NATIONAL Assessment Centre		IN LO ONLIC I	
Date In: 26/6/19-14:17	Jeb description	Date & Time Completed	Done by
Ref No: Ma INClading 124	SAS e-filing		
Vch No: Jufingay	E-mail (within Shrs, AIC 2hrs)		
D.O.A : 23/6/19-14:15	i-Motor Claim Form	land a	
	i-Motor W/O (Within: OD 2hr	100 - 1101 [01   LW	20/6/19/14:29
OD / TP) Reporting Only	i-Photo Uploaded	s, /P 4brs)	
TP Insurer:	Assessment/Survey Report	1	
Preferred Wksp / INC Assign Wksp / QW: (	Ass't Report by Fax / Hand	o Owner/Wksp	
		Tol:	ax:
Owner / Driver: (	IGH . INC (	)/Non-INC( )	#1
Poli N.		Tel:	)
/ 1011	od: ( )	Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: ( %) [No	ote-Est Status (WO): N: 0-20	0%; P: 21-79%. P: 30-1	00%]
Year of Registration: ( ) W	arranty: YES ( )/NO(	)	
Excess: (\$ ) Loading: \$1,000			
General Remarks -		ded Proceedings	935175
( ) Walk-In Customer : Customer's inform	action at interest of the second	Street Linkship with the Ville	SART STATE
( ) Total Loss Case : to e-mail Insurer	I D CYNING TO	ictly NO Talet of Tepatrer.	
		in the state of	
Drive-In ( )/ Towed-In ( ); Invoice:	YES ( ) / NO ( ); To	owing Co: (	. )
Remarks:- (INC hotline: 6788 6616)		1	DEPLOYEE WORK
The state of the s		\$\$\$\$\$\$ <b>\$\$\$\$</b> \$	
1) 4 1 6 -	Interv Cox (	Date&Time Completed	Done by
Apply for Transport Allowance ( )/ Cou	irtesy Car ( )		Done by
Apply for Transport Allowance ( )/Cou     QC Check / Post Repair Inspection	( )		Done by
1) Apply for Transport Allowance ( )/Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300]	( )		Done by
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#### 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.

value of the state	ACCIDENT STATEMENT
Date Of Report	28/06/2019 14:15
Date Of Accident	27/06/2019 19:15
Exact Location Of Accident	WOODLANDS AVE 3
Country/State of Loss	SINGAPORE
The continues of the property of the Continues of the Con	DETAILS 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	(LOCAL) +65-91449265
Alternative Phone No	OFFICE-91449265
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5094838100-01
Cover Note Number	
Driver	
Name of 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 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90616938
Fax Number	
Contact Number	OFFICE-90616938

EMail Address

BLK 816A KEAT HONG LINK Address

#09-53

Postcode 681816

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

Vehicle

OTHER - HIRER

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

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

1

Number of Passengers (Including Driver)

**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

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

SKS9019H

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

98271253

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

### 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:

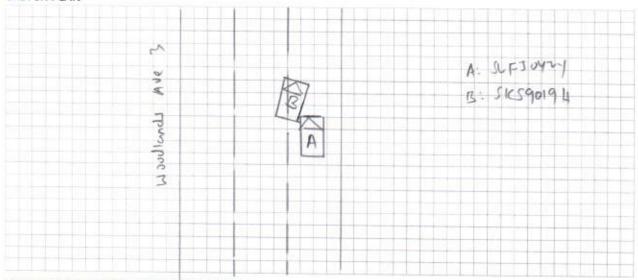
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

Name:

NRIC/FIN No .:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- NO 10	SAW SAW	380.990		
Rofa to	Hinterment.			
				-
				-31

DECLARATION

I/We perfare the foregoing particulars are true in every respect

Policyholder's Signature Date & Time:

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

older) Name:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.: ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY I FELT AN IMPACT ON MY FRONT VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE FRONT LEFT PORTION.

