NATIONAL Assessment Cent	re Services. pur 1 Janos M	MAN9026887	
Date In: 26/ / 19 - 17: 15	Jcb description	Date &Time Completed	Done by
Ref No: NA INC 19003633/24	SAS c-filing		
Veh No: 57R2976H	E-mail (within Shrs, AIC 2hrs)		*
D.O.A: 15/1/19-13:15	i-Motor Claim Form	m 103787-001	26/2/19 19:31
	I-Motor W/O (Within: OD 2h		
OD / TP / Reporting Only	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No:	INC ()/Non-INC()	*
Owner / Driver: (Tel:)
Policy No: () P	eriod: (Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 80-	100%]
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$) Loading: \$1,	000()/\$2,000()		
General Remarks:-		Text Contagnition	San Silling
() Walk-In Customer: Customer's info	The state of the s	The state of the s	
		tiletty NO 13161 Of repailer.	
() Total Loss Case : to e-mail Insur			· - · · · · · · · · · · · · · · · · · ·
Drive-In () / Towed-In (); Invoice	e: YES() / NO();	Fowing Co: (
Remarks: (INC horline: 6788 6616)		Date&Time Completed	Done by
1) Apply for Transport Allowance ()/	Courtesy Car ()		
2) QC Check / Post Repair Inspection	()	***************************************	
3) Upload Resurvey Photo [Repair Cost > S	30001 ()		
Injury:			
Trijury :			
Date/Time Actions		Opinion Process Commission	1858 CHOLF
	AND THE RESERVE THE PARTY OF TH		- 1
5000			
	1		
House the same	Invoice Pro	eparation Checklist	Anit (\$) Amit (\$)
1141401488	1) AR : Acciden	CONTRACTOR ASSESSMENT OF THE STATE OF THE ST	In Bill Add Bill
laimant's Particulars :-	2) DA : Damage		(80) (0/ \$4 5
river/Owner:	3) TF : Towing 4) FT : Follow-		\$120
ontact No:	5) FT : Follow-	Through Survey (Resurvey) against INC Only (wof 10 Jan 200	\$30
on Total Bastian	6) TR : Re-inspe		\$75
amaged Portion:	7) N1 : Idao DA 8) NTUC Addit	+ SMRT Survey	\$160
C Cheeked by Co Y- Cl	OD.		
C Checked by (Engr-In-Charge):	*N5: Courtes *N6: Repair (y Car / Tpt Allowance	\$10
	*N7: Post Re	pair Inspection	\$25
uditors' Comments :-	and the same of th	P (Non INC) against INC	\$20
<u>t. 1:</u>	9) N12: Idac M	obile	30
1.2/3;	Invoice dated	Fee Charged	MARINE VANCET
	Invoice dated	Fee Charged	Principal Control

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 <u>truthful</u> and <u>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.
- 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	26/02/2019 17:15
Date Of Accident	26/02/2019 13:25
Exact Location Of Accident	TIONG BAHRU MARKET
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJR2976H
Insured/Policyholder	
Name Of Registered Owner	BUDGET LEASING PTE LTD
Co Reg No	201818180W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82224488
Alternative Phone No	OFFICE-82224488
Vehicle Particulars	
Manufacturer	SUBARU
Model	IMPREZA 4DR 1.5R AWD 4AT ABS AIRBAG
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5101315196
Cover Note Number	
Driver	
Name of Driver	TAN SEE BENG
NRIC No	S1772586F
Date Of Birth	26/04/1966
Occupation	OUTDOOR
Date Of Driving Pass	03/07/1986
Driving Experience	32 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83058192
Fax Number	
Contact Number	OFFICE-83058192
EMail Address	NOEMAIL

Address

BLK 217 SERANGOON AVENUE 4

#02-152

Postcode

550217

Was driver an employee of the Insured's Company

NO

OTHER - HIRER 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 Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? Number of vehicles (including own vehicle) 1 involved in the accident Was any body injured in the Accident?

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)

Was notice of intended Prosecution given?

If Yes, against whom?

