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Veh No: Dy3757	E-mail (with	in Shrs, AIC 2hrs)			-
D.O.A : 8 17/19-15:20	i-Motor Cla	aim Form	100-MAD FOI M.	Inlivia	leu u
OD / (TP) Reporting Only	i-Motor W/	O (Within: OD 2hrs		and the second	212.3.1
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TP Insurer:	Assessment/S	Survey Report			
	Ass't Report	by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tol:	Fax:	
TP Particulars: Veh No: S 4	U562	. INC (	)/Non-INC( )		
Owner / Driver: (			Tel:	)	
Policy No: ( ) F	Period: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	2000
			%; P: 21-79%. P: 80-	100%]	
Year of Registration: ( )	Warranty: YES (		)		
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General Remarks;-				10°1	
( ) Walk-In Customer: Customer's int	formation strictly Co	onfidential & Str	ctly NO refer of repairer.	O CONTRACTOR CONTRACTOR	12-141-19215
( ) Total Loss Case : to e-mail Insu	rer URGENTLY.		The second second		
Drive-In ( )/ Towed-In ( ); Invoid	ce: YES( ) / ]	NO ( ); To	wing Co: (	23	)
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1) Apply for Transport Allowance ( )/	STORY OF STREET, STATE OF STREET, STATE OF	)	Date control compare con	2.32.40	, juy
	Courtesy Car (	)	Dates missing.		
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## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number EMail Address

- 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 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.

aforesaid.	
Manager Comment of the Comment of th	ACCIDENT STATEMENT
Date Of Report	19/12/2019 09:32
Date Of Accident	18/12/2019 15:20
Exact Location Of Accident	269 QUEEN ST
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJY375T
Insured/Policyholder	
Name Of Registered Owner	COMMON CAR RENT PTE LTD
Co Reg No	201831244G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA AXIO 1.5X A
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 FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5111883405
Cover Note Number	
Driver	
Name of Driver	KANG JOON SIONG (JIANG RUNXIANG)
NRIC No	S8212904I
Date Of Birth	25/04/1982
Occupation	OUTDOOR
Date Of Driving Pass	27/11/2006
Driving Experience	13 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96911335
Fax Number	
Contact Number	OFFICE-96911335

NOEMAIL

BLK 890A WOODLANDS DRIVE 50 Address

#04-285

Postcode 731890

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

YES

NO

YES

NO

1

NO

NO

General Information of the Accident

Type Of Accident SIDE SWIPE Weather Conditions CLEAR DRY

Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

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)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SGC56R

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Name

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

KANG JOON SIONG (JIANG RUNXIANG)

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK & BACK

SJY375T

YES

NO

# SKETCH PLAN

### IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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.
- 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) 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.
- 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (II) For complying with requirements under my regulations, laws or court orders.

COMMON CAR RENT PTE LTD 2018312446

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder)

Date / time:

reporting centre personnel's Signature Date / time:

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	r <u>evers</u> e	, my	car,	1 fe1	t an	impact	from	my re	ar portion.
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						14			

## **DECLARATION**

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

COMMON CAR RENT PTE LTD 2018312446

Policy holder's signature Date & time:

Driver's signature (if driver is not policy holder)

Date & time:

reporting centre personnel's Signature

NRIC/FIN No.:

# SINGAPORE ACCIDENT STATEMENT

# **IMPORTANT NOTICE**

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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.
- Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS				
Date of accident	18/12/2019	(DD/MM/YY)		
Time of accident	1520	(HH:MM)		
Exact location of accident	Along 269 Queen Street			

	DETAILS OF VEHICLE
Vehicle registration number	SJY 375 T
Vehicle make and model	Toyota Axio
Type of vehicle	Saloon  MPV CRV Van  Lorry Bus Motorcycle Others:
Vehicle category	Private   Commercial   Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes  No if no, please select:  Third part claim  Reporting only

INSURANCE INFORMATION							
Insurance company	NTUC						
Policy number							
Type of policy	Comprehensive	Third party fire & theft □	TP only 🗆				

INSURED / POLICY HOLDER						
Name	Common Car Rent Pte 1td	Male 🗆 Female 🗆				
NRIC / Fin / Passport number	2018 3144 6					
Contact						
Address						

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)					
Name	Kang Joon Siong N	1ale d	Female 🗆			
NRIC / Fin / Passport number	88229041					
Contact	9691 1335					
Address	BIK 890A Woodlands Drive 50 #04-18 S(731 890)	35				
Email address						
Date of birth	25704/1982					
Occupation	Indoor D Outdoor					
Driving date pass	27/11/2006					

