Date In: 23/1/19-17-147	Jeb description	Date & Time Completed	Done by	1
Res No: Wally Cigo 22512/24	SAS e-filing			Accessor .
Veh No: 48H3 939 4	E-mail (within Stirs, AIC 2hrs)			
D.O.A: 20/14/19-11:35	i-Motor Claim Form	M7/157 6959-001	23/12/19 1	7.50
OD : TP ! Reporting Only	i-Motor W/O (Within: OD 2h)			1
OD / TP) / Reporting Only	i-Photo Uploaded	!	W. 4	
TP Insurer:	Assessment/Survey Report			
TE INSUIEI:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	
TP Particulars: Veh No: (M	FYVJGB . INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: (Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]	
Year of Registration: ()	Warranty: YES ()/NO ()		
Excess: (S) Loading: \$1	,000()/\$2,000()			
General Remarks;-				
() Walk-In Customer: Customer's inf			* * · · · · · · · · · · · · · · · · · ·	
() Total Loss Case : to e-mail Insu				
		owing Co: (``
		owing co. (
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done by	
Apply for Transport Allowance ()/	Courtesy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Unload Recovery Photo Charles				
 Upload Resurvey Photo [Repair Cost > 5 	()	1 1	86	
	()	1 1 1		
Injury:	()			
Injury:				T. F.
Injurý:				1.7.
Injury:			SZARI ROBERT CHILLER	1.79.
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Injury: Date/Time Actions	Invoice Prep	aration Checklist.	Anit (S) A	12.5
Attoris Actions Attoris Actions Attoris Particulars:	Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe	aration Checklist. Reporting (\$30); Assessment (\$100); INC (\$80); The S40,	Ani((S)) A fit Biji A	12.5
Amoglo	Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th	aration Checklist Reporting (\$30); Assessment (\$100); INC (\$80); The S40, Tough Survey	Anit (S) A	12.5
Injury: Date/Time Actions Ahaghay alimant's Particulars:- iver/Owner:	Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) ifT: Follow-Th For claiming as	Reporting (\$30); Reseasment (\$100); INC (\$8); Researce (\$100); INC (\$100); Researce (\$100); I	Anit (\$) A fit Bill A 0) (\$45 120 \$30	12.5
Atjoglo> aimant's Particulars:- iver/Owner:	Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow Th 5) FT: Follow Th For claiming as 6) TR: Re-inspect	Reporting (\$30); Assessment (\$100); INC (\$8) te \$40, rough Survey \$ rough Survey (Resurvey) ainst INC Only (wef 10 Jan 2005) tion	Amit (S) A fix Bill A 0) (S45) (120) S30	12.5
Atjoglo> aimant's Particulars:- iver/Owner:	Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) ifT: Follow-Th For claiming as	Reporting (\$30); Assessment (\$100); INC (\$80); INC (\$80	Ani((S)) A fit Bill A 0) (\$45 120 \$30	
Injury: Date/Time Actions Athogological articulars: iver/Owner: intact No: maged Portion:	Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow Th 5) FT: Follow Th For claiming as 6) TR: Re-inspect 7) N1: Idac DA + 2 8) NTUC Addition OD*	Reporting (\$30); Assessment (\$100); INC (\$80); INC (\$80	Anit(S) A fit Bill A 0) (\$45 120 \$30 \$75	100
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Injury: Date/Time Actions Actions Actions Actions Actions Actions Actions Injury: Injury: Actions Actions Actions Actions Injury: Injury: Actions Injury: Injury: Actions Injury: Injury: Actions Injury: Injury: Injury: Injury: Actions Injury: In	Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idac DA + 3) NTUC Addition OD* *N5: Courtesy *N6: Repair Co *N7: Fost Repair *N8: DV / Colle	Reporting (\$30); Assessment (\$100); INC (\$80); Assessment (\$100); INC (\$100); Assessmen	Am((S)) A fit Bill A 0) (\$45 120 \$30 \$75 160	
Injury : ———————————————————————————————————	Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idac DA + 3) NTUC Addition OD* *N5: Courtesy *N6: Repair Co *N7: Fost Repair *N8: DV / Colle	Reporting (\$30); Assessment (\$100); INC (\$80); Assessment (\$100); INC (\$100); Assessme	S75, 160 S25 S30 S20 S30 S25 S30 S20 S30 S30 S30 S30 S30 S30 S30 S30 S30 S3	- X

- . p. 21 41 1 70

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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	23/12/2019 17:47
Date Of Accident	22/12/2019 11:30
Exact Location Of Accident	7 RIVERVALE CRESCENT OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH3939G
Insured/Policyholder	
Name Of Registered Owner	SCL AUTO CREDIT & LEASING PTE LTD
Co Reg No	2XXXXX150E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68417817
Vehicle Particulars	
Manufacturer	SUZUKI
Model	EVERY PA 660 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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5102268043-01
Cover Note Number	
Driver	
Name of Driver	SOH BENG CHUAN
NDIC Na	SYYYE02G

 Name of Driver
 SOH BENG CHOAN

 NRIC No
 SXXXX502G

 Date Of Birth
 29/05/1964

 Occupation
 OUTDOOR

 Date Of Driving Pass
 22/01/2002

 Driving Experience
 17 YEARS AND 11 MONTHS

 Gender
 MALE

 Mobile Number
 (LOCAL) +65-81545533

 Fax Number

Contact Number OFFICE-81545533

EMail Address NOEMAIL

BLK 536 CHOA CHU KANG STREET 51 Address

#11-142

680536 Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

SIDE SWIPE Type Of Accident

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

NO

2

NO

NO

Was any body injured in the Accident?

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)

Passenger 1

NAME:

. .

GENDER: : MALE

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? NO Was there any video captured by Car Camera? NO

Was there any audio recorded?

Details of Witness 1

JASON LIM Name Phone Number 96536690

Email Address

Details of Witness 2

NEO SUN TECK Name

96918094 Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMF4279B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

2

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.

SCL AUTO CREDIT & LEASING PTE LTD 2 Jalan Sindor Singapore 808358 (Off Seletar Hill Estate) TeVFax: 6481 7817 HP: 9646 9646 / 9011 2002

Company Reg. No.: 201807150E

Policyholder's Signature Date & Time: Driver's Signature

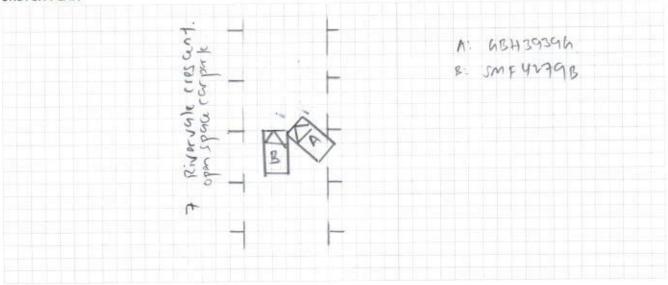
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personner's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

		_
refer to	yatemen	
	A Maria di Santa di S	

DECLARATION

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

SCL AUTO CREDIT & LEASING PTE LTD

2 Jalan Sindor Singapore 808358
(Off Seletar Hill Estate) TeVFax: 6481 7817
HP: 9646 9646 / 9011 2002

Company Reg. No.: 201807150E

Policyholder's Signature

Data & Times:

Date & Time:

(If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.: ON STATED DATE AND TIME, AS I WANTED TO REVERSED MY VEHICLE ONTO CARPARK LOT. I CHECK MY BLINDSPOT BEFORE I CAN REVERSED ONTO CARPARK LOT. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B WAS DRIVING VERY FAST AND HIT ONTO MY STATIONARY VEHICLE FRONT LEFT PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: DV/IV / 10 .)(DD/MM/	YYYY), TIME:(11:30.)(HH:MM
· LOCATION: 7 PENKrule Cruant	
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: 484394.	
Fig. 4. On the second s	
CIPOLICY NUMBER: 510 226847-01	
dipolicy type (constant	
d)POLICY TYPE: (COMPREHENSIVE / THIRD e)MAKE & MODEL:	
f)TYPE:(SALOON / COUPE / MPV /VAN / LO	DERY / MOTORCYCLE / OTHERS
The state of the s	ROLL / MOTORCYCLE
TO ALACCIDENT HME	1110000
JAKE YOU CLAIMING UNDER YOUR OWN II	NSIIRANCE (VES MON
" NO, I LEASE STATE (THIRD PARTY OF AIM	/ REPORTING ONLY
- INSURED / POLICY HOLDER	Constitution of the Consti
AINAME: SCL Auto Credit & Leusa	g Pte Hd (MALE / FEMALE)
	CONTACT: 684 17817
c)ADDRESS:	CONTACT: BET 17817
* CONTINUE TO 3.d IF DRIVER ALSO POLICY	HOLDER
MISSON S OF DRIVER	
(Including driver) allNAME: Soh Blog Chyan	(MAVE / FEMALE)
DINRICTINIPASSPORT: S16403024.	CONTACT: 81545533 .
Male. C)ADDRESS:	SOMMEN. VISTOR
*d)DATE OF BIRTH: (29) 5 / 1969)(DO	D/MM/YYYY)
OVECCUPATION: (INDOOR / OUTDOOR)	1 573
I) TEAKS OF DRIVING EXPREPIENCE.	1/200
4. WAS DRIVER AN EMPLOYEE OF THE INSU	RED'S COMPANY? (YES I'NO)
CI FAR / PAINING	OTHERS
b)ROAD SURFACE: (DRY / WET / OTHERS	
6. WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POLICE (YES / NO.	
IF YES, PLEASE STATE WHICH POLICE STATION 8. THIRD PARTY VEHICLE	V:
HE of passenger a) VEHICLE NUMBER: JM F4 VAGB.	
Including driver) b) DRIVER'S NAME:	MODEL:
C) NRIC/FIN/PASSPORT:	
9. THIRD PARTY VEHICLE	CONTACT:
No of passanger d) VEHICLE NUMBER:	MODEL:
Induding driver DRIVER'S NAME:	3 1
() NRIC/FIN/PASSPORT:	CONTACT:
1) Jason lim: 96536690	
3 Neo Sm Teck: 9691 8094.	
email = An amingel	ive . com .sq
P _r	9
fax =	
VIDEO = X	
VIDIO	

eBao Tech	GeneralC							alClaim			
Hello, NAC_PAYA_UBI_80	0601						· Chang	je Languag	e · Chan	ge Password	› Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy No.					Date	of Accident	į.	22/12/2019 1	1:30	
	Vehicle	No.(For Motor)	GBH39	39G		Certif	ficate Number	21 B			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5102268043- 01		SCL AUTO CREDIT & LEASING PTE LTD	201807150E	GCV	Third Party, Fire & Theft	GBH39390	G8H3939G	13/07/2019	12/07/2020
						Continue					

Policy No.	5102268043-01	Policyholder Name	SCL AUTO	CREDIT & LEASING P	Policyholder NRIC	201807150E	
Certificate		100.510007.1			WOOT FA		
Address	2 JALAN SINDOR SELETAR HILLS	S ESTATE SIN	GAPORE 808	358			
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
olicy ssue Date	12/07/2019	Effective Date	13/07/2019	00:00	Expiry Date	12/07/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	nolder Mailing Address						
Address 1	2 JALAN SINDOR	Addre	ss 2	SELETAR HILLS EST	TATE	Address 3	SINGAPORE 808358
Address 4		Addre	ss Type	Singapore address		Post Code	808358
Unit No.		Relati	ed Policy er	5102268043-01			
) Insure	d Object: GBH3939G						
	ements						
▽ Endors							