NO COLLISION

NO

NO

NO

NO 1

Details of Police Action

Was the accident reported to the police? If Yes, Please state which Police Station

NO

NO

Circumstances of Accident

WHEN I REVERSED MY VEHICLE ONTO THE CARPARK LOT, VEHICLE B (SLC6822Y) THE DRIVER CLAIM THAT MY VEHICLE HIT ONTO HIS VEHICLE. I CHECK MY VEHICLE AND HIS VEHICLE, THERE WAS NO DENTS BOTH OF OUR VEHICLES, VEHICLE B (SLC6822Y) THE DRIVER ADVISE ME THAT HAVE TO PAY HIM \$ 80.00 DOLLARS FOR THIS INCIDENT, I REFUSED AND LODGE FOR REPORTING PURPOSE.

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

- 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:
 - 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

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

NRIC/FIN No.:

TCH PLAN					
	N	Martin al	n provide		
	No	sice ich plu	n provinc	1	
RIBE CIRCUMSTANC	ES OF THE ACCID	ENT			
lefer to Hote	ment.				
ARATION					
ARATION declare the factoring pa	rticulars are true in e	every respect.			
ARATION jecla sole force on g pa	rticulars are true in a	every respect.			

Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1772586F



Name



TAN SEE BENG

Race CHINESE

Date of Birth

26-04-1966 M

Country of Birth

SINGAPORE

S17/2586F



NRIC No. S1772586F

Blood Group Date of issue

A+

16-02-1994

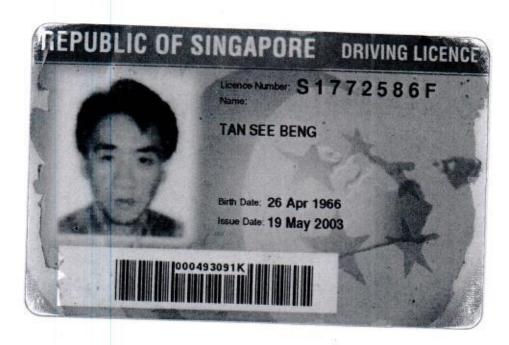
ART BLK 217 SERANGOON AVENUE 4 102-152

SINGAPORE 550217

NRIC No: \$1772586F

Date: 19-02-2000 No: 8326033

1690204



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

PASS DATE

Class 2B Class 3

Motorcycles not exceeding 200 cc

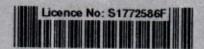
Motor Cars and Motor Tractors the weight of which unlader does not exceed 2500 kilograms

Class 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms

02 Jan 1985 03 Jul 1986

25 Jul 1991

NP 428A



eBao Tech									G	eneralC	laim
Hello, NAC_PAYA_UBI_80	0601						· Change La	nguage	· Change Pa	ssword	Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	lo.				Date of A	Accident	26/02	2/2019 13:25	13	
	Vehicle	No.(For Motor)	S3R2976	5H		Certificat	te Number				
					Se	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5101315196		BUDGET LEASING PTE LTD	201818180W	GFT	Third Party, Fire & Theft	SJR2976H	SJR2976H	30/10/2018	
					Cor	ntinue					

