| Date In delen | | INA 119 117933 | b 1 |
|--|--|--|--|
| Date In: (16) 19-16:55 | Jeb description | Date &Time Completed | Done by |
| Ref No: 44/14(19015766/24 | SAS e-filing | i | |
| Veh No: 17176314 | E-mail (within Shrs, AIC 2hrs) | | - |
| D.O.A : 5/4/19-15:05 | i-Motor Claim Form | M7/106/190-001 | 5/9/14 14:05 |
| OD / TP / Reporting Only | i-Motor W/O (Within: OD 2 | hrs, TP 4hrs) | |
| OD 7 17 4 Reporting Only | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| IP Insurer: | Ass't Report by Fax / Hane | to Owner/Wksp | |
| Preferred Wksp / INC Assign Wksp / QW: (| | Tel: | Fax: |
| TP Particulars: Veh No: 14 | 6119R INC | ()/Non-INC() | * |
| Owner / Driver: (| | Tel: |) |
| Policy No: () | Period: (| Cover Type: (|) |
| Confirmed by : (| Date: | Time: |) |
| Insured/Driver Liability: (%) | [Note-Est. Status (WO): N: 0- | 20%; P: 21-79%. P: 80- | 100%] |
| Year of Registration: () | Warranty: YES () / NO (|) | |
| Excess: (\$) Loading: \$ | 1,000 ()/\$2,000 () | | |
| General Remarks:- | | | Scott A. |
| () Walk-In Customer: Customer's in | nformation strictly Confidential & \$ | Strictly NO refer of repairer. | |
| () Total Loss Case : to e-mail Inst | | | |
| | | Towing Co: (|) |
| | | | MIRAN PROPERTY OF THE PARTY OF |
| Remarks: - (INC hotline: 6788 6616) | A BASE TO SECURE A SECURE A SECURE AS THE ASSESSMENT AS A SECURE AS A SECURIT AS A SECURIT AS A SECURE AS A SECURIT AS A SECURIT AS A SECURIT AS A SECURIT AS A SECURE AS A SECURIT AS A SECURIT AS A SECURIT AS A SECURIT AS A SECURE AS A SECURIT AS A SECURIT AS A SECURIT AS A SECURIT AS A SECURE AS A SECURIT AS A SECURIT AS A SECURIT AS A SECURIT AS A SECURE AS A SECURIT AS A SECURIT AS A SECURIT AS A SECURIT AS A SECURE AS A SECURIT AS A SECURIT AS A SECURIT AS A SECURIT AS A SECURE AS A SECURIT AS A SECURIT AS A SECURIT AS A SECURIT AS A SECURE AS A SECURIT AS A SECURIT AS A SECURIT AS A SECURIT AS A SECURE AS A SECURIT AS A SECURIT AS A SECURIT AS A SECURIT AS A SECURE AS A SECURIT AS A SECURIT AS A SECURIT AS A SECURIT AS A SECURE AS A SECURIT AS A SECURIT AS A SECURIT AS A SECURIT AS A SECURE AS A SECURIT AS A SECURIT AS A SECURIT AS A SECURIT AS A SECURE AS A SECURIT AS A SECURIT AS A SECURIT AS A SECURIT AS A SECURE AS A SECURIT AS A SECURIT AS A SECURIT AS A SECURIT AS A SECURE AS A SECURIT AS A SECURIT AS A SECURIT AS A SECURIT AS A SECURE AS A SECURIT AS A SECURIT AS A SECURIT AS A SECURIT AS A SECURE AS A SECURIT AS A SECURIT AS A SECURIT AS A SECURIT AS A SECURE AS A SECURIT AS A SECURITAR AS A SECURITAR AS A SECURIT AS A SE | Date&Time Completed | Done by |
| | / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection | () | | |
| | | | |
| 3) Upload Resurvey Photo [Repair Cost > | \$3000] () | | |
| | \$3000] () | | |
| Injury: | \$3000] () | | |
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| Injury: | \$3000] () | | SERIOINE. |
| Injury: | \$3000] () | | |
| Injury: | \$3000] () | | |
| Injury: ———————————————————————————————————— | | eparation Checklist. | Ant (5) Amt (5) |
| Injury: Date/Time Actions Major 67 6. | | nt Reporting (\$30); | The Bill Add Bill |
| Injury: Date/Time Actions Lipino 67 65 alimant's Particulars: | Invoice Pr 1) AR : Accide 2) DA : Damag | nt Reporting (530); e Assessment (\$100); INC (\$ | Tre Bill Add Bill |
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| Injury: Date/Time Actions Lipino 67 65 alimant's Particulars: | Invoice Pr 1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow 5) FT: Follow | nt Reporting (\$30); to Assessment (\$100); INC (\$40) Fee \$40 Through Survey Through Survey (Resurvey) | 78:Bill Add Bill 80) 9/545 5120 530 |
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| Injury: Date/Time Actions Linjury: Actions aimant's Particulars: | Invoice Pro 1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-inst 7) N1: Idae Da | nt Reporting (\$30); te Assessment (\$100); INC (\$40); Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2003) section A + SMRT Survey | 78.Bill Add Bill 80) 0/\$45 \$120 \$30 5) |
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| Injury: Date/Time Actions Linjury: Actions aimant's Particulars: iver/Owner: maged Portion: | Invoice Pr 1) AR: Accide 2) DA: Darrag 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-inst 7) N1: Idae D 2) NTUC Addi OD!* *N5: Courte *N6: Repair *N7: Fost Re *N8: DV / C | nt Reporting (\$30); te Assessment (\$100); INC (\$100); Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2003) section A + SMRT Survey tional Services:- sy Car / Tpt Allowance Co-ordination spair Inspection collect Excess Coordination | TSEBIII Add Bill |
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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.