# ACCIDENT STATEMENT

ACCIDENT DATE: 27/6/19 1(DD/M	1M/YYYY), TIME:(19:45)(HH:MM)
LOCATION: Woodlands Ave 3	1M/YYYY), TIME:(19 : 15 )(HH:MM)
1. DETAILS OF VEHICLE  GIVEHICLE NUMBER: SEPSONY:  b)INSURANCE COMPANY: NTOC  c)POLICY NUMBER: 5000 38100-0  d)POLICY TYPE: (COMPREHENSIVE / TH  e)MAKE & MODEL:  f)TYPE: (SALOON / COUPE / MPV /VAN  g)VEHICLE CATEGORY: (PRIVATE / CON  h)PURPOSE OF USING AT ACCIDENT TIN  i) ARE YOU CLAIMING UNDER YOUR OW  IF NO, PLEASE STATE (THIRD PARTY CLA  2. INSURED / POLICY HOLDER	LORRY / MOTORCYCLE / OTHERS)  MERCIAL / MOTORCYCLE)  ME: Worldag
ANAME: Writige Uning Pte	
DINRIC/FIN/PASSPORT: 29713371	CONTACT: 91449265
(1.)  a)NAME: Chew Ten Sing  b)NRIC/FIN/PASSPORT: 5 1618 700  c)ADDRESS: BIK 8164 1000 1000  a)OCCUPATION: (INDOOR / OUTDOOR)  f)YEARS OF DRIVING EXPRESIENCE: 91  4. WAS DRIVER AN EMPLOYEE OF THE IN  IF NO, RELATIONSHIP OF THE DRIVER  5. a)WEATHER CONDITION: (QLEAR / RAINING)  b)ROAD SUPEACE: (AD)	J(DD/MM/YYYY)  J 1981  NSURED'S COMPANY? (YES / NO)
6. WAS ANYBODY INJURED (YES / NO)	
/ DIREPORTED TO POLICE (YES / NO	
IF YES, PLEASE STATE WHICH POLICE STA	TION:
Including driver b) DRIVER'S NAME	MODEL:
9. THIRD PARTY VEHICLE	CONTACT: 98771253
Induding driver f) NRIC/FIN/PASSPORT:	MODEL:
( ) NRIC/FIN/PASSPORT:	CONTACT:

email =

fax =

VIDEO = ×





<b>eBao</b> Tech						WE'S			(	eneralC	laim
Hello, NAC_PAYA_UBI_80	0601						· Change La	nguage	+ Change P	assword	Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	10.				Date of	Accident	27/06	3/2019 19:15	5	
	Vehicle	No.(For Motor)	SLF5042	žΥ		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	
				71000	Cor	ntinue					

Policy No.	5094838100-01	Policyholder Name	PRESTIG	E LEASING PTE. LTD	Policyholder NRIC	201723326	Н
Certificate No.					MALC	AND THE PERSON NAMED OF	
Address	53 UBI AVENUE 1 #05-44 PAYA	UBI INDUSTR	IAL PARK	SINGAPORE 408934			
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	05/10/2018	Effective Date	05/10/20	018 00:00	Expiry Date	04/10/2019	23:59
Excess Type		All Claims Excess					
Third Party excess	1500.00	Own damage Excess	0.00		Windscreen Excess	0.00	
Additional excess	0	OS Premium	0				
Outside Singapore OD Excess	0.00	Outside Singapore TP Excess	1500.00			You	ng/Inexperience Driver Excess
Agent	ANIKA INS BROKERS & CONSU	Agent Tel.	6672998	8	GST Flag	Y	
Co- insurance Flag Open Policy Info Certificate	No						
Info	V X 8200 X 700 X 5 X 100 X 500						
	holder Mailing Address	- Ca. 20 Se	7075-300	Control of the Contro			
ddress 1	53 UBI AVENUE 1	Addre	rss 2	#05-44 PAYA UBI I	NDUSTRIAL I	Address 3	SINGAPORE 408934
Address 4 Unit No.	01-62		ess Type ed Policy	Singapore address		Post Code	408934
		Numb	er	5094838100-01			
COLUMN TO STATE OF ST	d Object: SLF5042Y						
Sequen	nce Date of Endorsement	Endorseme	nt Type	Endorsement Numbe	r Endorser	ment Status	Endorsement Content
i	05/10/2018 00:00	Basic Informal Endorsement	tion	000001286917206	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. 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 could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque if avour 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.
							Thank you for giving us the