Poli	icy Information						
Policy No.	5101315196	Policyholder Name	BUDGET LEASIN		Policyholder NRIC	201818180	w
Certificate							
Address	6001 BEACH ROAD #19-06 GO	LDEN MILE TO	WER SINGAPORE	199589			
roduct Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
olicy ssue Pate	08/06/2018	Effective Date	08/06/2018 00:0	00 1	Expiry Date	04/06/2019	23:59
xcess		All Claims Excess					
hird	192021	Own			Windscreen		
arty xcess	1500	damage Excess	0		Excess	0	
dditional xcess	0	OS Premium	0				
Outside Singapore	0	Outside Singapore	1500			You	ng/Inexperience Driver Excess
xcess		TP Excess	1300			100	ng/mexperience briver excess
lgent	ASSURE (SINGAPORE) PTE, LT	C Agent Tel.	68038751		GST Flag	Y	
Co- nsurance lag Open Policy	No						
nfo Certificate Info							
	holder Mailing Address						
ddress 1	6001 BEACH ROAD	Addre	ess 2 #19	-06 GOLDEN MIL	E TOWER	Address 3	SINGAPORE 199589
ddress 4		Addre	ess Type Sing	apore address	23	Post Code	199589
Init No.	19-06	Relate	ed Policy 510	3815653			
D Insure	d Object: SJR2976H	Nume					
		Per House and			20-2050000	50000 EU-9000	and a rest first the control of the
Sequer	nce Date of Endorsement	Endorseme	nt Type Endo	rsement Number	Endorser	nent Status	Endorsement Content Thank you for giving us the opportunity to serve you. We
1	12/06/2018 00:00	Basic Informa Endorsement	tion 00000	1286838217	Endorseme Effective	ent Take	confirm that from 12 Jun 2018, the Hire Purchase Company is amende as follows for SJS1308M: HIRE PURCHASE COMPANY: AL AUTOCA PTE LTD
2	19/06/2018 00:00	Basic Informa Endorsement	tion 00000	1286842384	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. SLA4948S 20-06-2018 \$1,498.00 In view of this amendment, an additional premium of \$1,498.00 (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 by cash or NETS.
							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

fodification History Claim 001 New						
1.00						
odification Million						
treathalyser or Blood Test leading?	0 mg		Any injury?	○ Yes ® No		
eclaration						
egistered car?	○ Yes ® No		Driver Vehicle No.		Driver Insurer Company	
né No. oes he own a Singapore	02-152					
ddress 4	SINGAPORE S50217		Address Type	Singapore address	Post Code	550217
ddress 1	BLK 217		Address 2	SERANGOON AVENUE 4	Address 3	SERANGOON GREEN
egister Date of Driver License ontact No.(Mobile)	03/07/1966		Driver Age Contact No.(Office)	52	Driving Experience Contact No.(Home)	32 0
nnamed driver Name	TAN SEE BENG		Driver NRIC	51772586F	Driver DOB	26/04/1966
nver Name	Unnamed Driver		Driver Type	Unnamed Driver		
OI Driver Info						
na No.	19-06		Related Policy Number	\$103815653	\$500000000	PER CONTRACTOR OF THE
Address 4	CONTRACTOR CONTRACTOR		Address Type	Singapore address	Post Code	199589 199589
Policyholder Mailing Ac	6001 BEACH ROAD		Address 2	#19-06 GOLDEN MILE TOWER	Address 3:	S3NGAPORE 199589
W Policyholder Mallice Ac	Idram					
odification History						
ST Registration No.				OST Status Venified	Yes	
51 Registered	No			GST Registration Date		
GST Registered Inform	ation					
Benefits	1,500,0	R())	Outside Singapore TP Excess	1,500.00		
Innamed Driver Excess Tring Party Excess	L 500.0	0.00	Outside Singapore OD Excess	0.00		
Own damage Excess	0.0	D	Additional Excess	0	Windscreen Excess	0.00
♥ Excess						
codem Lecition	TIONG BAHRU MARKET					
Reporting Centre			Orange Force		ICM No.	and a second
late of Accident	36/02/2019		Time of Accident hh:mm	13:25	Country of Acodent	Singapore
aport Date	26/02/2019 17:30		Accident Report Within 24 hrs	Yes	Acodent Type	No collision
Accident Details	Nec		NCD Entitlement(%)	Ů.	Private Hire	Yes
ED Protection	® No ○ Yes		TCA	® No.○Yes	eCode Reason	
mail Address	0.0		Special Remark	8.8	eCode	10.0
Contact No (Mobile)	92224488		Contact No. (Office)	0	Contact No.(Home)	0
roduct Code	FLEET INSURANCE		Cover Type	Third Party, Fire & Theft	Loading	0
and at the day	BUDGET LEASING PTE LTD				Policyholder NR3C	201818180W
olicyholder Name						
			Vehicle No.	539.2976H	GST Registration No.	

