Date In: 16/4/19 -19:00	Jeb description	Date &Time Completed	Dor	ie by
Res No: Na INCIGO 68 DIM	SAS e-filing			
Veli No: SM NOWL		 		-
	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 161414 07:30	i-Motor Claim Form	וככ-דו צבעטוודת	16/4/19	10:06
OD TP Reporting Only	i-Motor W/O (Within: OD 2hr	s, TP 4hrs)		
	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
	Ass't Report by Fax / Hand	o Owner/Wksp	1500	
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fa	ix:	
TP Particulars: Veh No:Su3	ADJ. INC)/Non-INC().		- 505-E-10-E-10
Owner / Driver: (Tel:)	
	Period: (Cover Type: ()	
Confirmed by : (Date:	Time:)	
	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-10	0%]	
Year of Registration: ()	Warranty: YES ()/NO ()	TIPO INCO	
	,000()/\$2,000()	×		
General Remarks:-				
() Walk-In Customer: Customer's in	formation strictly Confidential & Str	rictly NO refer of repairer.		
() Total Loss Case : to e-mail Insu	rer URGENTLY.		-	
Drive-In ()/ Towed-In (); Invoide	ice: YES() / NO(); To	owing Co: ()
	The state of the s	Date& Jime Completed	Don	e by
Apply for Transport Allowance ()/ QC Check / Post Repair Inspection	Courtesy Car ()	Dates: Time Completed	Don	s by
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]	Courtesy Car ()	Date& Time Completed	Don	e by
Apply for Transport Allowance ()/ QC Check / Post Repair Inspection	Courtesy Car ()	Dates Time Completed	Don	e by
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	Courtesy Car ()	Date&Time Completed	Don	e by
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	Courtesy Car ()	Dates Time Completed	Don	e by
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1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury : Date/Time Actions alimant's Particulars :- iver/Owner: Intact No: maged Portion: Checked by (Engr-In-Charge):	Courtesy Car (aration Checklist. Reporting (\$30); Issessment (\$100); INC (\$80) e \$40/5 rough Survey (\$200) ion \$7 SMRT Survey (\$10 Jan 2005) ion \$7 SMRT Survey \$10 Inspection \$7	Ant (S) (fit Bill) 45 20 30 75 60 85 10 25 55	N. Anti
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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	16/04/2019 19:22
Date Of Accident	16/04/2019 07:30
Exact Location Of Accident	NEW UPP CHANGI RD BEFORE CHAI CHEE RD
Country/State of Loss	SINGAPORE
Wafe from the same of the same of	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLM2524G
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 CVT
Exact Purpose for which vehicle was being used at time of accident	
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	GOH TIEN-MING, EDWIN (WU TIANMING, EDWIN)
NRIC No	S8232705C
Date Of Birth	27/09/1982
Occupation	OUTDOOR
Date Of Driving Pass	12/04/2006
Driving Experience	13 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93382872
ax Number	Response - 1000年の 1000年 1000
Contact Number	OFFICE-93382872
zuamana ruella, ka	

NOEMAIL

BLK 933 TAMPINES STREET 91 Address

#03-371

Postcode 520933

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? 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? YES

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

2

NO

NO

1

NO

NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number **SLB9107P**

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)

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.

Policyholder's Signature Date & Time:

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

Name: NRIC/FIN No.:

CV	-	CIL	DI	ΔN
38	- 1	ιн	~	AN

chai thee koad 🛭			
Nehicle A: SLM2524G			4000
Verneu B: SIBAIDAP.			Wyper Changi
A B			
47 4	1 4	4	Z Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	on	tu	rl	ctat	ed	date	Υ	time	, 1	vel	ricu	Ά-	SU	125246
was	\$7	ta tio	hay	1	m	tu	l St	ateal	wn	ue a	lue	10	red	izut.
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DECLARATION

|/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:

Name:

NRIC/FIN No.:

Reporting Centre Personnel Signature

ACCIDENT STATEMENT

1. DETAILS OF VEHICLE OVEHICLE NUMBER: SLM) 5 2 4 G.
alvehicle NUMBER: SLM 2524 G.
CIPOLICY NUMBER:
G)POLICY TYPE: (COMPRÉHENSIVE / THIRD PARTY / THÎRD PARTY FIRE &THEFT) 6)MAKE & MODEL: 10/010 PYUS F)TYPE: (SALDON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) G)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: PYVO10
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/10) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / FOLICY HOLDER A) NAME: AUTODAMN RENT A CAY PIL (MALE / FEMALE) b) NRIC/FIN/PASSPORT: 2016079707 CONTACT: c) ADDRESS:
Claduding driver) Claduding dr
d) DATE OF BIRTH: () 7 / 09 / 1980 (DD/MM/YYYY) #) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRESIENCE: 13 180YS
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 00) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 11/10/ 5. O) WEATHER CONDITION: (CLEAR / RAINING / OTHERS
6. WAS ANYBODY INJURED (YES / NO)
7. GIREPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE
No of passenger a) VEHICLE NUMBER: &LB9107P MODEL:
(01) RIC/FIN/PASSPORT: CONTACT:
No of passenger of VEHICLE NUMBER:MODEL:
Induding driver) NRIC/FIN/PASSPORT: CONTACT:

email =

Pax =

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8232705C





Name

GOH TIEN-MING, EDWIN (WU TIANMING, EDWIN)

吴 天 铭

CHINESE

Date of birth

Sex

27-09-1982

M

-

Country of birth

SINGAPORE

SB2327050

REPUBLIC OF SIMBAPARE DRIVING LICENCE



Licence Number: S8232705C

Name:

GOH TIEN-MING, EDWIN (WU TIANMING, EDWIN)

Birth Date: 27 Sep 1982

Issue Date: 17 Dec 2008







NRIC No. S8232705C

Date of issue

16-02-2011

Address

APT BLK 933 TAMPINES STREET 91 #03-371 SINGAPORE 520933

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

PASS DATE

Class 2B Class 3

3

Motorcycles =< 200 cc

Motor Cars=< 3000 kg with =<7 passengers, exclusive 12 Apr 2006 of the driver; and other motor vehicles =< 2500 kg

12 Dec 2000

NP 428A



eBao Tech									0	eneralC	laim
Hello, NAC_PAYA_UBI_80	0601						• Change La	nguage	· Change Pa	assword >	Log Out
My Desktop Notice of Loss	Poli	cy Query									- 3
Notice of Loss	Policy h	io.				Date of	f Accident	16/0	4/2019 07:30		
	Vehicle	No.(For Mator)	SLM252	4G		Certific	ate Number				
					S	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5079864471- 02		AUTOBAHN RENT A CAR PTE, LTD.	2016079702	GFT	drivo CLASSIC	SLM2524G		26/12/2018	
					Co	intinue					

Policy No.	5079864471-02	Policyholder Name	AUTOBA	HN RENT A CAR PTE. LT	Policyholder NRIC	201607970	Z
Certificate No.		> 20000000			mac.		
ddress	6001 BEACH ROAD #08-06 G0	DEN MILE TO	WER SING	APORE 199589			
roduct lame	FLEET INSURANCE	Plan			Group Policy Flag	N	
olicy ssue Date	04/04/2018	Effective Date	26/04/20	018 00:00	Expiry Date	25/04/2019	23:59
xcess Type		All Claims Excess					
hird arty	3000	Own damage	3500		Windscreen	100	
xcess		Excess	17272		Excess		
xcess	0	OS Premium	0				
Outside		Outside					
ingapore D xcess	3500	Singapore TP Excess	3000			You	ng/Inexperience Driver Excess
gent	HAMILTON AUTOHUB PTE. LTE). Agent Tel.	6475194	6	GST Flag	Y	
Co- nsurance Flag Open Policy nfo Certificate nfo							
Policy!	holder Mailing Address						
ddress 1	6001 BEACH ROAD	Addre	ess 2	#08-06 GOLDEN MI	LE TOWER	Address 3	SINGAPORE 199589
ddress 4		Addre	ess Type	Singapore address		Post Code	199589
Init No.	LOT38	Relate Numb	ed Policy per	5079864471-02			
D Insure	ed Object: SLM2524G						
□ Endors	sements						
Sequer	nce Date of Endorsement	Endorseme	nt Type	Endorsement Number	Endorse	ment Status	Endorsement Content
Ĺ	26/04/2018 00:00	Basic Informa Endorsement	**************************************	000001286794596	Endorsem Effective		Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SKD8673 26-04-2018 \$1,807.36 In view of this amendment, a refund of \$1,807.36 (inclusive of GST) will badjusted against the outstanding premium.
	18/05/2018 00:00	Basic Informat Endorsement	tion	000001286820035	Endorseme Effective	ent 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

