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OD / TP / Reporting Only	i-Motor V	V/O (Within: OD 2hrs	TP 4hrs)		
	i-Photo U	ploaded			
TP Insurer:	Assessment	/Survey Report			
	Ass't Repor	rt by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	
TP Particulars: Veh No: SFS	7490	. INC ()/Non-INC()		
Owner / Driver: (-23/0 -00110		Tel:)	
	criod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	Note-Est. Status	(WO): N: 0-20	%; P: 21-79%. F: 30-1	00%]	
	Warranty: YES (()/NO()			
Excess: (\$) Loading: \$1,0	000()/\$2,00	00()			
General Remarks:		f F 1		33.	
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Remarks: (INC hotline: 6788 6616)			Date&Time Completed	Don	e by
1) Apply for Transport Allowance ()/C	Courtesy Car ()	Date&Time Completed	Don	e by
Apply for Transport Allowance ()/C QC Check / Post Repair Inspection	()	Date&Time Completed	Don	e by
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Apply for Transport Allowance ()/C QC Check / Post Repair Inspection	()	Date&Time Completed	Don	e by
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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.	St. 10 St. 11 St. 15 St.
	ACCIDENT STATEMENT
Date Of Report	17/01/2020 16:01
Date Of Accident	15/01/2020 20:05
Exact Location Of Accident	NAPIER RD TWDS TANGLIN RD
Country/State of Loss	SINGAPORE
Description of the second of t	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGF948B
Insured/Policyholder	
Name Of Registered Owner	AURORA CAR RENTAL & LEASING SINGAPORE PTE LTD
Co Reg No	2XXXXX185K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	тоуота
Model	VIOS1.5S 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	REPORTING ONLY
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	MUHAMMAD SALLEH BIN JALIL
NRIC No	SXXXX255F
Date Of Birth	22/11/1981

OUTDOOR

15/12/2011

8 YEARS AND 1 MONTH

Mobile Number (LOCAL) +65-94232030

Fax Number

Occupation

Date Of Driving Pass

Driving Experience

Contact Number OFFICE-94232030

EMail Address NOEMAIL

Address BLK 255 YISHUN RING ROAD

#06-1119

Postcode 760255

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

Insurance Company of Driver's Own Vehicle

0

2

NO

NO

NO

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) 1

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)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

NO

2

Vehicle Registration Number SFS749C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 14

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 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
- 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)

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:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
 - (li) 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
- (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 froud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:

UEN: 201914185K

> .07 4

(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

ents under any regulations, laws or court orders.

Policyholder's enature Date & Time:

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

Reporting Centre Personne Name

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE 15th JANUARY 2020 AT AROUND 8.05 PM I WAS DRIVING ALONG MAPIER RUAD FOWERDE ENTERING TANGLIN ROAD. I WAS FOLLOWING BEHIND SES 749C. WE WERE MERGING INTO A MERGING LANE ON TANGLIN ROAD WHEN IT SUDDENLY STOPS IN FRONT OF ME BY I WAS TURNING MY HEAD TO THE RIGHT TO THE BLIND SPUT, FOR ME SFS 749C WAS CLEAR TO GO AS THERE WAG NO CAR ON HER RIGHT BUT SHE STOPS IN THAT WIDE MERGING LANE WHICH I GOT NO TIME TO REALT WHEN I TURN MY HEAD TO FACE THE FRONT . THAT IS WHEN THE COLLISION OCCURS. DECLARATION TEASING re true in every respect

Reporting Centre Personnel's

Name

Driver's Signature

(If driver is not the policyholder)

Date & Time

SGF948B MAKE & MODEL: VEHICLE NO: 01/2020. DATE OF ACCIDENT AM (PM). 8.05 TIME OF ACCIDENT HAPIER Rd LOCATION OF ACCIDENT Exact Purpose use during accident AURORA CAR Rental NAME OF OWNER TELP NO NRIC Reporting Only THIRD PARTY OD CLAIM TYPE YES / NO ? PRIVATE HIRE MTUC INSURANCE CO. Comprehensive / Third Party / Third Party Fire & Theft TYPE OF CAVERAGE 5110029694-000054 POLICY NO. MOHAMMAD SACLEH BIN JALIL As above / If No: NAME OF DRIVER Any passengers: 5813625JF 22/11/19/1 DATE OF BIRTH Indoor Outdoor / OCCUPATION 12/2011. 151 DATE OF DRIVING PASS Female GENDER 942320300ffice: Home: CONTAC NO. 06-1119 255 YIShun Fing ADDRESS DRIVER HAVE ANY OWN Vehicle No / If yes : Reg No: Employee / If No: Hire. RELATIONSHIP Other: Raining WEATHER CONDITION Dr / Wet / Other: ROAD SURFACE No / If yes : Who? ANY INJURIES CONTAC NO. No / If yes : Where? POLICE REPORT one. Any Passenger: SFS 749C. VEHICLE B NO. NAME CONTAC NO. Any Passenger: VEHICLE C NO. Any Passenger: VEHICLE D NO. Any Passenger: VEHICLE E NO. Any Passenger: VEHICLE F NO. ANY WITNESS WITNESS CONTACT NO. Have you been approach by unknown person soliciting (s) / YES / NO offering accident claims assistance? 6 Speed Autowerkz Pte Ltd

Sme Motor Pte Ltd

Singapore 417883

1 Kaki bukit ave 6 #02-15

Autobay a kaki bukit

68 Kaki Bukit Avenue 6

#02-05 ARK @ KB, Singapore 417896

Tel: 6384 7037 Fax: 6384 7039

Email: 6speedautowerkz@gmail.com

PARTICULAR WORKSHOP

CONTACT PERSON

TELP NO

eBao Tech			7.57	T STATE	DECUSSION	2500			10	Gener	alClaim
Hello, NAC_PAYA_UBI_8	00601						+ Change	e Languag	e • Chai	nge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Lass	Policy N	No.	511002	9694		Date o	of Accident		15/01/2020	20:05	
	Vehicle	No.(For Motor)	SGF948	В		Certifi	cate Number				
					10	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5110029694	5110029694- 000054	AURORA CAR RENTAL & LEASING SINGAPORE PTE LTD	201914185K	GFM	Third Party	5GF948B	TOWN STORM WE	D4/09/2019	29/05/2020

Policy No.	5110029694	Policyholder Name	AURORA	CAR RENTAL & LEASIN	Policyholder NRIC	201914185K	
Certificate No.	5110029694-000054	Harrie			WILL		
Address	BLK 79B #29-17 TOA PAYOH C	ENTRAL CENTR	AL HORIZO	N SINGAPORE 312079	6		
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	30/05/2019	Effective Date	30/05/20	19 00:00	Share and the same	29/05/2020 23	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	342.44				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
	ALPINE FINANCIAL PTE. LTD.	Asset Tal					
Agent	ALPINE FINANCIAL PIE. LID.	Agent Tel.	65113025		GST Flag	Υ	
Co- insurance	No	Agent Tel.	65113025		GST Flag	Y	
Co- nsurance Flag Open		Agent rei.	65113025		GST Flag	Υ	
Co- insurance Flag Open Policy Info Certificate		Agent Tel.	65113025		GST Flag	Y	
Co- nsurance Flag Open Policy Info Certificate Info		Agent Tel.	65113025		GST Flag	Y	
Co- nsurance Flag Open Policy Info Certificate nfo Policyh	No	Addres		TOA PAYOH CENTRA	7	Address 3	CENTRAL HORIZON
Co- insurance Flag Open Policy Info Certificate info Policyh Address 1	No older Mailing Address	Addres			L	Transcore Man	CENTRAL HORIZON 312079
Agent Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address BLK 79B #29-17	Addres Addres	s 2 s Type d Policy	TOA PAYOH CENTRA	L	Address 3	
Co- nsurance Flag Open Policy Info Certificate nfo Policyh Address 1 Address 4 Unit No.	older Mailing Address BLK 79B #29-17 SINGAPORE 312079	Addres Addres Relater Numbe	s 2 s Type d Policy	TOA PAYOH CENTRA Singapore address	L	Address 3	
Co- nsurance Flag Open Policy Info Certificate nfo Policyh Address 1 Address 4 Unit No.	older Mailing Address BLK 79B #29-17 SINGAPORE 312079 29-17 d Object: 5110029694-00005	Addres Addres Relater Numbe	s 2 s Type d Policy	TOA PAYOH CENTRA Singapore address	L	Address 3	
Co- nsurance lag Open Open Certificate nfo Policyh Address 1 Address 4 Unit No.	older Mailing Address BLK 79B #29-17 SINGAPORE 312079 29-17 d Object: 5110029694-00005	Addres Addres Relater Numbe	s 2 s Type d Policy er	TOA PAYOH CENTRA Singapore address	L A	Address 3	
Co- nsurance Flag Open Policy Info Certificate nfo Policyh Address 1 Address 4 Unit No. Insurec Sequence	older Mailing Address BLK 79B #29-17 SINGAPORE 312079 29-17 d Object: 5110029694-00005	Addres Addres Related Numbe	s 2 s Type d Policy er	TOA PAYOH CENTRA Singapore address 5110029694	L A	Address 3 Post Code	312079

