NATIONAL Assessment Centre Services	[hef : Jacks]			
Date In 01/04/19 Jeb descripti		Date &Time Completed	Done	by
Ref No Natine 19005734/13 SAS e-filin	ıg			
301	hin 8hrs, AIC 2hrs;			-
	laim Form	MT/1038340-0	01	
i Motor W	//O (Within: OP 2hr			
OD (TP) ' Reporting Only i-Photo Up	ploaded			
TP Insurer: Assessment	/Survey Report			
Ass't Repor	t by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:		
TP Particulars: Veh No: SLU897.	7x . INC ()/Non-INC()	11	
Owner / Driver: (Tel:)	
Policy No: () Period: (.)	Cover Type: ()	
Confirmed by : (Date:	Time:)	
	(WO): N: 0-2	0%; P: 21-79%. F: 80-1009	%]	
Year of Registration: () Warranty: YES)		
Excess: (\$) Loading: \$1,000 ()/\$2,00	00()		-4	
General Remarks:-		And the state of t		
() Walk-In Customer: Customer's information strictly (Confidential & St	rictly NO refer of repairer.		
() Total Loss Case : to e-mail Insurer URGENTLY	Υ.			
Drive-In () / Towed-In (); Invoice: YES () /	NO();T	owing Co. (-)
Remarks:- (INC horline: 6788 6616)	1	Date&Time Completed	Done.	by
1) Apply for Transport Allowance ()/ Courtesy Car (_)			
2) QC Check / Post Repair Inspection (
3) Upload Resurvey Photo [Repair Cost > \$3000] ()			
Injury:	160			
Date/Time Actions	1984		G. Straktorn	
			-	- Inch
				eries com
NA1903385	Invoice Pre	paration Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Acciden		180 10111	Aud om
Driver/Owner:	2) DA : Damage 3) TF : Towing I	Assessment (\$100); INC (\$80)		
	4) FT : Follow-T	hrough Survey \$120		
Contact No:		hrough Survey (Resurvey) \$30 gainst INC Only (wef 10 Jan 2005)		- miles - 100
Damaged Portion:	6) TR : Re-inspe		-	
3	7) N1 : Idac DA 8) NTUC Additi		(m) = 100 = 100	
QC Checked by (Engr-In-Charge):	OD*	/ Car / Tpt Allowance \$5		
	*N6: Repair C	Co-ordination \$10		
Auditors' Comments :-	*N7: Post Rep	AND THE PROPERTY OF THE PARTY O	-	
at. 1:		llect Excess Coordination \$5 (Non INC) against INC \$20		
	9) N12: Idac Mo	bile 30	-	
at. 2 / 3;	Invoice dated	Fee Charged Fee Charged		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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	01/04/2019 17:03
Date Of Accident	30/03/2019 09:45
Exact Location Of Accident	JURONG CANAL DR YO:HA @ JURONG
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLF5042Y
Insured/Policyholder	
Name Of Registered Owner	PRESTIGE LEASING PTE. LTD
Co Reg No	201723326H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91449265
Vehicle Particulars	
Manufacturer	MAZDA
Model	50 A
Exact Purpose for which vehicle was being used at time of accident	GRAB
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 FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5094838100-01
Cover Note Number	
Driver	
Name of Driver	CHEW TIEN SENG
NRIC No	S1618775E
Date Of Birth	13/07/1963
Occupation	OUTDOOR
Date Of Driving Pass	09/07/1981
Driving Experience	37 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90616938
Fax Number	

NOEMAIL

Address BLK 816A KEAT HONG LINK

#09-53

Postcode 681816

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 SIDE SWIPE
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

3

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged? YE

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

Number of Passengers (Including Driver)

YES

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name JURONG WEST NPC

Police Station Address ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20190331/2122

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

vas triefe any video captured by Car Camera?

YES

Remarks/ Reasons: NOT WO

Was there any audio recorded?

