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Vch No: UMH9072E	E-mail (within Shrs, AIC 2hrs)			•
D.O.A: W/10/19-11:00	i-Motor Claim Form	M7 1066909-301	15/10/19 11:10)
OD / TP / Reporting Only	i-Motor W/O (Within; OD 2)	rs, TP 4hrs)		20 93
	i-Photo Uploaded		,	
TP Insurer:	Assessment/Survey Report	1		2.0
	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tol: F	ax:	
TP Particulars: Veh No: 5	WBoyx INC)/Non-INC()	ROLLIN WILLIAM STATE OF THE STA	
Owner / Driver: (Tel:)	_
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
) [Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 80-1	00%]	1
Year of Registration: ()	" allanty: 120 ()/ 110 ()		_
Excess: (\$) Loading: \$ General Remarks:	1,000 ()/\$2,000 ()	NICES OF THE PARTY		-
Apply for Transport Allowance ()	/ Courtesy Car ()	4		
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost> Injury: Date/Time Actions	/ Courtesy Car ()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Align="1">Actions Align="1">Al	()	Assessment (\$100); INC (\$8		700
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions almant's Particulars:- iver/Owner:	[Reporting (\$30); Assessment (\$100); INC (\$8 ce \$40 hrough Survey \$3	fit Bill Ada	700
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions aimant's Particulars :- iver/Owner: ntact No:	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-insper 7) N1: Idae DA 8) NTUC Addition OD* *NS: Courtesy	Reporting (\$30); Assessment (\$100); INC (\$8 see \$40 shrough Survey (Resurvey) sainst INC Only (wef 10 Jan 2005) tion SMRT Survey \$50 anal Services:-	756 Bill Ado 2545 1120 530 575 1160	700
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Contact Number **EMail Address**

Fax Number

- 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

种种的基础。	ACCIDENT STATEMENT
Date Of Report	15/10/2019 10:15
Date Of Accident	14/10/2019 11:00
Exact Location Of Accident	TELOK BLANGAH RD
Country/State of Loss	SINGAPORE
Charles and the control of the contr	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMN9072E
Insured/Policyholder	
Name Of Registered Owner	FOCUS RENTALS PTE LTD
Co Reg No	201836450G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98875600
Alternative Phone No	OFFICE-98875600
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS 1.5 E (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	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	5106629800
Cover Note Number	
Driver	
Name of Driver	YEO GEOK KIM
NRIC No	S1183959B
Date Of Birth	04/05/1956
Occupation	OUTDOOR
Date Of Driving Pass	18/03/2002
Driving Experience	17 YEARS AND 6 MONTHS
Gender	FEMALE

(LOCAL) +65-81183156

OFFICE-81183156

NOEMAIL

Address BLK 201C COMPASSVALE DRIVE

#04-555

Postcode 543201

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 Common of Britania Com Vahiala

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

NO

1

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

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?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLV3304X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number 92366578

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

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 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.
- 6. 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 malling 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's Signature Date & Time:

0018384200

Driver's Signature

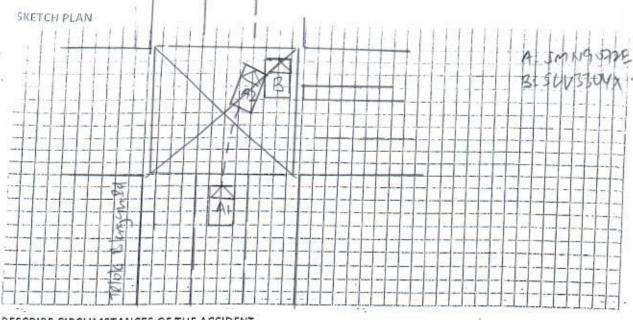
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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230 V// 1 Quantum		 	
	-Andes		
	7,000		
			VIII-CE AND THE RESERVE OF THE PERSON OF THE
			Local Military (miles)

DECLARATION

Date & Time:

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

Polic Notter's Signature

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne's Signature

Name:

NRIC/FIN No .:

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. AS I WANTED TO FILTER TO 1ST LANE FROM 2ND LANE, I CHECK MY BLINDSPOT BEFORE I CAN PROCEED. WHEN MY VEHICLE FILTERED OUT A LITTLE, VEHICLE B WAS TRAVELLING ALONG 1ST LANE AND HE WAS SPEEDING. AS A RESULT, VEHICLE B HIT ONTO MY VEHICLE FRONT RIGHT PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: 1/10 / 19 . 1(DD/	MM/YYYY), TIME:(11 00 -)(HH:MM)
-11 -1	rd.
DETAILS OF VEHICLE a) VEHICLE NUMBER: JM 19 b) INSURANCE COMPANY: MJC c) POLICY NUMBER:	
f)TYPE:(SALOON / COUPE / MPV / VAN g) VEHICLE CATEGORY: (PRIVATE / CO h) PURPOSE OF USING AT ACCIDENT TI	N / LORRY / MOTORCYCLE / OTHERS) MMERCIAL / MOTORCYCLE)
i) ARE YOU CLAIMING UNDER YOUR O IF NO, PLEASE STATE (THIRD PARTY CL INSURED / POLICY HOLDER A) NAME: POUN RM (N) PIC HO b) NRIC/FIN/PASSPORT: C) ADDRESS:	LAIM / REPORTING ONLY)
* CONTINUE TO 3.d IF DRIVER ALSO PC The passenge DRIVER (Including driver) (Including driver) (Including driver) (Including driver) DINRIC/FIN/PASSPORT: CIADDRESS: BILC 1216 COMPANY SIE	(MALE / FEMALE)
f)YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE IF NO, RELATIONSHIP OF THE DRIVE 5. a)WEATHER CONDITION: (CLEAR / RAIN b)ROAD SURFACE: (DR) / WET / OTHER	INSURED'S COMPANY? (YES / NO) ER WITH INSURED:
6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE ST 8. THIRD PARTY VEHICLE	TATION:
Including driver) b) DRIVER'S NAME:	MODEL:
9. THIRD PARTY VEHICLE	CONTACT: 9236578
No of passenger d) VEHICLE NUMBER: Induding driver f) NRIC/FIN/PASSPORT:	

email =

far =

VIDEO = >

eBao Tech									(eneralC	laim
Hello, NAC_PAYA_UBI_80	0601						· Change L	anguage	· Change P	assword '	Log Out
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	lo.				Date of	Accident	14/1	0/2019 11:00	10	
	Vehicle	No.(For Motor)	SMN907	'2E		Certifica	te Number				
					54	arch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5106629800		FOCUS RENTALS PTE. LTD.	201836450G	GFT	Third Party	SMN9072E	SMN9072E	30/08/2019	
					Cor	ntinue					

Policy No.	5106629800	Policyholder Name	FOCUS RE	ENTALS PTE, LTD.	Policyholder NRIC	201836450	G
Certificate No.		Manie			MAIC		
Address	26 SIN MING LANE #05-114 MI	DVIEW CITY S	INGAPORE	573971			
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
Policy	26/12/2018	Effective	26/12/20	18.00:00		25/12/2019	23.50
ssue Date	20/12/2010	Date All Claims	20/12/20	16 00.00	expiry Date	23/12/2019	23.39
Type		Excess					
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0	
Additional	0	OS	47247.00				
Excess Outside	0	Premium Outside	47243.89				
Singapore	0	Singapore	1500			You	ng/Inexperience Driver Excess
OD Excess	TIMES THE BROVERS (MOTOR	TP Excess	67579999		CET Floo	v	
Agent Co-	TIMES INS BROKERS (MOTOR I	Agent rei.	62528888		GST Flag		
nsurance lag Open Policy Info Certificate nfo	No						
Policyh	older Mailing Address 26 SIN MING LANE	Addres	ss 2	#05-114 MIDVIEW	CITY	Address 3	SINGAPORE 573971
Address 4	ax will have brille	131500e.00	ss Type	Singapore address		Post Code	573971
Unit No.	03-02	Relate	d Policy	5106629800		rost code	3/33/1
h Incure	i Object: SMN9072E	Numb	EE.				
y msure	Object. SHH9072E						
	27/12/2018 00:00	Basic Informat Endorsement	ion (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. SIS9308K 27-12-2018 \$1,269.81 2. SIU6842T 27-12-201 \$1,269.81 3. SIU6916P 27-12-201
	: 85			000001286971728	Endorsem Effective	ent Take	\$1,269.81 In view of this amendment, an additional premiur of \$3,809.42 (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 you 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.

