Party and Providence Control of the	re Services				
Date In: 3/5/19. ~ 43	Jeb description		Date &Time Completed	Done	py.
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Veh No: Sica 3101 c	E-mail (within	Shrs, AIC 2hrs)			
D.O.A: 1/5/19- 7:15	i-Motor Clai	m Form	M11042681-001	2/5/19 20	·sv
	i-Motor W/C	(Within: OD 2hrs		- N	.4.
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	Assessment/St				
TP Insurer:			o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Fax:	
TP Particulars: Veh No: SVP	バヨエ	. INC()/Non-INC()	2000	W
Owner / Driver: (Tel:)	
Policy No: () P	eriod: ()	Cover Type: (
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (V	VO): N: 0-20	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
	000()/\$2,000	()			
General Remarks -		V 5 8 Y 7 Y 1		TOTAL TOTAL	0.5
() Walk-In Customer: Customer's info	ormation strictly Co.	nfidential & Str	ictly NO refer of renairer		
() Total Loss Case : to e-mail Insur	The second section is a second section of the section of the second section of the section of th				-
		10 () T			
	e: YES()/N	0 (); [owing Co: ()
Remarks: (INC hoffine: 6788 6616)			Date&Time Completed	Done	by
1) Apply for Transport Allowance ()/(Courtesy Car ()			
2) QC Check / Post Repair Inspection					
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Upload Resurvey Photo [Repair Cost > 5:	3000] ()	-		
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3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions Malho3336 laimant's Particulars: iver/Owner: ontact No: amaged Portion:	()	1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idao DA + 8) NTUC Addition OD* *N5: Courtesy	Reporting (\$30); Assessment (\$100); INC (\$20); Assessment (\$100); INC (\$30); Assessment (\$100); As	80) 10/\$45 \$120 \$30 \$5) \$75	Committee of the commit
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Expending

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.
- 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	02/05/2019 12:43
Date Of Accident	01/05/2019 21:15
Exact Location Of Accident	SLIP RD CHOA CHU KANG TOWN TWDS CHOA CHU KANG WAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKQ3101C
Insured/Policyholder	
Name Of Registered Owner	AL AUTORENT PTD LTD
Co Reg No	201832693N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	TOYOTA COROLLA ALTIS 1.6L CVT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5106255239
Cover Note Number	
Driver	
Name of Driver	IALLAL DIN CADTAM

 Name of Driver
 JALLAL BIN SARTAM

 NRIC No
 \$1350347H

 Date Of Birth
 02/07/1959

Occupation OUTDOOR
Date Of Driving Pass 05/06/1979

Driving Experience 39 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98472007

Fax Number

Contact Number OFFICE-98472007

EMail Address NOEMAIL

Address BLK 625A WOODLANDS DRIVE 52

#05-53

Postcode 731625

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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

2 NO

YES

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

2

Number of Passengers (Including Driver)

Passenger 1

NAME: : -

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

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

SLP1517T

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

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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 enquirles 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

in 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 Personne Name:

s Signature

NRIC/FIN No .:

SAMEDING NEW VE

		(A)	7		
DESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT				
Af	mentioned	Date	and	Time,	/
was drivi	o along	Choa	Chu K	ang To	wn,
Suddenly	I feel a	a stra	ing in	pact	from
my rear					
	1		A: Sk	31010	
			B: SLA	15/7 7	
DECLARATION					
We declare the foregoing pa	rticulars are true in every re	speci		_	1
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the	policyholderi	Report	ing Centre Personnel	signature

Date & Time:

DARGESLANDARE - 78

Name: NRIC/FIN No.:

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 61 / 65 /2019 (dd/mm/y	y) Time of Accident: 31 15 (24-HR-FORMAT)
Vehicle No. : SKQ 3101 C Vehicle	Make & Model: Toyota Corolla AHIS 1-6LCVT
Exact location of Accident: Choa Chy	Karg Jown Exit Choa Chu Kong W.
Policyholder's Name / IC No. : AL Phur	1018H PIE Hd - 201835693H
Driver's Name / IC No. : Julial Bio	Sartam (As Above)
Driver's Contact No. : 9847200	Company Contact No:
Driver's Address:	
Insurance Company: NTUC	Email address (if any):
Relationship between Owner & Driver: (Pl Owner / Spouse / Children / Friend / Parents /	case <u>CIRCLE</u> one only) Sibling / Relative / Employee Hirer or Others specify:
What do you wish to claim? (Please TIC)	K one only)
Own Insurance (Other Vehicle (The	one you want to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident?	Occupation (nature of job) Indoor/Outdoor
Private use / Work purpose	No. of Passengers (Including Driver): 1
Weather condition & Road conditions? (Or	the day of accident)
Clear & Dry / Raining & Wet /	After-Rain & Wet / Drizzling & Wet / Others:
Was there any video captured by your Car	Camera? Yes / No
Any Injuries: Yes / No (If YES)	Injured Person' Name:
Injunes Sustain:	Injured Person in Which Vehicle:
Police Report filed: Yes / No (If YES) Which Police Station:
2	The Other Party(s) Details:
Driver's Name / JC No:	Vehicle No: SLP 1517 T
Driver's Contact No:	Insurance Company (If any):
2. Driver's Name / IC No:	Vehicle No:
Driver's Contact No:	Insurance Company (If any):
*Independent Witness (If Any):	Contact No:
Preferred Workshop Name:	Contact No:

^{*} If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1350347H





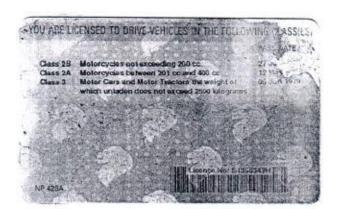
JALLAL BIN SARTAM

جائل بن سرتم

JAVANESE Date of birth 02-07-1959 Country/Place of birth SINGAPORE









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.