NOT WORKING

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLV8977X

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

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJC9245S

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

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHEW TIEN SENG

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

SLF5042Y

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material
 facts may allow insurance companies to repudiate policy liability.
- 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 Date & Time: Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

DECLARATION

I/We declare the foregoing particulars are true in every respect,

Policyholder's Signature Date & Time: S

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





T/20190331/2122

1 of 3 Report No. T/20190331/2122

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/03/2019 23:06		Made:	Vide Report No.: D/20190330/0042	Station Diary No.: 185		
Informa	nt's Partic	ulars	Series northways	The second second second second		
	f Informant: FIEN SENG		Address: APT BLK 816A KEAT HONG LINK #09-53 SINGAPORE 681816			
ID Type / ID No.: NRIC NO / S1618775E			Contact No.: Home/Office:	Mobile: 90616938		
Nationality: SINGAPORE CITIZEN			Email:			
Sex: Age: Date of Birth: Male 55 13/07/1963			Type of Informant: Driver			
Race: Chinese			Language: Institution / School National Property of the Institution			
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,3 Date of Expiry:			

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/03/2019 09:45	Type of Location Straight Road	
Location: Along Road 1 JURONG CA YO:HA @ JU	NAL DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate	
Trainer low.				vioderate	

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge	
SJC9245S	Car	HONDA		Black	Slightly Damaged	0	
SLF5042Y	Car	MAZDA		Blue	Slightly Damaged	0	
SLV8977X	Car	HONDA		Blue	Seriously Damaged		





Report No. T/20190331/2122

2 of 3

Police Station Of Origin: Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

CONTINUATION OF REPORT

Details of Perso	n Involved	ALCON NO.		SOLVE SALE	100	
Any Pedestrian I	nvolved: No					
No. of Pedestrian			Use of Ped	destriar	Cross	ring: NA
Driver	THE RESERVE OF THE PARTY OF	Piger Service	050 011 0	Jestriai	Closs	sing. NA
Name	CHEW TIEN SENG			ID No		S1618775E
Related Vehicle	SLF5042Y (Car)			Contact No.		90616938
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	-	NIL	
No. of Days gran	NIL	Degree of		NIL		

Brief Details.

On 30/3/2019 at about 0945hrs, I had just dropped a passenger at Yo:HA @ Jurong which was located along Jurong Canal Drive. I was driving a blue Mazda car (SLF5042Y). I then wanted to exit the said compound. As such, I stopped to look for oncoming vehicles. I noticed that there was one blue Honda car (SLV8977X) along Jurong Canal Drive (towards PIE Tuas) intending to turn right in to the Yo:HA compound. I observed that the car had stopped before proceeding to turn right in to the said compound. As the blue car intending to turn right in to the compound, the left side of the blue car was hit by a black Honda car (SJC9245S) which was travelling along Jurong Canal Drive (towards Jurong East Ave 1). As the black Honda car collided with the blue Honda car, the blue Honda car skidded sideways and collided with the front part of my car. All of us alighted and then given particulars to TP. Ambulance came but nobody was conveyed. The front hood of my car was damaged due to the collision. The blue Honda car doors could not be opened. The male subject then escaped out from his front driver side window. The front bumper and hood of the black Honda car was also damaged due to the collision. TP then took my invehicle camera and the blue Honda in-vehicle camera. I was issued an acknowledgement slip as well. Nobody was injured due to the collision.





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818

3 of 3 Report No. T/20190331/2122

Tel No: 1800-2689999

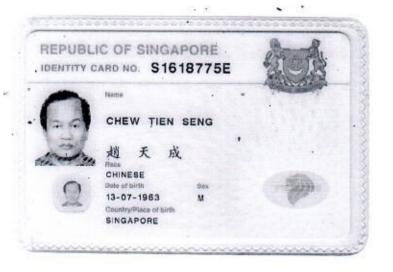
CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

J/	Officer Recording The Report:	Signature Of Informant:				
Signature Of I Not applicable		Date/Time: 31/03/2019 23:06				
Officer In Cha	rge Of Case:	Classification Of Case:				
Contact No.:		SN 126				
Authentication NP168	Stamp Signature: Singapore Police Force					





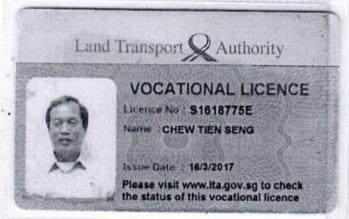
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Motorcycles =< 200 cc Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

EFFECTIVE DATE









eBao Tech									(SeneralC	laim
Hello, NAC_PAYA_UBI_80	00601						· Change La	nguage	· Change P	assword)	Log Ou
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	lo.				Date of	Accident	30/0	03/2019 09:4	5	
	Vehicle	No.(For Motor)	SLF5042	ΣΥ		Certifica	te Number				
					Se	arch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5094838100- 01		PRESTIGE LEASING PTE. LTD	201723326H	GFT	Third Party, Fire & Theft	SLF5042Y	SLF5042Y	05/10/2018	
				2,0	Cor	ntinue					