re premium on this policy has								
ccident MT/1066909	not been conected.							
Hoy No.	5106629800	Vehicle No.	SMN9072E	9	ST Registration No	0.		
rtificate No.								
lcyholder Name	FOCUS RENTALS PTE, LTD.			- 9	Policynoider NRIC		201836450G	
duct Code	FLEET INSURANCE	Cover Type	Third Party	-	pading		0	
Kact No.(Mobile)	98875600	Contact No.(Office)	0	4	Contact No.(Home)		0	
all Address		Special Remark			Code		Sc V	
<	® No ⊜Yes	TCA	® No ○ Yes		Code Reason			
D Protection	No	NCD Entitlement(%)	0	-	Private Hire		Yes	
Accident Details		1000						
ort Date	15/10/2019 11:08	Accident Report Within 24 hrs.	Yes		Acodent Type		Collision - Change / Cros	s lane
e of Accident	14/10/2019	Time of Acoident hh:mm	11:00		Country of Accident	3		
corting Centre	14/14/14/17		11.00			5.	Singapore	
ident Location	TELOK BLANGAH RD	Orange Force		?	CM No.			
Excess	TELOK BONDAT KO							
THE PARTY OF THE P	0.00	Additional Excess	0	- 1	Mindscreen Excess		0.00	
n damage Excess	0.00			8	WINDSCHEN EXCESS		0.00	
named Driver Excess		Outside Singapore OD Excess	0.00					
nd Party Excess	1,500.00	Dutside Singapore TP Excess	1,500.00					
Benefits								
GST Registered Inform	14(4)		and a second					
Registered	No.		GST Registration Date		No.			
Registration No. Incation History			GST Status Verified		Yes			
neacon History								
Rolleyholder Malling &d	drage							
Policyholder Halling Ad	Contract of the Contract of th	Address 5	ANE THA MISSION CON-		Advant 1		SINGAPOR STORY	
ress 1	26 SIN MING LANE	Address 2	#05-114 MIDVIEW CITY		Address 3		SINGAPORE 573971	
ress 4		Address Type	Singapore address	4	Post Code		573971	
: No.	03-02	Related Policy Number	5106629800					
Of Driver Info	-uccess	20.0200	11 p. 11 11 11 11 11 11 11 11 11 11 11 11 11					
er Name ames driver Name	Unnamed Driver YEO GEOK KIM	Driver Type Driver NRIC	Unnamed Driver S11839598	8	Onver DOS		04/05/1956	
jister Date of Driver License			63				17	
		Driver Age	0		Driving Experience		0	
rtact No.(Mobile)	81183156	Contact No.(Office)			Contact No (Home)			
ress 1	BLK 201C	Address 2	COMPASSIVALE DRIVE		Address 3		COMPASSVALE SOUTH O	ATE
iress 4	SINGAPORE 543201	Address Type	Singapore address	- 4	rost Code		543201	
t No.	04-555							
es he own a Singapore gistered car?	○ Yes ® No	Driver Vehicle No.		1	Oriver Insurer Comp	pany		
laration								
	0 mg	Any injury?	○ Yes ® No					
nathelyser or Blood Test ading?	0 mg	Any injury?	○ Yes ® No					
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iding?	0 mg	Any injury?	○ Yes ® No					
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infication History Inim 001 New In Type * Itack No. (Mobile) Ital Address. Inim Type Claimant Type * Inim Kame * Inim Address.	OD-MX Please Select ≥≥	Insured Name Contact No.(Home) Of Venicle Number Type of Benefit *	POCUS RENTALS PTE, LTD. SMN9072E	,	Contact No.(Office)		+	
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infication History Liaim 001 New Im Type * Itsect No. (Mobile) all Address Imant Type Claimant Type * Imant Address Imant Address Imant Address Im Description Iterated Workshop Contact Injurie Finalisation	OD-MX Please Select ≥≥ SMN9072E / SLV3304X ON 14 Oct 2019 Yes	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NR3C * Insured Liability * Preference Repair Option	POCUS RENTALS PTE, LTD. SMN9072E Please Select		Contact No. (Office) (P Vehicle Number Name of Preferred V	Workshop	† SLV3304X ReceiveS	Į.
infication History Infica	OD-MX Please Select ≥≥ SMN9072E / SLV3304X ON 14 Oct 2019	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NR3C *	POCUS RENTALS PTE, LTD. SMN9072E Please Select Fully at Fault		Contact No. (Office) IP Vehicle Number Vehicle Number Vehicle Number	Workshop	+ SLV3304X	(C)
infication History Infication History In Type * Itset No. (Mobile) In Address Imant Type Claimant Type * Imant Address Imant Address Im Description Intered Workshop Contact Intered Workshop Cont	OD-MX Please Select ≥≥ SMN9072E / SLV3304X ON 14 Oct 2019 Yes	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NR3C * Insured Liability * Preference Repair Option	POCUS RENTALS PTE, LTD. SMN9072E Please Select Fully at Fault		Contact No. (Office) (P Vehicle Number Name of Preferred V	Workshop	† SLV3304X ReceiveS	<u> </u>
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