Accident MT/1080635 Policy No.					
Policy No.					
	5110029694	Vehicle No.	SGF948B	GST Registration No.	
Certificate No.	5110029694-000054			10 00 00 00 00 00 00 00 00 00 00 00 00 0	
Policyholder Name	AURORA CAR RENTAL & LEASING SINGA	PORE PTE LTD		Policyholder NR3C	201914185K
Woduct Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	
Contact No. (Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Ramark	70		0
0FK	(R) No () Yes	TCA	No	eCode	19.00
4CD Protection	No	NCD Entitlement(%)	0	eCode Reason	
Accident Details		aco cureamerciae)		Private Hire	Yes
eport Date	1710117000 - 6-60				
	17/01/2020 16:03	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
ate of Accident	15/01/2020	Time of Accident nh:mm	30:05	Country of Academ	Singapore
eporting Centre		Orange Force		ICM No.	
coldent Location	NAPIER RD TWDS TANGLIN RD				
Total Excess Applicable	e.				
ксеяя Туре	Per Accident	Windscreen Excess	0.00		
5 Standard Excess	0.00	TP Skandard Excess	1.500,00		
ED DD Excess	0.00	YIED TP Excess		Driver is Covered?	
ditional Excess					
fal OD Excess Applicable	0.00	Total TP Excess Applicable			
7 Benefits					
GST Registered Inform	nation				
T Registered	No		GST Registration Date		
ST Registration No.			GST Status Venified	Ves	
diffication History					
Policyholder Hailing A	ddress				
ktress 1	SUK 798 #29-17	Address 2	TOA PAYON CENTRAL	Address 3	CENTRAL HORSZON
idress 4	SINGAPORE 312079	Address Type	Singapore address	Post Code	
Ht No.	29-17	Related Policy Number		Post Code	312079
OI Driver Info	*****	Neston Policy Number	5110029694		
iver Name	Ware Views				
named driver Name	Unnamed Driver	Oriver Type	Unnamed Driver		
	MUHAMMAD SALLEH BIN JALIL	Driver NR3C	SXXXX255F	Driver DOB	22/11/1981
gister Date of Driver License		Driver Age	38	Driving Experience	a
ntact No.(Mobile)	94232030	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 255	Address 2	YISHUN RING ROAD	Address 3	YISHUN SUNSHINE
dress 4	SINGAPORE 760255	Address Type	Singapore address	Post Code	760255
Ht No.	06-1119				
	○ Yes Of No.	Oriver Vetucio No.		Particular Services and Control of	
	○ Yes @ No.	Oriver Véhicle No.		Driver Insurer Company	
gistered car?	Ores ® ka	Oriver Véhicle No.		Driver Insurer Company	
pistered car? paration pathalyser or Blood Test			Dye On	Driver Insurer Company	
oes he own a Singapore opstered car? claration eathalyser or Blood Test ading?	○ Yes ® Nu. ○ mp	Oriver vehicle No. Any injury?	○ Yes ® No	Driver Insurer Company	
opstered car? claration eathalyser or Blood Test adding?			○ Yes ® No	Driver Insurer Company	
gistered car? claration eathalyser or Blood Test			○ Yes ® No	Driver Insurer Company	
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pistered car? iaration sthapper or Blood Test ading?			○ Yes ⑥ No	Driver Insurer Company	
isration istration istration istration or Blood Test iding? Infication History Italien 601 New		Any injury?			TOUGHANDEN
isration istration istration istration or Blood Test iding? Infection History Italien 601 New	0 mp	Any injury?	○ Yes (*) No AURORA CAR RENTAL & LEASIN	Tinsured NRIC	201914185K
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