| | ACCIDENT STATEMENT | | | | | |
|----------------------------------|----------------------------------|--|--|--|--|--|
| Date Of Report | 05/09/2019 16:55 | | | | | |
| Date Of Accident | 05/09/2019 15:05 | | | | | |
| Exact Location Of Accident | JUNC AMK AVE 3 & YIO CHU KANG RD | | | | | |
| Country/State of Loss | SINGAPORE | | | | | |
| Sales Sales Sales College Carlos | DETAILS OF OWN VEHICLE | | | | | |
| Vehicle Registration Number | SJS2631Y | | | | | |
| Insured/Policyholder | | | | | | |
| Name Of Registered Owner | 7 CAR RENTAL & SERVICES PTE LTD | | | | | |
| Co Reg No | 201619234C | | | | | |
| Email Address | NOEMAIL | | | | | |
| Mobile Phone No | (LOCAL) +65-97236566 | | | | | |
| Alternative Phone No | OFFICE-97236566 | | | | | |
| Vehicle Particulars | | | | | | |
| Manufacturer | ТОУОТА | | | | | |
| | | | | | | |

VIOS E AUTO Model

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

REPORTING ONLY If No, Please state action to be taken PRIVATE HIRE Vehicle Category

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5112361355

Cover Note Number

Driver

LEE SHENG ENG Name of Driver NRIC No S8908948D 09/03/1989 Date Of Birth OUTDOOR Occupation Date Of Driving Pass 16/11/2010

8 YEARS AND 9 MONTHS **Driving Experience**

Gender MALE

Mobile Number (LOCAL) +65-97236566

Fax Number

Contact Number OFFICE-97236566

NOEMAIL **EMail Address**

Address BLK 573 HOUGANG STREET 51

#07-21

Postcode 530573

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 - CROSS JUNCTION

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

Was any body injured in the Accident? NO

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?

NO

NO

1

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS MAKING A RIGHT TURN FROM AMK AVE 3 TWDS YIO CHU KANG RD. VEHICLE B WAS MAKING A RIGHT TURN ON EXTREME LEFT LANE AND HIT ONTO MY VEHICLE FRONT LEFT PORTION.

DETAILS OF OTHER VEHICLE PROPERTY 1

Attachment(s)

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

Was there any audio recorded?

