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D.O.A: >6/4/19-08:50	i-Motor C	laim Form	M7/1037922-001	13/1/4	15:30
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OB . If y reporting Only	i-Photo U	ploaded	!		
TP Insurer:	Assessmen	t/Survey Report			
17 insurer:		rt by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:				ax:	
TP Particulars: Veh No: 6	218261	INC (-	
Owner / Driver: (715-04		Tel:	1	
Policy No: ()	Period: ()	Cover Type: (
Confirmed by : (Date:	Time:		
Insured/Driver Liability: (9/	6) [Note-Est Status		%; P: 21-79%. F: 30-1	00%]	
3/ 65 :	Warranty: YES		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0070	-
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() Walk-In Customer: Customer's	information strictly (Confidential & Stri	ctly NO refer of repairer.		
() Total Loss Case : to e-mail Ins	surer URGENTLY	7.			
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Remarks: (INC horline: 6788 6616))-		Date&Time Completed	Done	thy
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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.
- 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	27/02/2019 14:51
Date Of Accident	26/02/2019 08:50
Exact Location Of Accident	IN FRONT OF ENG WAH TYRE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLL295K
Insured/Policyholder	
Name Of Registered Owner	AUTOBAHN RENT A CAR PTE LTD
Co Reg No	201607970Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	PRIUS HYBRID 1.8S AT ABS D/AIRBAG 2WD
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	5079864471-02
Cover Note Number	
Driver	
Name of Driver	GAN BENG HOE
NRIC No	S1298674B
Date Of Birth	03/09/1958
Occupation	OUTDOOR
Date Of Driving Pass	27/11/1979
Driving Experience	39 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86183383
Fax Number	
Contact Number	OFFICE-86183383
EMail Address	NOEMAIL

Address BLK 842G TAMPINES STREET 82 #14-94

Postcode 527842

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 Vehicle

-

Insurance Company of Driver's Own Vehicle

.

2

NO

YES

NO

1

NO

NO

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

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)

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?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

YES

NO

1

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GZ1826H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE

Page 2 of 14

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.
- 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.

Folicyholder's Signature Date & Time:

Z016109105

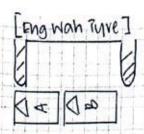
Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

vehicle A: SLL295K

vehicle B: 67 18264



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date and time, I, vehicle X',	_
SLL295k, was stationary on the stated venue as I wo	15
towed over due to a punctured tire. I was waiting	
for the shop to open and was incide my vehicle	_
waiting, suddenly, vehicle B, AZ 1826H, rear-ended	
ny vehicle.	
	F
ARATION* 10.	

particulars are true in every respect.

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

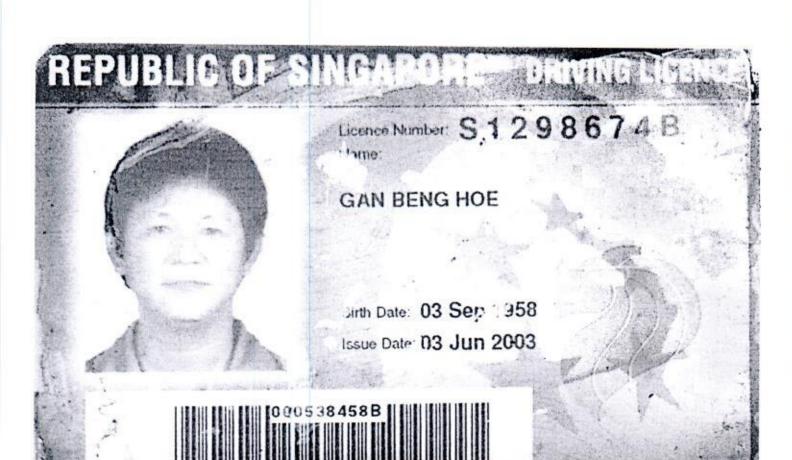
Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCI	DENT DATE: (26/ D)	1)019,100/MM/YY	YY), TIME: (08:	50_)(HH:MM)
LOCA	TION: IN front o	teng Wah Ty	<u>ye</u>	
1.	6)MAKE & MODEL: 1)TYPE:(SAL ON / CO g)VEHICLE CATEGORY h)PURPOSE OF USING i) ARE YOU CLAIMING	A terra 1 d	RRY / MOTORCYCL CIAL / MOTORCYC PYTYATE SURANCE (YES/NO	E / OTHERS)
2.	INISTIDED / POLICY HOL	ahn Rent- A-Car		/ FEMALE)
14.40 of passonga (Inducting driver)	DRIVER Gara		B_CONTACT:	/FEMALE) 3618 3383 5(527842)
5.	e)OCCUPATION: (INDO f)YEARS OF DRIVING EX WAS DRIVER AN EMP IF NO, RELATIONSHII a)WEATHER CONDITION b)ROAD SURFACE: (DB	KPRERIENCE: 40 Y LOYEE OF THE INSU P OF THE DRIVER WI N: (CLEAR / RAINING / X / WET / OTHERS	ears RED'S COMPANY7 TH INSURED:	(YES / (90)
7.	WAS ANYBODY INJURE DIREPORTED TO POLICE IF YES, PLEASE STATE V THIRD PARTY VEHICLE		N:	i
the of passenger (Including driver)	a) VEHICLE NUMBER:_ b) DRIVER'S NAME:		MODEL:	
the of passenger	c) NRIC/FIN/PASSPOR THIRD PARTY VEHICLE d) VEHICLE NUMBER: g) DRIVER'S NAME:		CONTACT;	· · · ·
()	f) NRIC/FIN/PASSPOR	Π:	CONTACT:::-	
W	eln	aíl =	8	W W a

