NATIONAL Assessment Centre Serv	ices - wet I Janos M	HANG DITGAS .	DAV #/	
Date In: 2/1/9, 14:07 Job de	escription	Date & Time Completed	Done	py.
	e-filing			
	ail (within Shrs, AIC 2hrs)			
	otor Claim Form	M71020661/001	mlig 14	·y2.
i-M	otor W/O (Within: OD 2h			
OD / TP / Reporting Only	oto Uploaded	1		
	ssment/Survey Report			
TP Insurer: Ass'	Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:	
TP Particulars: Veh No: Skr5151P.	. INC (	)/Non-INC( ).		
Owner / Driver: (		Tel:	)	
Policy No: ( ) Period: (	)	Cover Type: (	) .	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %) [Note-Est	Status (WO): N: 0-2	20%; P: 21-79%. F: 80-	100%]	
Year of Registration: ( ) Warranty	:YES( )/NO(	)		
Excess: (\$ ) Loading: \$1,000 (	/\$2,000()			
General Remarks:-			Con Service	- 1 ° 2
( ) Walk-In Customer: Customer's information s	strictly Confidential & S	strictly NO refer of repairer		The state of the s
( ) Total Loss Case : to e-mail Insurer URGE				
Drive-In ( )/ Towed-In ( ); Invoice: YES (		Towing Co: (		)
de la companya de la		Date&Time Completed	Done	by
Remarks: (TNC horline: 6788 6616)	G ( )	Dack full College 4	A CONTRACTOR OF THE PARTY OF TH	-
1) Apply for Transport Allowance ( )/ Courtesy	Car ( )	*	-	
2) QC Check / Post Repair Inspection	( )	<del></del>		
3) Upload Resurvey Photo [Repair Cost > \$3000]	( )			CHEMISS-
Injury:				**************************************
Date/Time Actions	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		CONTRACTOR OF THE	erika erika erika B
Control of the Contro				
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			A CANADA VA AND MINISTER	
				essage es
N-1.	Invoice Pr	eparation Checklist	Anit (5) fat Bill	Amt (3
1900070 "	1) AR : Accide	CONTROL PROPERTY OF STATEMENT AND THE	(503 EMERIE)	71031-011
alimant's Particulars:-	2) DA : Damag	c Assessment (\$100); INC (	\$80) 40/\$45	
iver/Owner:	3) TF : Towing 4) FT : Follow-	Through Survey	\$120	
ntact No:	5) FT : Follow-	Through Survey (Resurvey) against INC Only (wef 10 Jan 200	\$30	
	6) TR: Re-insp		\$75	
maged Portion:	7) N1 : Idae D/	+ SMRT Survey	\$160	20
	8) NTUC Addi	tional Services:-		
Checked by (Engr-In-Charge):	*N5: Courte	sy Car / Tpt Allowanse	\$5	
		Co-ordination  pair Inspection	\$10 \$25	
iditors' Comments :-	*N8: DV/C	ollect Excess Coordination	35	
1:	TP (N11) : T 9) N12: Idac M	P (Non INC) against INC	30	ALCO DE SERVICIO
2/3:	Involce dated	Fee Charges	MARINE CALLED	动物了
AND CONTROLS	Invalce dated	Fee Charges	STEEL LES	

Figure 1 to 1997

#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- 1. 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.
- 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.

<ol><li>By the ladgement of this report to the insurers, you hereby cons aforesaid.</li></ol>	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	02/02/2019 14:03
Date Of Accident	01/02/2019 10:00
Exact Location Of Accident	PIE TWDS CHANGI
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJW9243S
Insured/Policyholder	
Name Of Registered Owner	EASY RENTAL CAR PTE LTD
Co Reg No	201613123E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS J AUTO
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096583420
Cover Note Number	

## Driver

LEE HWEE BENG ANTHONY (LI HUIMING ANTHONY) Name of Driver S8107374J NRIC No 14/03/1981 Date Of Birth OUTDOOR Occupation Date Of Driving Pass 19/10/2005 **Driving Experience** 13 YEARS AND 3 MONTHS

MALE Gender

(LOCAL) +65-92298972 Mobile Number

Fax Number

OFFICE-92298972 Contact Number

NOEMAIL EMail Address

Address BLK 486B TAMPINES AVENUE 9

#08-60

Postcode 521486

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

hicle

Insurance Company of Driver's Own Vehicle

THE STATE OF THE S

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?

