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ch No: SMGGYKU	i-Motor Claim For	1	M1 10285 17-0	01 1	8/1/19	19:07	
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0.0.A: 17/1/19-17:22							
OD TP Reporting Only	i-Photo Uploaded	Report					-
	Assessment/Survey I	/ Wand to	Owner/Wksp				
TP Insurer:	Ass't Report by Fax	/ Hailu	Tol:	Fa	x:		
Preferred Wksp / INC Assign Wksp / Q	W: ()/Non-INC().	Al .		_
IVal No	: SLLINOC.	INC (Tel:)		
rp Particulars.			Cover Type: ()		_
Owner / Driver: () Period: ()	Time:)		
Policy No: (Confirmed by : (D	ate:		F: 80-1	100%]		9
	%) [Note-Est. Status (WO)	: N: 0-	20%, F. 21	5-15-lb-2			
Insured/Driver Liability: () Warranty: YES ()	/NO(
Year of Registration: (Loadi	ing: \$1,000 ()/\$2,000 ()	A STATE OF THE STA	村 まちん	5 1935 C 17.		1
DACCOS . (4	THE RESERVE OF THE PARTY OF THE			repairer	3 7 7 7 7		
General Remarks: () Walk-In Customer : Custor	mar's information strictly Confid	tential &	Strictly NO rater of	rependi			
	IIICI O IIIICI		100				
() Walk-In Customer : Custon	U.Y. SURGENTLY.	90			-)
() Total Loss Case : to e-m	all insurer of GE.	()	Towing Co: (1)
() Total Loss Case : to e-m: Drive-In () / Towed-In () Pernarkes: (INC hotline: 678)	all Insurer Oldo.); Invoice: YES () / NO 8 6616)	()	Towing Co: (1		Jone by)
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	18/01/2019 18:30
Date Of Accident	17/01/2019 17:20
Exact Location Of Accident	SCOTTS RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMG6445U
Insured/Policyholder	
Name Of Registered Owner	BUDGET LEASING PTE LTD
Co Reg No	201818180W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	TOYOTA COROLLA ALTIS 1.6L CVT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5101815333
Cover Note Number	
Driver	
Name of Driver	CHEW SONG NGEW
NRIC No	S1695308C
Date Of Birth	10/06/1965
Occupation	OUTDOOR
Date Of Driving Pass	28/05/2013
Driving Experience	5 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96967288
Fax Number	Substitution on a production of the Control of the
Contact Number	OFFICE-96967288

NOEMAIL

BLK 74 TELOK BLANGAH HEIGHTS Address

#04-299

Postcode 100074

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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?

YES

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

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

NO

2

Number of Passengers (Including Driver)

NAME:

Passenger 1

GENDER:

: MALE

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

SLL3230C

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name

CHEW SONG NGEW

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES NO

BODY

SMG6445U

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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.
- 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
- 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

or complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

NEAD WITH BUILDING WA

Date & Time:

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

Policyholder's Signature Date & Time:

Alight hosterbeaution 23.

Oriver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne's Signature

Name:

NRIC/FIN No.:

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 17 /0 //2019 (dd/mm	n/yy) Time of Accident: 17:20 (24-HR-FORMAT)
Vehicle No : SMG 6445 Wehi	cle Make & Model:
Exact location of Accident: Scotts	Rd
Policyholder's Name / IC No. : Budge	et Leasing 201818180 W
Driver's Name / IC No. : Chew -	Song New S1695308 GAS Above)
Driver's Contact No. : 969672	FF Company Contact No:
Insurance Company: NTUC	Email address (if any):
Relationship between Owner & Driver: (Owner / Spouse / Children / Friend / Parent	Please CIRCLE one only) ts / Sibling / Relative Employee / Hirer or Others specify:
What do you wish to claim? (Please TIC	CK one only)
Own Insurance / Other Vehicle (Ti	he one you want to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident?	Occupation (nature of job) Indoor/ Outdoor
Private use / Work purpose	No. of Passengers (Including Driver): 02
Weather condition & Road conditions? (6	On the day of accident)
Clear & Dry / Raining & Wet /	After-Rain & Wet / Drizzling & Wet / Others:
Was there any video captured by your Ca	
Any Injuries: Yes / No (If YE	S) Injured Person' Name: Lew Song Ngew
Injuries Sustain:	Injured Person in Which Vehicle:
Police Report filed: Yes / No	(If YES) Which Police Station:
	The Other Party(s) Details:
1. Driver's Name / IC No:	Vehicle No: <u>SLL 323</u> 0 6
Driver's Contact No:	Insurance Company (If any):
2. Driver's Name / IC No:	Vehicle No:
	Insurance Company (If any):
*Independent Witness (If Any):	Contact No:
Preferred Workshop Name:	Contact No:

^{*}If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.