cident MT/1040515					
icy No.	5079864471-02	Vehicle No.	SLM2524G	GST Registration No.	
ricate No.					
cyholder Name	AUTOBAHN RENT A CAR PTE. LTD.			Policyholder NRIC	201607970Z
fuct Code	FLEET INSURANCE	Cover Type	drivo CLASSIC	Loading	0
SECT. No. (Modifie)	0	Contact No. (Office)	0	Contact No. (Home)	0
sii Address		Special Kemark		eCode	n. v
(-	® No ○ Yes	TCA	® No ○Yes	eCode Reason	Line
Protection	No	NCD Entitlement(%)	0		Carlo C
Accident Details		teles contained ay		Private Hire	Yes
ort Dace	15/04/2019 20:04	Paramaga and Court Court			
		Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
e of Accident	16/04/2019	Time of Accident hh:mm	07:30	Country of Accident	Singapore
orting Centre		Drange Force		ICM No.	
dent Location	NEW UPP CHANGI RD BEFORE CHAI CHEE I	RD CO			
Excess					
n damage Excess	3,500.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess		Outside Singapore OO Excess	3,500.00		
rd Party Excess	3,000.00	Outside Singapore TP Excess	3,000.00		
Benefits		annual singapore in Excess	3,000.00		
GST Registered Informa	ation				
Registered	No				
Registration No.	No.		GST Registration Date		
ification History			GST Status Venfied	Yes	
Policyholder Mailing Ad	dress				
iress 1	6001 BEACH ROAD	Address 2	#08-06 GOLDEN MILE TOWER	Address 3	SINGAPORE 199589
tress 4	WAS ASSESSED TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE	Address Type	Singapore address		
t No.	LOT38			Post Code	199589
OI Driver Info	more and	Related Policy Number	5079864471-02		
or Name	Unnamed Driver	Patrick To			
amed driver Name	GOH TIEN-MING, EDWIN (WU T	Driver Type	Unnamed Driver	Mark Market	
		Driver NRIC	58232705C	Driver DOB	27/09/1982
ister Date of Driver License	12/04/2006	Driver Age	36	Driving Experience	13
Eact No.(Mobile)	93382872	Contact No.(Office)	0	Contact No.(Home)	0
ress 1	BLK 933	Address 2	TAMPINES STREET 91	Address 3	TAMPINES PAUMSPRING
ress 4	SINGAPORE 520933	Address Type	Singapore address	Post Code	520933
t No.	03-371				
is he own a Singapore pstered car?	○ Yes ® No	Onver Venicle No.		Driver Insurer Company	
Jacob Carr	Charles Co.			priver insurer company	
laration					
athalyser or Blood Test	0 mg	Any injury?	○ Yes ® No		
ding?		Any ingarys	O res @ No		
dification History					
15 BL B					
laim 001 New					
m Type *	OD-MX	Insured Name	AUTOBAHN RENT A CAR PTE. LT	Insured NR3C	2016070707
tact No.(Mobile)	88380101		THE PARTY OF THE P		201607970Z
il Address		Contact No.(Home)		Contact No.(Office)	64751946
	INSURANCEHAMILTONAUTOHUE	OI Vehicle Number	SLM252eG	TP Vehicle Number	SL89107P
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nant Name *	>>	Claimant NR3C *			
mant Address					
n Description	SLM2524G / SLB9107P DN 16 Apr 2019			Name of Preferred Workship	op [
erred Workshop Contact		Insured Liability *	Not at Fault	Account of the second second second	W-The
are Finalisation	Yes 🔍	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Tarrian I
	16/04/2019 20:06	Claim Close Date	The same of the sa		Received
	Jeckson	Calmination		Date Received	16/04/2019 00:00
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