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

Number of Passengers (Including Driver)

Passenger 1

NO

2

YES

NAME: : ·

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

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

SKR5151P

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

## SKETCH PLAN

# IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- 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:

- 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 Sig Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

DOA: 1/2/19 A: SJN 92431 B: SKR 5/5/1P

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

There	206	C.	chain	colli	sion	infrt	, I	could	not
brake	in	+	me	hit	onto	the	rear	of	veh
B.									
		ID 3000000 32 801-					Name of the last o	20-11-2 0360	
	200					(e)			
				1					
VIII									
		124					10		
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DECLARATION S

I/We declare the foregoing 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.:

Personal Particulars
Date of Accident: 12 19 Time of Accident: 10.00 am
Exact Location of Accident: PIE towards Change
Owner's Name: Easy Rental Car Pte Ltd NRIC No: HP No:
Driver's Name: Lee Hwee Beng Anthony NRIC No: 58107374 JHP No: 9229897.
Date of Birth: 14 3 1981 Driv ng Licence Passing Date: 19 10 2005 Occupation: Indoor / Outdoor
Address: 486 B Tampines Ave 9 #08-60 (521486)
Relationship of Driver with Insured: Email Address:
Vehicle No: SJW 9243 5 Make & Model: Toyota
Insurance Co: NTGC Coverage: Compahas repolicy No:
*Purpose of Reporting? Own Damage Claim / 3rd Party Claim / Not Claiming, Just Reporting Only
*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work
*Weather Condition? Clear / Raining / Others: Wet / Gry / Others:
* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:
A: 1 + 1 B: 1 + 0 C: D:
*Was Anybody Injured ? (Yes / No) If yes,
Name / NRIC / In Vehicle:
*Was The Accident Reported To The Police ?
O No O Yes, Which Police Station?
*Does the Driver Own Any Other Vehicle?
O No O Yes, Vehicle Registration No: insurer:
A ST COLO COLO COLO COLO COLO COLO COLO COL
*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category:
*Was there any video captured by Car Camera? (Yes/No)
Third Party Driver's Particulars
Vehicle B No: SKR SISIP Make & Model:
Driver's Name: NRIC No: HP No:
Vehicle C No: Make & Model:
Driver's Name: NRIC No: HP No:
Witness Particulars
Name: NRIC No: HP No:







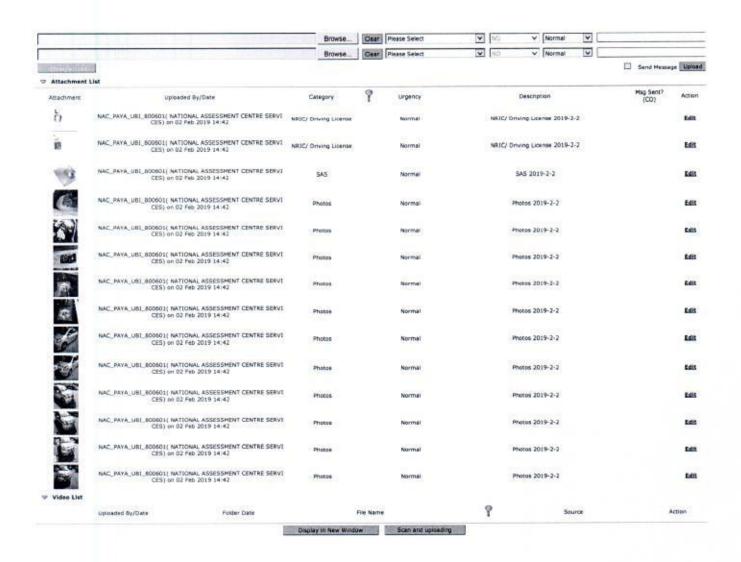
APT BLK 486B TAMPINES AVENUE 9 #08-60 SINGAPORE 521486

VOL ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS TEST Pares Pare 28 Apr 2000 67 Jan 2013 19 Oct 2005 S/ No. 9000040544 Class 2b. Memorycles = 200 CC
Class 2b. Memorycles because 8bt CC and 400 CC
Class 3. Memorycles because 8bt by min = 7 parameters, exclusive affine
defree; and another fraction/vehicles = 2500 bg

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My Desktop	Poli	cy Query									
Notice of Loss	Policy N	40.				Date	of Accident	-	01/02/2019 1	10:00	
	Vehicle	No.(For Motor)	ewt2	243S		Certi	ficate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5096583420		EASY RENTAL CAR PTE LTD	201613123E	GPC	drivo CLASSIC	SJW92439	SJW92435	08/12/2017	28/04/2019
				110000000000000000000000000000000000000	1	Continue					