Certif	icate of Insurance
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENS MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENS ROAD TRANSPORT ACT, 1987 (MALAYSIA)	SATION) RULES, 1960
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)
Certificate Number: 5101815333	Cover : drivo CLASSIC
 Index mark and Registration Number of Vehicle 	: SMG6445U
Chassis Number	: MR053REH104514054
2. Name of Policyholder	: BUDGET LEASING PTE LTD
3. Effective Date of Insurance	: 14 Jan 2019
4. Expiry Date of Insurance	: 13 Jan 2020
Persons or Classes of Persons entitled to drive# (a) The Policyholder. (b) Any other person who is delivered to drive#	
(b) Any other person who is driving on the Policyh	older's order or with his/her permission.
enactment or regulation in that behalf from dri	n accordance with the licensing or other laws or regulations to drive ad is not disqualified by order of a Court of Law or by reason of any living the Motor Vehicle.
6. Limitations as to Use#	
This Policy does not appear 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 sp	peed-testing.
 (b) Use for the carriage of goods (other than sample (c) Use for any purpose in connection with the Mot 	es) in connection with any trade or business.
# Limitations rendered inoperative by Section 8 of	f the Motor Vehicle (Third Party Risks and Compensation)
Act (Chapter 189) and Section 95 of the Road Tr.	ansport Act, 1987 (Malaysia), are not to be included under these
headings.	the state of the s
EXCESS (SECTION 1)	
EXCESS (SECTION 2)	
WINDSCREEN EXCESS	
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
VAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: AL AUTOCAR PTE LTD
UM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS
We hereby Certify that the Policy to which this Certifica	the relates is issued in appropriate with the consistence fight.
the state of the s	(Malaysia)
gency : ASSURE (SINGAPORE) PTE. LTD. (00	0000615327)
ate of Issue : 28 Jun 2018 10:39 hrs	No.
	FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
- 1	
Morning	1 hav
01:47	O VI
Countersigned By:	
Authorised Officer	Chief Executive
	-mar executive



Policy No.	5101815333		Policyholder	BUDGET	LEASING PTE LTD	Policyholder	201818180	V
Certificate			Name		73.00	NRIC		
ddress	6001 BEACH ROAD #1	9-06 GOLE	EN MILE TO	WER SING	APORE 199589			
roduct lame	FLEET INSURANCE		Plan			Group Policy Flag	N	
olicy sue	28/06/2018		Effective Date	28/06/20	18 00:00	Expiry Date	04/06/2019	23:59
ate xcess ype			All Claims Excess					
hird			Own					
arty xcess	1500		damage Excess	2000		Windscreen Excess	100	
dditional xcess	0		OS Premium	4986.49				
outside Singapore OD Excess	2000		Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
Agent	ASSURE (SINGAPORE)	PTE. LTC	Agent Tel.	6803875	1	GST Flag	Y	
Co- nsurance lag Open Policy nfo Certificate	No							
nfo								
→ Policyl Address 1	holder Mailing Addres 6001 BEACH R	A!	Addre	sec 2	#19-06 GOLDEN N	ATLE TOWER	Address 3	SINGAPORE 199589
	GOOT BEACH RE	UAD		57-5300/95				
Address 4				ess Type ed Policy	Singapore address		Post Code	199589
Jnit No.	19-06		Numb		5103815653			
) Insure	ed Object: SMG6445U							
	sements							
Sequer	30/08/2018 00:	-00 1	Endorseme Basic Informa Endorsement		Endorsement Numb	Endorsem Endorseme 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. SLW5602S 31-08-2018 \$1,222.44 In view of this amendment, an additional premium of \$1,222.44 (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 becash or NETS.
								Thank you for giving us the opportunity to serve you. We confirm that this policy is extende to cover the following vehicle(s) a follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL

Accident MT/1028513	s not been collected,					
Policy No.	5101815333		Vehicle No.	SMG6445U	GST Registration No.	
Certificate No.						
Policyholder Name	BUDGET LEASING	PTE LTD			Policyholder NRIC	201818180W
Product Code	PLEET INSURANCE	E.	Cover Type	drive QLASSIC	Loading	0
Contact No. (Mobile)	0		Contact No. (Office)	0	Contact No.(Home)	•
Email Address			Special Remark		eCode	THE V
CFK.	® No ○Yes		TCA	® No ○Yes	eCode Reason	1
CD Protection	No		NCD Entitlement(%)	0	Private Hire	Vec.
✓ Accident Details				270	Printed Pare	Yes
eport Date	18/01/2019 19:21	1	Accident Report Within 24 hrs	Yes		District Colors of the Colors
ate of Accident	17/01/2019		Time of Accident hindem		Accident Type	Collision - Change / Cross lane
eporting Centre	-50000000		Orange Force	17:20	Country of Accident	Singapore
coident Location	SCOTTS RD		Grange Force		ICM No.	
♥ Excess	20071276					
wh damage Excess			744500 AVC	70		
		2,000.00	Additional Excess	0	Windscreen Excess	100.00
hnemed Driver Excess			Outside Singapore OD Excess	2,000.00		
hird Party Excess		1,500.00	Outside Singapore TP Excess	1,500.00		
♥ Benefits	MALES A C					
GST Registered Informa						
ST Registered ST Registration No.	Ni Ni	D		GST Registration Date	9650	
odification History				GST Status Venfied	Yes	
2000 200 (1800 180)						
Policyholder Mailing Ad	ldress					
ddress 1	6001 BEACH ROAD	5	Address 2	#19-06 GOLDEN MILE TOWER	Address 3	@ Not and an areas
ddress 4			Address Type	Singapore address		SINGAPORE 199589
Init No.	19-05		Related Policy Number	5103815653	Post Code	199589
□ OI Driver Info	15-00		Related Policy Number	5103815853		
river Name	Unnamed Driver		Driver Type	Unnamed Driver		
nnamed driver Name	CHEW SONG NGEV	W	Driver NRIC	S1695308C	Sec 5.55	
egister Date of Driver License		E41			Driver DOB	10/06/1965
ontact No.(Mobile)	96967288		Driver Age Contact No.(Office)	53	Driving Experience	5
ddress 1	SUX 74				Contact No.(Home)	0
	BLX /4		Address 2	TELOK BLANGAH HEIGHTS	Address 3	SINGAPORE 100074
ddress 4	20.002		Address Type	Singapore address	Post Code	100074
nit No. oes he own a Singapore	04-299					
gistered car?	○ Yes ® No		Driver Vehicle No.		Driver Insurer Company	
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ARROW CHARLES CO.	СО-МХ	~	Insured Name	BUDGET LEASING PTE LTD	Insured NRIC	201818180W
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