NO

Vehicle Registration Number

SG6119R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category BUS

Name of Driver CHO CHEE YOONG

NRIC/Passport Number S8784888D

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

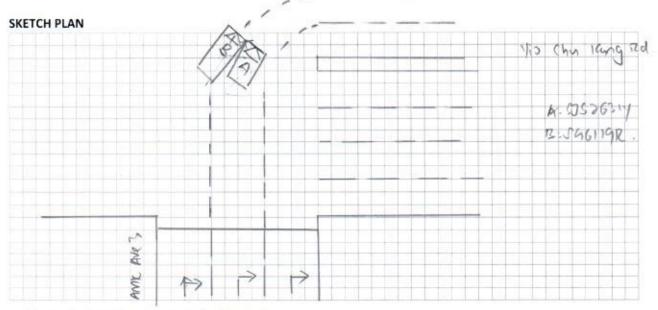
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material 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:
 - (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 solgna Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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

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

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

| eBao Tech | | | | | | | | | | Genera | alClaim |
|------------------------|---------------------|-----------------------|-----------------------|--|----------------------|----------|------------------------------|----------------|-------------------|------------------|-------------|
| Hello, NAC_PAYA_UBI_80 | 0601 | | 7 | and the latest the same | | | • Change | Language | • Chang | e Password | · Log Out |
| My Desktop | Polic | cy Query | | | | | | | | | |
| Notice of Loss | Policy N Vehicle | lo. No.(For Mator) | \$3\$263 | B1Y | = , | | of Accident licate Number | | 5/09/2019 1 | 5:05 | |
| | Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | 0 | 5112361355 | | 7 CAR RENTAL & SERVICES PTE LTD | 201619234C | GPC | drivo CLASSIC | SJS2631Y | SJS2631Y | 04/09/2019 | 03/09/2020 |
| | | | | | | Continue |] | | | | |

| Policy No. | 5112361355 | Policyholder Name | 7 CAR REN | TAL & SERVICES PTE | Policyholder NRIC | 201619234C | |
|--|--------------------------|-----------------------------------|-------------|--|----------------------|---------------|----------------------------|
| Certificate No. | | | | | | | |
| Address | BLK 573 #07-21 HOUGANG S | TREET 51 SING | APORE 53057 | 3 | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | | Group Policy Flag | N | |
| Policy Issue Date | 03/09/2019 | Effective Date | 04/09/2019 | 00:00 | Expiry Date | 03/09/2020 23 | :59 |
| Excess Type | Per Accident | All Claims Excess | | | | | |
| Third Party Excess | 1500 | Own damage Excess | 2000 | | Windscreen Excess | 100 | |
| Additional Excess | 0 | OS Premium | 2494.31 | | | | |
| Outside Singapore OD Excess | 2000 | Outside Singapore TP Excess | 1500 | | | Young/ | Inexperience Driver Excess |
| Agent | INSURE LINK PTE LTD | Agent Tel. | 64444644 | | GST Flag | Y | |
| Co- insurance Flag Open Policy Info | No | | | | | | |
| Certificate Info | | | | | | | |
| | holder Mailing Address | | | | | | |
| | BLK 573 #07-21 | Addr | ess 2 | HOUGANG STREET | 51 | Address 3 | SINGAPORE 530573 |
| Address 1 | | 14345 | ss Type | Singapore address | | Post Code | 530573 |
| Address 1 Address 4 | | Addr | | - [1일] [1일 : [1] [1일 : [1] [1] [1] [1] [1] [1] [1] [1] [1] [1] | | | |
| Address 4 | | | ed Policy | 5112361355 | | | |
| Address 4 Unit No. | ed Object: SJS2631Y | Relat | ed Policy | 2560 Table (2010) 25 25 25 25 | | 0.000 | |
| Address 4 Unit No. | | Relat | ed Policy | 2560 Table (2010) 25 25 25 25 | | | |

