NATIONAL Assessment Cer		MUA1911895		
Date In: 9/4/19-10:20	Jeb description	Date & Time Completed	Done b	Ŋ.
Ref No: Un INCHOKSA MY	SAS e-filing			3000
Veh No: Shugget	E-mail (within Shrs, AIC 2h	s)		3
D.O.A: 6/4/19-07:45	i-Motor Claim Form	M7/1061457 -001	9/9/19 10:	LV.
()	i-Motor W/O (Within: OI			
OD TP Reporting Only	i-Photo Uploaded	San Constitution		100
TD	Assessment/Survey Repo	rt		
TP Insurer:	Ass't Report by Fax / Ha	nd to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tol:	ax:	
TP Particulars: Veh No: 68	M SIM . IN	C()/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: 80-1	100%]	Market S
Year of Registration: ()	Warranty: YES ()/NO ()	Mir Sachie Gerend	- 10
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()			
General Remarks:-			Con Service	T P
() Walk-In Customer: Customer's in	nformation strictly Confidential &	Strictly NO refer of repairer.		ist
() Total Loss Case : to e-mail Insu				
		; Towing Co: ()
			ry as to regarder ways :	-
Remarks:- (INC hotline: 6788 6616)	A RESERVED TO THE RESERVED TO	Date&Time Completed	Done by	y ·
1) Apply for Transport Allowance ()	/ Courtesy Car ()	Date&Timb Completed	Done by	y ·
Apply for Transport Allowance () QC Check / Post Repair Inspection	/ Courtesy Car ()	Date&Time Completed	Done by	y ·
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. 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 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.

and the state of t	ACCIDENT STATEMENT
Date Of Report	09/09/2019 10:20
Date Of Accident	06/09/2019 07:45
Exact Location Of Accident	SLIP RD HOUGANG AVE 9 TWDS YIO CHU KANG RD
Country/State of Loss	SINGAPORE
AND THE RESERVE OF THE PARTY OF	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGU9305T
Insured/Policyholder	
Name Of Registered Owner	EAZY RENTALS PTE LTD
Co Reg No	201723629E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.6L VTI AUTO
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	5094576865-01
Cover Note Number	
Driver	
Name of Driver	WAN YONG LEE
NRIC No	S9401589H
Date Of Birth	11/01/1994
Occupation	OUTDOOR
Date Of Driving Pass	07/12/2018
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91791041
Fax Number	
Contact Number	OFFICE-91791041
EMail Address	NOEMAIL

Address BLK 677C JURONG WEST STREET 64

#12-287

Postcode 643677

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

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

1

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

GBH1851M

Vehicle Make/Model/Colour

TOYOTA

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name WAN YONG LEE

Page 2 of 15

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode BODY

SGU9305T

YES

NO

SKETCH PLAN

MPORTANT 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 wiful misrapresentation 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.
- 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.
- S. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurence 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 insurers) 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 daims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (ili) 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 cikins (collectively the "Purposes")
- (b) ell insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' Isvivers/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) thy 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 Singaporo, for one or more of the above Purposes.
- (6) 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 dains.
- (e) the information so collected under (a) 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.

B

Policyholder's Signature Date & Time: Oriver's Signature (If driver is not the policyholder) Data & Time: Reporting Centre Personnel's Signature Name:

NRIG/FIN No.:

A-SGU 9305T B-GBH 1851M.

SKETCH PLAN
SKETCH PLAN 1
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
On the started date and Time, I was stafforary
on the fitter lane waiting to go out, Suddenly
voh B hit outo the rear of my car.
DECLARATION
I/We declare the forest wife particulars are true in every respect.

Policyholder's Signesten 172 Date & Time:

Oriver's Signature (If driver is not the policyht/ider) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Date of Accident	6 9 2019 Accident Time: 07 45 (24-HR-Format)
Accident Place	: Hougang five 9 filte left to YCK Road.
Vehicle Reg. No. (Car Plate No.)	: SGU 9305 T
Vehicle Make/Model	: Honda Civic
Insurance Company	: NTUC Policy No.
Owner or Company Name /IC No.	: EAZY RENTALS. 201723629E
Owner or Company Contact No.	Company Tel
DRIVER'S Name / IC No.	: WAN. YONG LEE S940158914
DRIVER'S Date Of Birth	: [61 1994 DRIVER'S License Pass Date 07 12 2018
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: 677 C Juvong West Street 64 #12-28=
DRIVER'S Contact No./ Alt No.	:1) 91791041 2)
DRIVER'S Occupation	: INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	
Weather & Road Surface	CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Qlaim Other Party \ Claim Own Insurance
Number of Passengers (Including D	
Was there any video Captured by ca Exact purpose for which vehicle was	
Other P	'arty Driver's Particular (if any)
Vehicle Reg. No: GBH 1851	Wehicle Reg. No:
Vehicle Make Model: Loylor 7	oyola. Vehicle Make\Model:
Name Driver:	,
IC No. Driver:	
Driver's Contact & Add:	

