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01110-11-14	Jeb description		Date &Time Completes	d Di	one py
Ref No: HALNC 20009 57 124	SAS e-filing	i			
Veh No: 9.729617	E-mail (within Shrs,	AIC 2hrs)			
D.O.A: 14/1/20-15:40	i-Motor Claim F	orm	M7/1080235-001	15/1/20	12:21
	i-Motor W/O (W		The state of the s		
OD (TP) Reporting Only	i-Photo Uploade	d			
	Assessment/Surve	y Report			
TP Insurer:	Ass't Report by F	ax / Hand to (	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	
TP Particulars: Veh No: Sp.	15424	. INC(	)/Non-INC( )	101	
Owner / Driver: (			Tel:	)	
Policy No: ( ) I	Period: (	) (	Cover Type: (		)
Confirmed by : (	L	ate:	Time:	)	
Insured/Driver Liability: ( %)	[Note-Est. Status (WO)	): N: 0-20%	; P: 21-79%. P: S	0-100%]	
Year of Registration: ( )	Warranty: YES ( )	/NO( )			
Excess: (\$ ) Loading: \$1	,000()/\$2,000(	)			
General Remarks;				OT	The Control
( ) Walk-In Customer: Customer's in	formation strictly Confid	ential & Stric	ly NO refer of repaire	er.	
( ) Total Loss Case : to e-mail Insu	The same of the sa	±1	3	(*	
	ce: YES ( ) / NO	( ); Tov	ring Co: (		)
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Remarks:- (INC hotline: 6788 6616)			Date&Time Completed	8 Jack 6 814	onorg
	Courtesy Car ( )		1.55.65	-	
2) QC Check / Post Repair Inspection	( )				
3) Upload Resurvey Photo [Repair Cost>	\$3000] ( )				
Upload Resurvey Photo [Repair Cost>      Injury:	\$3000] ( )		1,		
Injury:	\$3000] ( )				T-00 - 12 - 20 - 20 - 12 - 12 - 12 - 12 -
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### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

EMail Address

- 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.
- 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.

The state of the s	ACCIDENT STATEMENT
Date Of Report	15/01/2020 15:33
Date Of Accident	14/01/2020 15:40
Exact Location Of Accident	CANBERRA ST
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLJ2961T
Insured/Policyholder	
Name Of Registered Owner	AURORA CAR RENTAL & LEASING SINGAPORE
Co Reg No	2XXXXX185K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS E AUTO
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	5110029694
Cover Note Number	
Driver	
Name of Driver	LIN CHIN SIONG (LIN JINGXIONG)
NRIC No	SXXXX459H
Date Of Birth	30/04/1988
Occupation	OUTDOOR
Date Of Driving Pass	29/07/2013
Driving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98159044
Fax Number	
Contact Number	OFFICE-98159044

NOEMAIL

Address BLK 121A EDGEDALE PLAINS

#04-235

Postcode 821121

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

SALVOCK

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

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) 3

named of accompany (molecular grants)

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?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

NO

NO

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SBN545Y

5 . . . 6/5

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver OU SIANG CHIN

NRIC/Passport Number

Contact Number 97556383

Address Postcode

Page 2 of 15

#### 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
- 3. 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
- 5. Any false reporting may be referred to the Police for investigation.
- 6. 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
- 7. 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
- 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)
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
  - (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, 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
- (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 Europases.
- (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.

Policyholder's Date & Time:

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

Date & Time:

Reporting Centre Personn Name:

NRIC/FIN No.:

SKETCH PLAN	
Ŋ	SLJ 2961T
	SBN 545Y.
D	39H 345 1
	CAMBERRA STREET.
	B
DESCRIBE CIRCUMSTAN	ICES OF THE ACCIDENT
On 14/01/2	020, 1542 his, I was driving SLJ 2961T into combine street
When I Step v	my vehicle, SCJ 2961 T, at the give may line after the room
Chossing for an	coming trooffic, which SEN 454 Y, not my right venir
of my vehicle.	
LIFIG	*
ECLARATION We declare the work and the	
1 3 0 K18	rtides are true in every respect.
The state of the s	Mg.
olicyholder's signature	Driver's Signature Reporting Centre Personnel As gnature
ate & Time:	(if driver is not the policyholder) Name

