Date In: 25 1/20 - 14:49	Jeb description		Date & Time Completed	Done	o'i.
	SAS e-filing				
Veh No: 5708751E	E-mail (within Shrs,	AIC 2hrs)			
	i-Motor Claim F		m/1085603-an	25/1/20	15:06
D.O.A: 23/22-01:00	i-Motor W/O (W				
OD / (TP) / Reporting Only	i-Photo Uploade				
	Assessment/Surve				
TP Insurer:	Ass't Report by F		Owner/Wksp		
S. (LW INC Assist Was IOW /	Ass t Report of 2	THIE CO.	Tol:	Fax:	
Preferred Wksp / INC Assign Wksp / QW: (12.7	INC ()/Non-INC().		-
TP Particulars: Veh No: Jtu	~VMK	· mot	Tel:)	000
Owner / Driver: (Period: () (Cover Type: ()	-
Toney tree (Date:	Time:)	
Confirmed by : (10.77	attories and		-100%]	
	[Note-Est. Status (WO		0, F. Z1-1770. 1. 50		
Year of Registration: ()		/NO()			
Excess: (\$) Loading: \$1)	Southern Contractions	2778 - 17 - 2	
General Remarks:-				Section Section	
() Walk-In Customer : Customer's in	nformation strictly Confid	ential & Stric	tly NO refer of repaire	r.	
() Total Loss Case : to e-mail Inst		81	* ·		
	ice: YES () / NO	(); To	wing Co: ()
Dive-in ()/ /owed-in (), into	ice. 125 () / 11		3	EPS PERSONS OF TAX	
Remarks: (INC hotline: 6788 6616)) i z sajeko elektrik		Date&Time Completed	Done	py
1) Apply for Transport Allowance ()	/ Courtesy Car ()				
2) QC Check / Post Repair Inspection	()				7000
	\$3000] ()		. %		
3) Upload Resurvey Photo [Repair Cost>	\$3000] ()				
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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.
- 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 aforesaid.

aforesaid.	
And the second s	ACCIDENT STATEMENT
Date Of Report	25/02/2020 14:49
Date Of Accident	23/02/2020 01:00
Exact Location Of Accident	JUNC HOUGANG AVE 3 & LOR AH SOO
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJQ8751E
Insured/Policyholder	
Name Of Registered Owner	L.K AUTO LEASING PTE LTD
Co Reg No	2XXXXX694W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE (HD) 1.6 DOHC AT ABS AIRBAG 2WD
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111174474
Cover Note Number	
Driver	
Name of Driver	PABITA D/O SUNMUGAM

NRIC No SXXXX505Z Date Of Birth 03/01/1992 OUTDOOR Occupation Date Of Driving Pass 23/10/2018 **Driving Experience** 1 YEAR AND 4 MONTHS FEMALE Gender Mobile Number (LOCAL) +65-96525557 Fax Number OFFICE-96525557 Contact Number

EMail Address

NOEMAIL

Address

BLK 205B COMPASSVALE LANE

#07-17

Postcode

542205

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 - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

NO

Other Information

Was any foreign vehicle involved in this accident?

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

· -

GENDER:

: MALE

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?

NO

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 audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKW219K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Page 2 of 12

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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)
 - (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
- (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.
- (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

The second performency of

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Vehicle H: BORBASIE Vehicle B - SIWDIAK.

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envoa	iched	ento	my	lane	Y	(0)	nded	6hto	my	vehica	2's	fant
nant	porti	on.										
911	- FV.					-						
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2000					_			-		i e		

going particulars are true in every respect.

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 1 33 / 03 / 30 30 1(DD/MM/YYY), TIME: 1 1 : 00 HHH:MM
LOCATION: Junction of Hougang the 3 x Lorong An Joo.
1. DETAILS OF VEHICLE
1.10 X-1C1F
DINSURANCE COMPANY: NTUC
D)INSURANCE COMPANY
DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
SIMAKE MODEL: HUMAAI AVANTE
COURT / MOTORCYCLE / OTHERS)
GIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
THE PART OF THE PA
" " OF THE PER ACTION OF TH
IF NO, PLEASE STATE (THIRD PARTY (CLAIM / REPORTING ONLY)
The state of the s
1. V. MAID DEMAND TO DECEMBE
b)NRIC/FIN/PASSPORT: 2019 10694W CONTACT:
c)ADDRESS:
* CONTINUE TO 3.4 IF DRIVER ALSO POLICY HOLDER
14 No of passenge DRIVER Papita DO UNMUGAM (MALE/FEMALE) TI
ON THE TOTAL
SINRIC/FIN/PASSPORI.
(03) CIADDRESS: 2058 COMPASSIVALE LAW - 107-17 .2 (SU 2705)
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DAN IPLACE OF RIPTH'
BIOCCOLVIIO. II I I I I I I I I I I I I I I I I
1) YEARS OF DRIVING EXPRERIENCE:
E TIMEATHER CONDITION: ICLEARY ROLL IN THE
BIROAD SURFACE: (DRY / WET / OTHERS
6. WAS ANYBODY INJURED (YES / NO)
- INFORMED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION:
8. THIRD PARTY VEHICLE
B. THIRD PARTY VEHICLE SEW 219 K . MODEL:
LI DDIVEDIC MANAGE
CI NRIC/FIN/PASSPORT:
(01) male THIRD PARTY VEHICLE
d) VEHICLE NUMBER:
Ho of passanger e) DRIVER'S NAME:
(Including driver) f) NRIC/FIN/PASSPORT:CONTACT

email =

fax =

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601			CONTRACTOR OF STREET			• Change	Language	• Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	10.				Date o	of Accident	[2	3/02/2020 0	01:00	
	Vehicle	No.(For Motor)	SJQ875	51E		Certific	cate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5111174474		L.K AUTO LEASING PTE. LTD.	201920694W	GPC	drivo CLASSIC	SJQ8751E	SJQ8751E	16/07/2019	15/07/2020
					TO.	ontinue .					

