		1 LASACON OHN	
Date In: 4/4/19-16:05	Jcb description	Date & Time Completed	Done by
Rel No: NA WC 19006000 24	SAS e-filing		
Veh No: STAGETP	E-mail (within Shrs, AIC 2hrs)	T	- 20 - W-1-21; - 4
D.O.A: 4/4/19-14-15	i-Motor Claim Form	100-Ch88c1/LW	4 N/19 160
OD : P- Reporting Only	i-Motor W/O (Within: OD 2)		97119 100
Traporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
This did.	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:			ax:
TP Particulars: Veh No: Je	1885 INC (
Owner / Driver: (Tel:)
Policy No: (Period: ()	Cover Type: (
Confirmed by: (Date:	Time:	
Insured/Driver Liability: (%	Note-Est. Status (WO): N: 0-2		00%]
Year of Registration: ()	Warranty: YES ()/NO ()	3070
Excess: (\$) Loading: \$		/	
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() Walk-In Customer : Customer's i	miormation strictly Confidential & Si	rictly NO refer of repairer.	
() Total Loss Case : to e-mail Ins	urer URGENTLY.		
Drive-In ()/ Towed-In (); Invo	pice: YES() / NO(); T	owing Co: (1
Remarks: (INC horline: 6788 6616			10 250A SP 250 7 3 100 40 100
(11)(2 11)(11)(C, 0/00 0010	1	2000年的6000000000000000000000000000000000	
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions JA192 2477 Limant's Particulars:- iver/Owner: Intact No: Imaged Portion:	Courtesy Car ()	aration Checklist Reporting (\$30); INC (\$80); INC (\$80); INC (\$90); INC (\$90	Anit (S) Am fie Bill Ade 120 530 575 660
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions JA(9, 1477). mimant's Particulars:- iver/Owner: maged Portion: Checked by (Engr-In-Charge): ditors' Comments:-	Courtesy Car (ar ation Checklist Reporting (\$30); ISSESSMENT (\$100); INC (\$80) FOUGH SURVEY (Resurvey) Signst INC Only (wef 10 Jan 2005) SMRT Survey SI SERVICES: Cor / Tpt Allowance Gordination (\$100) This pection (\$100) This pection (\$100) The pection	Anit (S) Am fit Bill Ade 120 530 575 60 555 100 225 335 20

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

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,
- Information provided must be as <u>truthful and 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.

aforesaid,	
	ACCIDENT STATEMENT
Date Of Report	04/04/2019 16:05
Date Of Accident	04/04/2019 14:15
Exact Location Of Accident	PAYA LEBAR FLYOVER TWDS THOMSON RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJT9625P
Insured/Policyholder	
Name Of Registered Owner	JUN EXPRESS GROUPS PTE LTD
Co Reg No	201420728H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92270221
Alternative Phone No	OFFICE-92270221
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS 1.6 AUTO
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099576543
Cover Note Number	
Driver	
Name of Driver	SARIP BIN SALIM
NRIC No	S0095588D
Date Of Birth	22/07/1952
Occupation	OUTDOOR
Date Of Driving Pass	27/10/1979
Driving Experience	39 YEARS AND 5 MONTHS

MALE

NOEMAIL

(LOCAL) +65-96562303

OFFICE-96562303

BLK 529 WOODLANDS DRIVE 14 Address

#09-527

Postcode 730529

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 - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

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?

YES NO

YES

NO

2

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)

Passenger 1

NAME:

. .

: FEMALE GENDER:

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?

NO

NO

Circumstances of Accident

ON STATED DATE AND TIME, FRONT VEHICLE SLOW DOWN, I SLOW DOWN MY VEHICLE. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SCY828L

NO

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

HO KIM SWEE @HO KIAN GUAN

NRIC/Passport Number

S0868984I

Contact Number

Address

Postcode

Insurance Company Name

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name SARIP BIN SALIM

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SJT9625P

Were seat belts worn?
Was this injured conveyed to hospital by

ambulance?

