NATIONAL Assessment Cent			Date &Time Comple	terl	Done by			
Date In: (4) 4-15:00	Jeb description		Date to I time Comple	100	Done of			
Res No: NA JINC 1901633-124	SAS e-filing		1	-				
Veh No: 57 V 3187 C	E-mail (within	Shrs, AIC 2hrs)						
D.O.A: 15/0/19-04:07	i-Motor Clai	m Form	M7 1062631-001	16	9/19/16:54			
OD / TP-/ Reporting Only	i-Motor W/C	i-Motor W/O (Within: OD 2hrs, TP 4hrs)						
	i-Photo Uplo	aded						
TP Insurer:	Assessment/Si	irvey Report	<u> </u>					
	Ass't Report b	y Fax / Hand t	0 Owner/Wksp					
Preferred Wksp / INC Assign Wksp / QW: (=25	Tol:	Fax:				
TP Particulars: Veh Nosuci	8697	. INC()/Non-INC(),				
Owner / Driver: (Tel:)			
Policy No: () Po	eriod: ()	Cover Type: ()			
Confirmed by : (Date:	Time:)			
Insured/Driver Liability: (%)	[Note-Est. Status (V	WO): N: 0-20	0%; P: 21-79%. F:	80-100%]]			
Year of Registration: ()	Warranty: YES ()/NO()		200 - 100 -			
Excess: (\$) Loading: \$1,	000()/\$2,000	()		-				
General Remarks:-		**************************************		(333,03				
() Walk-In Customer : Customer's info	the state of the s			rer				
		indential & ou	's Table of Tepor					
() Total Loss Case : to e-mail Insur	er URGENTLY.							
Drive-In ()/ Towed-In (); Invoic	e: YES () / N	10 () ; To	owing Co: (.)			
		IO () ; To		a (5/2)	Done by			
Remarks: (INC hotline: 6788 6616)		10();T	Date Clinic Complets	da Kar	Done by			
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/() ; To		4 / 36 7	Done by			
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection	Courtesy Car ((O);To		d (3)	Done by			
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$:	Courtesy Car ((O); To		4.6	Done by			
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection	Courtesy Car ())		d % b si si si	Done by			
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Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury:	Courtesy Car ())		d \$5.	Done by			
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Fryst At 1971

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.
- Any false reporting may be referred to the Police for investigation.
 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.

And the second party wild accomplishment of the second	ACCIDENT STATEMENT
Date Of Report	16/09/2019 15:00
Date Of Accident	15/09/2019 04:00
Exact Location Of Accident	YISHUN AVE 9
Country/State of Loss	SINGAPORE
o Shingson and Shingson D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJV5187C
Insured/Policyholder	
Name Of Registered Owner	VASRO RENTALS
Co Reg No	53367446L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88008877
Alternative Phone No	OFFICE-88008877
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 1.6L SDN
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
f No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5110677583-01
Cover Note Number	
Driver	
Name of Driver	MOHAMMAD SAINI BIN JAMIL
NRIC No	S7145923C
Date Of Birth	26/12/1971

Date Of Birth 26/12/1971 OUTDOOR Occupation **Date Of Driving Pass** 06/07/2009

10 YEARS AND 2 MONTHS **Driving Experience**

MALE Gender

Mobile Number (LOCAL) +65-94285066

Fax Number

OFFICE-94285066 Contact Number

EMail Address NOEMAIL Address BLK 616 HOUGANG AVENUE 8

#03-374

Postcode 530616

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

20100201 000

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

3

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)

Passenger 1

NAME:

E: :-

GENDER: : MALE

Passenger 2

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY VEHICLE B JAMMED BRAKE. I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR PORTION.

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 SHC1869T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver ANG TENG AI NRIC/Passport Number S2167854F

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME: :
GENDER: :

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>.
- 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.
- 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

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

Date & Time:

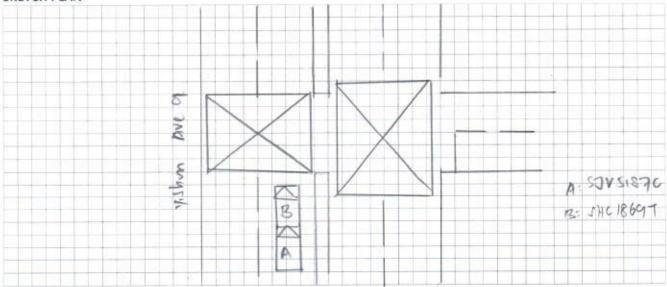
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Date & Time:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to Hatement.		

DECLARATION

I/We de the force ing 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.:



Policy No.	5110677583-01	Policyholder Name	VASRO RE	NTALS	Policyholder NRIC	53367446L	
Certificate	5110677583-01-000020	200001117			N (NA) Section		
Address	BLK 272 #03-22 TAMPINES STR	EET 22 SINGA	PORE 5202	272			
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	06/08/2019	Effective Date	07/08/201	9 00:00	Expiry Date	06/08/2020 23	:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess			Windscreen Excess		
Additional Excess	0	OS Premium	12603.08				
Outside Singapore OD Excess		Outside Singapore TP Excess	1500			Young/	Inexperience Driver Excess
Agent	IVAN INSURANCE AGENCY PTE.	Agent Tel.	64400220		GST Flag	Y	
Co- insurance	No						
riag							
Open							
Open Policy Info Certificate							
Open Policy Info Certificate Info	nolder Mailing Address						
Open Policy Info Certificate Info Policy	nolder Mailing Address BLK 272 #03-22	Addre	ss 2	TAMPINES STREET	22	Address 3	SINGAPORE 520272
Open Policy Info Certificate Info Policyh Address 1		Charles Co.	ss 2 ss Type	TAMPINES STREET Singapore address		Address 3 Post Code	SINGAPORE 520272 520272
Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.		Addre	ss Type d Policy	Modelic Kriston Market Programme Co.		V2003-00-2-520-5000	THE A STATE OF THE
Open Policy Info Certificate (Info Policyh Address 1 Address 4 Unit No.	BLK 272 #03-22	Addre: Relate Numb	ss Type d Policy	Singapore address		V2003-00-2-520-5000	THE A STATE OF THE
Open Policy Info Certificate (Info Policyh Address 1 Address 4 Unit No.	BLK 272 #03-22 03-22 d Object: 5110677583-01-000	Addre: Relate Numb	ss Type d Policy	Singapore address		V2003-00-2-520-5000	THE A STATE OF THE
Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insure	BLK 272 #03-22 03-22 d Object: 5110677583-01-000 ements	Addre: Relate Numb	ss Type d Policy er	Singapore address	500/75	V2003-00-2-520-5000	THE A STATE OF THE
Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insure Endors Sequen	BLK 272 #03-22 03-22 d Object: 5110677583-01-000 ements	Addre: Relate Numb	ss Type d Policy er	Singapore address 5112130690	500/75	Post Code	520272

