Date In: 24 3 19-11:73	Jeb description	1	Date & Time Completed	Don	e pi
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Veh No: Jml 3 wbc	E-mail (within	Shrs, AIC 2hrs)			.4
D.O.A: 23/15-15:3>	i-Motor Clai		100- EKPZUIM	24/2/12	nen
	i-Motor W/O	(Within: OD 2hr	Control of the Contro	- (+41.2	10.07
OD (TP) Reporting Only	i-Photo Uplo		1		
	Assessment/Su	irvey Report			
TP Insurer:	Ass't Report b	y Fax / Hand	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: Juc	16/20	. INC()/Non-INC()	-	
Owner / Driver: (7191	-	Tel:)	
Policy No: () Pe	eriod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (V	WO): N: 0-2	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()	Hi - Alesta - Was	58%-0149W
Excess: (\$) Loading: \$1,0	000 ()/\$2,000	()			
General Remarks;-		2.8		Same Silver	
() Walk-In Customer : Customer's info	rmation strictly Cor	nfidential & St	ictly NO refer of repairer.		
() Total Loss Case : to e-mail Insur	er URGENTLY.		* ***		
Drive-In ()/ Towed-In (); Invoice	e: YES()/N	(O();T	owing Co: ((40))
Remarks:- (INC horline: 6788 6616)			Date&Time Completed	Don	S.A.
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Figure 1.35

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.
- 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.
- 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	24/07/2019 11:53
Date Of Accident	23/07/2019 13:30
Exact Location Of Accident	HAVELOCK RD BESIDE HOTEL MIRAMAR SINGAPORE
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SML3056C
Insured/Policyholder	
Name Of Registered Owner	SUNRITA PRIVATE LIMITED
Co Reg No	196800361G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88090293
Alternative Phone No	OFFICE-88090293
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	C-HR HYBRID 1.8G 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	NO
Policy Number	5109539723
Cover Note Number	
Driver	
Name of Driver	CHEE PUAY GUAN (XU PEIYUAN)
NRIC No	S7630571D
Date Of Birth	05/10/1976
Occupation	OUTDOOR
Date Of Driving Pass	22/04/1994
Driving Experience	25 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90799007
Fax Number	
Contact Number	OFFICE-90799007

NOEMAIL

BLK 138 RIVERVALE STREET Address

#03-756 540138

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

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions RAINING Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

NO

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

Number of Passengers (Including Driver)

2

Passenger 1

NAME: .

GENDER: : FEMALE

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?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHC7967D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category Name of Driver

TAN BOON WEE, JASON (CHEN WEIWEI, JASON)

NRIC/Passport Number

S8118028H

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 21

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

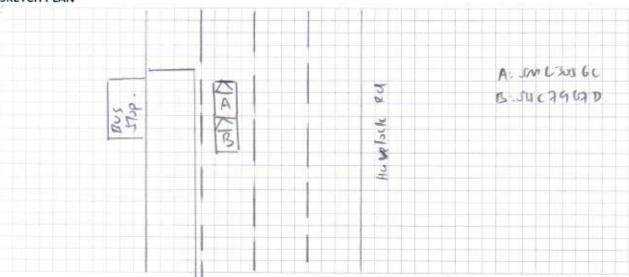
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to	Hatement.		

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.:

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS FRONT VEHICLE WAS STATIONARY STOPPED.
SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: 13 / 19 1(DD/MM/YYYY), TIME: (13 : 30.) (HH:MM)
LOCATION: Have lack Rd beside Hatel Miraman singuitare.
1. DETAILS OF VEHICLE
DIVEHICLE NUMBER: JM 630760
b) INSURANCE COMPANY: HTJC
C)POLICY NUMBER: 51095 39723
CIPOLICY TYPE: 1001-1-1
e) MAKE & MODEL: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
f)TYPE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
OSING AT ACCURATION
IF NO PLEASE STATE (THIRD P. CONN INSURANCE (YES INO) .
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
ANAME: Sychola Provide 15 miles
DINRIC/FIN/PASSBORT (MALE / FEMALE)
CIADDRESS:CONTACT: 880 9 0797
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
1 1 1 2 2 CH S C C C C C C C C C C C C C C C C C
(Including driver) a) NAME: Chee Rugy Guga (Xu Pryum) (MA(L) / FEMALE)
CIADDRESS THE THE CONTACT: GUZG 9007.
lemale. CIADDRESS: Olic 188 Riveriale Street 402-736 (343788)
*d)DATE OF BIRTH: (J / 1976 (DD/MM/YYYY)
TO SOUTH ON THE OWN OF THE OWN
THEARS OF DRIVING EXPREPIENCE.
4. WAS DRIVER AN EMPLOYEE OF THE INSUREDIS COMPANIE
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 100
THE CONDITION (CIEAR / PAINAIC / OTHERS
OLIVED SURFACE II) RY / MET / OTLIFFO
O. WAS ANYBODY INJURED LYES (NO.)
7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION:
Car of pussenger a) VEHICLE NUMBER. OL DE ID
(1-) C) NRIC/FIN/PASSPORT: 18/1802814 CONTACT:
7. THIRD PARTY VEHICLE
No of passanger d) VEHICLE NUMBER:MODEL:
Inducting deliver (a) DRIVER'S NAME:
Including driver F DRIVER'S NAME:
email = affectee@ymail.com,)

email = affichee@ymail.com

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7630571D



CHEE PUAY GUAN (XU PEIYUAN)

倍

CHINESE

05-10-1976

SINGAPORE

For LKK/NAC Use On



4969925



23-04-2013

APT BLK 138 RIVERVALE STREET #03-756 SINGAPORE 540138

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

For LKK/NAC Use Only

NP 428A



eBao Tech									Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601					→ Chang	e Languag	e • Chan	ge Password	+ Log Out
My Desktop	Policy Query									
Natice of Loss	Policy No.				Date	of Accident		23/07/2019	13:30	
	Vehicle No (For Motor)	SML30	56C		Certi	ficate Number				
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5109539723		SUNRITA PRIVATE LIMITED	196800361G	GPC	drivo CLASSIC	SML30560	SML3D56C	14/05/2019	13/05/2020
				- 1	Continue					

Policy No.	5109539723	Policyholder Name	SUNRITA PE	RIVATE LIMITED	Policyholder NRIC	196800361	G
Certificate Vo.					1.020008		
Address	24 LENG KEE ROAD #03-03 LE	NG KEE AUTOP	OINT SINGA	PORE 159096			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
olicy ssue Date	13/05/2019	Effective Date	14/05/2019	00:00	Expiry Date	13/05/2020	23:59
xcess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
Agent	TECK WEI CREDIT PTE, LTD.	Agent Tel.	64650020 n	null	GST Flag	Υ	
Co- nsurance Flag	No						
Open Policy nfo							
Certificate Info							
nfo Policyl	holder Mailing Address						
nfo Policyl Address 1	holder Mailing Address 24 LENG KEE ROAD	Addre	ess 2	#03-03 LENG KEE	AUTOPOINT	Address 3	SINGAPORE 159096
Info Policyl Address 1 Address 4		Addre Relate	ess Type ed Policy	Singapore address		Address 3 Post Code	SINGAPORE 159096 159096
nfo Policyl Address 1 Address 4 Unit No.	24 LENG KEE ROAD	Addre	ess Type ed Policy				
nfo Policyl Address 1 Address 4 Jnit No. D Insure	24 LENG KEE ROAD	Addre Relate	ess Type ed Policy	Singapore address			
nfo Policyl Address 1 Address 4 Unit No. Insure Endors	24 LENG KEE ROAD ed Object: SML3056C sements	Addre Relati Numb	ess Type ed Policy eer	Singapore address 5110848564		Post Code	159096
nfo Policyl Address 1 Address 4 Unit No. D Insure Endors	24 LENG KEE ROAD ed Object: SML3056C sements	Addre Relate Numb	ess Type ed Policy	Singapore address 5110848564 Type		Post Code Status	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that from 14 May 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: TECK WEI CREDIT PTE LTD CHASSIS
nfo Policyl Address 1 Address 4 Unit No. Insure Endors	24 LENG KEE ROAD ed Object: SML3056C sements nce Date of Endorseme	Addre Relate Numb	ess Type ed Policy her Endorsement Information sement	Singapore address 5110848564 Type Endors	Endorsement	Status fective	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that from 14 May 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: TECK WEI