02

Type Description Issue Date

TAXI VL

22/09/1995





OTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (M. ertificate Number: 5106255239	Cover : drivo CLASSIC
. Index mark and Registration Number of Vehicle	: SKQ3101C
Chassis Number	: MR053REH104517144
Name of Policyholder	: AL AUTORENT PTE, LTD.
. Effective Date of Insurance	: 14 Dec 2018
	: 13 Dec 2019
Expiry Date of Insurance Persons or Classes of Persons entitled to drive#	. 13 000 2013
(a) The Policyholder.	
(b) Any other person who is driving on the Policyho	older's order or with his/her permission.
Provided that the person driving is permitted in the Motor Vehicle or has been so permitted an enactment or regulation in that behalf from dri	a accordance with the licensing or other laws or regulations to drive d is not disqualified by order of a Court of Law or by reason of any
 Limitations as to Use# Use for social domestic and pleasure purposes 	and in connection with the Policyholder's or Hirer's business.
This Policy does not cover	
(a) Use for racing, pace-making, reliability trial or s (b) Use for the carriage of goods (other than samp) (c) Use for any purpose in connection with the Mo # Limitations rendered inoperative by Section 8 of	les) in connection with any trade or business.
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headings. EXCESS (SECTION 1) EXCESS (SECTION 2) WINDSCREEN EXCESS ADDITIONAL EXCESS UNNAMED DRIVER EXCESS	: S\$100 : N/A : PLEASE REFER OVERLEAF
headings. EXCESS (SECTION 1) EXCESS (SECTION 2) WINDSCREEN EXCESS ADDITIONAL EXCESS	: S\$100 : N/A : PLEASE REFER OVERLEAF : NO
headings. EXCESS (SECTION 1) EXCESS (SECTION 2) WINDSCREEN EXCESS ADDITIONAL EXCESS UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE	: S\$100 : N/A : PLEASE REFER OVERLEAF : NO : YES
headings. EXCESS (SECTION 1) EXCESS (SECTION 2) WINDSCREEN EXCESS ADDITIONAL EXCESS UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE NCD PROTECTION	: S\$100 : N/A : PLEASE REFER OVERLEAF : NO : YES : NO
headings. EXCESS (SECTION 1) EXCESS (SECTION 2) WINDSCREEN EXCESS ADDITIONAL EXCESS UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE NCD PROTECTION TRANSPORT ALLOWANCE	: S\$100 : N/A : PLEASE REFER OVERLEAF : NO : YES : NO
headings. EXCESS (SECTION 1) EXCESS (SECTION 2) WINDSCREEN EXCESS ADDITIONAL EXCESS UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE NCD PROTECTION TRANSPORT ALLOWANCE EXCESS WAIVER	: S\$100 : N/A : PLEASE REFER OVERLEAF : NO : YES : NO : NO : NO
headings. EXCESS (SECTION 1) EXCESS (SECTION 2) WINDSCREEN EXCESS ADDITIONAL EXCESS UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE NCD PROTECTION TRANSPORT ALLOWANCE EXCESS WAIVER PRIMARY DRIVER	: S\$100 : N/A : PLEASE REFER OVERLEAF : NO : YES : NO : NO : NO : NO : NO
headings. EXCESS (SECTION 1) EXCESS (SECTION 2) WINDSCREEN EXCESS ADDITIONAL EXCESS UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE NCD PROTECTION TRANSPORT ALLOWANCE EXCESS WAIVER PRIMARY DRIVER NAMED DRIVER (1)	: S\$100 : N/A : PLEASE REFER OVERLEAF : NO : YES : NO : ND : NO : NO : NO
headings. EXCESS (SECTION 1) EXCESS (SECTION 2) WINDSCREEN EXCESS ADDITIONAL EXCESS UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE NCD PROTECTION TRANSPORT ALLOWANCE EXCESS WAIVER PRIMARY DRIVER	: S\$100 : N/A : PLEASE REFER OVERLEAF : NO : YES : NO : NO : NO : NO : NO

