	the per rices. Inc. 199100	WIND HALL WALL		
Date In: 4 Win -15:38	Jeb description	Date & Time Completed	Don	e by
Rei No: Na/INCIGOTALY /29	SAS e-filing			
Veh No: Som YIVA	E-mail (within Shrs, AIC 2hr	5)		-
D.O.A: 4/1/19-11:30	i-Motor Claim Form	M71107 (731-201	nlivlia	12:14
	I-Motor W/O (Within: OE	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED		
OD TP! Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Repo	rt		
ir insurer:	Ass't Report by Fax / Ha	nd to Owner/Wksp	To a special control of	
Preferred Wksp / INC Assign Wksp / QW; (		Tel: F	ax:	
TP Particulars: Veh No: Son	ntition INC	C( )/Non-INC( ).		
Owner / Driver: (		Tel:	)	
Policy No: ( ) P	Period: (	) Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
	[Note-Est. Status (WO): N:	0-20%; P: 21-79%. P: 80-1	00%]	
Year of Registration: ( )	Warranty: YES ( ) / NO (	)		
Excess: (\$ ) Loading: \$1,	,000 ( )/\$2,000 ( )			
General Remarks;-			Con Siring	
( ) Walk-In Customer: Customer's infe	ormation strictly Confidential &	Strictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insur				
		; Towing Co: (		1
	771.0	, 10 mg co. (		
Remarks:- (INC hodline: 6788 6616)		Date&Time Completed	Done	by
		320 C. S.		
The state of the s	Courtesy Car ( )			
2) QC Check / Post Repair Inspection	( )			
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### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

Mobile Number

Contact Number EMail Address

Fax Number

Gender

- 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.
- 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,	NATIONAL CONTROL NO CONTROL NO CONTROL SERVICE SER
	ACCIDENT STATEMENT
Date Of Report	21/12/2019 15:38
Date Of Accident	21/12/2019 11:30
Exact Location Of Accident	AIRPORT RD TWDS TAMPINES
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMM4125A
Insured/Policyholder	
Name Of Registered Owner	AUTO SELECTION LEASING PTE LTD
Co Reg No	2XXXXX588D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91846082
Alternative Phone No	OFFICE-91846082
Vehicle Particulars	
Manufacturer	тоуота
Model	CAMRY HYBRID 2.5G CVT
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5101748426-01
Cover Note Number	
Driver	
Name of Driver	CHAR WAI MENG
NRIC No	SXXXX819J
Date Of Birth	29/10/1961
Occupation	OUTDOOR

26/02/1980

MALE

NOEMAIL

39 YEARS AND 9 MONTHS

(LOCAL) +65-92347926

OFFICE-92347926

Address BLK 865 YISHUN STREET 81

#10-21

Postcode 760865

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 Registration Number of Driver's Own

hicle

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions DRIZZLING
Road Surface WET

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? YES

Was any injured conveyed to hospital by ambulance?

NO

YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 3

Number of Passengers (Including Driver)

Passenger 1

NAME: : -

GENDER: : MALE

Passenger 2

NAME: : -

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

NO

NO

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)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE TOO LARGE

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SMM1072M

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Page 2 of 24

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF INJURED PERSON 1**

Name

CHAR WAI MENG

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SMM4125A

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

### 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.
- 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:
  - (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.

ON LEASING PO 201818588D PO 201818580 PO 20181

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.:

# SKETCH PLAN A: Smm 4125A B: Smm 1072 M

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

peter to	Hatement.	

# DECLARATION

I/We declare the foregoing 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.:

ON STATED DATE AND TIME, AS I WANT TO FILTER FROM 4<sup>TH</sup> LANE TO 3<sup>RD</sup> LANE. BEFORE I FILTER OUT, I TURN ON MY VEHICLE INDICATOR LIGHT AND CHECK MY BLINDSPOT. WHEN I FILTER OUT TO 3<sup>RD</sup> LANE. VEHICLE WAS FROM BEHIND AND HIT ONTO MY VEHICLE FRONT LEFT PORTION.

