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	Assessment/Survey Repo	ort	· ~.
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Owner / Driver: (Tel:	
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Confirmed by : (· Dates	Times	90 100%
		0-20%; P: 21-79%. P:	80-10076
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SINGAPORE ACCIDENT STATEMENT

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.
- 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.
- 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

aidesaid.	
美国中国共享的	ACCIDENT STATEMENT
Date Of Report	11/02/2020 17:37
Date Of Accident	10/02/2020 18:55
Exact Location Of Accident	WEST COAST WAY TOWARDS WEST COAST DRIVE
Country/State of Loss	SINGAPORE
图 1000000000000000000000000000000000000	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SME4539G
Insured/Policyholder	
Name Of Registered Owner	PRESTO EXPAT MOTORING SERVICES PTE. LTD.
Co Reg No	2XXXXX089K
Email Address	RENTAL@PRESTOEXPATMOTORING.COM
Mobile Phone No	(LOCAL) +65-93893772
Alternative Phone No	OFFICE-93893772
Vehicle Particulars	
Manufacturer	MAZDA
Model	3-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	
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	NO
Policy Number	5109441522
Cover Note Number	
Driver	
Name of Driver	CLARKE ALISON RUTH
Passport No/FIN	GXXXX892Q
Date Of Birth	09/11/1986
Occupation	INDOOR
Date Of Driving Pass	09/11/2002
Driving Experience	17 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93893772
Fax Number	the state of the s
Contact Number	OTHERS-93893772
EMail Address	

Address

39F WEST COAST PARK

#01-19

Postcode

127717

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

With the state of the state of

Insurance Company of Driver's Own Vehicle

÷

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

Weather Conditions

DRIZZLING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident? N

Number of vehicles (including own vehicle)

2

involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

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)

4

Passenger 1

NAME:

: HUSBAND

GENDER:

: MALE

Passenger 2

NAME:

: SON

GENDER:

: MALE

Passenger 3

NAME:

: DAUGHTER

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

PLEASE REFER TO SKETCH PLAN

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

SLG9462L

Vehicle Make/Model/Colour

HONDA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

TAN JUN WEN

NRIC/Passport Number

SXXXX667D

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

2

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 withholding 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
- 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 interested parties.
- 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 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:
 - (i) 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
- 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.
- 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.
- 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

to Ella

Date & Time:

Driver's Signature

(If driver is not the policyholder)

17.30

Reporting Centre Personnel's Signature

Name;

NRIC/FIN No.

	100 AR	9- 0-	<-	<	<-
					Legend - Vehicle A - Vehicle B - S
					Vehicle B-S
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driveway.		1,3,	3 10 10		rio q
DECLARATION RVICE					

. AGCIDENT'STATEMENT

ĄCC	DENT DATE (19/12/2020) (DD/MM/YYY), TIME (618: 55) (HH:M	114
loca	MON West coast was heading towards west Co	
tusenso	DETAILS OF VEHICLE a) VEHICLE : NUMBER: SME 439 G b) INSURANCE COMPANY! NTUC c) POLICY NUMBER: 510944/522-000033 d) POLICY TYPE: 1 COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE ETHER e) MAKE & MODEL! MAZDA 3, 1-6 AUTO I) TYPE (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE, / OTHERS) e) VEHICLE CATEGORY! (PRIVATE / COMMERCIAL / MOTORCYCLE) I) PURPOSE OF USING AT ACCIDENT TIME: YENTED II) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES MO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) INSURED / POLICY HOLDER A) NAME: Presto Expat Motolog Semiley Male / FEMALE) D) NRIC/FIN/PASSPORT, 2007 13089 E CONTACT: (C) ADDRESS: 491 HVER VAILEY ROOD & CONTACT:	TI)
5.	CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER DRIVER A NAMEL PLISON CLASSICE (MALE REMALE) DINRIC/FIN/PASSPORTI GZYTISYZA CONTACTI 9389377 C) ADDRESS: 39 F West Compt Park of 19 3100000000 (d) DATE OF BIRTH: [09 / 11 / 1986] [DD/MM/YYYY) E) OCCUPATION [INDOOR / OUTDOOR] (1) DRIVE DF DRIVING PACE OF THE INSURED'S COMPANY? (YES / NO IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Client of Weather Condition: Clear / Raining / OTHERS on 2216 DIROAD SURFACE: (DRY / WET) OTHERS WAS ANYBODY INJURED (YES / NO) O) REPORTED TO POUGE (YES / NO) IF YES, PLEASE STATE WHICH POUCE STATION)	
His of passengue (.Z) Who of passengue (.Z) Who of passengue (Including dirive	THIRD PARTY VEHICLE O) VEHICLE HUMBER: SLG 9462 L MODEL: Honda b) DRIVER'S NAME: TAN JUN WEN c) NRIC/FIM/PASSPORT: S9578667 D CONTACT: THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL:	

