:04		Accident Report Within 24 hrs	Yes		Accident Type	Collision - Head to Rear
te of Accident	31/12/2018		Time of Accident hhimm	14:00		Country of Accident	Singapore
pointing Centre			Orange Force			1CM No.	
ordent Lecation	BALESTIER RD TWDS CRAWFO	IRD RD					
Excess							
vn damage Excess	0.0	0	Additional Excess	0		Windscreen Excess	0.00
named Driver Excess			Outside Singapore OD Excess		0.00		
ird Party Excess	1,500.0	0	Outside Singapore TP Excess		1,500.00		
Benefits							
GST Registered Inform	ation						
T Registered	No			GST	Registration Date		
T Registration No.					Status verified	Ves	
diffication History							
Policyholder Mailing Ad	idress						
dress 1	421 TAGORE INDUSTRIAL AVE	B	Address 2	#01-20 TA	GORE 8	Address 3	SINGAPORE 787805
idress 4			Address Type	Singapore	address	Post Code	787805
nit No.	01-20		Related Policy Number	510426425	58		
OI Driver Info							
wer Name	Unnamed Driver		Driver Type	Unnamed I	niver		
named driver Name	TANG TIONG SIU		Driver MRIC	526061698		Driver DOB	06/11/1966
gister Date of Driver License	05/12/1992		Driver Age	52		Driving Experience	26
ritact No.(Mobile)	81833010		Contact No.(Office)	0		Contact No.(Home)	0
dress 1	135 CHUAN DRIVE		Address 2	SINGAPOR	E 554587	Address 3	
dress 4			Address Type	Singapore		Post Code	554587
it Na			11/20	3		7000 0000	334367
es he own a Singapore	Day Br		21 100000				
gistered car?	○ Yes ® No		Driver Vehicle No.			Driver Insurer Company	
daration							
eathelyser or Riccol Test							
ading?	0 mg		Any injury?	O Yes ®	40		
Sification History							
Claim 001 New							
Jaim 001 New							
m Type +	OD-MX 🔻	1	Intured Name	EPIC CAR L	EASING PTE LTD	Insured NR3C	201818232K
stact No.(Mobile)	93639889		Contact No.(Home)			Contact No. (Office)	
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