YES

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 <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:

Driver's Signature

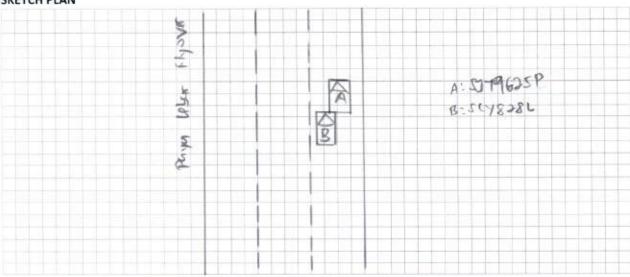
(If driver is not the policyholder)

Date & Time:

Reporting Centre Bersonnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Hu-	tement.		
	70 h		

DECLARATION

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

Policyholder's Signature Date & Time: Driver's Signature

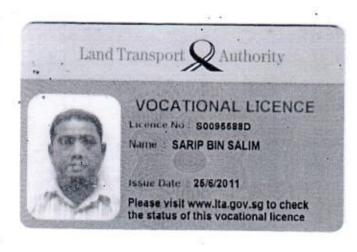
(If driver is not the policyholder)

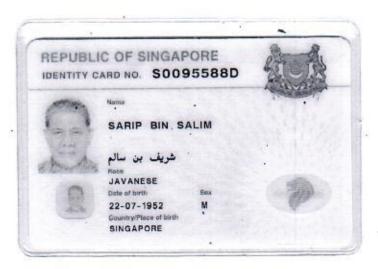
Date & Time:

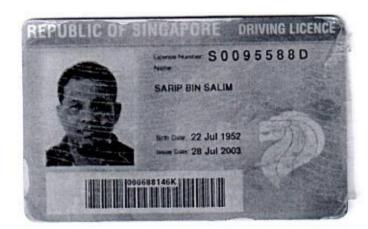
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:







This card is not transferable and is the property of the Land Transport
Authority (LTA). It must be surrendered to LTA on request. If found, please
return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type Description Issue Date
02 TAXI VL 13/04/1988





eBao Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	• Chang	e Password	• Log Out
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	io.				Date	of Accident	0	4/04/2019	4:15	
	Vehicle No.(For Motor)		SJT9625P			Certificate Number					
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5099576543		JUN EXPRESS GROUPS PTE. LTD.	201420728H	GPC	drivo CLASSIC	SJT9625P	SJT9625P	03/04/2018	10/05/2019
					- 8	Continue					

olicy No.	5099576543	Policyholder Name	JUN EXPRE	SS GROUPS PTE. LTC	Policyholder NRIC	201420728H	1
ertificate Io.							
Address	68 KAKI BUKIT AVENUE 6 #02	2-08 ARK@KB 5	INGAPORE 4	117896			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	03/04/2018	Effective Date	03/04/201	8 00:00	Expiry Date	10/05/2019	23:59
Excess Type		All Claims Excess					
Third Party Excess	1000	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1000			Your	ng/Inexperience Driver Excess
Agent	YAN XUDONG	Agent Tel.			GST Flag	Υ	
Co- Insurance Flag Open Policy Info	No						
Certificate Info							
	Contract of the Contract of th						
→ Policy	holder Mailing Address		<u></u>				
	holder Mailing Address 68 KAKI BUKIT AVENU	JE 6 Add	ress 2	#02-08 ARK@KB		Address 3	SINGAPORE 417896
Address 1		Add	ress Type	#02-08 ARK@KB Singapore address		Address 3 Post Code	SINGAPORE 417896 417896
Address 1 Address 4 Unit No.	68 KAKI BUKIT AVENU	Add	ress Type ted Policy				
Address 1 Address 4 Unit No.	68 KAKI BUKIT AVENU	Add Rela	ress Type ted Policy	Singapore address	2010		
Address 1 Address 4 Unit No.	68 KAKI BUKIT AVENU 01-16 ed Object: 5JT9625P	Add Rela	ress Type ted Policy	Singapore address	2410		417896
Address 1 Address 4 Unit No. Insure	68 KAKI BUKIT AVENU 01-16 ed Object: SJT9625P sements	Add Rela Nun	ress Type ted Policy	Singapore address 5108400616 nt Type	Endorsement	Post Code	