Claim Handling

- Charles Sally Control of the Control	157						Task Transfer
Policy No.	5109441522	Vehicle No.	SME4539G		GST Registration No.	2002220000	Named Property
ertificate No.	5109441522-000053				The state of the s	200713089K	
olicyholder Name	PRESTO EXPAT MOTORING SERVI	CES PTE LTD					
roduct Code	FLEET MASTER INSURANCE				Palicyholder NAIC	200713069K	
ontact No.(Mobile)		Cover Type:	drivis CLASSIC		Loading	0	
	93893772	Contact No.(Office)			Contact No.(Home)		
mail Address		Special Remark			eCode	No. *	
090	# No Yes	TCA .	a No. Yes		eCode Reason	historia.	
NCD Protection	No	NCD Entitlement(%)	9		Private Hire	No	
Accident Details		AREA CANCERSON ON	7.0		STITULE PROCES	7940	
leport Date	11/02/2020 18:00	Accident Report Within 24					
		Bris.	Yes		Accident Type	Collision - Change	/ Crass lane
late of Accident	16/02/2020	Time of Accident hit mm	18:55		Country of Accident	Singapore	
leparting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No		ICM No.	New Control	
Accident Location	WEST COAST WAY TOWARDS WE	ST COAST DAIVE			100000		
 Total Excess Applica 	ible						
xcess Type	Per Accident	Windscreen Excess		100.00			
				1199700			
O Standard Excess	500.00	TP Standard Excess		500,00			
ED OD Excess	0.00	YIED TP Excess					
dditional Excess		17 400000		0.00	Driver is Covered?	Covered	
otal OD Excess Applicable	6.08	MATERIAL PROPERTY.					
Benefits	500.00	Tintal TP Excess Applicable		500.00			
GST Registered Info	rmation						
T Registered	Yes		GST Registration (Date	12/05/2008		
IT Registration No.	200713089K		GST Status Verifie	rdi	Yes		
dification History							
Policyholder Mailing	Address						
dress 1	491 RIVER VALLEY ROAD	Address 2	#01-04 VALLEY POINT		Address 3		
idress 4		Address Type				SINGAPORE 2483	71
nit No.			Singapore address		Post Code	248371	
OI Driver Info		Sciated Pulicy Number	5109441522				
	Water Control						
iver Name	Unnamed Driver	Driver Type	Unnamed Driver				
marned driver Name	CLARKE ALISON RUTH	Driver NRIC	GXXXX892Q		Driver DOS	09/11/1986	
igister Date of Driver cense	09/11/2002	Driver Age	33		Statutes Experience		
intact No.(Mubile)	91692777				Driving Experience	17	
	93893772	Contact No. (Office)			Contact No.[Home]		
ddress 1	39F WEST COAST PARK	Address 2	#01-04 THE INFINITI		Address 3	STNGAPORE 1277	(V)
ddress 4		Address Type	Foreign address		Post Code	127717	
nit No.	01-04						
oes he own a Singapore egistered car?	Yes + No	Driver Vehicle No.	SME4530G		Driver Insurer Company		
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Declaration							
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seding?	u mg	Any injury?	Yes = No				
dification History							
Investigation							
Claim 001 OD-MX	Maria Maria						
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Claim Case Office	55						
		00-MX	Insured Name	PRESTO EXP	AT MOTORING SERV	Insured NRIC	200713089K
im Type			Contact No.(Home)	The second second	THE STREET STREET	Contact No.(Office)	
						The state of the s	67327737
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ntact No.(Mobile) all Address		Supplied to the supplied to th	OI Vehicle Number	SME4539G		TP Vehicle Number	SLG9462L
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intact No. (Mobile) mail Address sim Description offerred orkshop	n Insured Not	SME4539G / SLG9462L ON 18 Fet		SME4539G			SLG9462L
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	NAC_BUKIT_MERAH_800676(NATIONA SERVICES (BUKIT MERAH)) ON 1	AL ASSESSMENT CENTRE 11 Feb 2020 18:05	Photos		Normal	Photos 2020-7-11					
	NAC_BURIT_MERAH_BOO676(NATION) SERVICES (BURIT MERAH)) on 1	AL ASSESSMENT CENTRE 11 Feb 2020 18:05	Photoe		Normal	Photos 2020-2-1			b-Z-11		
200	NAC_BURIT_MERAH_B00676(NATIONA SERVICES (BURIT MERAH)) on 1	AL ASSESSMENT CENTRE 1 Feb 2020 18:05	Photos		Normal	Photos 2020-2-11					
	NAC_BUKIT_MERAH_B00675(NATIDNA SERVICES (BUKIT MERAH)) on 1	AL ASSESSMENT CENTRE 1 Feb 2020 18:05	Photos		Normal		Phy	otus 2020)-2-11		
Ø.	NAC_BUKIT_MERAH_S00676(NATIONA SERVICES (BUKIT MERAH)) on 1	AL ASSESSMENT CENTRE 1 Feb 2020 18:05	Photos		Normal	Photos 2020-2-11					
A.	NAC_BUKIT_MERAH_BOOG/5(NATIONA SERVICES (BUKIT MERAH)) on I	AL ASSESSMENT CENTRE 1 Feb 2020 18:05	Photos		Normal	Photos 2020-2-11					
Mir	NAC_BUKTT_MERAH_800675(NATIONA SERVICES (BUKTT MERAH)) on 1	N. ASSESSMENT CENTRE 1 Feb 2020 18:05	Photos		Normal	Photos 2020-2-11					
<u>)</u>	NAC_BUKIT_MERAH_SD0676[NATIONA SERVICES (BUKIT MERAH)) on I	L ASSESSMENT CENTRE 1 Feb 2020 18:05	Photos		Normal Photos 2020-2-11			-2-11			
	NAC_BUKIT_MERAH_800676(NATIONA SERVICES (BUKIT MERAH)) on 1	L ASSESSMENT CENTRE 1 Feb 2020 18:05	Photos		Normal		Pho	itas 2020	-Z-11		
47	NAC_BUKIT_MERAH_800676(NATIONA SERVICES (BUKIT MERAH)) on 1	L ASSESSMENT CENTRE 1 Feb 2020 18:05	NRIC/ Driving License	٧	Normal		NRIC/ Drive	ing Licens	e 2020-2-11		
19	NAC_BUKIT_MERAH_800676(NATIONA SERVICES (BUKIT MERAH)) on II	L ASSESSMENT CENTRE 1 Feb 2020 18:05	SAS		Normal		SA	s 2026-1	b-11		
	TWESTORYOUT										
	Uploaded By/Date	Folder Date	FI	iz Name		9			Source		

