Dall 111. 311/0-12113	Jeb description	Date & Time Completed	Den	ie by			
Date In: 3/1/20-17:10 Ref No: Na/NC20000195/2	SAS e-filing						
Veh No: SLBAJIL							
DOA 21	E-mail (within Shrs, AIC 2hrs)						
D.O.A: 30/17/19-19:47	i-Motor Claim Form	100-KLh3to1/W	3/1/20 1	14:03			
OD : (T) ! Reporting Only	14-14-14-14-14-14-14-14-14-14-14-14-14-1	i-Motor W/O (Within; OD 2hrs, TP 4hrs)					
	i-Photo Uploaded						
TP Insurer:	Assessment/Survey Report	l .					
	Ass't Report by Fax / Hand	to Owner/Wksp		200			
Preferred Wksp / INC Assign Wksp / QW: (ax:				
TP Particulars: Veh No: JU	highe inc	()/Non-INC()					
Owner / Driver: (Tel:)				
	Period: (Cover Type: ()				
Confirmed by : (Date:	Time:)	W-0			
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-:	20%; P: 21-79%. F: 30-1	00%]				
Year of Registration: ()	Warranty: YES () / NO ()					
Excess: (\$) Loading: \$1,	,000 ()/\$2,000 ()						
General Remarks:-		(ARTING AND SOCIETY OF	193	. 1			
() Walk-In Customar : Customer's inf			274				
() Total Loss Case : to e-mail Insu		andly NO Isler of reparier.					
25170-III ()/ / HVOIC	ce: YES() / NO();	Towing Co: ()			
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done	by			
				200			
1) Apply for Transport Allowance ()/	Courtesy Car ()	1		100			
	Courtesy Car ()						
2) QC Check / Post Repair Inspection	()						
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$	()						
2) QC Check / Post Repair Inspection	()						
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- . joh st. 7 90

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.
- 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.

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AND PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY.	ACCIDENT STATEMENT
Date Of Report	03/01/2020 17:10
Date Of Accident	30/12/2019 18:45
Exact Location Of Accident	50 OLD TOH TUCK RD
Country/State of Loss	SINGAPORE
C C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLB1732L
Insured/Policyholder	
Name Of Registered Owner	CAR EMPIRE LEASING PTE LTD
Co Reg No	2XXXXX518K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96313775
Alternative Phone No	OFFICE-96313775
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180K
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5111556832
Cover Note Number	

Cover Note Number

Driver

MUHAMMAD SARDI BIN ABDUL HAMID Name of Driver

NRIC No SXXXX226F Date Of Birth 07/07/1994 Occupation INDOOR Date Of Driving Pass 17/02/2016

Driving Experience 3 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81283649

Fax Number

OFFICE-81283649 Contact Number

EMail Address NOEMAIL Address BLK 882 WOODLAND STREET 82

#03-62

Postcode 730882

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 Vehicle

1

Insurance Company of Driver's Own Vehicle

*

2

General Information of the Accident

Type Of Accident SIDE SWIPE

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

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)

Passenger 1

NAME:

NO

2

ME:

GENDER: : MALE

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. AS I MISJUDGE AND WENT TO THE EXIT POINT OF 50 OLD TOH TUCK RD. BEFORE I REVERSE MY VEHICLE, I CHECK MY BLINDSPOT AND TURN ON MY VEHICLE REVERSE INDICATOR LIGHT. WHERE THERE WASN'T ONCOMING VEHICLE PASSED BY. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B MAKE A RIGHT TURN FROM OLD TOH TUCK RD AND HIT ONTO MY VEHICLE REAR LEFT PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

Remarks/ Reasons:

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKG1909E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

venicle Category

CHEE TECK WAI, ELEAZAR (ZHU DEWEI, ELEAZAR)

NRIC/Passport Number

SXXXXX014C

Contact Number

Name of Driver

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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

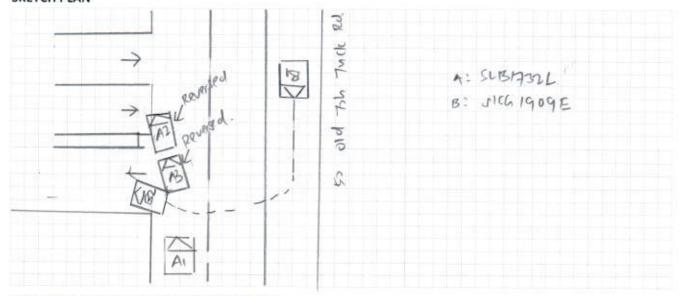
(ii) for complying with requirements under any regulations, laws or court orders.

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

7

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 .:

eBaoTech										Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601						> Chang	e Languaç	e Cha	nge Password	· Log Ou
My Desktop	Policy Query							5.			
Notice of Loss	Policy N	No.	511155	5111556832		Date of Accident			30/12/2019 18:45		
	Vehicle No.(For Motor)		SL8173	SLB1732L		Certificate Number					
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5111556832	5111556832- 000013	CAR EMPIRE LEASING PTE LTD.	201819518K	GFM	drivo CLASSIC		SLB1732L		25/07/2020
						Continue					

Policy No.	5111556832	Policyholder Name	CAR EMP	TRE LEASING PTE LTD.	Policyholder NRIC	201819518K	
Certificate Vo.	5111556832-000013						
Address	33 UBI AVENUE 3 #01-74 VERT	EX SINGAPOR	E 408868				
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	31/07/2019	Effective Date	26/07/20	19 00:00	Expiry Date	25/07/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
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Co- insurance Flag Open Policy Info Certificate Info Policyh	No	Addres		#01-74 VERTEX		Address 3	SINGAPORE 408868
Co- Insurance Flag Dipen Policy Info Certificate Info Policyh Address 1	No older Mailing Address	Addres			,		SINGAPORE 408868 408868
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Co- Insurance Flag Dpen Policy Info Dertificate Info Policyh Address 1 Address 4 Juit No.	older Mailing Address 33 UBI AVENUE 3	Addres Addres Relates Numbe	s 2 s Type d Policy	#01-74 VERTEX Singapore address	,	Address 3	
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Claim Handling					
Accident MT/1078437					
Policy No.	5111556832	Vehicle No.	SLB1732L	GST Registration No.	
Certificate No.	5111556832-000013		69000000	os i registration va.	
Policyholder Name	CAR EMPIRE LEASING PTE LTD.			E-Mark - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
Product Code	PLEET MASTER INSURANCE	Cover Type	drivo CLASSIC	Policyholder NRIC	201819518K
Contact No.(Mobile)	96313775	Contact No.(Office)	0	Loading	0
mail Address		Special Remark		Contact No.(Home)	0
FK	® No ○ Yes	TCA	0.10	eCode	10.4
ICD Protection	No		® No ○ Yes	eCode Reason	
Accident Details	160	NCD Entitlement(%)	ů .	Private Hire	We
eport Date					
	03/01/2020 17:58	Accident Report Within 24 hrs.	Yes	Acodent Type	Side Swipe
ate of Accident	30/12/2019	Time of Accident hin:mm	18:45	Country of Accident	Singapore
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dditional Excess	0				
nat OD Excess Applicable	2000.00	Total TP Excess Applicable			
→ Benefits					
ST Registered Inform					
T Registered	No		GST Registration Date		
T Registration No.			GST Status Venties	Yes	
dification History					
Policyholder Mailing Ad	idress				
dress 1	33 UBI AVENUE 3				
dress 4	33 OBI AVENUE 3	Address 2	#OL-74 VERTEX	Address 3	SINGAPORE 408969
	1-20-20	Adoress Type	Singapore address	Post Code	408868
nt No.	D1-74	Related Policy Number	S111560578		
OI Driver Info					
Iver Name	Unnamed Driver	Oriver Type	Unnamed Driver		
named driver Name	MUHAMMAD SARDI BIN ABDUL	Oriver NRIC	SXXXXZ26F	Driver DOB	07/07/1994
gister Date of Driver License		Driver Age	25	Driving Experience	3
ntact No.(Mobile)	81283649	Contact No. (Office)	ů .	Contact No.(Home)	0
Oress 1	BLK 852	Address 2	WOODLANDS STREET 82	Address 3	SINGAPORE 730882
dress 4		Address Type	Singapore address	Post Code	730882
it No.	03-62				
es he own a Singapore gistered car?	○ Yes ® No	Driver Vehicle No.		Oriver Insurer Company	
deration					
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m Type *	00-MX	Indured Name	CAR EMPIRE LEASING PTE LTD.	Insured NRIC	201819518K
Eact No.(Mobile)		Contact No.(Home)	NIL.	Contact No.(Office)	NIL
all Address		01 Vehicle Number	SL81732L	TP Vehicle Number	SKG19096
ment Type Claimant Type *	Please Select		Please Select		
mant Name +	35	Claimani NRJC •			
mant Address					
m Description	SLB1732L / SKG1909E ON 30 Dec 2019			Name of Preferred Workshop	
erred Workshop Contact		Insured Liability *	Not at Fault		
ure finalisation	Yes	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
e Registered	03/01/2020 18:00	Claim Close Date	- Control of the Cont	Date Received	03/01/2020 00:00
ort Taken By	Jackson			E CONCRETE OF	
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tachment					
dent No.	MT/1078437	Claim No.	001		
Doc Received	● Yes ○ No	Uproad Date	03/01/2020 18:01		
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