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- O	i-Motor W/O (Within: OD 2)			
OD TP P Reporting Only	i-Photo Uploaded			
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	
TP Particulars: Veh No:	MZ INC	()/Non-INC().		
Owner / Driver: (Tel:)	
Policy No: () Peri	iod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [N	ote-Est. Status (WO): N: 0-	20%; P: 21-79%. F: 80-1	00%]	
Year of Registration: () W	/arranty: YES () / NO ()		
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() Total Loss Case : to e-mail Insurer		V	- 1	
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Remarks:- (INC hotline: 6788 6616)	100000000000000000000000000000000000000	Date&Time Completed	Done	py
 Apply for Transport Allowance ()/Co 	ourtesy Car ()			-04 -04-12
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$30	000] ()		7/4	
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in parallel 2.25

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.

- 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

Service and the service of the servi	ACCIDENT STATEMENT
Date Of Report	03/02/2020 18:14
Date Of Accident	01/02/2020 02:00
Exact Location Of Accident	HAVELOCK RD
Country/State of Loss	SINGAPORE
translation and the second second second	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMQ7590Z
Insured/Policyholder	
Name Of Registered Owner	FOCUS RENTALS PTE LTD
Co Reg No	2XXXXX450G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98299734
Alternative Phone No	OFFICE-98299734
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	PRIUS PLUS (AUTO)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	THIRD PARTY
Fleet Policy	YES
Policy Number	5113975451
Cover Note Number	
Driver	
Name of Driver	TAN KWANG SIN (CHEN GUANGXIN)
NRIC No	SXXXX098G

 NRIC No
 SXXXX098G

 Date Of Birth
 19/10/1978

 Occupation
 OUTDOOR

 Date Of Driving Pass
 02/11/1998

Driving Experience 21 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81268880

Fax Number

Contact Number OFFICE-81268880

EMail Address NOEMAIL

Address BLK 876 TAMPINES STREET 84

#11-26

Postcode 520876

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

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? YES

Was any injured conveyed to hospital by NO

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

Police Station Name BISHAN NEIGHBOURHOOD POLICE CENTRE

2

NO

YES

NO

ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY:

Police Station Address SINGAPORE

Police Station Contact TEL NO: 1800-5529999 - FAX NO: 65561905

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200201/2096.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLK2415Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Page 2 of 18

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TAN KWANG SIN (CHEN GUANGXIN)

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SMQ7590Z

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 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 nossible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy fiability.
- 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 lusurers 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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.

Policyholder's Signature
Date & Time:

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personner's Signature

NRIC/FIN No.:

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WINE SINCEPLATION VS

Date of Accident	: 01 01 2020 Accident Time: 0200 (24-HR-Format)
occident Place	Havelock Road
Vehicle Reg. No. (Car Plate No.)	SMQ 7590Z
Vehicle Make/Model	: Toyota Prins +
Insurance Company	NTUC Policy No.
Owner or Company Name /IC No.	: Focus Rentals Pte Ltd 201836450 G
Owner or Company Contact No.	98299734 Owner's HpCompany Tel
DRIVER'S Name / IC No.	: Tan , Kwang Sin
DRIVER'S Date Of Birth	: 19/10/197 8 DRIVER'S License Pass Date 02/11/1998
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: enta
DRIVER'S Address	: BLK 876 TAMPINES ST 84 #11-26 (520876)
DRIVER'S Contact No / Alt No.	:1) 81268880 2)
DRIVER'S Occupation	: INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	JAIKTAN 9034@GMAZL COM
Weather & Road Surface	: CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party) Claim Own Insurance
Number of Passengers (Including)	Driver): 01 Driver injured.
Was there any video Captured by of Exact purpose for which vehicle w	car camera: KES NO vas being used at the time of accident: Private use Work purpose
Other	Party Driver's Particular (if anv)
Vehicle Reg. No: SLK 241	5Z Vehicle Reg. No:
Vehicle Make Wodel:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver;	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:

. . .



Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL



Report No T/20200201/2096

Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

Date/Time F 01/02/2020	CC - 10 CC - 10 CC	ade	Vide	Report No.:			St 88	ation Diary No.:
Informant's	Particu	lars						
Name of Inf TAN KWAN	ormant:		Addre APT 5208	BLK 876 TA	MPINES ST	REET 84	#11-26	SINGAPORE
ID Type / ID NRIC NO /		8G	Cont	act No.: e/Office:		Mobile	81268	3880
Nationality: SINGAPOR	E CITIZE	EN	Emai	I:				
Sex: Male	Age: 41	Date of Birth: 19/10/1978	Type Drive	of Informan	t:			
Race: Chinese			Engli			Instituti	hool Name:	
Occupation Private Hire			Drivi	ng Licence I s: 3	nformation:	Date of	Expiry	1
Along Road HAVELOC	KROAD	TURNING INTO	EU TON	NG SEN STF	REET			
Weather: Clear			Roa	d Surface:			Road	Speed Limit:
Traffic Flov	V.		Traff	fic Control: fic Light - Wo	orking		Traffic Volume: Light	
	llision: lovina Ve	hicles - Head To	Rear					ne conveyed by lance:
One Way						gy-ration-	-	
One Way Type of Co Between M		nvolved	A. 3. 1	7.5 V. L.	in Pike			
One Way	Vehicle I	nvolved Make	As A	Model	Color	Cor	ndition	No of Passenge
One Way Type of Co Between M Details of	Vehicle	The second secon	A 1 1	Model	Color	Slig	ndition phtly maged	No of Passenge

Use of Pedestrian Crossing: NA





2 of 3

Report No T/20200201/2096

Police Station Of Origin: Bishan N.P.C. 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

CONTINUATION OF REPORT

Driver						
Name	ABDUL MALEK			ID No.		NIL
Related Vehicle	SLK2415Z (Car)	5Z (Car) Contact No.		ct No.	81565760	
Hospital/Clinic	NIL			Class Driving Licence Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	scharge NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	
Driver				3157 332		
Name	TAN KWANG SIN			ID No.		S7831098G
Related Vehicle	SMQ7590Z (Car)			Contact No.		81268880
Hospital/Clinic	MOUNT ALVERNIA	HOSPITAL		Class Drivin Licen Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	01/02/2020		Date Disc	harge	01/0	2/2020
No. of Days gran	nted Medical Leave	05	Degree of	finjury	Sligh	nt

Brief Details.

On 01/02/2020 at about 0205hrs, I was travelling along Havelock Road towards Eu Tong Sen Street. I was approaching the junction to turn right. However suddenly there was a taxi from my left signaled to go into my lane. As such, I slowed down my vehicle (SMQ7590Z) and gave way to the said taxi. Suddenly I felt an impact coming from the rear of my vehicle.

I alighted from my vehicle and noted that vehicle SLK2415Z had collided into the rear portion of my vehicle causing dents and scratches. My rear bumper also had slightly dislodged. I wish to state that both me and the said driver only managed to exchange contact details. I have an in built camera in my vehicle (front view only) which captures the incident.

After the accident, I felt pain on my body and feeling nausea as such, I went to see the doctor. I was given 5 days medical leave.

No traffic police and no ambulance at scene. No government property damaged.





3 of 3

Report No T/20200201/2096

Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

CONTINUATION OF REPORT

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	M.C.				164	

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: E / Sgt 3 LIYANA BINTE MOHD RAZALI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/02/2020 16:09
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Gase:

tello, NAC_PAYA_UBI_800	601						· Chang	e Languag	e · Chang	ge Password	+ Log Ou
My Desktop	Poli	cy Query									. Attention
Notice of Loss	Policy N	No.	511397	5451		Date	of Accident	- 1	01/02/2020 0	2:00	
	Vehicle	No.(For Motor)	SMQ75	90Z		Certif	icate Number	. [
					0	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5113975451	5113975451- 000156	FOCUS RENTALS PTE. LTD.	201836450G	GFM	Third Party	SMQ7590Z	SMQ7590Z	26/12/2019	25/12/2020

olicy No.	5113975451	Policyholder Name	FOCUS REF	NTALS PTE. LTD.	Policyholder NRIC	201836450G	
ertificate lo.	5113975451-000156						
Address	26 SIN MING LANE #05-114 M	IDVIEW CITY S	INGAPORE S	573971			
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	21/12/2019	Effective Date	26/12/201	9 00:00	Expiry Date	25/12/2020 23:5	59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0	
Additional Excess	0	OS Premium	77752.06				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500			Young/In	nexperience Driver Excess
Agent	TIMES INS BROKERS (MOTOR	B Agent Tel.	62528888		GST Flag	Y	
Co- insurance Flag Open Policy Info	No						
insurance Flag Open Policy Info Certificate	No						
Insurance Flag Open Policy Info Certificate Info	No nolder Mailing Address						
Insurance Flag Open Policy Info Certificate Info Policy		Addre	ess 2	#05-114 MIDVIEW	v city	Address 3	SINGAPORE 573971
nsurance Flag Open Policy Info Certificate Info Policyl Address 1	nolder Mailing Address	5,771,813,0	ess 2	#05-114 MIDVIEW Singapore address		Address 3 Post Code	SINGAPORE 573971 573971
insurance Flag Open Policy Info Certificate Info	nolder Mailing Address	Addre	ess Type ed Policy				SALES AND ACTUAL STREET
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nsurance Flag Open Policy Info Certificate Info Policyl Address 1 Address 4 Unit No.	26 SIN MING LANE 03-02 d Object: 5113975451-0001	Addre Relat Numb	ess Type ed Policy per	Singapore address			AND REPORT OF THE PARTY OF THE PARTY.
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Accident MT/1082707					
Policy No.	5113975451	Vehicle No.	SMQ7590Z	GST Registration No.	201836450G
Certificate No.	5113975451-000156				
Pokcyholder Name	FOCUS RENTALS PTE. LTD.			Policyholder NRIC	2016364300
Product Code	PLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	98299734	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	N V
KFK	® No ○ Yes	TCA	No ○Yes	eCode Reason	1111.50
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	7207
✓ Accident Details		commenced and and	~	Private rine	Yes
Report Date	02/02/04/05 to 24				
	03/02/2020 18:26	Acadent Report Within 24 hrs	Yes	Accident Tyge	Collision - Head to Rear
Date of Accident	01/02/2020	Time of Accident hhomm	02:00	Country of Academs	Singapore
Reporting Centre		Orange Force		ICH No.	
Accident Location	HAVELOCK RD				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
DD Standard Excess	0.00	TP Standard Excess	1,500.00		
TED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
additional Excess	0				
otal OD Excess Applicable	0.00	Total TP Excess Applicable			
♥ Benefits					
GST Registered Inform	ation				
ST Registered	Yes		GST Registration Date	01/02/2019	
ST Registration No.	201836450G		GST Status Venified	01/02/2019 Yes	
lodification History			ARTEC SECTION 100 AT 100 A	0.175	
Policyholder Mailing Ad	idraca				
ddress 1	26 SIN MING LANE	Address 2	#05-114 MIDVIEW CITY	Address 3	CONCADORE FROM
ddress 4	AND ADDRESS OF THE PARTY OF THE	Address Type			SINGAPORE 573971
Init No.	03-02		Singapore address	Post Code	573971
	03-02	Related Policy Number	5113975451		
OI Driver Info					
river Name	Unnamed Driver	Driver Type	Unnamed Driver		
nnamed driver Name	TAN KWANG SIN (CHEN GUANG	Driver NRJC	SXXXXD98G	Driver DOB	19/10/1978
egister Date of Driver License	02/11/1998	Driver Age	41	Driving Experience	21
ontact No.(Mobile)	81268880	Contact No. (Office)	0	Contact No. (Home)	0
odress 1	BLK 876	Address 2	TAMPINES STREET 84	Address 3	TAMPINES SPRING
ddress 4	\$1NGAPORE \$20876	Address Type	Singapore address	Post Code	520876
nit No.	11-26				
	C) Yes (#) No	Driver Vehicle No			
	○ Yes ⊕ No	Driver Vehicle No.		Driver Insurer Company	
egisteres car?	○ Yes ④ No	Driver Vehicle No.		Driver Insurer Company	
egistered car? eclaration reathalyser or Blood Test				Driver Insurer Company	
egistered car? eclaration reathalyser or Blood Test	○ Yes No 0 mg	Driver Vehicle No. Any injury?	® Yes ○ No.	Driver Insurer Company	
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