| NATIONAL Assessment Centre | e Services well Jamos | MHA11900601 | | |
|---|---|---|--|-------|
| Date In: 1/1/19-16:18 | Jeb description | Date & Time Completed | Dene | e pi, |
| Ref No: NA INCIPOLOGEOPHY | SAS e-filing | | | |
| Veh No: Vma 1220p. | E-mail (within Shrs, AIC 2hrs | | | |
| D.O.A: 1/1/19-11:20 | i-Motor Claim Form | M7/1076095-001 | 2/1/19 2 | 212 |
| 6 | i-Motor W/O (Within: OD | | | |
| OD : TP P Reporting Only | i-Photo Uploaded | | | |
| | Assessment/Survey Repor | t | | |
| TP Insurer: | Ass't Report by Fax / Han | d to Owner/Wksp | | |
| Preferred Wksp / INC Assign Wksp / QW: (| | Tel: | Fax: | |
| TP Particulars: Veh No: Prug | 877 R INC | ()/Non-INC(). | | |
| Owner / Driver: (| 773 | Tel: |) | |
| Policy No: () Peri | iod: (|) Cover Type: (|) | |
| Confirmed by : (| Date: | Time: |) | |
| Insured/Driver Liability: (%) [N | Note-Est. Status (WO): N: 0 | -20%; P: 21-79%. F: 80- | 100%] | |
| Year of Registration: () W | Varranty: YES ()/NO (|) | | |
| Excess: (\$) Loading: \$1,00 | 00()/\$2,000() | | | |
| General Remarks: | | MILE SERVICE AND A TO A TO A | 1 2 C | |
| Drive-In () / Towed-In (); Invoice: Remarks:- (INC hotline: 6788 6616) | | Towing Co: (Date&Time Completed | Done | by |
| Remarks:- (INC hotline: 6788 6616) | | 3 | Done | by |
| Remarks:- (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection | ourtesy Car () | 3 | Done | by |
| Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/Co 2) QC Check/Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 | ourtesy Car () | 3 | Done | by |
| Remarks:- (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: | ourtesy Car () | 3 | Done | by |
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| Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions NAIGOOGY Laumant's Particulars:- Oriver/Owner: Contact No: amaged Portion: | Invoice P 1) AR: Accid 2) DA: Dame 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-ins 7) N1: Idae D 8) NTUC Add QD * *N5: Court *N6: Repair | Date&Tirrie Completed Ceparation Checklist ent Reporting (\$30); ge Assessment (\$100); INC (\$60); ge Fee \$40 -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 2003) pection A + SMRT Survey ilional Services:- esy Car / Tpl Allowance Co-ordination | Amt (5) fit Bill 30) 0/545 5120 530 5) \$75 \$160 | |
| Remarks:- (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Naignory Claimant's Particulars:- Oriver/Owner: | Invoice P Invoice P | Date&Tirrie Completed Ceparation Checklist ent Reporting (\$30); ge Assessment (\$100); INC (\$6 g Fee \$40 -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 2003) pection A + SMRT Survey ilional Services: | \$30) 0/\$45 \$120 \$30 \$) \$75 \$160 \$5 \$10 \$23 \$33 | |
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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.
- 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.

 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the center.

| By the lodgement of this report to the insurers, you hereby consaforesaid, | ent to the archiving of this report at the centre and to copies of the report being made available |
|--|--|
| | ACCIDENT STATEMENT |
| Date Of Report | 02/01/2019 16:28 |
| Date Of Accident | 01/01/2019 22:20 |
| Exact Location Of Accident | SLIP RD LOR CHUAN |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SMA1720P |
| Insured/Policyholder | |
| Name Of Registered Owner | AURORA CAR RENTAL & LEASING SINGAPORE |
| Co Reg No | 53353787L |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-90664778 |
| Alternative Phone No | OFFICE-90664778 |
| Vehicle Particulars | |
| Manufacturer | HONDA |
| Model | HONDA JAZZ 1.5L A |
| 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 THIRD PARTY 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 5100196759-01

Cover Note Number

Driver

Name of Driver STEVE TAN SHU QIANG (CHEN SHUQIANG)

NRIC No S8305574Z Date Of Birth 10/02/1983 Occupation OUTDOOR Date Of Driving Pass 28/06/2004

Driving Experience 14 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97889142

Fax Number

Contact Number OFFICE-97889142

EMail Address NOEMAIL Address BLK 409 PANDAN GARDENS

#06-66

Postcode 600409

Was driver an employee of the Insured's Company NO

If No Polationable of the Privacy its the Issued - O

If No, Relationship of the Driver with the Insured O

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

*

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 1

Number of Passengers (Including Driver)

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 THERE WAS INCOMING VEHICLE TRAVELLING ALONG MAIN RD. 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

FBL9877R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver MUHAMMAD FADLY BIN ZAINAL

NRIC/Passport Number S8402496A

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

4

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 Signatur Date & Time:

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

Name:

NRIC/FIN No.:

Reporting Centre Personnel's Signature

| SKETCH PLAN | | | |
|-------------------------|-----------------------------------|----------------------|--------------------|
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| lor | Chricin | A: SMA 1720P. | |
| | | B: FB19877R | |
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| DESCRIBE CIRCUMSTANCES | OF THE ACCIDENT | | |
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| DECLARATION | | | |
| I/We declaration | culars are true in every respect. | | |
| ON STATE LEASE | E | | |
| (* J.5) | | | M |
| Policyholder 98 grature | Driver's Signature | Reporting Centre Per | sonnel's Signature |

(If driver is not the policyholder)

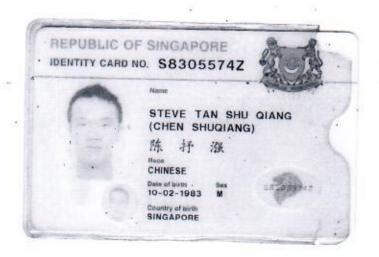
Date & Time:

Name:

NRIC/FIN No.:

GUARAC Sharahathanan 93

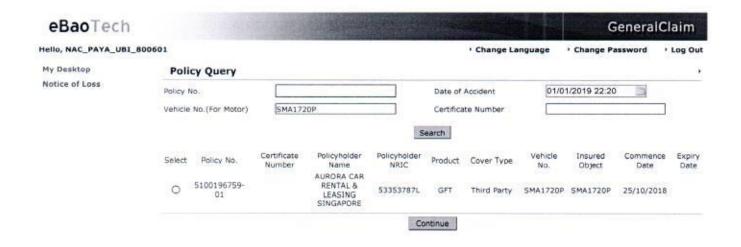
Date & Time:











| Policy No. | 5100196759-01 | Policyholder Name | AURORA | CAR RENTAL & LEASIN | Policyholder NRIC | 53353787L | |
|---|--------------------------|---|------------------|---------------------|-------------------------------------|-------------|--|
| Certificate No. | | | | | | | |
| Address | BLK 79B #29-17 TOA PAYOH | CENTRAL CENTR | RAL HORIZO | ON SINGAPORE 312079 | | | |
| Product Name | FLEET INSURANCE | Plan | | | Group Policy Flag | N | |
| Policy ssue Date | 29/10/2018 | Effective Date | 25/10/20 | 18 00:00 | Expiry Date | 24/10/2019 | 23:59 |
| Excess Type | | All Claims Excess | | | | | |
| Third Party Excess | 1500.00 | Own damage Excess | 0.00 | | Windscreen Excess | 0.00 | |
| Additional Excess | 0 | OS Premium | 0 | | | | |
| Outside Singapore OD Excess | 0.00 | Outside Singapore TP Excess | 1500.00 | | | You | ng/Inexperience Driver Excess |
| Agent | ALPINE CREDIT PTE LTD | Agent Tel. | 65113025 | 5 | GST Flag | Y | |
| Co- insurance Flag Open Policy Info Certificate Info | No | | | | | | |
| Policyl | holder Mailing Address | | | | | | |
| Address 1 | BLK 79B #29-17 | Addre | 255 2 | TOA PAYOH CENTRA | AL. | Address 3 | CENTRAL HORIZON |
| Address 4 | SINGAPORE 312079 | Addre | ess Type | Singapore address | | Post Code | 312079 |
| Unit No. | 29-17 | Relate Numb | ed Policy per | 5100196759-01 | | | |
| D Insure | ed Object: SMA1720P | | | | | | |
| ♥ Endors | sements | | | | | | |
| Sequet | 29/10/2018 00:00 | Endorseme Basic Informa Endorsement | ition | Endorsement Number | Endorseme Endorseme Effective | ment Status | 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. SJM6904R 29-10-2018 \$904.82 In view of this amendmen an additional premium of \$904.82 (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 thi letter. For cheque payment, please issue the cheque in favour of "NTU Income" with your name and polic number indicated on the reverse of the cheque. Alternatively, you coul also make payment at any of our branches by cash or NETS. |
| | 15/11/2018 00:00 | Basic Informa Endorsement | tion | 000001286943931 | 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. SJL3502S 25-10-2018 \$914.85 In view of this amendment |