THE WASHINGTON OF THE PARTY OF



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1298674B





Name

GAN BENG HOE



CHINESE
Date of birth

03-09-1958
Country/Place of birth
SINGAPORE

Sex

M





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

PASS DATE

Motorcycles not exceeding 200 cc	26 J
	26.1
	Motorcycles not exceeding 200 cc

Class 2 Motorcycles exceeding 400 cc

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

26 Jun 1979 26 Jun 1979 26 Jun 1979

27 Nov 1979

NP 428A



6062090



NRIC No. S1298674B



Date of issue

09-11-2018

Address

APT BLK 842G TAMPINES STREET 82 #14-94 SINGAPORE 527842

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eBao Tech			THE WAS						(GeneralC	laim
Hello, NAC_PAYA_UBI_80	0601						· Change Lan	guage	· Change P	assword	Log Out
My Desktop	Poli	cy Query									7
Notice of Loss	Policy N	10.				Date of	Accident	26/0	2/2019 08:5	0	
	Vehicle	No.(For Motor)	SLL295K			Certifica	ite Number				
					Se	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
	0	5079864471- 02		AUTOBAHN RENT A CAR PTE. LTD.	201607970Z	GFT	drivo CLASSIC	SLL295K	SLL295K	13/12/2018	
					Cor	ntinue					

n. e.	F	Policyholder	1000000		Policyhelder	in the same of the	
Policy No. Certificate No.	5079864471-02	Name	AUTOBA	HN RENT A CAR PTE. LT	Policyholder NRIC	201607970	Z
Address	6001 BEACH ROAD #08-06 GO	I DEN MILE TO	WED CINC	CADODE 100E00			
Product			WEN SING	3AFORE 199309	Group		
Name	FLEET INSURANCE	Plan			Policy Flag	N	
Policy ssue Date	04/04/2018	Effective Date	26/04/2	018 00:00	Expiry Date	25/04/2019	23:59
Excess Type		All Claims Excess					
Third Party Excess	3500	Own damage Excess	3000		Windscreen Excess	100	
Additional excess	0	OS Premium	0				
Dutside Singapore DD Excess	3000	Outside Singapore TP Excess	3500			You	ng/Inexperience Driver Excess
Agent	HAMILTON AUTOHUB PTE. LTD	. Agent Tel.	6475194	16	GST Flag	v	
Co- insurance Flag Open Policy Info Certificate Info	No				838		
Policyl	holder Mailing Address						
Address 1	6001 BEACH ROAD	Addre	ess 2	#08-06 GOLDEN MI	LE TOWER	Address 3	SINGAPORE 199589
Address 4		Addre	ess Type	Singapore address		Post Code	199589
Unit No.	LOT38	Relati	ed Policy per	5079864471-02			
1 Insure	d Object: SLL295K						
♥ Endors	sements						
Sequen	nce Date of Endorsement	Endorseme	nt Type	Endorsement Number	Endorser	ment Status	Endorsement Content
1	26/04/2018 00:00	Basic Informa Endorsement	tion	000001286794596	Endorseme 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. SKD86730 26-04-2018 \$1,807.36 In view of this amendment, a refund of \$1,807.36 (inclusive of GST) will be adjusted against the outstanding premium.
	18/05/2018 00:00	Basic Informal Endorsement	tion	000001286820035	Endorseme Effective	int 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. SLC6150C 18-05-2018 \$1,747.29 In view of this amendment, an additional premium of \$1,747.29 (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 your favour of "NTUC Income" with your

