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	E-mail (within Shrs, AIC 2hrs)		
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OD / TP Reporting Only	i-Motor W/O (Within: OD 2	hrs, TP 4hrs)	
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW	NOTE OF THE PROPERTY OF THE PR	Tel: F	ax:
TP Particulars: Veh No:	JUINOT INC)/Non-INC()	9
Owner / Driver: (Tel:)
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (9	%) [Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. F: 80-10	00%]
Year of Registration: () Warranty: YES ()/NO ()	
Excess: (\$) Loading:	The state of the s		72 - 72
General Remarks:		ANNE STATE OF THE	SECTION OF
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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.
- 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

	ACCIDENT STATEMENT
Date Of Report	25/09/2019 16:26
Date Of Accident	23/09/2019 12:45
Exact Location Of Accident	TUAS CUSTOM
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKH485L
Insured/Policyholder	
Name Of Registered Owner	EAZY RENTALS PTE LTD
Co Reg No	201723629E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92899179
Alternative Phone No	OFFICE-92899179
Vehicle Particulars	
Manufacturer	BMW
Model	5251 A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	COMMERCIAL VEHICLE
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	SEBESTIAN LIM KAI LUN

 Name of Driver
 SEBESTIAN LIM KAI LUN

 NRIC No
 \$9008621I

 Date Of Birth
 08/03/1990

 Occupation
 OUTDOOR

 Date Of Driving Pass
 02/10/2012

 Driving Experience
 6 YEARS AND 11 MONTHS

 Gender
 MALE

 Mobile Number
 (LOCAL) +65-92389179

Fax Number

Contact Number OFFICE-92389179

EMail Address NOEMAIL

BLK 823 JURONG WEST STREET 81 Address

#09-462

Postcode 640823

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

Vehicle

OTHER - HIRER

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?

Was any injured conveyed to hospital by

ambulance?

YES

YES

NO

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

: GOH HWEE LAY

GENDER:

: MALE

Passenger 2

NAME:

: LIU YIZHU

GENDER:

: FEMALE

Passenger 3

NAME:

: TEO CAI YUN

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

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

SJV1150T

Vehicle Make/Model/Colour

BMW X1

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Page 2 of 17

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SEBESTIAN LIM KAI LUN

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? SKH485L Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name GOH HWEE LAY

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? SKH485L Were seat belts worn? YES Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 3

Name LIU YIZHU

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? SKH485L Were seat belts worn? YES Was this injured conveyed to hospital by NO ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 4

Name TEO CAI YUN

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? SKH485L Were seat belts worn? YES Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Pollcyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as dossible. Any wiful misrapresentation or withholding 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
- Any false reporting may be referred to the Police for investigation.
- 5. 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
- By the logarisat of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the regard being made available aforesaid.
- Consent under the Personal Data Protection Act (PDPA)

t 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 Monstery Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (f) processing, handling and/or dealing with my claims including the satilement 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;
 - (it) administering my claims (including the mailing of correspondence, statements, invoices, seports 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 low 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/faw firms, may/are permitted to collect, use, disclose and/or process my Personal information for one or more of the above Purposes; and
- (2) my Personal Information may/can be disclosed by any of the losurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sized outside of Singapord, for one or more of the chove Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the personal of freud detection. investigation and management in present and all future dalms.
- (e) the information so collected ander (d) above may be shared a 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

biglying with requirements under any regulations, laws or court orders.

Orivers Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Policyholder's Signature

Date & Time:

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We declare the foregoing partic	ress are true in every	respect.			1
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17875E	(If driver is not of	he policyholder)	Nacr	4:	Y
	Date & Time:		NRIC	FIN No:	1

Date of Accident	: 23/09/19 Accident Time: 12 45 (24-HR-Format)
Accident Place	: LUSTOMS SE TURS
Vehicle Reg. No. (Car Plate No.)	: SKH 485L
Vehicle Make/Model	: BMW 525
Insurance Company	: NTUC Policy No. 5094576865 - 01
Owner or Company Name /IC No.	
Owner or Company Contact No.	: 92899179 Owner's HpCompany Tel
DRIVER'S Name / IC No.	SEBASTEAN LIM KAZ CUN
DRIVER'S Date Of Birth	: 08/03/90 DRIVER'S License Pass Date
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Rontal
DRIVER'S Address	: BIK 823 JURDAY WEST ST 81 # 09-962
DRIVER'S Contact No./ Alt No.	:1) 92389179 2) 2/10/2012
DRIVER'S Occupation	: INDOOR \OUTDOOR (e.g. working inside or outside office)
Email Address	PLATINUM WERKZ @ OMAIL - COM
Weather & Road Surface	: CLEAR DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including I	
Was there any video Captured by c Exact purpose for which vehicle wa	
Vehicle Reg. No: SJV 1150	Vehicle Reg. No:
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Notice of Loss	Policy N	io.	5094576	865-01		Date of	Accident	23/0	9/2019 12:45		
	Vehicle	No.(For Motor)	SKH485L			Certificate Number					
					Se	arch					
	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	SKH485L	SKH485L	05/03/2019	