SMANDERS OF SMANDERS AND PER LES  ***CONTROLLES MANUELLES  **CONTROLLES  **CO	laim Handling										
MERION NO. MERITARY LEGISLATE LEGISLATE LEGISLATE LEGISLATE STORE AND MERITARY MERITARY LEGISLATE STORE AND MERITARY LEGISLATE STOR		5094838100-01		Vehicle No.		SLF50421			GST Registration N	677	
THE TABLE PROJUCTION OF THE PROPERTY OF THE TABLE STORES OF THE TA	ertificate No.								No. 1 to Barrane 10	•	
March Color	dicyholder Name	PRESTIGE LEASING PTE. LT!	D								
March   Marc	oduct Code			Cover Type		- Third Said	v fire 8 That				
Second	ricact No.(Mobile)	91449265			8		22.75% 0,1100				
Second   S	nail Address				18				10000		
Mode Personne   Mode Person	×	® No ○ Yes				950	V				The V
March   Marc	D Protection	School of the second			S.		res.				
March   Marc	Accident Details			ACD Exchange	92				Private Hire		Yes
		NAME OF TAXABLE PARTY.									
Control   Cont						Yes			Accident Type		Collision - Change / Cross lane
Married Cores   Married Core		27/06/2019			h:mm	19:15			Country of Academ		Singapore
Part				Orange Force					TCM No.		
Manual Charle Fictors		WOODLANDS AVE 3									
March   Marc											
Contact   Cont		8.0	0.00	Additional Excess		0			Windscreen Excess		0.00
Part	named Driver Excess			Outside Singapore	OD Excess		0.00				
Part	ird Party Excess	1,500	0.00	Outside Singapore	TP Excess		1,500.00				
Magelantion	Benefits										
Registration To.	GST Registered Inform	ation									
Registration foo.		No				GS	T Registration Date				
### Pintonhalder Mailling Address    Pintonhalder Mailling Address   Address 2									Yes		
March   1	dification History										
Mode   March	Policyholder Mallion Ad	Idress									
March   Marc				Address 2		400 111	UA LIET MINI PER LA		G Gardonero		000000000000000000000000000000000000000
March   Marc											
Column   District		01-62							Post Code		408934
Univaried Direct   Univaried Direct   Univaried Direct   University   Univaried Direct   University   University   University   University   Selection   Selection   University   Selection   Univ				Reserved Postcy Num	uer :	50948381	00-01				
Direct Note		Uncarred Daves					reser				
Driver Claims											
March   Marc									Driver DOB		31/07/1963
BLK 515A   Address 2   KEAT HONG LINK   Address 3   KEAT HONG HIRAGE						55			Driving Experience		37
### Address 3   KATH-KINS HIRDER ### Address 7   Yes @ No	70 05			Contact No.(Office)		0			Contact No.(Home)		0
End of the command Singuistration of Blood Tests of major and some some some some some some some some		BLK S16A		Address 2		KEAT HON	G LINK		Address 3		KEAT HONG MIRAGE
Set the own a Sungapore    Orient Vehicle No.	fress 4	SINGAPORE 681816		Address Type		Singapore	address		Past Code		681816
Stration		09-53									
Any injury?	es he own a Singapore gistered car?	○ Yes ® No		Driver Vehicle No.					Driver Insurer Comp	pany	
Any injury?	taration										
Inflation History  Italian DO1 New  Image Contact No. (Hotele)  Inflation Analic  Inflation An	sathalyser or Blood Test	0 ma		W100000000		2000					
In Type * DD-MX	iding?	o ng		Any injury?		O YES ®	No				
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