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	Assessment/Survey Report		·
TP Insurer:	Ass't Report by Fax/Hand		
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TP Particulars: Veh No: -	INC	( )/Non-INC( ).	
Owner / Driver: (		Tel:	)
Policy No: ( ) Period:	(	Cover Type: (	).
Confirmed by : (	Date:	Timei	)
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( ) Walk-In Customer : Customer's Information	on strictly Confidential &	Strictly NO refer of repairer.	
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1) Apply for Transport Allowance ( )/Courte	sy Car ( )		
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<ol> <li>Upload Resurvey Photo [Repair Cost &gt; \$3000]</li> </ol>	7 ( 1 1		<del></del>
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#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Fax Number Contact Number

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.

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.

STATE OF THE PROPERTY WHEN THE PARTY OF	ACCIDENT STATEMENT
Date Of Report	28/01/2019 20:06
Date Of Accident	27/01/2019 20:25
Exact Location Of Accident	BKE TOWARDS CITY
Country/State of Loss	SINGAPORE
第2数第2数000000 1 20 F F	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKK6891S
Insured/Policyholder	
Name Of Registered Owner	KRUISE AUTO INFINITE PTE LTD
Co Reg No	201700767D
Email Address	CLKMEL@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-96959566
Alternative Phone No	OFFICE-86117791
Vehicle Particulars	
Manufacturer	CITROEN
Model	C4
Exact Purpose for which vehicle was being used at time of accident	t DRIVING GRAB
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088045975-01
Cover Note Number	
Driver	
Name of Driver	MELVIN LEE RONG HUAH
NRIC No	S7129705E
Date Of Birth	31/08/1971
Occupation	OUTDOOR
Date Of Driving Pass	18/05/1993
Driving Experience	25 YEARS AND 8 MONTHS
Sender	MALE
Mobile Number	(LOCAL) +65-96959566
Amendment of the Control of the Cont	1811/01/2012/0911111/2012/1990/91/9/21/

OTHERS-86117791

CLKMEL@OUTLOOK.COM

Address

BLK 981C BUANGKOK CRESCENT

#07-19

Postcode

533981

OTHER - LEASING

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

HIT BY FALLEN TREE / OTHER OBJECTS

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) involved in the accident

NO

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

NO

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) Passenger 1

2

NAME:

: PASSENGER

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

#### SKETCH PLAN

### IMPORTANT NOTICE

- 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 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.
- (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: 28 3cx 2019

Reporting Centre Personnel's Signature

Claim Handling					
Pulsey No.	5088045975-01	Washing No.	12000000000		
Certificate No.		Venicle No.	84488045	GST Registration No.	2017007470
Pickcyhilder Name	KRUISE AUTO INFINITE PTE LTO				
Product Code	FLEET INSURANCE			PRINCYHOLDER NRIC	2017007670
Contact No.(Mubile)	9095956n	Cover Type	drive CLASSIC	Limiting	
Email Address	ATTOCKEN.	Cortact No (Office)		Contact No. (Home)	
KUNC	II-Ne 1 - Tes	Special Remark		eCode	A40. *
NCD Protection		104	+ 7ks Yes	eCode Rassart	
→ Accident Details	No	NCO Entitlement(%)	7/B	Private Hive	No
Report Date	28/01/2019 20:19	Accident Report Wilhin 24 brs.	Yes	Anadem Type	Others
Date of Academ	27/01/2019	Time of Accident notices	20:25	Country of Accident	Singapore
Reporting Cantre		Grange Rorse		ICM No.	
ACCIDENT, Location	SAS TOWARDS CITY				
17 Excess					
Own demage Excess	2,000.00	Additional Excess	9	Windston Front	Long day 1
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00	Windspreen Excess	100.00
Third Party Excess	1,500.00	Outside Singapore TP Excess			
or Benefits		O CONTRACTOR AND	1,500.00		
⇒ 65T Registered Informa	Uon				
GST Registered	Yes		V20070700000000000000000000000000000000		
STT Registration No.	2017007670		GST Repstration Date	97/91/2907	
Modification History	\$200 ENGINE		GSF Status Verified	Wes	
→ Policybolder Mailing Add	rese				
Address 1	STURI AVENUE 2	Belling &		1800101	
Address 4	CONTRACTOR OF THE PARTY OF THE	Address 2	FOR-ISS AUTOMOBILE MEGAMAN	Address 3	SINGAPORE 408898
Unit No.	04-05	Address Type	Singepone wildress	Post Code	408898
♥ Of Driver Infe	0.07000	Related Policy Number	5107053626		
Driver Name	Unnamed Drives		MARCHANICA CONTRACTOR		
Jonamed Briver Name	Unnamed Driver	Driver Type	Unnamed Onver		
Ampliter Date of Driver License	HELVIN LEE BONG HUAH	Driver NAIC	\$71297658	Ditver DOS	31/08/3971
	18/05/1993	Driver Age	42	Driving Experience	21
Contact No.(Mobile)	86117791	Connect No.(DMEE)		Contact No.(Home)	
Affireza 1	BCK 981G #07-19	Address 2	BUANGKOK CRESCENT	Address 3	SINGAPORE SITHE
Address 4		Address Type	Foreign address	Past Code	533981
IND No.	07-19				ASS5000
Done he own a Singapore Registered car?	13 Yee or No.	Driver Vaticie No.	SKK66915	Driver Insurer Company	100
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eclaration					
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# RUISE AUTO INFINITE PTE, LTD.