Claim Handling he premium on this policy has	not been relierted									
ccident MT/1062631	not been collected.									
slicy No.	\$110677583-01	Vehicle No.	5375	5187C			GST Registration N	No.		
Certificate No.	5110677583-01-000020									
folicyholder Name	VASRO RENTALS						Policyholder NRIC		53367	74461
Product Code	FLEET MASTER INSURANCE	Cover Type	Then	d Party			Loading		0	
Contact No. (Mobile)	88008877	Contact No.(Office)	0				Contact No.(Home	ō.	0	
mail Address		Special Remark					eCode		N: V	
PK	® No ○ Yes	TCA	@ t	No OY	es		eCode Reason			
ICD Protection	No	NCD Entitlement(%)	0				Private Hire		Yes	
Accident Details	W	548.75558.1-57C.594C.5								
eport Date	16/09/2019 16:52	Accident Report Within 2	24 hrs Yes				Acadent Type		Collisio	on - Head to Rear
ete of Accident	15/09/2019	Time of Accident hh.mm	9 04:0	00		33	Country of Acciden	16	Singap	pore
eporting Centre		Orange Force					ICM No.			
ccident Location	YISHUN AVE 9									
7 Total Excess Applicable										
rcess Type	Per Accident	Windscreen Excess								
O Standard Excess		TP Standard Excess			1,500.00					
IED OD Excess	0.00	VIED TP Excess					Driver is Covered?	B		
dditional Excess	O									
otal OD Excess Applicable	0.00	Total TP Excess Applicab	ole							
♥ Benefits										
GST Registered Informa				950	0354000000000					
ST Registered	No				Registration Date		-			
ST Registration No. addication History				651	Status Venfled		Yes			
Marie Control of the State of t										
Policyholder Hailing Ad	Idress									
ddress 1	BLK 272 #03-22	Address 2	TAM	PINES	STREET 22		Address 3		SING	APORE 520272
ddress 4		Address Type		apore a			Post Code		52027	
nic No.	03-22	Related Policy Number	1000	213069						-
♥ OI Driver Info		SCHOOLOGICAL STREET								
nyer Name	Unnamed Driver	Driver Type	Univ	amed D	river					
nnamed driver Name	MOHAMMAD SAINI BIN JAMIL	Driver NRIC		459230			Driver DOS		26/12	/1971
egister Date of Driver License	06/07/2009	Driver Age	47			8	Driving Experience	ř.	10	
ontact No.(Mobile)	94285066	Contact No.(Office)	0			99	Contact No.(Home	0	0	
ddress 1	BLK 616	Address 2	нои	GANG.	AVENUE 8		Address 3		SING	APORE 530616
ddress 4		Address Type	Sing	apore a	ddress		Post Code		53061	6
mit No.	03-374		275							
oes he own a Singapore	○ Yes ® No	Driver Vehicle No.					Driver Insurer Con	npany		
egistered car?										
eclaration										
reathalyser or Blood Test eading?	0 mg	Any injury?	Ov	res ® N	lo .					
10795										
lodification History										
Claim 001 New										
aim Type *	OD-MX	Insured Name	WAS	RO REN	ITALS	- 10	Insured NRIC		53367	7446L
ontact No.(Mobile)	90187349	Contact No.(Home)				- 3	Contact No.(Office	à.	NIL	
mail Address		OI Vehicle Number	SJVS	5187C			TP Vehicle Number	r	SHC1	8697
aimant Type Claimant Type •	Please Select	Type of Benefit *	-	ase Seie	a v					
arment Name +	>>	Claiment NRIC *								
aimant Address										
aim Description	SJV5187C / SHC1869T ON 15 Sept 2019						Name of Preferred	Workshop		
eferred Workshop Contact		Insured Liability *	Full	y at Fac	At V					
equire Finalisation	Yes	Preferend Repair Option				V	GIA report		Recei	ved
ate Registered	16/09/2019 16:54	Claim Close Date				_	Date Received		-	W2019 00:00
eport Taken By	Jackson								- 1 11 20 20	
Print AK letter	1000									
			0	705						
-			Save	Sub	mat					
Attachment										
-										
4	00000000000	1/2/2018-14:3-c			222					
coldent No.	MT/1062631	Claim No.			001					
ast Doc. Received	● Yes ○ No	Upload Date	0.		16/09/2019 16:56					
	Path *		S1000 / C		Category *	_	Confidential	Urgen		Descript
					Please Select			Normal	V	
					Please Select			Normal	v	
		- 8	Irowse	Clear	Please Select	100		Normal	v	
		- 8	rowse	Clear	Please Select	Y	NO. V	Normal	V	
		9	Imwse	Char	Please Select	7	Fig. V	Normal	-	