# **ACCIDENT STATEMENT**

ATE: ( ) / 1 / 19 ) (DD/MM/YYYY), TIME: ( 11 : 30 - ) (HH:M)
Airgord rd. turds Tempines
S OF VEHICLE
ICLE NUMBER: SMMY INSA
RANCE COMPANY: LMILE
CYNUMBER: 5/213484 No -01
CY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT
SALOON / COUPE / MPV /V AN / LORRY / MOTOR OVER
OUL OF USING AT ACT TIME.
OU CLAIMING UNDER YOUR OWN INCIDENCE
SECOL STATE HARD PARTY OF AIM / DEDOCATION OF CO.
/ I OLIC I HOLDER
EIN/PASSPORT ADJECTION HUSING AL Hd. (MALE/FEMALE)
CONTACT AICH LOS AL
ESS:CONTACT:_118 4 808 V
NUE TO 3.d IF DRIVER ALSO POLICY HOLDER
Char Wat Ming (MADE / FEMALE)
SS:
DF BIRTH: ( 19/ 13 / 1961.) (DD/MM/YYYY)
ATION: (INDOOR / OUTDOOR)
F DRIVING EXPRERIENCE: 16 V 1980.
VER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
THE PROPERTY OF THE HEIGHED WITTH THEIRES HEIGH
CONDITION: ICLEAR / RAINING / OTHERS
ODY INJURED INEQ / MOST
DIOPOLICE (YES / NO)
EASE STATE WHICH POLICE STATION:
Y VEHICLE  LE NUMBER:
LE NUMBER: SMM 107 VM MODEL:
"S NAME:
IN/PASSPORT:CONTACT:
FAULUSE
E NUMBER:MODEL:
'S NAME:
CONTACT:CONTACT:
'S NAME:MODEL:

email = ec\_auto eymail - com fax =

Hello, NAC_PAYA_UBI_8	00601						· Change L	anguage	· Change Pa	eneralC	Log Out
My Desktop	Poli	cy Query					0.0000000000		200000000000000000000000000000000000000		
Notice of Loss	Policy N	10.	7			Date of	Accident	21/1	2/2019 11:30	- 3	
	Vehicle	No.(For Motor)	SMM412	25A		Certifica	te Number				
					Se	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5101748426- 01		AUTO SELECTION LEASING PTE. LTD.	201818588D	GFT	drivo CLASSIC	SMM4125A	SMM4125A	27/06/2019	

Policy No.	5101748426-01	Policyholder Name	AUTO S	ELECTION LEASING PTE	Policyholder NRIC	201818588	D		
Certificate No.		Name (Sec.)			1000000				
Address	61 UBI AVENUE 2 #04-17 AUT	OMOBILE MEGA	AMART SI	NGAPORE 408898					
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N			
Policy ssue Date Excess Type	31/12/2018	Effective Date All Claims Excess	22/01/2	019 00:00	Expiry Date	21/01/2020	23:59		
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100			
Additional Excess	0	OS Premium	0	0					
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			You	ing/Inexperience Driver Excess		
Agent	COWELL INSURANCE (AGENCY		633925	92	GST Flag	Y			
Co- nsurance Flag Open Policy Info Certificate Info	No								
→ Policyh	older Mailing Address								
Address 1	61 UBI AVENUE 2	Addres	ss 2	#04-17 AUTOMOBIL	E MEGAMAF A	Address 3	SINGAPORE 408898		
Address 4		Address Type		Singapore address		Post Code	408898		
Init No.	01-50	Related Policy Number		5110784921					
♪ Insured	Object: SMM4125A								
▽ Endorse	ements								
		Basic Information Endorsement		000001286984136	Endorsement Take Effective		Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SMA8076L 22-01-2019 \$1,758.55 In view of this amendment, a refund of \$1,758.55 (inclusive of GST) will be adjusted against the outstanding premium.		
t.		Basic Informat Endorsement	íon	000001286984116	Endorseme Effective	nt 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. SJQ7225P 22-01-2019 \$1,606.07 In view of this amendment, an additional premium of \$1,606.07 (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.		
		Basic Informati Endorsement	on	000001287020695	Endorseme Effective	nt 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. SJW6526X 06-03-2019 \$1,416.86 In view of this		