ICY No.					
off makes him	5079864471+02	Vehicle No.	SUL296K	GST Registration No.	
icyholder Name	AUTOBAHN RENT A CAR PTE, LTD.			Policyholder NRIC	201607970Z
sduct Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
ntact No.(Mobile)	٥	Contact No.(Office)	0	Contact No.(Home)	0
iell Address		Special Remark		eCode	No. V
K	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
port Date	27/02/2019 15:36	Accident Report Within 24 hrs	Yes		8201 d 197
te of Academ	26/02/2019			Accident Type	Collision - Head to Rear
	26/02/2019	Time of Accident thi:mm	08:50	Country of Academ	Singapore
porting Centre		Orange Force		ICM No.	
ident Location	IN PRONT OF ENG WAH TYRE				
Excess					
n damage Excess	3,000,00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess		Outside Singapore OD Excess	3,000.00		
nd Party Excess	3,500.00	Outside Singapore TP Excess	3,500.00		
Benefits					
GST Registered Informa	ation				
Registered	No		GST Registration Date		
Registration No.			GST Status Venfied	Yes	
Mication History			a Sand Control of the State of	240	
Policyholder Hailing Ad	dress				
iress 1	6001 BEACH ROAD	Address 2	#08-06 GOLDEN MILE TOWER	Address 3	SINGAPORE 199589
dress 4		Address Type	Singapore address	Post Code	53NGAPORE 199589 199589
t No.	LOT38	Related Policy Number		PSON SAME	125003
OI Driver Info	500000	THE PARTY NUMBER	5079864471-02		
ver Name	Ultinamed Driver	Oriver Type	Unaversal Behavior		
named driver Name	GAN BENG HOE	Onver Type Onver NRIC	Unnamed Driver S12996748	Driver DOB	02/00/1008
pater Date of Driver License		Driver Age			03/09/1958
ntact No. (Mobile)	96183383		60	Driving Experience	39
		Contact No. (Office)	0	Contact No.(Home)	0
dress 1	BLK 842G	Address 2	TAMPINES STREET 82	Address 3	TAMPINES ARCADIA
Sress 4	SINGAPORE 527842	Address Type	Singapore address	Post Code	527842
rt No.	14-94				
es he own a Singapora gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
*appropriate					
daration					
eathalyser or Blood Test ading?	0 mg	Any injury?	○ Yes ® No		
Sification History					
AR A					
laim 001 <u>New</u>					
Claim 001 New	Ор-мх 🔻	Insured Name	AUTOBAHN RENT A CAR PTE LT	Insured NRJC	2016079702
m Type •	OD-MX ▼ B8360101	Insured Name Contact No.(Home)	AUTOBAIN RENT A CAR PTE LT	Insured NRSC Contact No.(Office)	201607970Z 64751946
m Typs * tact No. (Motrie)			AUTOBAHN RENT A CAR PTE LT		
m Type • nact No. (Motrie)	88380101	Contact No. (Home)		Contact No.(Office)	64751946
n Type * cact No. (Motrie) If Address mant Type Claimant Type *	88380101 INSURANCEHAMILTONAUTOHUI	Contact No.(Home) OI Vehicle Number	SLL295K	Contact No.(Office)	64751946
m Type * act No. (Mobile) If Address mant Type Claimant Type * mont Name *	B8380101 INSURANCEHAMILTONAUTOHUI Please Select	Contact No. (Home) OI Vehicle Number Type of Benefit *	SLL295K	Contact No.(Office)	64751946
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