Policy No.	5094576865-01	Policyholder Name	EAZY RE	NTALS PTE LTD	Policyholder NRIC	2017236296	(Table 1 and 1
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ddress	10 BUROH STREET #02-20 WE	ST CONNECT B	UILDING	SINGAPORE 627564			
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ddress 1	10 BUROH STREET	Addre	ss 2	#02-20 WEST CONF	NECT BUILD!	Address 3	SINGAPORE 627564
ddress 4		Addre	ss Type	Singapore address	60	Post Code	627564
Jnit No.	14	Relate Numb	ed Policy	5094576865-01			
) Insure	d Object: SKH485L	Numb	Ci				
▽ Endors	sements						
Sequer	26/09/2018 00:00	Basic Informal Endorsement	200	000001286908786	Endorseme Effective	ent Take	Endorsement Content 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. 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 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 opportunity to serve you. We
	09/10/2018 00:00	Basic Informa Endorsement	tion	000001286919011	Endorseme Effective	ent Take	confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJT6523U 09-10-2018 \$1,281.61 2. SME5126H 09-10-2018 \$1,281.61 In view of this amendment, an additional premiun of \$2,563.22 (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 favour of "NTUC Income" with your name and policy number indicated

The premium on this policy ha Accident MT/1064015	s not been collected.					
olicy No.	5094576865-01	Vehicle No.	SKH48SL	GST Registration No.		
ertificate No.						
Ricyholder Name	EAZY RENTALS PTE LTD			Policyholder NRIC	2017236296	
oduct Code	FLEET INSURANCE	Cover Type	drivo CLASSIC	Loading	0	
ontact No.(Mobile)	92899179	Centact No.(Office)	0	Contact No.(Home)	0	
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rk.	® No ○ Yes	TCA	® No ○Yes	eCode Reason	ADS, Z.S	
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Accident Details	-	tion schooling of 163	•	Private ring	No	
sport Date	25/09/2019 16:57		200			
		Accident Report Within 24 hrs		Acadent Type	Collision - Head to Rear	
ate of Accident	23/09/2019	Time of Accident hh:mm	12:45	Country of Accident	Singapore	
sporting Centre		Orange Force		ICM No.		
cident Location	TUAS CUSTOM					
P Excess						
wn damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00	
nnamed Driver Excess		Outside Singapore OD Excess	2,000.00			
and Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00			
P Benefits						
GST Registered Inform	ation					
T Registered	No		GSY Registration Date			
T Registration No.			GST Status Verified	Yes		
diffication History						
Policyholder Hailing Ad	ddress					
dress 1	10 BURCH STREET	Address 2	#02-20 WEST CONNECT BUILD!	Address 3	SINGAPORE 627564	
dress 4		Address Type	Singapore address	Post Code	627564	
it No.	14	Related Policy Number	5094576865-01	The sales	027204	
OI Driver Info	21000	The same of the sa	STOCKETONE ST.			
ver Name	Unnamed Driver	Driver Type	Unnamed Driver			
named driver Name	SEBESTIAN LIM KAI LUN	Driver NRIC	59008621I	Driver DOB	08/03/1000	
gister Date of Driver License		Driver Age	29		06/03/1990	
ntact No.(Mobile)	92389179			Driving Experience	7	
dress 1	92389179 BLK 823	Contact No.(Office)	0	Contact No.(Home)	0	
	men ded	Address 2	JURONG WEST STREET 81	Address 3	SINGAPORE 640823	
dress 4		Address Type	Singapore address	Post Code	640823	
if No.	09-462					
es he own a Singapore gistered car?	○ Yes ® No	Driver Vehicle No.		Oriver Insurer Company		
claration						
eathalyser or Blood Test eading?	0 mg	Any injury?	Yes ○ No			
dification History						
Claim 001 New						
AND DESCRIPTION OF THE PERSON						
nim Type +	00-MX ¥	Insured Name	FARE SPECIAL PROPERTY.			
ntact No.(Mobile)	88694660		EAZY RENTALS PTE LTD	Insured NRIC	201723629E	
		Contact No.(Home)		Contact No.(Office)	NUL	
ail Address	SHAWN APEXAUTOMOTIVE GOM	OI Vehicle Number	51014851.	TP Vehicle Number	53V1150T	
simant Type Claimant Type *	The second secon	Type of Benefit *	Please Select			
	22	Claimant NRIC *		<u></u>		
imant Address				CANCEL SECTION AND ADDRESS OF THE		
iment Address im Description	SKH485L / SJV1150T ON 23 Sept 2019			Name of Preferred Workshop		
imant Address im Description		Insured Liability *	Not at Fault	Name of Preferred Workshop		
iment Address im Description iferred Workshop Contact			A CONTRACTOR OF THE CONTRACTOR		Received	
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