NATIONAL Assessment Cent.	re Services	[wet 1 Jan'05] M	10-1250 B 11 AN		
Date In: 79/3/19-17: 4~	Job description		Date &Time Completed	Dor	ie py
Res No: Na) NC1900567/24	SAS e-filing				
Veh No: DH4V642	E-mail (within	a Shrs, AIC 2hrs)			
D.O.A: 84/1/14- 84:48	i-Motor Cla	im Form	M7/103801 4-001	29/1/19	0:17
OD : (P) Reporting Only	i-Motor W/	O (Within: OD 2hrs		211711	11.17
os to reporting only	i-Photo Uple	oaded			
TP Insurer:	Assessment/S	urvey Report			
	Ass't Report	by Fax / Hand t	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: Mc	3174R	INC ()/Non-INC()		
Owner / Driver: (Tel:)	
	eriod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
	Note-Est. Status (WO): N: 0-20	%; P: 21-79%. F: 30-	100%]	0.0
	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1,0	000()/\$2,000	()			
General Remarks:				185 75	
() Walk-In Customer : Customer's info	rmation strictly Co	nfidential & Str	ctly NO refer of repairer.	3,500.1	
() Total Loss Case : to e-mail Insure	er URGENTLY.				
Drive-In ()/ Towed-In (); Invoice		NO (); To	wing Co: (
Remarks: (UNC horline: 6788 6616)				~125.X99.825**	And in the
	with a figure and seek acceptance for the factoristic and figures.		Date&Time Completed	Don	e by
2) QC Check / Post Repair Inspection	Courtesy Car ()			
3) Upload Resurvey Photo [Repair Cost > \$3	())			
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laimant's Particulars :-		1) AR : Accident R 2) DA : Damage A		0)	1 1 1 1 1 1 1 1 1
river/Owner:		3) TF : Towing Fee	. \$40.	/\$45	
ontact No:		4) FT : Follow-Thr	ough Survey (Resurvey)	5 30	
amaged Portion:		For claiming age 6) TR: Re-inspecti	instINC Only (wef 10 Jan 2005)	\$75	
amaged Fordon:		7) N1 : Idac DA + 8	SMRT Survey	160	
C Charles I I m	-	8) NTUC Additions	al Services:-	200	
C Checked by (Engr-In-Charge):			er / Tpt Allowance	\$5	
	CONTRACTOR PROFE	*N6: Repair Co- *N7: Fost Repair		\$10 \$25	
uditors' Comments :-	000000000000000000000000000000000000000	*N8: DV / Collec	t Excess Coordination	22	
Maria .	15	TP (N11): TP (N 9) N12: Idac Mobil		30	-
2/3:		Invoice dated	Fee Charged	1	动物对对语
#### jg to	1	Invoice dated	Fee Charged	经验的	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

EMail Address

Fax Number Contact Number

- 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.
- 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	29/03/2019 13:42
Date Of Accident	29/03/2019 04:45
Exact Location Of Accident	GEYLANG RD AFTER JUNC LOR 12 GEYLANG
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJN4269Z
Insured/Policyholder	
Name Of Registered Owner	AURORA CAR RENTAL & LEASING SINGAPORE
Co Reg No	53353787L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 M
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	THIRD PARTY
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	5100196759-01
Cover Note Number	
Driver	
Name of Driver	PHUA KHIAW SIM (PAN QIAOSEN)
NRIC No	S9142492D
Date Of Birth	09/11/1991
Occupation	OUTDOOR
Date Of Driving Pass	14/09/2010
Driving Experience	8 YEARS AND 6 MONTHS
Gender	MALE

+65-87257858

NOEMAIL

OFFICE-87257858

BLK 117A JALAN TENTERAM Address

#14-507

Postcode 321117

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 - CHANGE/CROSS LANE

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? YES I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. 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, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY VEHICLE B CUT ONTO MY LANE FROM LANE 3. AS A RESULT, VEHICLE B HIT ONTO MY VEHICLE FRONT RIGHT PORTION.

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 SHC3174B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver LIM KHOON HENG

NRIC/Passport Number S1237021J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.

