NATIONAL Assessment Co	ntre Services wet 1 James	1MNA119029412.		
Date In: 4/3/19-13:35	Jeb description	Date & Time Completed	Done by	
Ref No: NA INCIGO 2396V/29	SAS e-filing			
Vch No: SUNYOTA	E-mail (within Shrs, AIC 2h	rs)		
D.O.A :417/19-01:VT	i-Motor Claim Form	MT 1634491-031	1412/19 15 25.	
8 2 2	i-Motor W/O (Within: Of			
OD TP Reporting Only	i-Photo Uploaded			
	Assessment/Survey Repo	ort		
TP Insurer:	Ass't Report by Fax / Ha			75×3
Preferred Wksp / INC Assign Wksp / QW		Tol:	Fax:	
	The state of the s	C()/Non-INC()	v.	
Owner / Driver: (V0	Tel:)	
Policy No: ()	Period: () Cover Type: ((000)
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (WO): N:	0-20%; P: 21-79%. P: 80	-100%]	(5)
Year of Registration: () Warranty: YES ()/NO	()		
Excess: (\$) Loading:	\$1,000()/\$2,000()			2000
General Remarks:	THE STATE OF THE S	at the second second		11
		; Towing Co: (E 6500 386 236)
Remarks: (INC hotline: 6788 661	6)	Date&Time Completed	Done by	50
1) Apply for Transport Allowance () / Courtesy Car ()	* * .		
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost	> \$3000] ()			
Injury:				
Date/Time Actions		100		1. P.V.
			11	1000
				179
				W- 25
MA1901651 :	Invoice	Preparation Checklist	ACCUSED AND ASSESSMENT OF	mt (1)
laimant's Particulars :-		ident Reporting (\$30);		
river/Owner:	2) DA : Dan 3) TF : Tow	nege Assessment (\$100); INC (ing Fee . \$	40/\$45	
iivenOwiter:	4) FT : Follo	ow-Through Survey ow-Through Survey (Resurvey)	\$120	_
ontact No:	For claim	ing against INC Only (wof 10 Jan 20)	25)	
amaged Portion:	6) TR : Re-i	nspection DA + SMRT Survey	\$75	
	8) NTUC A	dditional Services:-		
C Checked by (Engr-In-Charge):	OD* *N5: Cou	riesy Car / Tpt Allowance	\$5	
US THE DESCRIPTION AND THE PROPERTY OF THE	*N6; Rep	air Ca-ordination	\$10 \$25	
uditors' Comments :-		Repair Inspection / Collect Excess Coordination	55	
t. 1:	TP (N11) 9) N12: Ida	: TP (Non INC) against INC	30	
. 2/3: 19	Invoice date		23.72	(A)
Name of the second seco	Invoice date	d Fee Charge	Sept.	MX m/A

is para tori

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	04/03/2019 15:35			
Date Of Accident	04/03/2019 01:25			
Exact Location Of Accident	JUNC SENJA RD & SENJA WAY			
Country/State of Loss	SINGAPORE			
\$ \$4.00 \$1000 \$6.00 \$100	ETAILS OF OWN VEHICLE			
Vehicle Registration Number	SLN405A			
Insured/Policyholder				
Name Of Registered Owner	MEGA CAR LEASING			
Co Reg No	53322925A			
Email Address	NOEMAIL			
Mobile Phone No	(LOCAL) +65-86994326			
Alternative Phone No	OFFICE-86994326			
Vehicle Particulars				
Manufacturer	MITSUBISHI			
Model	LANCER 1.5 MIVEC GLS 4A/T			
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			
Fleet Policy	YES			
Policy Number	5105220563-01			
Cover Note Number				
Driver				
Name of Driver	TAN KAH WAH (CHEN JIAHUA)			
NRIC No	S7204699D			
Date Of Birth	04/02/1972			
Occupation	OUTDOOR			
Date Of Driving Pass	27/08/1997			
Driving Experience	21 YEARS AND 6 MONTHS			
Gender	MALE			
Mobile Number	(LOCAL) +65-90707402			
Fax Number				
Contact Number	OFFICE-90707402			
EMail Address	NOEMAIL			