10 11

eBao Tech									G	eneralC	laim
Hello, NAC_PAYA_UBI_80	0601						• Change La	nguage	· Change Pa	ssword	Log Out
My Desktop	Poli	cy Query									38
Notice of Loss	Policy N	ło.	509457	6865-01		Date of	Accident	06/0	9/2019 07:45		
	Vehicle	No.(For Motor)	SGU930)5T		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	5094576865- 01		EAZY RENTALS PTE LTD	201723629E	GFT	drivo CLASSIC	SGU9305T	SGU9305T	27/04/2019	
					Co	intinue					

Policy No.	5094576865-01	Policyholder Name	EAZY RENTALS PTE LTD	Policyholder NRIC	201723629	
Certificate No.				80(8)		
ddress	10 BUROH STREET #02-20 WE	ST CONNECT B	UILDING SINGAPORE 627564			
roduct lame	FLEET INSURANCE	Plan		Group Policy Flag	N	
olicy ssue ate	24/09/2018	Effective Date	26/09/2018 00:00	Expiry Date	25/09/2019	23:59
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hird arty	4500	Own	2000	Windscreen	***	
xcess	1500	damage Excess	2000	Excess	100	
dditional xcess	0	OS Premium	0			
outside lingapore D xcess	2000	Outside Singapore TP Excess	1500		You	ng/Inexperience Driver Excess
gent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	GST Flag	Y	
Co- nsurance lag Open Policy nfo	No					
Certificate Info						
Policyl	holder Mailing Address					
ddress 1	10 BUROH STREET	Addre	ss 2 #02-20 WEST CO	NNECT BUILDI	Address 3	SINGAPORE 627564
ddress 4		Addre	ss Type Singapore addres	s	Post Code	627564
Jnit No.	14	Relate Numb	ed Policy 5094576865-01			
D Insure	ed Object: SGU9305T					
	sements					
Sequer	nce Date of Endorsement	Endorseme	nt Type Endorsement Num	ber Endorser	ment Status	Endorsement Content
		Basic Informa	tion	Endorsem	ant Take	to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJP1791R 26-09-2018 \$1,328.94 In view of this amendment, an additional premium of \$1,328.94 (inclusive of GST) is payable under your policy Please
ı	26/09/2018 00:00	Basic Informa Endorsement	tion 000001286908786	Endorseme Effective	ent Take	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. SJP1791R 26-09-2018 \$1,328.94 In view of this amendment, an additional premiur of \$1,328.94 (inclusive of GST) is

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obisyholder Name roduct Code Contact No. (Mobile) Imail Address IFK ICD Protection Accident Details report Date rate of Accident reporting Centre content Location Excess	PLEET INSURANCE 0 ® No () Yes No 09/09/2019 10:44 06/09/2019	Contact No. (Office) Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs Time of Accident Rhimm	© No O Yes O Yes	Policyholder NR3C Loading Contact No.(Home) eCode eCode Reason Private Hire	0 0 he 🕶
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mail Address FK CD Protection Accident Details eport Date ofe of Accident eporting Centre coldent Location Excess	® No () Yes No 09/09/2019 10:44 06/09/2019	Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs Time of Accident Rhimm	® No ○ Yes ○ Yes	eCode eCode Reason Private Hire	To v
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odent Location Fixcess	SLIP RD HOUGANG AVE 9 TWOS YID OHU	Green From	07:45	Country of Accident	Singapore
Excess	SLIP RD HOUGANG AVE 9 TWOS YID CHU	Grange Force		ICM No.	
		KANG RD			
in damage Excess					
CONTRACTOR FOR CONTRACTOR	2,000.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess		Outside Singapore OD Excess	2,000.00		
ind Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits	21300100	object this of the course	1,300.00		
GST Registered Inform	watter				
			1212 DANIES SANT		
T Registered T Registration No.	No		GST Registration Date	Here	
dification History			GST Status Verified	Yes	
The state of the s					
Policyholder Mailing A	ddress				
dvess 1	10 BUROH STREET	Address 2	#02-28 WEST CONNECT BUILD!	Address 3	SINGAPORE 627564
idress 4		Address Type	Singapore eddress	Post Code	627564
HT NO.	14	Related Policy Number	5094576865-01		
OI Driver Info					
iver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	WAN YONG LEE	Driver NRIC	59401589H	Driver DOB	11/01/1994
gister Date of Driver Licens		Driver Age	25	Driving Experience	0
ntact No.(Mobile)	91791041				**
		Contact No.(Office)	0	Contact No. (Home)	0
dress 1	BLK 677C	Address 2	JURONG WEST STREET 64	Address 3	EDELWEISS ØJURONG
dress 4	SINGAPORE 643677	Address Type	Singapore address	Post Code	643677
nit No.	12-287				
es he own a Singapore gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
claration					
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ieil Address	SHAWN APEXAUTOMOTIVE GIF	01 Vehicle Number	SGU930ST	TP Vehicle Number	G8H1851M
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