Date In: 7/1/20-15:44		1NA 120002899				
711170-10:44	Jeb description	Date & Time Completed	Done by			
Rel No: HallHerous oynahy	SAS e-filing					
Veh No: Skuy62 6A	E-mail (within 8hrs, AIC 2hrs)		(0.1)			
D.O.A : 7/1/00-11:55	i-Motor Claim Form	100 186 Ecilum	7/1/20 16:45			
OD . P. P. Peporting Only	i-Motor W/O (Within: OD 2h					
OB . C.F. Reporting Only	i-Photo Uploaded					
TP Insurer:	Assessment/Survey Report					
II lisurei.	Ass't Report by Fax / Hand	to Owner/Wksp				
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:			
TP Particulars: Veh No: 48	Carolh INC	.)/Non-INC()	**************************************			
Owner / Driver: (Tel:)			
Policy No: () P	Period: (Cover Type: ()			
Confirmed by : (Date:	Time:)			
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-1	00%]			
Year of Registration: ()	Warranty: YES ()/NO ()				
	,000()/\$2,000()					
General Remarks:-	A Committee of the Comm		A Section 1			
() Walk-In Customer: Customer's inf		All the second s				
() Total Loss Case : to e-mail Insur						
		owing Co: (.)			
			FIREARPHEAT WENTY			
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done by			
	Courtesy Car ()					
2) QC Check / Post Repair Inspection	()					
 Upload Resurvey Photo [Repair Cost > \$ 	3000] ()	4.				
Upload Resurvey Photo [Repair Cost > \$ Injury:	3000] ()					
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Injury: Date/Time Actions NANOSOS Laimant's Particulars:- Diver/Owner:	Inveice Pre 1) AR: Accident 2) DA: Darnage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming 8 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Addition	paration Checklist: Reporting (\$30); Assessment (\$100); INC (\$8 (\$60)); Ree \$40 (\$100); INC (\$100); Assessment (\$100); INC (\$100); Assessment (\$10	Ant (5) Am (5) (5) Bill Add Bill 0) (545 5120 530) 575 5160			
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Injury: Date/Time Actions NANOSOS Lamant's Particulars: iver/Owner: ontact No: amaged Portion: Checked by (Engr-In-Charge):	Inveice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) FT: Fullow-T For claiming a 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Co	paration Checklist: Reporting (\$30); Assessment (\$100); INC (\$8 ce \$40 through Survey (Resurvey) gainst INC Only (wef 10 Jan 2005 clion + SMRT Survey onal Services: Car / Tpt Allowance c-ordination nit Inspection lect Excess Coordination (Non INC) against INC	Ant (5) Amt (3) 13t Bill Add Bill 0) /545 5120 530) 575 5160 \$5 510 \$25			

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number Fax Number

Contact Number

EMail Address

Gender

- Please report correctly the details of the accident to speed up the claims process.
- 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.	
grant of the state	ACCIDENT STATEMENT
Date Of Report	07/01/2020 15:44
Date Of Accident	07/01/2020 11:55
Exact Location Of Accident	RUBY WAREHOUSE COMPLEX
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKL4626A
Insured/Policyholder	
Name Of Registered Owner	LEVIN AUTO
Co Reg No	5XXXX455L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88121318
Alternative Phone No	OFFICE-88121318
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT 1.3G SKYROOF A
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	THIRD PARTY
Fleet Policy	YES
Policy Number	5111271281
Cover Note Number	
Driver	
Name of Driver	ELIS SURIYANTI BINTE RAMLEE
NRIC No	SXXXX329Z
Date Of Birth	07/03/1994
Occupation	OUTDOOR
Date Of Driving Pass	09/12/2014

5 YEARS AND 0 MONTHS

(LOCAL) +65-91705032

OFFICE-91705032

MALE

NOEMAIL

Address BLK 206D COMPASSVALE LANE

#04-121

Postcode 544206

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

2

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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

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.