Address

BLK 687D CHOA CHU KANG DRIVE

#18-374

Postcode

684687

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

•

General Information of the Accident

Type Of Accident

COLLISION - CROSS JUNCTION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

-

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

1000

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

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

ON STATED DATE AND TIME, AS TRAFFIC JUNCTION WAS GREEN, I MAKE A RIGHT TURN TWDS SENJA WAY. VEHICLE B WAS FROM OPP DIRECTION OF SENJA RD AND HIT ONTO MY VEHICLE FRONT PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FV8345U

Vehicle Make/Model/Colour

Details Of Properties

MOTORCYCLE

Vehicle Category Name of Driver

MUHAMMAD ASHARI BIN BORHAN

NRIC/Passport Number

S9627352E

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

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:
 - (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:

REG NO

Driver's Signature

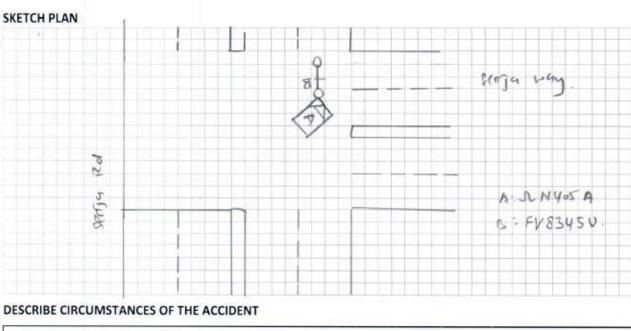
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



eelr	to	flatement.	

DECLARATION

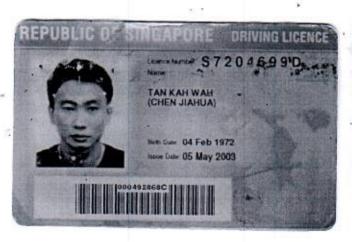
REG.NO. 533229254

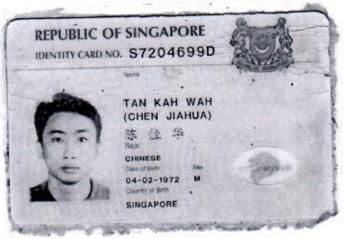
CAR/We declare the foregoing particulars are true in every respect.

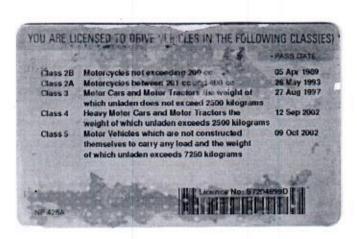
*Policyholder's Signature Date & Time:

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

NRIC/FIN No.:









eBao Tech							GeneralClaim				
Hello, NAC_PAYA_UBI_800601							· Change Lar	nguage	Change P	assword +	Log Out
My Desktop	Policy (Query									
Notice of Loss	Policy No.					Date of A	Accident	04/03	3/2019 01:25	5 🛅	
	Vehicle No.	(For Motor)	SLN405A			Certificat	e Number				
					Se	arch					
	Select P	olicy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry
	O 510	05220563- 01		MEGA CAR LEASING	53322925A	GFT	Third Party	SLN405A	SLN405A	18/12/2018	
					Co	ntinue					

olicy No.	5105220563-01	Policyholder Name	MEGA CAR LEASING	Policyholder NRIC	53322925A	
Certificate		- Allie		HILL.		
ddress	BLK 152 #04-326 SERANGO	ON NORTH AVEN	UE 1 SINGAPORE 5501	52		
roduct lame	FLEET INSURANCE	Plan		Group Policy Flag	N	
olicy sue ate	12/12/2018	Effective Date	18/12/2018 00:00	Expiry Date	17/12/2019	23:59
xcess ype		All Claims Excess				
hird arty xcess	1500.00	Own damage Excess	0.00	Windscreen Excess	0.00	
dditional xcess	0	OS Premium	0			
outside singapore OD excess	0.00	Outside Singapore TP Excess	1500.00		Youn	g/Inexperience Driver Excess
lgent	ASSURE (SINGAPORE) PTE.	LTC Agent Tel.	68038751	GST Flag	Y	
insurance Flag Open Policy Info Certificate Info	No holder Mailing Address					
300 2		Adde	occ 3 SERANC	OON NORTH AVENUE 1	Address 3	SINGAPORE 550152
ddress 1	BLK 152 #04-326			OON NORTH AVENUE 1		
Address 4 Unit No.		Relat	ed Policy 5096824		Post Code	550152
	ed Object: SLN405A	Num	ber			
- CURR /						
	sements					
Seque	nce Date of Endorsemen	Basic Inform Endorsement	ation 00001284	Fridorsam	ment Status	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. SJN3684P 12-02-2019 \$970.15 In view of this amendmen an additional premium of \$970.15 (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 "NTUI Income" with your name and policy number indicated on the reverse of
2	18/02/2019 00:00	Basic Inform Endorsement	100000128	7009215 Endorsem Effective	ent Take	the cheque. Alternatively, you coul 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 from 18 Feb 2019, the Hire Purchase Company is amende as follows for SJN7322H: HIRE PURCHASE COMPANY: TWINCAR LEASING PTE LTD