Display in New Window | Scan and uploading

eBaoTech

Hello, NAC_BUKIT_MERAH_800676

GeneralClaim · Change Language · Change Password

My Desktop Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor)

5109441522 SME4539G

Date of Accident Certificate Number

10/02/2020 17:36

Search

Certificate Number Select Policy No.

Policyholder Name PRESTO EXPAT

Policyholder Product Cover Type

Vehicle No. Insured Object

Commence Expiry Date Date

· Log Out

5109441522-000053 5109441522

MOTORING SERVICES PTE. LTD. 200713089K GFM

drivo CLASSIC

SME4539G SME4539G 09/06/2019 08/06/2020

Continue



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189	3
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960	,
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	
MOTOR VEHICLES CHARLES AND	

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA) Certificate Number: 5109441522-000053

Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

: SME4539G

: 09 Jun 2019

: 08 Jun 2020

: JM6BL10Z1A0160505

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) EXCESS (SECTION 2)

WINDSCREEN EXCESS ADDITIONAL EXCESS

UNNAMED DRIVER EXCESS

REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE

NCD PROTECTION TRANSPORT ALLOWANCE **EXCESS WAIVER**

PRIMARY DRIVER NAMED DRIVER (1)

NAMED DRIVER (2) HIRE PURCHASE COMPANY

SUM INSURED

: As agreed in the Policy terms

Cover : drivo CLASSIC

: PRESTO EXPAT MOTORING SERVICES PTE. LTD.

As agreed in the Policy terms As agreed in the Policy terms

: N/A

: PLEASE REFER OVERLEAF

: NO : YES

: NO : NO

: NO : N/A : N/A

: N/A : N/A

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: INCOME - MT DEPT (00000500471)

Date of Issue

: 08 May 2019 16:41 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive