Date In: 9/10/19-16:4~ Job		8 FONT PILAN	
	description	Date & Time Completed	Done by
	AS e-filing		
	-mail (within Shrs, AIC 2hrs)		
	Motor Claim Form	My 11066148-01	9/19/19/17:00
[1-]	Motor W/O (Within: OD 2hr	s, TP 4hrs)	
OD / TP / Reporting Only	Photo Uploaded		
TD I	ssessment/Survey Report		
TP Insurer:	ss't Report by Fax / Hand t	o Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW; (		Tel:	Fax:
TP Particulars: Veh Nospyyam	, INC(	)/Non-INC( )	The same section of
Owner / Driver: (		Tel:	)
Policy No: ( ) Period: (	)	Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: ( %) [Note-E	st. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-	100%]
Year of Registration: ( ) Warran	ty: YES ( )/NO (	)	
Excess: (\$ ) Loading: \$1,000 (	)/\$2,000( )		
General Remarks	TO STATE OF STATE		
A A A A A A A A A A A A A A A A A A A			
( ) Walk-In Customar : Customer's information		nctly NO refer of repairer.	
( ) Total Loss Case : to e-mail Insurer URG	GENTLY.		
Drive-In ( )/ Towed-In ( ); Invoice: YES	( )/NO( );T	owing Co: (	. )
			CONTRACTOR OF THE CONTRACTOR O
Remarks:- (INC holline: 6788 6616)		Date&Time Completed	Done by
1) Apply for Transport Allowance ( )/ Courtesy	y Car ( )		
2) QC Check / Post Repair Inspection	( )		
		the state of the s	
<ol> <li>Upload Resurvey Photo [Repair Cost &gt; \$3000]</li> </ol>	( )	-	
	( )		
3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:	( )		
Injurý:	( )		
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Injurý:	( )		22.20.00 (P. 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
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Injury:  Date/Time Actions  Actions  Augustian Staticulars:	1) AR : Accident 2) DA : Damage 3) TF : Towing F	Reporting (\$30); Assessment (\$100); INC (\$30); See . \$40	
Injury:  Date/Time Actions  almant's Particulars:-  iver/Owner:	1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-Ti	Reporting (\$30); Assessment (\$100); INC (\$200); See S40000000000000000000000000000000000	
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Injury:  Date/Time Actions  almant's Particulars:-  iver/Owner:	1) AR : Accident 2) DA : Damage / 3) TF : Towing Fe 4) FT : Follow-Ti 5) FT : Follow-Ti For claiming as 6) TR : Re-inspec 7) N1 : Idae DA 4	Reporting (\$30); Assessment (\$100); INC (\$20);  See \$40  Frough Survey  Frough Survey (Resurvey)  Froight JNC Only (wef 10 Jan 200);  Bion  SMRT Survey	
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Injury:  Date/Time Actions  Actions  aimant's Particulars:  iver/Owner:  Intact No:  Imaged Portion:  Checked by (Engr-In-Charge):	1) AR : Accident 2) DA : Damage 3) TF : Towing Fe 4) FT : Follow-Ti 5) FT : Follow-Ti For claiming as 6) TR : Re-inspec 7) N1 : Idae DA + 8) NTUC Additio OD* *N5: Courtesy *N6: Repair Ce *N7: Fost Repair	Reporting (\$30); Assessment (\$100); INC (\$ ee \$4  rough Survey rough Survey (Resurvey) roigh SURVEY (Wef 10 Jan 200) tion - SMRT Survey nal Services:- Cer / Tpl Allowance	\$80) 00/\$45 \$120 \$30 \$5) \$75 \$160 \$55 \$510 \$525
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Injury:  Date/Time Actions  Actions  aimant's Particulars:  iver/Owner:  Intact No:  Imaged Portion:  Checked by (Engr-In-Charge):	1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti For claiming as 6) TR : Re-inspec 7) N1 : Idae DA 4 8) NTUC Addition OD* *N5: Courtesy *N6: Repair Co *N7: Fost Repair Co *N7: Fost Repair Co *N8: DV / Coll	Reporting (\$30); Assessment (\$100); INC (\$ See \$4  brough Survey (Resurvey)  coinst INC Only (wef 10 Jan 200)  tion  SMRT Survey  nal Services:-  Car / Tpt Allowance  cordination  irr Inspection  lect Excess Coordination  (N-in INC) against INC	

# 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.
- 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	09/10/2019 16:42
Date Of Accident	09/10/2019 15:45
Exact Location Of Accident	SUNTEC CITY ROUNDABOUT
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJT8591J
Insured/Policyholder	
Name Of Registered Owner	L LEASING PTE LTD
Co Reg No	201837904R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90690601
Alternative Phone No	OFFICE-90690601
Vehicle Particulars	
Manufacturer	тоуота
Model	COROLLA ALTIS 1.6 AUTO
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
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	THIRD PARTY
Fleet Policy	YES
Policy Number	5106756017
Cover Note Number	
Driver	
Name of Driver	KHOO CHOONG PENG
NRIC No.	S6830785E

 NRIC No
 S6830785F

 Date Of Birth
 20/08/1968

 Occupation
 OUTDOOR

 Date Of Driving Pass
 12/11/1993

Driving Experience 25 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91385515

Fax Number

Contact Number OFFICE-91385515

EMail Address NOEMAIL

BLK 131 CASHEW ROAD Address

#10-193

Postcode 670131

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 - CHANGE/CROSS LANE

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?

YES

NO

4

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: GENDER:

: FEMALE

Passenger 2

NAME:

2 ×

GENDER: : FEMALE

Passenger 3

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 STRAIGHT ALONG THE STATED VENUE, VEHICLE B WAS TRAVELLING 2ND LANE SUDDENLY CUT ONTO MY LANE AND HIT ONTO MY VEHICLE RIGHT PORTION.

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

SLP547M

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

KARYNA POLITUCHA

G1403011K

1

## 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 Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation 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.
- 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.

X

Policyholder's 5 Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time.

Reporting Centre Personnel' Signature

Name:

NRIC/FIN No.

SKETCH PLAN **DESCRIBE CIRCUMSTANCES OF THE ACCIDENT** Hotemont.

# DECLARATION

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

Policyholder's Senature 30 Date & Time:

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

Date & Time:

Name:

Reporting Centre Personnel's Signature NRIC/FIN No.:

Hello, NAC_PAYA_UBI_80	0601		1000	THE RESERVE		Charles	· Change La	nguage	I Change Ra	reword t	Log Out
My Desktop		cy Query					- change La	mydage	• Change Password • I		Log Out
Notice of Loss	Policy No.  Vehicle No.(For Motor)  SJT85913			Date of Accident 09 Certificate Number			09/10	09/10/2019 15:45			
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5106756017		L LEASING PTE LTD	201837904R	GFT	Third Party	SJT8591J	SJT8591J	15/02/2019	

Policy No.	5106756017	Policyholder Name	L LEASI	NG PTE LTD	Policyholder NRIC	201837904	R
Certificate		Name			NKIC		
lo. iddress	BLK 31 #02-330 TELOK BLAN	GAH RISE SING	APORE 09	0031			
roduct	FLEET INSURANCE	Plan	rii one os	0031	Group	NI.	
lame olicy		Effective			Policy Flag	N	
ssue Date	02/01/2019	Date	02/01/2	019 00:00	Expiry Date	01/01/2020	23:59
xcess ype		All Claims Excess					
hird Party	1500	Own damage	0		Windscreen Excess	0	
dditional		Excess OS			Excess		
xcess	0	Premium	316.59				
outside Singapore	0	Outside Singapore	1500			You	ng/Inexperience Driver Excess
D Excess	QUOTIGO PTE. LTD.	TP Excess	6385330	12	CCT Flag	~	
o-	QUOTIGO FIE. CID.	Agent Tel.	6363331	13	GST Flag	1	
nsurance lag open olicy Info ertificate nfo	No nolder Mailing Address						
ddress 1	BLK 31 #02-330	Addre	ss 2	TELOK BLANGAH R	RISE	Address 3	SINGAPORE 090031
ddress 4			Singapore address		Post Code	090031	
Init No.	02-330		ed Policy	5112324898			
) Insure	d Object: SJT8591)	Numb	er				
♥ Endors	We will supplied the second of the						
Sequen		Endorseme	nt Tunn	Endorsement Number	ar Endama	ement Status	Endorsement Content
	11/01/2019 00:00	Basic Informa Endorsement	tion	000001286985671	Endorsem Effective	ent Take	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. SFW1689P 11-01-2019 \$1,241.91 In view of this amendment, an additional premium of \$1,241.91 (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 favour 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.
	16/01/2019 00:00	Basic Informal Endorsement	tion	000001286988291	Endorsem 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. SLT3084R 16-01-2019 \$1,224.47 In view of this amendment, an additional premium of \$1,224.47 (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

Claim Handling The premium on this policy has Accident HT/1066148	not been corrected.				
Policy No.	5106756017	Vehicle No.	SJ7859L)	GST Registration No.	
Certificate No.					
Policyholder Name	L LEASING PTE LTD			Policyholder NR3C	201837904R
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No. (Mobile)	90690601	Comact No. (Office)	0	Contact No. (Home)	0
mail Address		Special Remark		eCode	NCV.
FK	® No ○ Yes	TCA	® No ○Yes		Tat.
ICD Protection			AMERICAN S.	eCode Reason	
	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
eport Date	09/10/2019 16:58	Accident Report Within 24 hrs	Yes	Academt Type	Collision - Change / Cross lane
ate of Accident	09/10/2019	Time of Accident hh:mm	15:45	Country of Accident	Singapore
eporting Centre		Orange Force		ICM No.	
ccident Location	SUNTEC CITY ROUNDABOUT				
V Excess					
wn damage Excess	0.00	Additional Excess	٥	Windscreen Excess	0.00
nnamed Driver Excess		Outside Singapore CO Excess	0.00		
nird Party Excess	1,500.00	Outside Singapore TP Excess	1,500,00		
y Benefits					
9 GST Registered Informa	ation				
T Registered	No		GST Registration Date		
T Registration No.	W		GST Status Verified	Yes	
odification History				142	
Policyholder Mailing Ad	dress				
dress 1		Address 2	THE OWNER OF THE PARTY NAMED IN		American areas
	BLK 31 #02-330	Address 2	TELOK BLANGAH RISE	Address 3	SINGAPORE 090031
idress 4		Address Type	Singapore address	Post Code	090031
net No.	02-330	Related Policy Number	5112324896		
OI Driver Info					
nyer Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	KHOO CHOONG PENG	Driver NR3C	96830785F	Driver DOS	20/08/1968
gister Date of Driver License	12/11/1993	Driver Age	51	Driving Experience	25
intact No.(Mobile)	91385515	Contact No.(Office)	0	Contact No.(Home)	0
I sembl	BLK 131	Address 2	CASHEW ROAD	Address 3	SINGAPORE 670131
ddress 4		Address Type	Singapore address	Post Code	670131
nit No.	10-193				
oes he own a Singapore egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Page asset S					
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