Desire	Claim Handling											
Marie   Mari	Accident MT/1076731	H 100 100 CM										
Marcilland		5101748426-01		Vehicle No.		SWM4125			GST Registration	No.		
Mart   Count for   Part												
Carrier   Carr			PIE, LID.	F						20		85D
Separation							iaic					
March   Mar	Email Address									3		
March   Marc	KFK	® No ○ Yes				(6) No (1)	es.					
## CANCESTON CONTROLLED   100	NCD Protection	No		NCD Entitlement(%	)						Yes	
The property Control   2012/2013   The property Account   10.00   Control   Account   Control												
Majority Clore	Report Date	21/12/2019 17:22		Academ Report Wit	thin 24 hrs	Yes			Accident Type		Collision	Change / Cross lane
Address Laboration   200000   Application   100000   Application   1000000   100000   100000   1000000   100000   100000   100000   1000000   100000   1000000   1000000   1000000   1000000   1000000   1000000   1000000   1000000   1000000   1000000   1000000   1000000   1000000   10000000   10000000   10000000   10000000   100000000	Date of Accident	21/12/2019		Time of Accident his	ı;mm	11:30			Country of Accide	nt	Singapori	10
Marie	Reporting Centre			Orange Force					ICM No.			
Mathematic Principal	Accident Location	AJRPORT RD TWDS TAMPIN	ES.									
Control Engagement   Control	♥ Excess											
	Own damage Excess	2.00	0.00	Additional Excess		0			Windscreen Exces	15	100.00	
## 100 Programmed Informations   100 Programmed Informations    100 Programmed Informations	Unnamed Driver Excess			Outside Singapore (	OD Excess		2,000.00					
## Part	Third Party Excess	1,50	0.00	Outside Singapore 1	TP Excess		1,500.00					
CST Registration   10   CST												
Col   States   Very   Color   Very   Very   Color   Very   Very   Color   Very												
### Purple Francis Authority  ### Pu	1867 F 1875 A 1875	No										
## Principholine Malling Address  ## 15   \$1,000 ACRUS   \$1,000 AC						65	Status vennes		res			
Address	CONTRACTOR IN CONTRACTOR											
Address Type	☑ Policyholder Mailing Ad	dress										
March	Address 1	61 UBI AVENUE 2		Address 2		#04-17 AL	TOMOBILE MEGAMAF		Address 3		SINGAPO	RE 408898
## OFFICE State   Unrealized Driver   Driver Type	Address 4			Address Type		Singapore	address		Post Code		408898	
Driver Type	Unit No.	Dt-50		Related Policy Number	ber	51107649	11					
Direct Name   Direct   Direc												
Driver   Date of Briver Locense   26/02/1980   Driver Age   50   Driver   Contract two (primer)   0   Contract t											*****	3
Contact No. (Michael No. (Michael No. )							t.			39		61
### Address 1												
Activated   Activated   Activated   Support										7		AR MARKET
Driver Instance Company  September of the Signature Company  Page 1 Driver Instance Company  Dri		OUR 903										HE /00805
Date in Long a Simpagener (State Company)    Description	Limit No.	10-21		700000		an gapane			rost coos		.0000	
Any Impury?  @ Yes O No    New   No   No   No   No   No   No   No   N	Does he own a Singapore			Parisas Mobieta No.					Data and Face town Car			
Any injury?  Any injury?  Pres No  Any injury?  Any inj	Registered car?	Ches & les		Driver versca No.					Diriver Insurer Co.	orbany		
Color   New	Declaration											
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Claim 001 New  Claim 01 New  Claim 7 ye * OO-PK	56305.201											
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