NO

Number of Passengers (Including Driver)

2

Passenger 1

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

ON STATED DATE AND TIME, MY VEHICLE WAS QUEUEING BEHIND OF VEHICLE B. SUDDENLY VEHICLE B REVERSED AND HIT ONTO MY STATIONARY VEHICLE FRONT PORTION.

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

GBC8206G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

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:
 - (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.

ROC: 53380455L

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

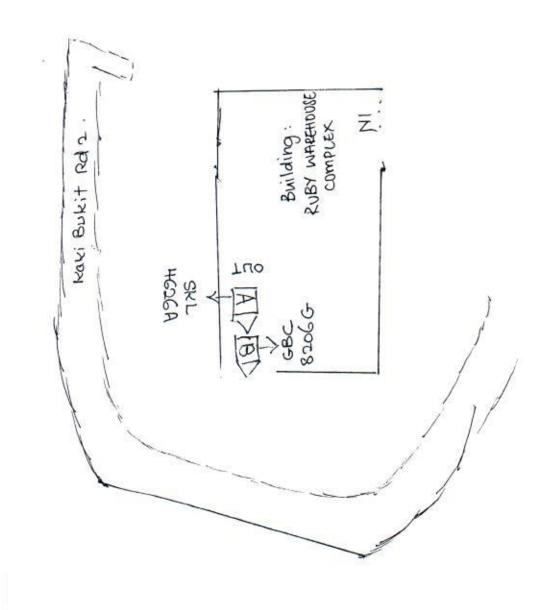
Name:

NRIC/FIN No .:

SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Refer to statement. DECLARATION I/We declare the toregoing particulars are true in every respect. ROC: 53380455L

53380455L

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.: 到近好 91705032.



eBaoTech		GeneralCl					lClaim				
Hello, NAC_PAYA_UBI_80	0601			WITH LOND TO WA		THE REAL PROPERTY.	· Change	Language	• Chan	ge Password	· Log Out
My Desktop	Desktop Policy Query										
Notice of Loss Policy No.			511127	5111271281		Date o	of Accident	O	7/01/2020 1	1:55	
	Vehicle No.(For Motor)		SKL462	SKL4626A		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	5111271281	5111271281- 000007	LEVIN AUTO	53380455L	GFM	Third Party	SKL4626A	SKL4626A	17/07/2019	16/07/2020
					(Continue					

Sequen	The County of the State of the County of the Cou	Endorseme	nt Tune	Endorsement Numbe	r Endorser	ment Status	Endorsement Content
▽ Endors		87					
	d Object: 5111271281-00000	Numb 7	er				
Unit No.	03-15	Relate	ed Policy	5111490062			
Address 4			ss Type	Singapore address		Post Code	415978
Address 1	18 KAKI BUKIT ROAD 3	Addre	ss 2	≠03-15 ENTREPREM	IEUR BUSINI	Address 3	SINGAPORE 415978
Info Policyh	older Mailing Address						
Policy Info Certificate							
Open							
nsurance Flag	No						
Agent Co-	S & M ALLIANCE PTE LTD	Agent Tel.	96354288		GST Flag	Y	
Singapore DD Excess		Singapore TP Excess	1500		Y272421249777		/Inexperience Driver Excess
Excess Outside		Outside					
Additional	0	OS Premium	0				
Third Party Excess	1500	Own damage Excess			Windscreen Excess		
Excess Type	Per Accident	All Claims Excess					
Policy ssue Date	18/07/2019	Effective Date	17/07/20	19 00:00	Expiry Date	16/07/2020 23	:59
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Address	18 KAKI BUKIT ROAD 3 #03-15	ENTREPRENE	UR BUSINE	SS CENTRE SINGAPOR	E 415978		
Dertificate No.	5111271281-000007						
Policy No.	5111271281	Policyholder Name	LEVIN AU	то	Policyholder NRIC	53380455L	