| ccident MT/1061190 | not been collectes. | | | | |
|--|-----------------------------------|--|--|--|--|
| Hey Na | 5112361355 | Vehicle No. | 5752631Y | GST Registration No. | |
| tificate No. | | | | | |
| icyholder Name | 7 CAR RENTAL & SERVICES PTE LTD | | | Policyholder NR3C | 201619234C |
| duct Code | PRIVATE CAR INSURANCE | Cover Type | drivo CLASSIC | Loading | 0 |
| stact No.(Mobile) | 97236566 | Contact No. (Office) | 0 | 135 | 0 |
| all Address | 4723333 | Special Remark | | Contact No.(Home) | |
| | 00 | | 00 | eCode | No. V |
| | ® No ○ Yes | TCA | ® No ○Yes | eCode Reason | |
| D Protection | No | NCD Entitlement(%) | 0 | Private Hire | Yes |
| Accident Details | | | | | |
| port Date | 05/09/2019 19:03 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Cross Junction |
| te of Accident | 05/09/2019 | Time of Accident hit:mm | 15:05 | Country of Academ | Singapore |
| porting Centre | | Drange Force | | IÓM No. | and deliver a |
| sident Location | JUNE AMK AVE 3 & YID CHU KANG RD | | | and the same of th | |
| | | | | | |
| Total Excess Applicable | | | | | |
| cess Type | Per Accident | Windscreen Excess | 100.00 | | |
| | | | | | |
| Standard Excess | 2,000.00 | TP Standard Excess | 1,500.00 | | |
| D OD Excess | 0.00 | YIED TP Excess | | Driver is Covered? | |
| ditional Excess | 0 | | | | |
| ral OD Excess Applicable | 2000.00 | Total TP Excess Applicable | | | |
| Benefits | | | | | |
| GST Registered Informa | ation | | | | |
| T Registered | No. | | GST Registration Date | | |
| T Registration No. | SOTE | | GST Status Verified | Yes | |
| dification History | 05/09/2019 19:05:00 Syste | m changed GST Status Venified fro | | | |
| | | | | | |
| Pelicyholder Mailing Ad | Maria | | | | |
| | | | | | |
| dress 1 | BLK 573 #07-21 | Address 2 | HOUGANG STREET 51 | Address 3 | SINGAPORE 530573 |
| dress 4 | | Address Type | Singapore address | Post Code | 530573 |
| t No. | | Related Policy Number | 5112361355 | | |
| OI Driver Info | | | | | |
| iver Name | Unnamed Driver | Driver Type | Unnamed Driver | | |
| named driver Name | LEE SHENG ENG | Driver MRIC | \$8908948D | Driver DOS | 09/03/1989 |
| | | | | | |
| gister Date of Oniver License | | Driver Age | 30 | Driving Experience | • |
| ntact No.(Mobile) | 97236566 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| dress 1 | BLK 573 | Address 2 | HOUGANG STREET SI | Address 3 | SINGAPORE 530573 |
| dress 4 | | Address Type | Singapore address | Post Code | 530573 |
| nt No. | 07-21 | | | | |
| oes he own a Singapore igistered car? | ○ Yes 	No | Oriver Vehicle No. | | Driver Insurer Company | |
| garana can | | | | | |
| daration | | | | | |
| eathalyser or Blood Test | 62760-1 | 2012-0-1021 | | | |
| ading? | 0 mg | Any injury? | O Yes ® No | | |
| | | | | | |
| dification History | | | | | |
| arriador (Principle) | | | | | |
| Claim 001 New | | | | | |
| | | | | | |
| | 7 | | 11 | | - University of the second sec |
| m Type * | OD-MX | Insured Name | 7 CAR RENTAL & SERVICES PTE | Insured NRIC | 201619234C |
| rtact No.(Mobile) | | Contact No.(Home) | MR | Contact No.(Office) | |
| all Address | | Of Vehicle Number | \$3\$2631Y | TP Vehicle Number | 5G6119R |
| mant Type Claiment Type+ | Pigase Select | Type of Benefit + | Please Select | | |
| mant Name * | >> | Claimant NR3C * | | | |
| mant Address | | The state of the s | | 1 | |
| m Description | S3S2631Y / SG6119R ON 5 Sept 2019 | | | Name of Preferred Workshop | |
| ferred Workshop Contact | | 2315000000000 | | , working | 1 |
| The state of the same of the s | | Insured Liability • | Not at Fault | | AVAILABLE TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE TOTAL TO TH |
| pure Finelisation | Yes | Preferered Repair Option | Preferred Workshop, Name unknown | GIA report | Received |
| e Registered | 05/09/2019 19:05 | Claim Close Date | | Date Received | 05/09/2019 00:00 |
| port Taken By | Jackson | | | | 33 |
| | | | | | |
| Print AK latter | | | | | |
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| dent No. | MT/1061190 | Claim No. | 901 | | |
| uttachment dem No. t Doc. Received | MT/1061190 ● Yes ○ No | Clerm No. Upload Date | 001 05/09/2019 19:06 | | |