Claim Handling					- Exit.
Accident MT/1034491					
Policy No.	5105220563-01	Vehicle No.	SLN405A	GST Registration No.	
Certificate No.					
Policyholder Name	MEGA CAR LEASING			Policyholder NR1C	53322925A
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	86994326	Contact No.(Office)	0	Contact No.(Home)	0
Email Address	-	Special Remark	00	eCode	No. V
KFK	® No ○Yes	TCA	® No ○ Yes	eCode Reason	1235
NCO Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details		vo nota Wildern Goldenburghaparous		(Viscous Wills)	Comment Comments
Report Date	04/03/2019 15:53	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	04/03/2019	Time of Accident hh:mm	01:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC SENJA RD & SENJA WAY				
⊕ Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore CO Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
♥ Benefits					
GST Registered Informa			GST Registration Date		
GST Registered GST Registration No.	No		GST Status Verified	No	
Modification History					
Policyholder Mailing Ad	dress				
Address 1	BLK 152 ¥04-326	Address 2	SERANGOON NORTH AVENUE 1	Address 3	SINGAPORE SS0152
Address 4		Address Type	Singapore address	Post Code	550152
Link No.		Related Policy Number	5096824702-01		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TAN KAH WAH (CHEN JIAHUA)	Driver NRIC	57204699D	Driver DOS	04/02/1972
Register Date of Driver License	27/08/1997	Driver Age	47	Driving Experience	21
Contact No. (Mobile)	90707402	Contact No. (Office)	0	Contact No.(Home)	0
Addreso 1	BLK 687D	Address 2	CHOA OHU KANG DRIVE	Address 3	SINGAPORE 684687
Address 4		Address Type	Singapore address	Post Code	684687
Linit Na	18-374				
Does he own a Singapore Registered car?	① Yes ® No	Driver Vehicle No.		Driver Insurer Company	
GALLET ALL TO					
Declaration			arbon and an		
Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ® No		
Modification History					
The state of the s					
Claim 001 New					
Claim Type •	DO-MX	Insured Name	MEGA CAR LEASING	Insured NRIC	53322925A
Contact No. (Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SLN405A	TP Vehicle Number	FV8345U
Claimant Type Claimant Type •	Please Select	Type of Benefit *	Please Select		
Claimant Name *	22	Claimant NRIC *			
Claimant Address					
Claim Description	SLN405A / PV8345U ON 4 Mar 2019		74	Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		200
Require Finalisation	Yes v	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received 💟
Date Registered	04/03/2019 15:55	Claim Close Date		Date Received	04/03/2019 00:00
Report Taken By	hackson		20		
☑ Print AK letter	400000000000000000000000000000000000000				
EL PRIN AN PELLEY			94 - 200		
			Save Submit		
Attachment					
	and the same of th	7 A STATE OF THE S	200		
Accident No.	MT/1034491	Claim No.	001		
Last Dec. Received	● Yes ○ No	Upload Date	04/03/2019 15:56	1202220E 1	
	Path *		Category *	Confidential Urger	
		Brows		NO V Normal	
		Brows	The state of the s	V Normal	V
		Brows	e Cear Please Select	V No V Normal	⊻
		1100000	Company Colors	tel non sa Property	w