laim Handling					
olicy No.	5099576543	Vehicle No.	S7T9625#	GST Registration No.	
ertificate No.					
olicyholder Name	JUN EXPRESS GROUPS PTE. LTD.			Policyholder NRTC	201420728H
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
ntact No.(Mobile)	92270221	Contact No.(Office)	0	Contact No.(Home)	0
el Address		Special Remark		eCode	N: V
•	⊗ No ○ Yes	TCA	No ○ Yes	eCode Reason	
O Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details		1 A CONTROL OF THE PARTY OF THE	10700		
port Date	NAME OF THE PARTY	Andrew Server White St. Ser.	Ves		Employ Charles Barris
	04/04/2019 16:27	Accident Report Within 24 hrs		Accident Type	Collision - Head to Rear
e of Accident	04/04/2019	Time of Accident hh:mm	14:15	Country of Accident	Singapore
orting Centre		Grange Force		JCM No.	
dent Location	PAYA LEBAR FLYOVER TWOS THOMSON RD				
Excess					
n damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
arned Driver Excess		Outside Singapore OD Excess	2,000.00		
rd Party Excess	1,000.00	Outside Singapore TP Excess	1,000.00		
Benefits	1,000.00	Outside singapore in Excess	1,000.00		
GST Registered Informa	ition				
Registered	No		GST Registration Date		
Registration No.			GST Status venified	Yes	
idication History					
Ballon ballon Mallion & d	during the same of				
Policyholder Mailing Ad		12200000		9990009	Carlo and Carlo Company of Carlo Car
ress 1	58 KAKI BUKIT AVENUE 6	Address 2	#02-08 ARK@KB	Address 3	SINGAPORE 417896
read 4		Address Type	Singapore address	Post Code	417896
t Na.	01-16	Related Policy Number	5108400616		
OI Driver Info					
er Name	Unnamed Driver	Driver Type	Unnemed Driver		
amed driver Name	SARIP BIN SALIM	Driver NR3C	500955880	Onver DDB	22/07/1952
ster Date of Driver License	27/10/1979	Driver Age	66	Driving Experience	19
tact No.(Mobile)	96562303	Contact No. (Office)	0	Contact No.(Home)	0
ress 1	BLK 529	Address 2	WOODLANDS DRIVE 14	Address 3	WOODLANDS VISTA
ress 4	SINGAPORE 730529	Address Type	Singapore address	Post Code	730529
t No.	09-527				
es he own a Singapore gistered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Company	
laration athalyser or Blood Test					
ading?	0 mg	Any injury?	® Yes ○ No		
dification History					
DE D					
Claim 001 New					
m Type *	00-MX	Insured Name	JUN EXPRESS GROUPS PTE. LTD	Insured NRIC	201420728H
tact No. (Mobile)	81383333	Contact No.(Home)	NIL	Contact No.(Office)	66778899
all Address	junexpressgroups@gmail.com	OI Vehicle Number	SJT9625P	TP Vehicle Number	SCY828L
mant Type Claimant Type *		Type of Benefit *	Please Select	D43359A003005000	
mant Name *		Claimant NRIC +			
	22	Claimant NRIC *			
mant Address					
m Description	5JT9625P / SCY828L ON 4 Apr 2019			Name of Preferred Workshop	
erred Workshop Contact		Insured Liability *	Not at Fault		
uire Finalisation	Yes 🔻	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
e Registered	04/04/2019 16:29	Claim Close Date		Date Received	04/04/2019 00:00
		CONTRACTOR		SECTION SECTIO	
ort Taken By	Jackson .				
Print AK letter					
			Save Submit		
Itachment			NECESSARY SECTIONS		
Comments.					
6 3					
Sident No.	MT/1038847	Claim No.	001		
t Dac, Received	● Yes ○ No	Upload Date	04/04/2019 16:30		
	Path *		Category *	Confidential Urger	ncy * Description *
		Browse	Clear Please Select	▼ Normal	▼
		Browse	Clear Please Select	▼ Normal	
		aromac		- Insulan	
			March Co. Co. Co.	THE PERSON NAMED IN COLUMN 1	(SP)
		Browse Browse		V NO V Normal	V