# SLJ 2961T

EHICLE NO: SH	MAKE & MODEL: TO YOTA.
DATE OF ACCIDENT	14 / 01 / 2020 .
TME OF ACCIDENT	3.42 AM (PM).
OCATION OF ACCIDENT	Camperra Street
Exact Purpose use during acciden	nt -
NAME OF OWNER	Aurora (AR Renta) I Leasing Spore
TELP NO	7
NRIC	
CLAIM TYPE	OD / KHIRD PARTY / Reporting Only
PRIVATE HIRE	YES NO ?
NSURANCE CO.	MT4C:
TYPE OF CAVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	5100196759-01.
NAME OF DRIVER	Asobore / IFNO: LIM CHIN BIONG.
NRIC	58816H59H Any passengers: Two.
DATE OF BIRTH	30 / 04 / 1988. 2 4 male.
OCCUPATION	Cutdor / Indoor
DATE OF DRIVING PASS	7910712013.
GENDER	(Male / Female
CONTAC NO.	98159044 Office: Home: -
ADDRESS	9815904 Office: Home: - 121A & EDGEDALE PLAIN #04-235 (821)
DRIVER HAVE ANY OWN Vehi	cleNO / If yes : Reg No:
RELATIONSHIP	Employee / If No: HIRE
WEATHER CONDITION	Clear / Raining / Other:
ROAD SURFACE	Dry / Wet / Other:
ANY INJURIES	(No) If yes : Who?
CONTAC NO.	
POLICE REPORT	(No) If yes: Where?
VEHICLE B NO.	SBN 545Y Any Passenger:
NAME	OU SIANG CHIN.
CONTAC NO.	97556383
VEHICLE C NO.	Any Passenger:
VEHICLE D NO.	Any Passenger:
VEHICLE E NO.	Any Passenger:
VEHICLE F NO.	Any Passenger:
ANY WITNESS	
	No vide o.
WITNESS CONTACT NO.	
WITNESS CONTACT NO. Have you been approach by unl	known person soliciting (s)
WITNESS CONTACT NO.	known person soliciting (s)
WITNESS CONTACT NO.  Have you been approach by unl offering accident claims assistan	known person soliciting (s) / nce? YES / NO
WITNESS CONTACT NO. Have you been approach by unloffering accident claims assistant particular workshop	Sme Motor Pte Ltd 6 Speed Autowerkz Pte Ltd
WITNESS CONTACT NO.  Have you been approach by unl offering accident claims assistan	Sme Motor Pte Ltd 6 Speed Autoworks Pte Ltd

<b>eBao</b> Tech							The Samuel			Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601						· Chang	e Languag	e : Cha	nge Password	STATE OF THE PARTY
My Desktop	Policy Query						0.0000000		( , , , , , , , , , , , , , , , , , , ,	rgc rassword	
Natice of Loss	Policy !	No.	511002	9694		Date	of Accident		14/01/2020	15:40	
	Vehicle	No.(For Motor	SLJ296	17		Certifi	cate Number				
					8	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5110029694	S110029694- 000041	AURORA CAR RENTAL & LEASING SINGAPORE PTE LTO	201914185K	GFM	Third Party		SD29617	19/06/2019	29/05/2020
					C	ontinue					