| Marchan March Ma | laim Handling | | | | | |
|--|--|--|-------------------------------|---|--------------------------|--|
| Part | | 7.4.1.4.1.V | 171110123 | 5770010 | | |
| March Carlos March Carlos March March Carlos | | 21001303234-01 | venice No. | SMA1720P | GST Registration No. | |
| Procedure Process Control Process Control Process Control Process Control C | | ALBORA CAR RENTAL & LEAGUED PINCAROR | | | Series and an experience | Water and the same of the same |
| Contract No Difference Contract No Differe | | | | Third Bart- | | |
| Description | | | | | | |
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| ## Accident Rype District Decision | | The state of the s | | ® No ○ Yes | eCode Reason | |
| ### ACCIDENT NUMBER CATEGORY 2018 ACCIDENT NUMBER New Yes ACCIDENT Type Contents - make to Nace of Accident CSL-12/2019 Time of Accident Number 22-20 Contents of Accident Stoppage Contents of Accident CSL-12/2019 Time of Accident Number 22-20 Contents of Accident CSL-12/2019 Time of Accident Number Time of Accide | | No | NCD Entitlement(%) | 0 | Private Hire | Yes |
| The of Accident 0.101.12019 The of Accident Photon 22.20 Country of Accident Surppipore promy Circums Country of Accident Surppipore Country of Accident Mainty | | | | | | |
| Column C | port Date | 02/01/2019 20:18 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Head to Rear |
| Part | te of Accident | 01/01/2019 | Time of Accident hh:mm | 22:20 | Country of Accident | Singapore |
| Peter | porting Centre | | Orange Force | | ICM No. | |
| ## Command Control Excess | cident Location | SLIP RD LOR CHUAN | | | | |
| Comment Comm | Excess | | | | | |
| | n damage fixcess | 0.00 | Additional Excess | Ω | Windscreen Excess | 0.00 |
| Parentifs | named Driver Excess | | Outside Singapore OD Excess | 0.00 | | |
| Registered Information | rd Party Excess | 1,500,00 | Outside Singapore TP Excess | 1,900.00 | | |
| Registration No. | Benefits | | | | | |
| Registration No. CST States Varieties No. | GST Registered Informa | ation | | | | |
| Registration for | The state of the s | | | GST Registration Date | | |
| ## Address 2 TOA PAYON CENTRAL Address 3 CENTRAL HORIZON TRISS 4 CENTRAL HORIZON TRISS 4 CENTRAL HORIZON TRISS 5 CENTRAL HORIZON TRISS 6 CENTRAL HORIZON TRISS 6 CENTRAL HORIZON TRISS 7 CENTRAL HO | Registration No. | | | | No | |
| THE DEST OF \$27-17 Address 2 TOA PAYON CENTRAL AGOVERS 3 CENTRAL HORIZON AGOVERS 13:079 Address 7ye Singapore address Paul Code 31:079 **Related Policy Number** **No. | Sification History. | | | 2500-5240 000 H CU CLUTCH | 1000 | |
| ### 1 BLK 798 #29-17 #### 2 SINGAPORE 312079 #### Address 7 TOA PAYON CENTRAL #### Address 3 #### 2016 Code ### 312079 #### 312079 #### 312079 #### 312079 #### 312079 #### 312079 #### 312079 #### 312079 #### 312079 #### 312079 #### 312079 #### 312079 ### 312079 ##### 312079 ##### 312079 ##### 312079 ##### 312079 ##### 312079 ##### 312079 ###### 312079 ####### 312079 #################################### | | | | | | |
| Address Type Address Type Finished Park Type Finished Finis | Policyholder Hailing Ad | dress | | | | |
| No. 79-17 Related Policy Number S100189797-03 | press 1 | BLK 79B #29-17 | Address 2 | TOA PAYOH CENTRAL | Address 3 | CENTRAL HORIZON |
| ## Color 29-17 Related Prixy Number \$100196799-03 **Of Driver Info **PORT Prixer Info **PORT P | dress 4 | SINGAPORE 312079 | Address Type | Singapore address | Post Code | 312079 |
| Driver Type | t No. | 29-17 | Related Policy Number | 5100196759-01 | | |
| Same divisor Name STEVE TAM SHU CIANG (CHEN Driver Age 35 Driver DOB 10/02/1993 | OI Driver Info | | | | | |
| Driver Age 35 Driving Experience 14 Lata No. (Motale) 97893142 Contact No. (Office) 0 Contact No. (Home) 0 PESS 1 SUK 409 Address 2 PASDAN GARDÉNS Address 3 SINGAPORE 600409 PESS 4 Address 7 PASDAN GARDÉNS PINS Code 600409 PINS 06-66 In e on a 5 Engapore address No. Officer Vericle No. Officer Transfer Company Any Impry? Over ® No. Driver Vericle No. Officer No. Officer Transfer Company Any Impry? Over ® No. Driver Research Carl Driver Vericle No. Officer Transfer Company Any Impry? Over ® No. Driver Research Carl Driver Vericle No. Officer Transfer Company Any Impry? Over ® No. Driver Research Carl Driver Vericle No. Officer Transfer Company Any Impry? Over ® No. Driver Research Carl Driver Transfer Company Any Impry? Over ® No. Driver Transfer Company Any Impry? Over | er Name | Unnamed Driver | Driver Type | Unnamed Driver | | |
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| 27889142 Contact No. (Office) D | oter Date of Driver License | 28/06/2004 | Driver Age | 35 | Driving Experience | 14 |
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