<b>ALPA TO THE THE TO TH</b>	GENERAL	INFORMATIO	N OF THE ACCIDENT	
Was driver an employee of	Yes 🗆	No 🗷		
the insured's company?	CHARLESCON DODGE		ne driver and insured: _	Hirer
Accident captured by camera?	Yes 🗆	No	_	
Weather condition	Clear	Raining	Others:	
Road surface	Dry	Wet □		
No of passenger	01			(Inclusive of driver)
para la para l	101			(merasive of driver)
		PASSENG	SER 1	THE STATE OF THE STATE OF THE STATE OF
Name			AND DESCRIPTION OF THE PROPERTY OF THE PARTY	
Gender	Male 🗆	Female		
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Gender	Wide D	i cinale L		
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Gender	Male 🗆	Female		
Gender	Widie D	Terriale L		
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Was anybody injured?	Yes	No 🗆		AND DESIGNATION OF THE PROPERTY ASSESSED.
Was other vehicle damaged?	Yes D	No 🗆		
	7	- 110 - 0, - 0		
<b>有种的现在分词</b>	DETAIL	S OF POLICE S	TATION ACTION	<b>医基础性 医</b>
Reported to police?	Yes 🗆		yes, please state which	police station.
Police station name		-/-	7 7 P 20 01010 1111011	F
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Name			AND THE REAL PROPERTY AND THE PARTY AND THE	term of the second seco

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Vehicle registration number	SGCSGR
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Francisco de la companya della companya della companya de la companya de la companya della compa	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
<b>学者的证明</b>	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
<b>第四周第一部第二周第四周</b>	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
京苏 经保险的 计记录器	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
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Archana May Carrena - Interest	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
TO SUPERIOR SERVICES	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Company of the Compan	

<b>发现的现在分词的</b>		INJURED PERSON 1
Name	Kana	Joon Stong
Injuries sustained	Back	
Which vehicle person in?	SJY 37	the state of the s
Were seat belts worn?	Yes	No 🗆
Was injured conveyed to	Yes 🗆	Noe
hospital by ambulance?		
STREET HATTER	A TESTS	INJURED PERSON 2
Name		/
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No a
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
· 可以 使更加的 - 154 /	Shift of the same	INILIBED DEBSON 2
Name		INJURED PERSON 3
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No p
Was injured conveyed to	Yes 🗆	No p
hospital by ambulance?		
		INJURED PERSON 4
Name		INJURED PERSON 4
		INJURED PERSON 4
Name		INJURED PERSON 4
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Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆 Yes 🗅	
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# Certificate of Insurance

Cover: Third Party, Fire & Theft

MOTOR	VEHICLES (TH	IRD PARTY	RISKS AND	COMPENSATION)	ACT (CHAPTER	189
MOTOR	VEHICLES (TH	IRD PARTY	RISKS AND	COMPENSATION)	RULES, 1960	
	RANSPORT AC			STATES OF THE PROPERTY OF THE PARTY.		
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MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5111883405-000011

1. Index mark and Registration Number of Vehicle SJY375T

Chassis Number

NZE1416120632 2. Name of Policyholder COMMON CAR RENT PTE LTD

3. Effective Date of Insurance 13 Sep 2019 4. Expiry Date of Insurance : 12 Sep 2020

Persons or Classes of Persons entitled to drivell

(a) The Policyholder

(b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

## This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.
  - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: \$\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: THIAM HENG AUTO (S) PTE LTD
SUM INSURED	MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

: IVAN INSURANCE AGENCY PTE. LTD. (00000614519)

Date of Issue

: 13 Aug 2019 15:20 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

**Chief Executive** 

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	Vehicle	No.(For Motor)	SJY375T			Certificate Number						
						Search						
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5111883405	5111883405- 000011	COMMON CAR RENT PTE LTD	201831244G	GFM	Third Party, Fire & Theft	SJY375T	SJY375T	13/09/2019	12/09/2020	
					C	ontinue						

Policy No.	5111883405	Policyholder Name	COMMON	CAR RENT PTE LTD	Policyholder NRIC	201831244G	
Certificate No.	5111883405-000011						
Address	BLK 550B #02-636 SEGAR ROAL	D SEGAR PALM	VIEW SIN	GAPORE 672550			
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	13/08/2019	Effective Date	13/09/20	19 00:00	Expiry Date	12/09/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess			Windscreen Excess		
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Agent	IVAN INSURANCE AGENCY PTE.	Agent Tel.	6440022	0	GST Flag	Y	
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March   Marc	port Date	19/12/2019 11:41	Accident Report Within 24 hrs	Yes		Acodent Type		ide Swipe
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