eBao Tech									G	eneralC	laim
Hello, NAC_PAYA_UBI_80	0601						• Change La	nguage	· Change Pa	ssword	Log Out
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Notice of Loss	Policy N	0.				Date of	Accident	01/0	5/2019 21:15	[7]	
	Vehicle	No.(For Motor)	SKQ310)1C		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	5106255239		AL AUTORENT PTE. LTD.	201832693N	GFT	drivo CLASSIC	SKQ31010		14/12/2018	
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	51062	55239	Policyholder Name	AL AUTO	RENT PTE. LTD.	Policyholder NRIC	201832693	N
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ddress	210 TI	JRF CLUB ROAD #LOT-B	01 THE GRAND	STAND SI	NGAPORE 287995			
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o- nsurance lag	No							
pen olicy								
nfo Certificate nfo								
	holder l	Mailing Address						
ddress 1		210 TURF CLUB ROAD	Addre	ss 2	#LOT-B01 THE GRA	NDSTAND	Address 3	SINGAPORE 287995
ddress 4			Addre	ss Type	Singapore address		Post Code	287995
Init No.		LOT-B01	Relate Numb	ed Policy er	5106254769			
D Insure	d Obje	ct: SKQ3101C						
	sement	s						
Sequen	nce	Date of Endorsement	Endorseme	nt Type	Endorsement Number	r Endorser	ment Status	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that this policy is extende to cover the following vehicle(s) as follows: VEHICLE NUMBER
í		11/12/2018 00:00	Basic Informat Endorsement	tion	000001286961099	Endorseme Effective	ent Take	EFFECTIVE DATE PREMIUM (INCL GST) 1. SKV1756A 11-12-2018 \$1,086.10 In view of this amendment, an additional premiur of \$1,086.10 (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 you name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches becash or NETS.
								Thank you for giving us the opportunity to serve you. We confirm that this policy is extended

Claim Handling The premium on this policy has Accident HT/1042681	not been collected.				- Ex
Policy No. Certificate No.	\$106255239	Vehicle No.	5KQ3101C	GST Registration No.	
Policyholder Name					
Product Code	AL AUTORENT PTE, LTD.			Palicyholder NRIC	201832693N
	FLEET INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	0	Centact No.(Office)	0	Contact No.(Home)	0
Email Address	C21002007	Special Remark		eCode	AL V
KFK	® No ○ Yes	TCA	® No ⊜ Yes	eCode Reason	
NCD Protection	No	ACD Entitlement(%)	0	Private Hire	Yes
Report Date	02/05/2019 20:50	Accident Report Within 24 hrs	Yes	Acodent Type	Collision - Head to Rear
Date of Accident	01/05/2019	Time of Accident hh:mm	21:15	Country of Accident	Singapore
Reporting Centre		Orange Force		1CM No.	
Academ Location	SLIP RD CHOA CHU KANG TOWN TWOS CHOA	CHU KANG WAY			
♥ Excess					
Own damage Excess	1,000.00	Additional Excess	D	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	1,000.00	WINDSCOOL CACKED	100.00
Third Party Excess	1,000.00	Outside Singapore TP Excess			
□ Benefits		and and the later of the court of	1,000.00		
□ GST Registered Inform	ation				
GST Registered	No		GST Registration Date		
GST Registration No.	42		GST Status Verified	Yes	
Hodification Hotory				146	
Policyholder Hailing Ad	Name and Administration of the Control of the Contr	WEEK COOK OVER			
Address 1	210 TURF CLUB ROAD	Address 2	#LOT-BOL THE GRANDSTAND	Address 3	SINGAPORE 287995
Address 4		Address Type	Singapore address	Post Code	287995
Unit No.	LOT-801	Related Policy Number	\$106254769		
© OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	JALLAL BIN SARTAM	Driver MA3C	\$1350347H	Driver DOB	02/07/1959
Register Date of Driver License	05/06/1979	Driver Age	59	Driving Experience	39
Contact No. (Mobile)	98472007	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 625A	Address 2	WOODLANDS DRIVE 52	Address 3	SINGAPORE 731625
Address 4		Address Type	Singapore address	Post Code	731625
Unit No.	05-53	2010011577 (1504-251		7 400 50006	733023
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ® No		
Modification History Claim 001 New					
Claim Type •	OD-MX	Intured Name	AL AUTORENT PTE, LTD.	Insured NRIC	201832693N
Contact No.(Mobile)		Contact No.(Home)		Contact No. (Office)	NIL.
Email Address		OI Vehicle Number	5KQ3101C	TP Vehicle Number	SIP1517T
Claimant Type Claiment Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	25	Claiment NRIC +			
Claimant Address					
Claim Description Preferred Workshop Contact	SKQ3101C / SLP1517T ON 1 May 2019	000 0000000		Name of Preferred Workshop	
Preferred Workshop Contact No.		Imured Liability *	Not at Fault		W-2
Require Finalisation	Yes 💟	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	02/05/2019 20:52	Claim Close Date		Date Received	02/05/2019 00:00
Report Taken By	2ackson		100		Barbara and Andrews
Print AK letter					
Attachment)	Save Submit		
al track to pay	32200.0000				
Accident No.	HT/1042681	Claim No.	001		
Last Doc. Received	® Yes □ No	Upload Date	02/05/2019 20:54		
	Path *		Category •	Confidential Urgeno	y • Description •
		Browse,	. Clear Please Select	Normal V	
		Browse.	Clear Please Select	NO Y Normal	▼
		Browse.	Clear Please Select	NO V Normal	U