Policy Information

Policy No.	5094838100-01	Policyholder Name	PRESTIGE LEASING PTE, LTD	Policyholder NRIC	201723326H
Certificate No.					
Address	53 UBI AVENUE 1 #05-44 PAYA U	JBI INDUSTRI	IAL PARK SINGAPORE 408934		
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	05/10/2018	Effective Date	05/10/2018 00:00	Expiry Date	04/10/2019 23:59
Third Party Excess	1500.00	Own damage Excess	0.00	Windscreen Excess	0.00
Additional Excess	0	OS Premium	53573.81		
Outside Singapore OD Excess	0.00	Outside Singapore TP Excess	1500.00		
Agent	ANIKA INS BROKERS & CONSUL	Agent Tel.	66729988	GST Flag	Y
Co- nsurance Flag	No				
Open Policy Info					
Certificate Info					
	nolder Mailing Address				
Address 1	53 UBI AVENUE 1	Address 2	#05-44 PAYA UBI INDUSTRIAL I	Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address	Post Code	408934

		.,,,,		
Unit No.	01-62	Related Policy Number	5094838100-01	
▶ Insure	ed Object: SLF5042Y			
▼ Endors	sements			
	Date of		Endersowant	

	Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1		05/10/2018 00:00	Basic Information Endorsement	000001286917206	Endorsement Take Effective	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. SFT970Z 05-10-2018 \$2,061.02 In view of this amendment, an additional premium of \$2,061.02 (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 sould make

ng E re st ld 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 "NTUC Income" with your 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.

Claim Handling The premium on this policy has not been collected. Accident MT/1038340 Policy No. 5094838100-01 Vehicle No. SLF5042Y GST Registration No Certificate No. Policyholder Name PRESTIGE LEASING PTE. LTD Policyholder NRIC Product Code FLEET INSURANCE Cover Type Third Party, Fire & Theft Loading Contact No.(Mobile) 91449265 Contact No.(Office) 0 Contact No.(Home) Email Address Special Remark eCode KFK . No Yes TCA No Yes eCode Reason NCD Protection NCD Entitlement(%) 0 Private Hire **▽** Accident Details Report Date 01/04/2019 18:05 Accident Report Within 24 hrs Yes Accident Type Date of Accident 30/03/2019 Time of Accident hh:mm 09:45 Country of Accident Reporting Centre Orange Force ICM No. Accident Location JURONG CANAL DR YO: HA @ JURONG Own damage Excess 0.00 Additional Excess Windscreen Excess Unnamed Driver Excess Outside Singapore OD Excess 0.00 Third Party Excess 1,500.00 Outside Singapore TP Excess 1.500.00 **▽** Benefits GST Registered Information **GST** Registered No GST Registration Date GST Registration No. GST Status Verified Modification History Policyholder Mailing Address Address 1 53 UBI AVENUE 1 Address 2 #05-44 PAYA UBI INDUSTRIAL F Address 3 Address 4 Address Type Singapore address Post Code Unit No. 01-62 Related Policy Number 5094838100-01 OI Driver Info Unnamed Driver Driver Type Unnamed Driver Unnamed driver Name CHEW TIEN SENG Driver NRIC S1618775E Driver DOB Register Date of Driver License 09/07/1981 Driver Age 55 Driving Experience Contact No.(Mobile) 90616938 Contact No.(Office) 0 Contact No.(Home) Address 1 BLK 816A Address 2 KEAT HONG LINK Address 3 Address 4 SINGAPORE 681816 Address Type Singapore address Post Code #09-53 Does he own a Singapore Registered car? Yes . No Driver Vehicle No. Driver Insurer Com Declaration Breathalyser or Blood Test 0 mg Any injury? Reading? Yes No Modification History Claim 001 OD-MX New Claim Type * Insured Name OD-MX PRESTI Contact Contact No.(Mobile) 91449265 No. (Home) OI Email Address Vehicle SLF504 Claim Description SLF5042Y / SLV8977X ON 30 Mar 2019

GIA

report Received

▼ Repair Option

Insured Liability Not at Fault

Preferred Workshop, Name unknown

Preferred

Workshop Contact No. Yes Finalisation

Date Registered

Report Taken By

Claim

Close

Workshop

Repairer

01/04/2019 18:13

ROSLINDA

" Print AK letter



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