laim Handling						
ocident MT/1076909						
icy No.	5102268043-01	Vehide No.	GBH3939G		GST Registration No.	
tificate No.						
cyholder Name	SCL AUTO CREDIT & LEASING PTE LTD				Policyholder NRIC	201807150E
duct Code	COMMERCIAL VEHICLE INSURA	Cover Type	Third Party	, Fire & Yheft	Loading	0
tact No.(Mobile)	0	Contact No.(Office)	58417817		Contact No.(Home)	0
all Address		Special Remark			eCode	Till W
	® No.○ Yes	TEA	® No-□Y	es	eCode Reason	
D Protection	No	NCD Entitlement(%)	10		Private Hire	No
Accident Details						
port Date	23/12/2019 17:57	Acadent Report Within 24 hrs	Yes		Academ Type	Side Swipe
e of Accident	32(12/2019	Time of Accident Inhomm	11:30		Country of Accident	Singapore
orting Centre		Orange Force			ICM No.	
ident Location	7 RIVERVALE CRESCENT OPEN SPACE CARE	ARK				
Total Excess Applicable						
ess Type	Per Accident	Windscreen Excess		0.00		
Standard Excess	0.00	TP Standard Excess		0.00		
O OD Excess	0.00	YIED TP Excess			Driver is Covered?	
roonal Excess						
al OD Excess Applicable	0.00	Total TP Excess Applicable				
Benefits						
GST Registered Informa	tion					
Registered	No		GS1	Registration Date		
Registration No.				Status Verified	Yes	
ification History	23/12/2019 17:58:56 Syste	m changed GST Status venfied fro				
Policyholder Mailing Ad	dress					
ress 1	2 JALAN SINDOR	Address 2	CRIPTAN	OLLS ESTATE	Address 3	SINGAPORE 808358
	2 JACAN SINDON					
tress 4		Address Type	Singapore		Post Code	808358
t No.		Related Policy Number	510226804	13-01		
OI Driver Info						
ver Name	Unnamed Driver	Driver Type	Unnamed (priver		
named driver Name	SOH BENG CHUAN	Driver NRIC	SXXXX502	G .	Driver DOB	29/05/1964
peter Date of Driver License	22/01/2002	Driver Age	55		Driving Experience	17
mect No.(Mobile)	81545533	Contact No.(Office)	0		Contact No.(Home)	0
fress 1	BLK 536	Address 2	CHOA CHU	KANG STREET ST	Address 3	LIMBANG NEADOWS
fress 4	SINGAPORE 680536	Address Type	Singapore	address	Post Code	680536
		100000000000000000000000000000000000000	and delivery	464,000,7	1070.0705	300000000000000000000000000000000000000
t No. es he own a Singapore	11-142					
gistered car?	○ Yes ® No	Driver Vehicle No.			Driver Insurer Company	
daration						
sathalyser or Blood Test ading?	0 mg	Any injury?	○Yes ⑥	No.		
-						
dification History						
and the same						
Claim 001 New						
im Type *	OD-MX	Insured Name	SCL AUTO	CREDIT & LEASING P	Insured NRIC	201807150E
stact No.(Mobile)	NIL	Contact No.(Home)	-		Contact No.(Office)	
		Ol Vehicle Number	GBH3939G		TP Vehicle Number	SMF42798
all Address	Blasse Salact		Please Sel		To yourse married	and the same of th
mant Type Claimant Type •	Please Select	Type of Benefit *	pricase set	- V		
mant Name *	22	Claiment NRJC *				
iment Address					11	
im Description	GBH3939G / SMF4279B ON 22 Dec 2019				Name of Preferred Worksh	09
ferred Workshop Contact		Insured Liability *	Partially at	Fault 🔻		
juine Finalisation	ves v	Preferent Repair Option	Preferred		▼ GIA report	Received
		Claim Close Date	100000000000000000000000000000000000000		Data Received	23/12/2019 00:00
e Registered	23/12/2019 17:59	Cam case pare			And Addressed	2012000000
ort Taken By	Jackson					
Print AK letter						
			Acres 114	mary.		
			Save Sut	ans ;		
Attachment						
,	MT/1076909	Claim No.		001		
r sident No.	MT/1076909 • Yes • No	Claim No. Upload Date		001 23/12/2019 18:00		
ident No.	● Yes ○ No			23/12/2019 18:00	Confidencial U	ngéncy * Dascriptio
ident No.		Upload Date	Char	23/12/2019 18:00 Category *	500000000000000000000000000000000000000	100000000000000000000000000000000000000
ident No.	● Yes ○ No	Upload Date Browse		23/12/2019 18:00 Category * Please Select	▼ Norm	ul V
r sident No.	● Yes ○ No	Upload Date Browse	Clear	23/12/2019 18:00 Category * Please Select Please Select	▼ Norm ▼ Norm	
r sident No.	● Yes ○ No	Upload Date Browse	Clear	23/12/2019 18:00 Category * Please Select	▼ Norm	
g cident No.	● Yes ○ No	Upload Date Browse	Clear	23/12/2019 18:00 Category * Please Select Please Select	▼ Norm ▼ Norm	
Attachment pricedent No. st Doc. Received	● Yes ○ No	Upload Date Browse Browse Browse	Clear Clear Clear	23/12/2019 18:00 Category * Please Select Please Select Please Select	▼ Norm ▼ Norm ▼ Norm ▼ Norm	