Policy No.	5096583420	Policyholder Name	EASY REN	TAL CAR PTE LTD	Policyholder NRIC	2016131238	STATE OF THE PARTY
Certificate		Name					
Address	BLK 80 #08-472 LORONG 4 T	OA PAYOH TOA	PAYOH PEA	KVIEW SINGAPORE	310080		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Ssue Date	08/12/2017	Effective Date	08/12/201	7.00:00	Expiry Date	28/04/2019	23:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
Agent Co- insurance	SININS AGENCY PTE. LTD.	Agent Tel.	69503050		GST Flag	Y	
Flag Open Policy							
Info Certificate							
Info Policyl	holder Mailing Address						
Address 1	BLK 80 #08-472	Addr	ess 2	LORONG 4 TOA F	АУОН	Address 3	TOA PAYOH PEAKVIEW
	Serve with the state of		ess 2 ess Type	LORONG 4 TOA P		Address 3 Post Code	TOA PAYOH PEAKVIEW 310080
Address 4	BLK 80 #08-472	Addr	ess Type ted Policy				
Address 4 Unit No.	BLK 80 #08-472 SINGAPORE 310080	Addr Rela	ess Type ted Policy	Singapore addres			
Address 1 Address 4 Unit No. Insure  Endors	BLK 80 #08-472 SINGAPORE 310080 08-472 d Object: SJW9243S	Addr Rela	ess Type ted Policy	Singapore addres			
Address 4 Unit No.	BLK 80 #08-472 SINGAPORE 310080 08-472 ad Object: SJW9243S sements	Addr Rela Num	ess Type ted Policy	Singapore addres 5097257385-01 nt Type		Post Code	

Daim Type * Connact No. (Mobile) Email Address Daimant Type *	Please Select		Please Select	TP Vehicle Number	JAKO202F
Contact No.(Mobile)	Province Colore	Of Vehicle Number  Type of Benefit *	SJW92435		PROPERTY NAMED IN COLUMN TO THE PROPERTY NAMED IN COLUMN TO TH
	N2L	Contact No.(Home)	G7490496	Contact No.(Office)	NDL SKR51S1P
	00-MX ¥	Insured Name	EASY RENTAL CAR PTE LTD	Insured NRIC	2016131236
Claim 001 New				TOTAL STREET,	
lodification History					
breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yesl ® No		
reclaration					
Joes he own a Singapore Registered car?	08-60 ○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
ddress 4	00.00	Address Type	Singapore address	Post Code	521406
ddress 1	BLK 486B	Address 2	TAMPINES AVENUE 9	Address 3	SINGAPORE 521486
ontact No.(Mobile)	92298972	Contact No.(Office)	0	Contact No.(Home)	0
egister Date of Driver License	19/10/2005	Driver Age	37	Driving Experience	13
named driver Name	LEE HWEE BEING ANTHONY (LI I	Driver NRIC	58107374)	Driver DOB	14/03/1981
rver Name	Unnamed Driver	Driver Type	Unnamed Driver		
oc No.  OI Driver Info		Assess couch remote	200, 621, 202, 68		
idress 4	SINGAPORE 319080 08-472	Address Type Related Policy Number	Singapore address 5097257385-01	rest Loos	21/400
idress 1	SUK 80 #08-472	Address 2	LORONG 4 TOA PAYOH	Address 3 Post Code	TOA PAYOH PEAKVIEW 310080
Policyholder Mailing Ad		*******	AU-S 0.00 (0.00 May 20.00	Segswitz	
odification History					
IT Registration No.	2000		GST Status Verified	Yes	
GST Registered Informa ST Registered	reo.		GST Registration Date		
7 Benefits 7 GST Registered Informa	ation				
and Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
nnamed Driver Excess	572,4700	Outside Singapore OD Excess	2,000.00		
wn damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Excess					
cident Location	PIE TWDS CHANGI				
porting Centre	4.50.000	Orange Force	577760	ICM No.	The state of the s
port uses ke of Accidem	02/02/2019 14:39	Time of Accident hhimm	10:00	Country of Accident	Singapore
port Date	02/02/2019 14:39	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Head to Rear
Accident Details	NO.	web enduement wy		The state of the s	3.44.7
K Protection	® No O Yes	NOD Entitlement(%)	® No ⊜Yes	Private Hire	Yes
nail Address	200	Special Remark TCA	844-07	eCode Reason	14. 4
ntact No.(Mobile)	.0	Contact No.(Office)	0	eCode	lsc ✓
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading Contact No.(Home)	0
	EASY RENTAL CAR PTE LTD	20002000	and arrange	Policyholder NR3C	201613123E 0
cyholder Name				2000000000000	Delet Sinne
oficate No. cyholder Name		Vehicle No.			



2/2/2019