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company Register Post 300 700016763

# AUTOMOBILE LEASE AGREEMENT

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Date of License Assperations	36 <sup>th</sup> NOVEMBER 3008	Licene Cless		Date of Bloth	3676671871	

## VEHICLE DESCRIPTION

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Short Model	CITROEN GRAND C4 PSCASSO LAL	Chemin No.	POP FREE THE LAND	
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### TERMS OF RENTAL PAYMENT & PERSOD

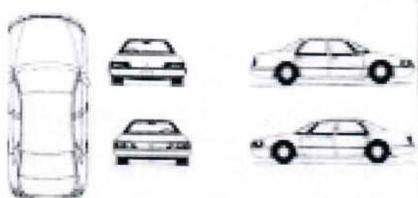
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### VEHICLE DELIVERY

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Usage	You are exposed to buselle the our with executable care. Do notify at <u>DAMERIA TELE</u> should you have any hours seeing with the vehicle.				
Insurance	Substantive for responsible for the first \$4,000 recent for cellules durings to first part of SEC 40261, & also first \$4,500 comes for cellules of durings to third party's vehicle for each sections. I durings				
Citizens	Shall you failed to make I clear very due payment to <u>KREISE AUTO FIE. LTD</u> , and recall in towing of the result I bessed vehicle, charges of towing bes, a spinorance of keys charges, solicite require charges, admin for etc., will be charged.				

h arguing below, you set newledge that you have read the entire Louis before arguing it, and both you and we agree to the terms. end from and obligation of the Leans. Signed by Leasure igned by Lerrer ARTEST ALAD ESPIRATE PTE. LTD. REPRESENTATIVE Name / NIMIC: MR. MILLYIN LOS HONG HEAR (STEEDWIS)

# KARLESE ALTO INFINITE FEEL LTD.

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# ACCIDENT STATEMENT

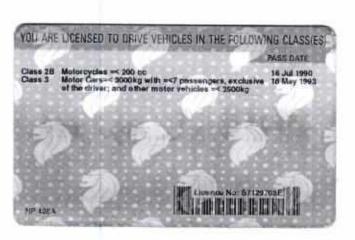
ACCIDENT DATE: (2 101/20) (DD/MM/YYY). TIME: (20:25)(HH:MM)
LOCATION: BKE Toward city
1. DETAILS OF VEHICLE
a) VEHICLE NUMBER: SKK 687 1 9
DINSURANCE COMPANY: NTUC
CIPOLICY NUMBER: 5088045975-01
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
SIMARE & MODEL: CHITOCK
f)TYPE:(SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS)
STATE OF THE CONTRACT COMMERCIAL / MOTORCYCLE
h)PURPOSE OF USING AT ACCIDENT TIME: GRAB
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER
AINAME: KKINSE MITO THAT
CIADDRESS: CONTACT: 9685 9566 (Schoot)
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
of passange, Driver
(Including driver) O'NAME: MOWIN LEE EME HUMM (MALE/FEMALE)
CONTACT: 8611779
CIADDRESS: 10 1C PRINCEPOC CLOSCENT # 01-18
SICS 3 P.
eloccupation: (INDOOR / OUTDOOR)
DATE OF DRIVING PASC 18 May 1993
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
TO ACCUMENT OF THE DRIVED WITH INCLINED
THE CONDITION: (CLEAR / RAINING / OTHERS
DIROAD SURFACE: [DRY / WET / OTHERS
6. WAS ANYBODY INJURED (YEST NO)
7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION:
o. IHIRD PARTY VEHICLE
( ) NPIC/EIN/DACEDORY
9. THIRD PARTY VEHICLE CONTACT:
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The state of the s
There are a server ) of the server of the se
( ) NRIC/FIN/PASSPORT:CONTACT:
F 4