Policy No.	5110029694	Policyholder Name	AURORA	CAR RENTAL & LEASIN	Policyholder	201914185K	
Certificate No.	5110029694-000041	, Talling			NRIC	20221110JK	
Address	BLK 79B #29-17 TOA PAYOH	CENTRAL CENTR	AL HORIZ	ON SINGAPORE 312079			
Product Name	FLEET MASTER INSURANCE	Plan		VOLUME CONTRACTOR OF THE PARTY	Group Policy Flag	N	
Policy issue Date	30/05/2019	Effective Date	30/05/20	19 00:00		29/05/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0	
Additional Excess	0	OS Premium	342.44				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Agent	ALPINE FINANCIAL PTE, LTD.	Agent Tel.	65113025		GST Flag	20	
					GS1 riag	Y	
Co- insurance Flag	No				GS1 riag	1	
insurance Flag Open	No				GS1 riag	*	
insurance	No				GSTrag	,	
Insurance Flag Open Policy Info Certificate Info	No older Mailing Address				GS1 rag	Y	
Insurance Flag Open Policy Info Certificate Info		Addres	s 2	TOA PAYOH CENTRA		ddress 3	CENTRAL HORIZON
nsurance Flag Open Policy Info Certificate Info Policyh	older Mailing Address	Addres: Addres:			L A		CENTRAL HORIZON 312079
Insurance Flag Open Policy Info Certificate Info	older Mailing Address BLK 798 #29-17		s Type I Policy	TOA PAYOH CENTRA	L A	ddress 3	
Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address  BLK 79B #29-17  SINGAPORE 312079	Address Related Numbe	s Type I Policy	TOA PAYOH CENTRA Singapore address	L A	ddress 3	
nsurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address  BLK 79B #29-17  SINGAPORE 312079  29-17  I Object: 5110029694-00004	Address Related Numbe	s Type I Policy	TOA PAYOH CENTRA Singapore address	L A	ddress 3	
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Marche	Claim Handling					
STOCKERS ST	Accident MT/1080235					
MICHIEL MATERIA LA LA MICHIEL SA LA MICHIEL SA LA MICHIEL SERVICIONE DE LE MICHIEL MATERIA DE LA MICHIEL MA	Policy Na.	5110029694	Vehicle No.	SUZZET	GST Registration No.	
THE THE THE PASS TRESHES AND ASS TO THE PASS TRESHES AND ASS	Certificate No.	5110029694-000041				
March Colon   March Part   March March   March Part   March March   March Part   M	Policyholder Name	AURORA CAR RENTAL & LEASING SI	NGAPORE PTE LTD		Palicyholder NR3C	2019141852
Control No.	Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party		
March   Marc	Contact No.(Mobile)	0	Cornect No.(Office)	ō		
March   Mar	mail Address		Special Remark			processor.
March   Marc	ок	® No ○ Yes	TGA	® No ○Yes		II.
### OFFICE   STOCK   S	ICD Protection	No	NCO Entitlement(%)			522
March Carlos   Marc	Accident Details				-made have	ves
The Mark And Color Trans or An Experience Tra	Aport Date	15/01/2020 15:49	Acodent Report Within 24 hrs.	Yes	According Town	
Section   Control   Cont	ate of Accident	14/01/2020				Collision - Head to Rear
Color   Colo	eporting Centre	I CONTRACTOR COL		19:40		Singepore
### MACROST STOPE   APP ACCOUNT   APP ACCOUN		ALCOHOL 100	Grange Force		ICM No.	
March Totoms						
Standard Economy   1,000   170 Spicialist Economy   1,000 00						
200 Disease	CHAR TYDE	Pair Accident	Windscreen bacess	0.00		
20   Disease	Standard Facers	***	La 20 0000 Magazini 460111			
Microse   Color   Co				1,500.00		
MED CONTROL PROPERTY   200   TOTAL TO FOCKER Application			YIED TP Excess		Driver is Covered?	
Passentities						
P. P. Stagewinder   No		0.00	Total TP Excess Applicable			
Magestand   No		TOTAL CONTRACTOR OF THE PARTY O				
Registration Role						
### SATISTAN HARDING Address  **P. PATISTAN HARDING Address  **********************************		No				
Principalister Mailing Address				GST Status Venfied	Yes	
Desire						
### A STUDENCH STATE   ADDRESS   TOA PAYON CENTEAL   ADDRESS   CENTEAL FOREION   ### A STUDENCH STATE   ADDRESS   TYPE   STUDENCH STATE   ### A STUDENCH STATE	Policyholder Mailing &	ddress				
Control Price   Control			25 N			
## Type ## OD MR.  ## OD MR.  ## Insured Rame  ## ABORA CAR REVEAL & LEASIN  ## Pression to Company  ## Company			Address 2	TOA PAYON CENTRAL	Adoress 3	CENTRAL HORIZON
### Comment of the Co			Address Type	Singapore address	Post Code	312079
UNASMED DIVEY    Driver Type		29-17	Related Policy Number	5110029694		
Description						
Direct Common   Section			Driver Type	Unnamed Driver		
Second   S			Driver NR3C	SXXXX459H	Driver DDB	30/04/1988
Description			Driver Age	3L	Driving Experience	6
Agrees 3 Publicable Received  File Singularies Received  File Singularies Received  File Code  File File Code  File File Code  File File Code  File File Code  File Code  File File Code  File File Code  File File File Code  File File File Code  File File File File File Code  File File File File Fi		90159044	Contact No.(Office)	0	Contact No. (Home)	g.
The Core Street Care Plant Core Street Original Part Core Street Core Street Care Street C	fress 1	BLK 121A	Address 2	EDGEDALE PLAINS	Address 3	PUNGGOL EDGE
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