Date & Time:

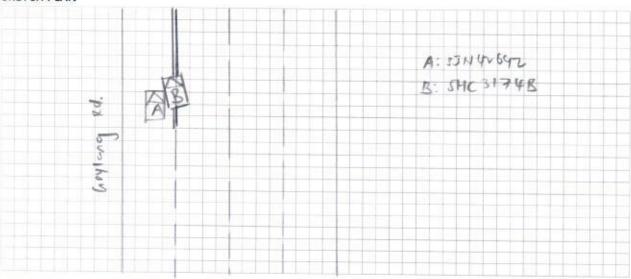
Policyholder's Signature Date & Time:

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

Reporting Centre Name: NRIC/FIN No.:

/

rsonnel's Signature



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

zefes to Statement.	
ARATION (\$ASIN	

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.:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 - 17:00 UEN: 5665S0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

		AD	DDENDUM	
A)	PARTICULARS OF PE	RSONMAKINGTHEAMEN	IDMENTS:	
	Original Report No	MNA119040954	Vehicle Registration No: SJN4269Z	
	Name(as shownin NRIC) :	AURORA CAR RENTAL & LEASING	SINGAPORE NRIC/FIN/Passport No: 53353787L	
		hicle Owner) (*) Please del		
	Address ;		Singapore()
	Contact (Tel)		Mobile No.:	
	Email Address			
	Date of Accident :	29/03/2019	Time of Accident : 04:45	
	Place of Accident :	GEYLANG RD AFTER	JUNC LOR 12 GEYLANG	
	Insurance Company:	NTUC Income Insurar	nce Co-operative Ltd	
R)	ADDITIONAL INCOM	MATION/AMENDMENTS		
		on the above mentioned a	accident and would like to include additional informatio	n or
	I wish to state that	vehicle b the driver was a	at fault, he provide the traffic police a note which sta	te
	that vehicle b the d	river was fault		
	Name of traffic po	olice: Umar - orchard divi	ision	
	contact number	90128851		
		& LEASON		
	MK	8 (53353787L) SH	\sim	
	Policyholder / Driver's	130	Reporting Contro Parcollo Signature	
	Date:	e significance	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:	

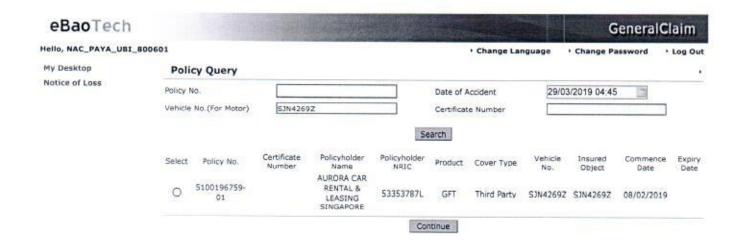
Date:











Policy No.	5100196759-01	Policyholder Name	AURORA	CAR RENTAL & LEASIN	Policyholder NRIC	53353787L	
Certificate No.					ALCO AND		
ddress	BLK 79B #29-17 TOA PAYOH	CENTRAL CENTR	AL HORIZ	ON SINGAPORE 312079			
roduct lame	FLEET INSURANCE	Plan			Group Policy Flag	N	
olicy isue ate	29/10/2018	Effective Date	25/10/20	18 00:00	Expiry Date	24/10/2019	23:59
xcess ype		All Claims Excess					
hird		Own			we access		
arty xcess	1500	damage Excess	0		Windscreen Excess	0	
dditional xcess	0	OS Premium	1752.01				
utside		Outside					
Singapore DD Excess	0	Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
Agent	ALPINE CREDIT PTE LTD	Agent Tel.	6511302	5	GST Flag	V	
Co-		Agent rei.	0311302	2	GS1 Flag	Υ.	
nsurance lag	No						
open folicy							
nfo Certificate info							
	holder Mailing Address						
ddress 1	BLK 79B #29-17	Addre	ss 2	TOA PAYOH CENTRA	L ,	Address 3	CENTRAL HORIZON
ddress 4	SINGAPORE 312079	Addre	ss Type	Singapore address		Post Code	312079
Init No.	29-17	Relate	ed Policy	5100196759-01			
	ed Object: SJN4269Z	800000	15.50				
	sements						
Sequen	nce Date of Endorsement	Endorseme	nt Type	Endorsement Number	Endorsen	nent Status	Endorsement Content
ı	29/10/2018 00:00	Basic Informal Endorsement	tion	000001286932491	Endorseme Effective	nt 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. SJM6904R 29-10-2018 \$904.82 In view of this amendmen an additional premium of \$904.82 (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 you could make payment to us within 14 days from the date of thi letter. For cheque payment, please issue the cheque in favour of "NTU Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you coul also make payment at any of our branches by cash or NETS.
	15/11/2018 00:00	Basic Informat Endorsement	tion	000001286943931	Endorseme Effective	nt 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. SJL3502S 25-10-2018 \$914.85 In view of this amendmen an additional premium of \$914.85 (inclusive of GST) is payable under