Accident MT/1095603										
	200200	Venicle No.	COOPER			OST Registrati	on No	1		
Policy No.	5111174474	Venice No.	5)Q8751E		,	us i Regiscrati	un wo.			
Certificate No.						Policyholder N	0.00		201920	MONW
holicyholder Name Hoduct Code	L.K AUTO LEASING PTE. LTD. PRIVATE CAR INSURANCE	Cover Type	drivo CLAS	tac		Loading	100		0	42411
Contact No.(Mobile)	NIL	Contact No. (Office)				Contact No.(H	ome)			
mail Address	mis.	Special Remark				eCode			tie 🗸	
OK.	® No ⊜Yes	TCA	® No ○Y	15		eCode Reason			, Mariana (const	
ACD Protection	No.	NCD Entitlement(%)	0	50		Private Hire			Not ava	iable
Accident Details	NO	reco anothernative)				111111				
teport Date	24/02/2020 16:42	Accident Report Within 24 hrs	Yes			Accident Type			Collision	n - U-Tum
		Time of Accident hhimm	00:55			Country of Acc			Singapo	irie.
Date of Acodent Reporting Centre	23/02/2020	Orange Force	09.33			ICM No.			2014	273
Accident Location	HOUGANG AVE 3 - ANG NO KID	State Code								
▼ Total Excess Applicable										
	Per Accident	Windscreen Excess		100.00						
Section (Co.)				200						
O Standard Excess	2,000.00	TP Standard Excess		1,500.00						
TED OD Excess		VIED TP Excess			9	Oriver is Cove	red?		Not App	licable
Additional Excess	1000									
Total OD Excess Applicable	3000.00	Total TP Excess Applicable		1,500.00						
V Benefits		A 900 CO SOCA DE PERODOCIO								
♥ GST Registered Informat	tion									
ST Registered	No			Registration Date		7534				
IST Registration No.			GST	Status Verified		Yes				
Addition History										
♥ Policyholder Mailing Add										
	BLK 231 #15-271	Address 2	SUMANG L	IME		Address 3			SINGA	PORE 820231
Address 1	BOX 231 #15-271					Post Code			820231	
Address 4	alests	Address Type Singapore address Related Policy Number 5115312658				Post Code 820231				
unit No.	15-271	Related Policy Number	511531200	0						
♥ OI Driver Info		Manager Water								
Driver Name Unnamed driver Name		Driver Type Driver NRIC				Driver DOS				
register Date of Driver License		Driver Age				Driving Experi	ence			
		Contact No.(Office)				Contact No.(H				
Contact No.(Mobile)		Contact No.(Office)			- 1	Courses werth.				
A statement of		Address 2				Address 2				
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Address 4		Address 2 Address Type	Foreign add	iress		Address 3 Post Code				
Address 4 Unit No.	Over (Bare)	Address Type	Foreign add	ress		Post Code	Como	anv		
Address 4 Unit No. Does he own a Singapore	O Yes ⊕ No		Foreign add	ress			Comp	any		
Address 3 Address 4 Unit No. Does he own a Singapore Registered Car?	○ Yes ® No	Address Type	Foreign add	rest		Post Code	Comp	any		
Address 4 Unit No. Does he own a Singapore Registered car?	○ Yes No	Address Type	Foreign add	ress		Post Code	Comp	any		
Address 4 Unit No. Does he own a Singapore Registered car?	○ Yes No	Address Type	Foreign add	ress		Post Code	Comp	any		
Address 4 Unit No. Does he own a Singapore Registered Car? Hodification History	○ Yes ® No	Address Type	Foreign add	rress		Post Code	Comp	any		
Address 4 Link No. Does he own a Singapore Registered car? Addition History Claim 002 New	○ Yes No	Address Type		EASING PTE. LTD.		Post Code		any	201920	5694W
Address 4 Link No. Does he own a Singapore Registered car? Addition History Claim 002 New		Address Type Driver Vehicle No.				Paet Code		any	201920	5684W
Address 4 Link No. Does he own a Singapore Registered car? Additication History Claim 002 New Claim Type * Contact No. (Mobile)	 ОО-МХ	Address Type Driver Vehicle No. Inquired Name				Post Code Driver Insurer	(Mce)	arry	201920 SKW21	
Address 4 Unit No. Dees he own a Singapore Registered car? Hodification History Claim 002 Hew Claim Type • Contact No.(Mobile) Email Address	DD-MX	Address Type Driver Vehicle No. Insured Name Contact No. (Hume)	LK AUTO	EASING PTE. LTD.		Poet Code Driver Insurer Insured NRIC Contact No. (0	(Mce)	any		
Address 4 Unit No. Does he own a Singapore Registered car? Additionation History Claim 002 Maw Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type *	DD-MX	Address Type Driver Vehicle No. Insured Name Contact No. (Hume) Of Vehicle Number	EX ALTO (EASING PTE. LTD.		Poet Code Driver Insurer Insured NRIC Contact No. (0	(Mce)	any		
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Address 4 Link No. Dees he own a Singapore Registered Car? Modification History Claim 902 New Contact No. (Mobile) Email Address Claimant Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Preferred Wernshop Centert No. Require Finalisation	DO-MX	Address Type Driver Vehicle No. Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *	SYQ8751E Please Sel	EASING PTE. LTD.		Poet Code Driver Insurer Insured NRIC Contact No. (C) TP Vehicle Nu Name of Prefe	mber		SKW21	9K
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