email = ciemei @ ontlook.com









Hello, NAC_BUKIT_MERA	H_800676					Obligation	1 Channe I			SeneralO	-
My Desktop	Poli	cy Query					* Change L	anguage	+ Change P	assword	Log Out
Notice of Lass	Policy I					Date of	Accident	27/0	1/2019 20:0	4	
	Vehicle	No.(For Motor)	5KK689	15	g	Certifica	ate Number				Ĺ
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	Select	₽ойсу №а.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5088045975+ 01		INFINITE PTE	201700767D	GFT	drivo CLASSIC	5KK6891S		01/01/2019	

1/28/2019			Policy Inform	ation	
Policy Inf	ormation				
Policy No. Certificate No.	5088045975-01	Policyholder Na	me KRUISE AUTO INFI	NITE PTE LTC Policyholder	NRIC 201700767D
Address	61 URL AVENUE 2 end	-05 AUTOMOBILE MEGAMA			
roduct Name	FLEET INSURANCE	Plan	RT SINGAPORE 408898		
olicy Issue Date	15/02/2018	Effective Date	15/03/2010 00.00	Group Policy	Flag N
ird Party Excess		Own damage E	16/02/2018 00:00	Expiry Date	15/02/2019 23:59
dditional Excess	D	OS Premium	cess 2000	Windscreen	Excess 100
utside Singapore	2000	Outside Singapo	ore TR - STEEL		
D Excess gent	1766	Excess	1500		
pen Policy Info	KRUISE AUTO PTE, LTI No	D. Agent Tel.	65471511	GST Flag	3 <b>Y</b> ⊴
The state of the s	Mailing Address				
ddress 1	61 UBI AVENUE 2	Address 2	TWO - THE TWO HIS WILLIAM	n energie and the Control of the control	Hall Carlot and Land Carlot an
Address 4	W. GOT HACIEDE T	Address Type		E MEGAMAF Address 3	SINGAPORE 408898
Init No.	04-05	Related Policy	Singapore address	Post Code	408898
diameter.	SACTOR PO	Number	5107055528		
Insured Obje					
✓ Endorsement					
Sequence	Date of Endorsement 21/03/2018 00:00	Endorsement Type  Basic Information Endorsement	Endorsement Number 000001286779133	Endorsement Status  Endorsement Take  Effective	Endorsement Content  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.
	15/04/2018 00:00	Basic Information Endorsement	000001286825614	Endorsement Take Effective	SKK8365G 08-03-2018 \$1,201.51 In view of this amendment, a refund of \$1,201.51 (inclusive of GST) will be adjusted against the outstanding premium.  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. SJF765B 14-05-2018 \$968.17 In view of this amendment, a cheque refund of \$968.17 (inclusive of GST) will be mailed to you separately.  Thank you for giving us the
	16/04/2018 00:00	Basic Information Endorsement	000001286796380	Endorsement Take Effective	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. SJD5204G 24-03-2018 \$1,145.79 In view of this amendment, a cheque refund of \$1,145.79 (inclusive of GST) will be maifed to you separately.
	12/06/2018 00:00	Basic Information Endorsement	000001286837812	Endorsement Take Effective	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. SGL312D 26-05-2018 \$1,101.83 2. SJF3767B 26-05-2018 \$1,101.83 2. SJF3767B 26-05-2018 \$7,01 a refund of \$2,028.21 (inclusive of GST) will be adjusted against the outstanding
	13/06/2018 00:00	Basic Information Endorsement	000001286965760	Endorsement Take Effective	premium. 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. SGH6774K 18-12-2018 \$208.96 In view of this amendment, an additional premium of \$208.96 (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 in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by
		Basic Information	000001286838445	Endorsement Take	cash or NETS. Thank you for giving us the

Endorsement Take Effective

Basic Information Endorsement