Policy No.	5100196759-01	Vehicle No.	150000000	8788	
Dertificate No.	3100190199-01	venice no.	53N4269Z	GST Registration No.	
Olicyholder Name					
Yoduch Code	AURORA CAR RENTAL & LEASING SINGAPORE			Policyholder NRIC	53353787L
ontact No. (Mobile)	FLEET INSURANCE	Cover Type	Third Party	Loading	0
	.0	Centact No. (Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	Ri V
FK	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
CD Protection	No.	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
eport Date	29/03/2019 17:11	Accident Report Within 24 hrs	Yes	Accident Yuna	College Co
ate of Accident	29/03/2019	Time of Accident bh:mm		Accident Type	Collision - Change / Cross lane
sporting Centre			04:45	Country of Accident	Singapore
cident Location	CONTRACTOR ACTOR VALUE AND ADDRESS OF THE	Orange Force		ICM No.	
	GBYLANG RO AFTER JUNC LOR 12 GEYLANG				
Excess					
wn damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
nnamed Driver Excess		Dutside Singapore OD Excess	0.00		
and Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Informa	ition				
T Registered	No		GST Registration Date		
IT Registration No.			GST Status Verified	Yes	
odification History				(100)	
Policyholder Mailing Add	dress				
dress 1	BLK 798 #29-17	Address 2	TOA PAYON CENTRAL	Address 2	
Idress 4	SINGAPORE 312079	Adoress Type		Address 3	CENTRAL HORIZON
MI No.	29-17		Singapore address	Post Code	312079
OI Driver Info	29-17	Related Policy Number	5100196759-01		
	Manager was to				
	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	PHUA KHIAW SIM (PAN QUADSE	Driver NRIC	59142492D	Driver DOB	09/11/1991
	04/09/2010	Driver Age	27	Driving Experience	8
	87257858	Contact No. (Office)	0	Contact No.(Home)	0
dress 1	BLK 117A	Address 2	JALAN TENTERAM	Address 3	TENTERAM PEAK
dress 4	SINGAPORE 321117	Address Type	Singapore address	Post Code	321117
vt No.	14-507				2057TC716V
oes he own a Singapore igistered car?	○ Yes ® No	Driver Vehicle No.		***	
gistered carr	35.VC.9.CC	Citter vende ap		Driver Insurer Company	
claration					
and the production of the control of the Control of the control of		AZ SESUSON DE	OLD CONTRACTOR		
eathalyser or Blood Test		Any injury?	○ Yes ® No		
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in Type * sact No. (Mobile) sir Address mans Type Claimant Type * mars Name *	OD-MX Please Select	Insured Name Consact No.(Home) OI Vehicle Number Type of Benefit *	AURORA CAR RENTAL & LEASIN NIL SIN42692	Contact No.(Office)	
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sting? Claim 001 New Im Type * mact No (Mobile) all Address imant Type Claimant Type * imart Address imant Address im Description	OD-MX Please Select ≥≥ SIN42692 / SHC31248 ON 29 May 2019	Insured Name Consact No.(Home) OI Vehicle Number Type of Benefit * Claiment NRIC *	AURORA CAR RENTAL & LEASIN NIL SIN42692 Praise Select	Contact No.(Office)	
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ading? Claim 001 Nex Imm Type * Imac No (Mebile) Imac Address Imac Name * Imac Name * Imac Name * Imac Address Imac Name * Imac Name Name * Imac Name Name Name Name Name Name Name Name	OD-MX	Insured Name Contact No.(frome) OI Vehicle Number Type of Benefit * Claimant NRIC.* Insured Liability * Preference Repair Option	AURORA CAR RENTAL & LEASIN NIL SIN42692 Praise Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SHC31748
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Incation History Islam 001 New Type * Islam 001 New Type * Islam 100 New Is	OD-MX	Insured Name Consact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferenced Repair Option Claim Glose Date	AURORA CAR RENTAL & LEASIN NIL SIN42692 Please Select Not et Feuit Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SHC31748 Received 29/03/2019 00:00

