NATIONAL Assessment Ce	ntre Services	WES 1 Jan'05] M	MA 120000619		
Date In: 11/2-12:10	Jeb description		Date & Time Completed	Done	by
Ref No: MA MICONO 00068 4thy	SAS e-filing		1		
Veh No: SMN2392	E-mail (within SI	ars, AIC 2hrs)			N.
D.O.A: 30/1/19-19:32	i-Motor Claim	Form	100-522 8E01/LW	21/2017	V5 ·
OD : TP) ! Reporting Only	i-Motor W/O	(Within: OD 2hrs	, TP 4hrs)		
OD . Try . Reporting Only	i-Photo Uploa	ded			
TP Insurer:	Assessment/Sur	vey Report			
17 insurer:	Ass't Report by	Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW	: (Tel:	Fax:)
TP Particulars: Veh No:	5006909m	. INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: (Period: ()	Cover Type: ()	
Confirmed by : (Makes the Common Makes the Common to the Common Makes the	Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (W	O): N: 0-20	0%; P: 21-79%. F: 80-	100%]	
Year of Registration: () Warranty: YES ()/NO()		
Excess: (\$) Loading:	\$1,000()/\$2,000()			
General Remarks;-				Sec. 18.	
() Walk-In Customer's	information strictly Conf	idential & Str	ictly NO refer of repairer.		
() Total Loss Case : to e-mail Ir	surer URGENTLY.	X			
Drive-In ()/ Towed-In (); In	voice: YES () / NO	O(); To	owing Co: ()
Remarks: (INC horline: 6788 661	0.5		Date&Time Completed	Done	hv
	CANAGORA CALCAGO SE SER LINGUARDO DE DESCRICO A CALCAGO DE CANAGO		Datese Inflo Colline 34	See The State of t	,uy
2) QC Check / Post Repair Inspection)/Courtesy Car ()				
3) Upload Resurvey Photo [Repair Cost	> \$20007 ()				
	2 \$3000] ()	are conduct	1		
Injury:					
Date/Time Actions	and the second	11 14 17 17	100	SEASON IN	
					1.0
•			- Control on the control of		
HAZOOD GO	T#	Invoice Prep	aration Checklist	Anit (S)	Amt (\$)
Iniment's Portionless) AR : Accident		8W	
	CONTRACTOR OF THE PROPERTY OF	DA : Damage / TF : Towing Fo	Assessment (\$100); INC (\$	0/\$45	-
river/Owner:	T) FT : Follow-Th		\$120 \$30	
ontact No:		For claiming as	ainst INC Only (wef 10 Jan 200)	5)	
amaged Portion:) TR : Re-inspec		\$160	
	The second secon) NTUC Additio	The state of the s		
C Checked by (Engr-In-Charge):	1	OD* *NS: Courtesy	Cor / Tpt Allowance	\$5	
		*N6: Repair Co	cordination	510 \$25	1000
uditors! Comments :-		*N7: Fost Repa *N8: DV / Coll	ect Excess Coordination	\$5	
<u> </u>	W. M. W. Mark. M. W. Carlott	TP (N11): TP	(Non INC) against INC	\$20 30	•
2/3;	The second secon) N12: Idea Mob invoice dated	Tee Charged		uta feli
New Property Control of the Control	1	nvoice dated	Fee Charged	等等 IIX	
	45.00				

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.
- 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.	
Hotels of the state of the stat	ACCIDENT STATEMENT
Date Of Report	02/01/2020 17:10
Date Of Accident	30/12/2019 19:30
Exact Location Of Accident	PIONEER RD NORTH
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMN2039Z
Insured/Policyholder	
Name Of Registered Owner	AUTO ALLIANCE LEASING PTE LTD
Co Reg No	2XXXXX807W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS 1.6 CVT
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5108785749
Cover Note Number	
Driver	
Name of Driver	LEE KONG CHEONG
NRIC No	SXXXX621D
Date Of Birth	21/05/1963

 Name of Driver
 LEE KONG CHEONG

 NRIC No
 SXXXX621D

 Date Of Birth
 21/05/1963

 Occupation
 OUTDOOR

 Date Of Driving Pass
 14/07/1982

Driving Experience 37 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90116064

Fax Number

Contact Number OFFICE-90116064

EMail Address NOEMAIL

Address

BLK 61C STRATHMORE AVENUE

#26-34

Postcode

144061

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?

Number of vehicles (including own vehicle) involved in the accident

NO

YES

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

NO

ambulance?

YES

Was any other material or property damaged?

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

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

GENDER:

: FEMALE

Passenger 2

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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKD6909M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Page 2 of 17

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

LEE KONG CHEONG Name

Approximate Age

BODY Injuries Sustain

SMN2039Z Injured person in which vehicle?

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>carrectly</u> the details of the accident to speed up the claims process.
- Z. This Form must be completed by the Palicyholder 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)

l 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) sarrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, involces, 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.

Policyholder's Signature

Date & Time:

01903807

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SKETCH PLAN	
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	or my vinill
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THE RESERVE THE PROPERTY.	
CLARATION	
CLARATION LEASON	
Ve declare the foregoing	particulars are true in every respect.
	particulars are true in every respect.
Ve declare the foregoing	particulars are true in every respect.
Ve declare the foregoing	
Ve declare the foregoing	Driver's Signature (If driver is not the policyholder) Danticulars are true in every respect. Reporting Centry Personnel's Signature Name:

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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 and time of accident	Date: 30 1	2/19	(DD/MM/YY) Time: 7: 30 PM	(HH:MM)
Exact location of accident	Planer	RI	North	, Constitution of the Cons

Details of vehicle

Vehicle registration number	Smn 2392			
Vehicle make and model	Tryota MHI)			
Type of vehicle	Saloon MPV CRV Van C			
Vehicle category	Private Commercial Motorcycle			
Purpose of using at said time	, material and a			
Are you claiming under your own insurance company?	Yes No. if no, please select: Third part claim Reporting only			

Insurance information

party fire & theft	TP only
	party fire & thert

Insured / Policy holder

Name	Auto	ALLIGACE	LLGSING	MILLS	Male 🗆	Female
NRIC / Fin / Passport number			4	116 410	Iviale L	remale L
Contact						
Address						

Driver

Same as insured above □ (skip to D.O.B)

Name	Lee Kong chesny Male Female a
NRIC / Fin / Passport number	S161762 P
Contact	10h 6by
Address	616 Strathmon ANC #26-24 SCIE4561
Email address	
Date of birth	21 511963
Occupation	Indoor D Outdoor D
Driving date pass	14/7/1437

General information of the accident

Was driver an employee of the insured's company?	Yes D No D If no, relationship of the driver and insured:
Accident captured by camera?	Yes O No.2
Weather condition	Clear Raining Others:
Road surface	Dry Ø Wet 🗆
No of passenger	3 (Inclusive of driver)

Passenger 1

Name	LLL KING CHING	
Gender	Male Female	

Passenger 2

Name			
Gender	Male □	Female e	

Passenger 3

Name			THE OWNER OF THE OWNER OWNER OF THE OWNER OWN
Gender	Male □	Female 2	

Passenger 4

Name			
Gender	Male 🗆	Female □	

Passenger 5

Name			
Gender	Male □	Female	

Passenger 6

Name			
Gender	Male 🗆	Female	

Other information

Was anybody injured?	Yes	No 🗆	
Was other vehicle damaged?	Yes	No 🗆	

Details of police action

Reported to police?	Yes 🗆	No 🗆	If yes, please state which police station.
Police station name			

Third party vehicle 1

Name			
Contact number			
NRIC / Fin / Passport number			
Vehicle registration number	SKO	6000m	
Vehicle make model			

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Transaction of the same of the	
Name	
Traine	

Witness 2

Name	
Manie	
The state of the s	The state of the s

Injured person 1

Name	La korn Churn
Injuries sustained	18.67
Which vehicle person in?	5mh 20392
Were seat belts worn?	Yes a No a
Was injured conveyed to hospital by ambulance?	Yes a Nota

Injured person 2

Name		
njuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to nospital by ambulance?	Yes 🗆	No 🗆

Injured person 3

Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	

Injured person 4

Name			
Injuries sustained	NO. P. Car		
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	

Query		The second section is a second section of the second section of the second section is a second section of the secti		· Chanc		- Hardwill Co. To.		MARKING STREET	
Query				Chang	ge Languag	e Chan	ge Password	· Log Ou	
facil		Policy Query							
5108	5108785749			Date of Accident		30/12/2019 19:30			
o.(For Motor) SMN2	SMN2039Z		Certificate Number		9				
			Search						
Policy No. Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
108785749 5108785749 000017	AUTO - ALLIANCE LEASING PTE. LTD.	201903807W	GFM	drivo CLASSIC	SMN2039Z	5MN2039Z	01/08/2019	09/04/2020	
	Policy No. Certificate Number 108785749 5108785749 000017	Policy No. Certificate Number Name 108785749 5108785749 ALLIANCE COOD17 LEASING PTE.	Policy No. Certificate Policyholder Policyholder Number Name NRIC 108785749 5108785749- ALLIANCE 201903807W LEASING PTE. 201903807W	Search Search Search Search	SMN2039Z Certificate Number	SMN2039Z Certificate Number	Search Solution Solution	O.(For Motor)	

Policy No.	5108785749	Policyholder Name	AUTO ALL	LIANCE LEASING PTE.	Policyholder NRIC	201903807W	
Certificate No.	5108785749-000017	and the same			MKIC		
Address	55 YUK TONG AVENUE AIRVIEW	PARK SINGAR	PORE 5963	56			
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	09/04/2019	Effective Date	10/04/201	19 00:00	Expiry Date	09/04/2020 23	1:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	'Inexperience Driver Excess
Agent	COWELL INSURANCE (AGENCY)	Annah Tal					
Agent:	es it all the original (modifies)	Agent rei.	63392592		GST Flag	Υ	
Co- insurance	No	Agent Tel.	63392592		GST Flag	Y	
Co- insurance Flag Open		Agent (el.	63392592		GST Flag	Y	
Co- insurance Flag Open Policy Info Certificate		Agent Tel.	63392592		GST Flag	Y	
Co- nsurance Flag Open Policy Info Certificate Info		Agent rel.	63392592		GST Flag	Y	
Co- nsurance Flag Open Policy Info Certificate Info Policyh	No	Addres		AIRVIEW PARK		y ddress 3	SINGAPORE 596356
Co- nsurance Flag Open Policy Info Certificate nfo Policyh Address 1	No older Mailing Address		s 2		A		SINGAPORE 596356 596356
Co- insurance Flag Open Policy Info Certificate Info	No older Mailing Address	Addres	s 2 s Type I Policy	AIRVIEW PARK	A	ddress 3	2. Sec. 2. S. 2. S
Co- Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	No older Mailing Address	Addres Addres Related	s 2 s Type I Policy	AIRVIEW PARK Singapore address	A	ddress 3	2. Sec. 2. S. 2. S
Co- Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address 55 YUK TONG AVENUE Object: 5108785749-000017	Addres Addres Related	s 2 s Type I Policy	AIRVIEW PARK Singapore address	A	ddress 3	2. Sec. 2. S. 2. S
Co- Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Juit No. Insured	older Mailing Address 55 YUK TONG AVENUE Object: 5108785749-000017	Addres Addres Related	s 2 s Type I Policy r	AIRVIEW PARK Singapore address	A	ddress 3 ost Code	596356
Co- nsurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insured Sequence	older Mailing Address 55 YUK TONG AVENUE Object: 5108785749-000017	Addres Addres Related Numbe	s 2 s Type I Policy r	AIRVIEW PARK Singapore address 5110688602	A	ddress 3	2. Sec. 2. S. 2. S

Claim Handling					
Accident MT/1078225					
Pakcy No.	5108785749	Vehicle No.	SMN20192	GST Registration No.	
Certificate No.	5108785749-000017				
Policyholder Name	AUTO ALLIANCE LEASING PTE, LTD.			Policytholder NRIC	201903807W
Product Code	PLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	0	Consect No. (Office)	0	Contact No.(Home)	0
Email Address	6. 6	Special Remark	9.9	eCode	19 W
(FK	® No ○ Yes	TCA	® No () Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
eport Date	02/01/2020 17:23	Accident Report Within 24 hrs		Accident Type	Collision - Change / Cross lane
ate of Accident	30/12/2019	Time of Accident hhumm	19:30	Country of Accident	Singapore
eporting Centre	The second of the second	Grange Force		3CM No.	
Total Excess Applicable	PIONEER RD NORTH				
ecess Type	Per Accident	Windscreen Excess.	1772-553		
Const 1900	Per Accident	Wingstreen Extens.	100.00		
O Standard Excess	2,000.00	TP Standard Excess	1,500.00		
ED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
tditional Excess					
ital DD Excess Applicable	2000.00	Total TP Excess Applicable			
F Benefits					
GST Registered Informa	ation				
FT Registered	No		GST Registration Date		
ST Registration No.			GST Status Verified	Yes	
odification History					
Policyholder Mailing Ad	and the second				
dress 1		C 400Mow?	· magamatan areas		
	55 YUK TONG AVENUE	Apdress 2	AIRVIEW PARK	Address 3	SINGAPORE 596356
doress 4		Address Type	Singapore address	Post Code	596356
		Related Policy Number	5110668602		
Of Driver Info	Unnamed Driver				
mamed driver Name	LEE KONG CHEONG	Driver Type Driver MRIC	Unnamed Driver	200000000	10250000
gister Date of Driver License		Driver Age	5XXXX621D 56	Driver DOS	21/05/1963
intact No.(Mobile)	90116064			Driving Experience	37
Adress 3	BLK 61C	Contact No.(Office) Address 2	0	Contact No.(Home)	٥
idress 4	SINGAPORE 144051		STRATHMORE AVENUE	Address 3	STRATHMORE GREEN
NE No.	28-34	Address Type	Singapore adoressi	Post Code	144051
oas ha own a Singapore	☐ Yes ⊕ No	The artist day by			
egistered car?	D res & No	Driver Vehicle No.		Driver Insurer Company	
claration					
wathalyser or Blood Test	O.mg	Any injury?	® Yes ○No		
hading?	77.00	51000,00000			
odification History					
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um Type *	OD-MX	Indured Name	AUTO ALLIANCE LEASING PTE. I	Insured NRIC	201903807W
ntact No.(Mobile)	97552383	Contact No.(Home)		Contact No.(Office)	+
IBH Address	-	OI Vehicle Number	SMN2039Z	TP Vehicle Number	SKD6909M
		Type of Benefit *	Please Select		
imant Name * imant Address	22	Claimart NRIC +			
im Description	SMN2039Z / SKD6909M ON 30 Dec 2019			Name of Preferred Workshop	
derred Workshop Contact	3742032 / 37203037 04 30 022 2013	- Valencia Company Company	f	Marrie or Preferred Workshop	
Service Service Service Service		Insured Liability *	Not at Faut		1
Quire Finalisation	Yes v	Preferened Repair Option	Preferred Workshop, Name unknown	▼ GIA report	Received
te Registered	02/01/2020 17:25	Claim Close Date		Date Received	02/01/2020 00:00
port Taken By	Jackson				
Print AX letter					
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Market Co.					
,					
cident No.	HT/1078225	Claim No.	100		
	● Yes ○ No	Upload Date	02/01/2020 17:26		
E Doc. Received	THE RESERVE OF THE PARTY OF	Shores many		Continue at a second	Mary W.
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