Accident MT/1054797					
folicy No.	5109539723	Vehicle No.	SML3056C	GST Registration No.	NA:
Dertificate No.					
Policyholder Name	SUNRITA PRIVATE LIMITED			Policyholder NRIC	196800361G
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
contact No.(Mobile)	88090293	Contact No. (Office)	ů .	Contact No.(Home)	0
mail Address		Special Remark		eCode	No. V
rx	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
sport Date	24/07/2019 12:05	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
ate of Accident	23/07/2019	Time of Accident hh:mm.	13:30	Country of Accident	Singapore
eporting Centre		Orange Force		ICH No.	
ccident Location	HAVELOCK RD BESIDE HIDTEL MIRAMAR I	SINGAPORE			
Total Excess Applicable	A				
xcess Type	Per Accident	Windscreen Excess	100.00		
D Standard Excess	2.000.00	12/20/00/02	(-CHOOL-		
IID OD Excess	2,000.00	TP Standard Excess VIED TP Excess	1,500.00	2011/1925/2020	
didional Excess	500.00	TIED IN EXCESS		Driver is Covered?	
otal DD Excess Applicable	3500.00	T-14 TC T-1			
Benefits	2500.00	Total TP Excess Applicable			
GST Registered Informa	ation				
ST Registered	Yes		CST Benetisting Site	TON MATERIAL PROPERTY.	
ST Registration No.	M200091442		GST Registration Date GST Status Verified	01/04/1994 Yes	
odification History		stem changed GST Registration No. fri Rem changed GST Registration Date f		1000	
	24/07/2019 12:06:26 Sys	icem changed GST Status Venhed from	m No to Yes		
Policyholder Mailing Ad					
doresa 1	24 LENG KEE ROAD	Address 2	#03-03 LENG KEE AUTOPOINT	Address 3	SINGAPORE 159095
doress 4		Address Type	Singapore address	Post Code	159096
16 No.		Related Policy Number	5110848564		
OI Driver Info					
iver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	CHEE PUAY GUAN (XU PEIYUAN	Driver NRIC	57630571D	Driver DOB	05/10/1976
gister Date of Driver Ucense		Driver Age	42	Driving Experience	25
ntact No. (Mobile)	90799007	Contact No.(Office)	0	Contact No.(Home)	0
Adress 1	8LK 138	Address 2	RIVERVALE STREET	Address 3	SINGAPORE 540138
idress 4	Name and American	Address Type	Singapore address	Post Code	\$40138
nt No. oes he own a Singapore	03:756				
egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
sclaration					
sathalyser or Blood Test		11 (#CAC) (\$0.12.0 #			
rading?	D mg	Any injury?	○ Yes ® No		
diffication History					
Claim 001 New					
Claim 001 New					
	-		70		79
im Type *	GO-MX	Insured Name	SUNRITA PRIVATE LIMITED	Insured MRIC	196800361G
in Type * ntact No. (Modile)	90-MX 💌	Insured Name Contact No.(Home)	SUNRITA PRIVATE LIMITED	Insured NRIC Contact No. (Office)	196800361G 6337481S
im Type * ntact No.(Mobile)	96604433		SUNRITA PRIVATE LIMITED SML3056C		
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