NATIONAL Assessment Centre Service		Los and Observational	Done by	
Date In: 3/3/2 - 9118 Jeb deser		Date & Time Completed	Done o,	
Res No: 40 1140 200456124 SAS e-1	iling	<u>i </u>		
Vch No: 50 L WAYR E-mail	(within Shrs, AIC 2hrs)		1.1	•
1 Mater	r Claim Form	m/1086596-002	3/3/20 09:	30
D.O.A: V/3/2 - 08:57	r W/O (Within: OD 2hr	s, TP 4hrs)		
OD : TP)! Reporting Only	Uploaded			
	nent/Survey Report			
1 00070 ac 000000	eport by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (and the second s		Fax:)
	INC ()/Non-INC().		
11 Landoupper		Tel:)	
Owner / Driver: (Policy No: () Period: ()	Cover Type: () .	
Policy No. (Date:	Time:)	
Confirmed by : (tatus (WO): N: 0-2	20%; P: 21-79%. P: 80-	100%]	and a
111541.042.27)		
rear of Registrations (\$2,000()			
EXCESS: (3	Construction (Carlos)	PARTIE AND PARTIES.	STORY STORY	- 8
General Remarks:-	S. Stantist S.	23 23 econo 24 a de construir de la construir		
() Walk-In Customer: Customer's information strice	ctly Confidential & S	Strictly NO 13ter of reporter		
() Total Loss Case : to e-mail Insurer URGEN	TLY.)
Drive-In ()/ Towed-In (); Invoice: YES ()/NO();	Towing Co: (,
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done	у
1) Apply for Transport Allowance ()/ Courtesy Ca			1	
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions	() () Invoice P	reparation Checklist	fat Bill	
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions: Claimant's Particulars: Oriver/Owner: Contact No: Damaged Portion:	Invoice P	lent Reporting (\$30); age Assessment (\$100); INC age Fee *Through Survey *Through Survey (Resurvey) age against INC Only (wef 10 Jan 2) aspection DA + SMRT Survey ditional Services: **Classy Car / Tpt Allowance **Sir Co-ordination Repair Inspection / Collect Excess Coordination : TP (N':n INC) against INC Mobile	(\$80) \$40/\$45 \$120 \$30 2005) \$75 \$160 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5	AddB

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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.
- 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.
- 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.

atoresaid.	
MANAGEMENT OF THE STATE OF THE	ACCIDENT STATEMENT
Date Of Report	03/03/2020 09:18
Date Of Accident	02/03/2020 08:55
Exact Location Of Accident	SIXTH AVE
Country/State of Loss	SINGAPORE
Description of the Control of the Co	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJL2574R
Insured/Policyholder	
Name Of Registered Owner	FAST RENTAL CAR PTE LTD
Co Reg No	2XXXXX492M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALLION 1.5A
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090809907-02
Cover Note Number	
Driver	
Name of Driver	OH CHEE WEE (HU ZHIWEI)
NRIC No	SXXXX333A
Date Of Birth	17/02/1973
Occupation	OUTDOOR
Date Of Driving Pass	15/07/2014
Driving Experience	5 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85350011
Fax Number	
Contact Number	OFFICE-85350011

NOEMAIL

BLK 317 TAMPINES STREET 33 Address

#05-50

Postcode 520317

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 - MAJOR/MINOR RD

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

2

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES NO

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 3

Number of Passengers (Including Driver)

Passenger 1

NAME:

. -

GENDER:

: MALE

Passenger 2

NAME:

GENDER:

: FEMALE

TEL NO: 1800-7818999 - FAX NO: 67838603

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

TAMPINES NORTH NEIGHBOURHOOD POLICE POST

ROAD: BLK 461 TAMPINES STREET 44 #01-56, POSTCODE: 520461, Police Station Address

COUNTRY: SINGAPORE

Police Station Contact

Was notice of intended Prosecution given?

NO

YES

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200302/2076.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FBK9643D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver Page 2 of 24 NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

OH CHEE WEE (HU ZHIWEI)

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

NECK & BACK

SJL2574R

YES

NO

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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 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:
 - 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:
 - 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:

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN

DECLARATION

I/We declare on foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:

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

Reporting Centre Parsonnel's Signature Name: NRIC/FIN No.:

reisonal ratuculais
Date of Accident: 2 3 20 Time of Accident: 8:55aM
Exact Location of Accident: Sixth Ave
Owner's Name: Fast Rental Car At NRIC NO: HP NO:
Driver's Name: Oh Chee Nee NRIC No: 513 05333 AHP No: 853.500
Date of Birth: 17 2 1973 Driving Licence Passing Date: 15 7 2014 Occupation: Indoor / Outdoor
Address: BK 317 Tampine 5+ 33 #05-50 (520317)
Relationship of Driver with Insured: Hire Email Address:
Vehicle No: SJL 2574 R Make & Model: Toyota
Insurance Co: NTU C Coverage: Policy No:
*Purpose of Reporting? Own Damage Claim / 3rd Patry Claim / Not Claiming, Just Reporting Only
*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / World
*Weather Condition ? Sear / Raining / Others: Wet / Ob/ Others:
* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:
A: 1 + 2 B- 1+0 C: D:
*Was Anybody Injured ? (Yes / No) If yes,
Name/NRIC/In Vehicle: Oh Chee Wee neck & back
*Was The Accident Reported To The Police ?
- O No O Yes, Which Police Station?
*Does the Driver Own Any Other Vehicle?
O No O Yes, Vehicle Registration No:Insurer:
*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category:
*Was there any video captured by Car Camera? (Yes/No)
Third Party Driver's Particulars
Vehicle & No: FBK 9643D Make & Model:
Driver's Name: NRIC No: NRIC No:
Make & Model:
Driver's Name: NRIC No: HP No:
Witness Particulars
Name:NRIC No:HP No:
HP No:



Police Station Of Origin: Tampines North NPP 461 Tampines Street 44 #01-56 SINGAPORE 520461

Tel No: 1800-7818999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:

Vide Report No.:

Station Diary No.:

No

Report No. T/20200302/2076

1 of 3

02/03/2020 14:47 Informant's Particulars Name of Informant: Address: OH CHEE WEE APT BLK 317 TAMPINES STREET 33 #05-50 SINGAPORE 520317 ID Type / ID No.: Contact No.: NRIC NO / S7305333A Home/Office: Mobile: 85350011 Nationality: Email: SINGAPORE CITIZEN Sex: Age: Date of Birth: Type of Informant: Male 17/02/1973 Driver Race: Language: Institution / School Name: Chinese Occupation: **Driving Licence Information:** FLOOR MANAGER Class: 3 Date of Expiry:

General Inform	nation of the Accident		THE PERSON NAMED IN COLUMN 1	
Type of Accident:	Injury Attended by Police	Police Drink Date/Time of Accident; No 02/03/2020 08:3		Type of Location Straight Road
Location: Along Road 1 SIXTH AVENU PALMS @ SIX Weather:	IE TH AVENUE CONDO ex	xit at Sixth Ave tur Road Surface:		ah direction Road Speed Limit:
Clear		Dry		Services on a service
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
ype of Collision Setween Moving	n: g Vehicles - Head On	are pay if a		Anyone conveyed by ambulance:

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBK9643D	Motorcycle				Slightly Damaged	0
SJL2574R	Car			ne demonst	Seriously Damaged	THE RESIDENCE OF THE PARTY OF T

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Tampines North NPP 461 Tampines Street 44 #01-56 SINGAPORE 520461 Tel No: 1800-7818999 2 of 3 Report No. T/20200302/2076

CONTINUATION OF REPORT

Rider				The second		A STATE OF THE STA
Name	ABU BAKAR BIN A	HMAD	DE BERT	ID No.	Be	S1832340B
Related Vehicle	FBK9643D (Motorcycle)			Contac	t No.	93392194
Hospital/Clinic	NIL			Class of Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	CONSTRUCT	Date Dis	charge	NIL	的现在分词的
No. of Days gran	ted Medical Leave	NIL	Degree o	of Injury	Slight	Secretaria de la composición del composición de la composición del composición de la composición de la composición de la composición del composición de la composición del composición del composición de la composición del composición de la composición del composición del composición del composición d
Driver	and the state of				3687	
Name	OH CHEE WEE			ID No.		S7305333A
Related Vehicle	SJL2574R (Car)			Contac	t No.	85350011
Hospital/Clinic	CENTRAL 24-HR C	LINIC (TAN	MPINES)	Class Driving Licence Expiry	e &	Class: 3 Date of Expiry: NIL
ate Treatment	02/03/2020	AND PARK	Date Dis	charge		3/2020
o. of Days grante	ed Medical Leave	03		of Injury	Sligh	

Brief Details.

On the above mention date, time and location, I was driving one rental car TOYOTA, SJL2574R red in colour exiting PALMS @ SIXTH AVENUE CONDO at Sixth Ave turning right to Bukit Timah direction with 2 passenger seated at the back. Initially I was stationary at the PALMS @ SIXTH AVENUE CONDO exit due to the heavy traffic and waiting for the chance to turn right. Once the ongoing traffic stop, I then proceed to turn right. When I had successfully turn right to the lane, suddenly one motorcycle FBK9643D going against the flow of traffic and collided head on to my vehicle car. The motorist then fell onto the ground. I then check with my passenger which both of them inform they are fine. After which I alighted and attend to the motorist which he inform he is fine and only sustained minor abrasion on both hand area and he complain of pain on his one of his leg area. Initially he inform he do not require ambulance however subsequently I think someone call ambulance and traffic police. After about 30 min, ambulance and traffic police came and paramedic attend to the motorist who was not conveyed in the end. The traffic police told me to lodge a traffic accident report. Due to the accident my car damages is at the front portion. I have in car camera and it capture the whole incident.

I wish to state after the accident I felt pain at the back and back neck area and hence I went to consult a doctor and was given 3 days MC.



Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461

3 of 3 Report No. T/20200302/2076

CONTINUATION OF REPORT

Sketch Plan

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: G / Staff Sgt TAN YI KUN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/03/2020 14:47
Officer In Charge Of Case:	Classification Of Case:
Sr Staff Sgt NOR HIDAYU BINTE ABDUL SAMAD SINGAPORE Contact No.: 65476423	
Authentication Stamp	

SIGNATURE

eBao Tech										Gener	alClaim
Hello, NAC_PAYA_UBI_80060	1						+ Change	e Languag	e • Char	nge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy I	No.				Date o	of Accident	9	02/03/2020	08:55	
	Vehicle	No.(For Motor)	S3L257	4R		Certific	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	5090809907- 02		FAST RENTAL CAR PTE LTD	201617492M	GPC	drivo CLASSIC	SJL2574R	SJL2574R	20/11/2019	19/11/2020
					C	ontinue					

Accident MY/1086596 Policy No. Certificate No. Policyholder Name Product Code Contact No. (Mobile) Email Address KFK NCD Protection Paccident Details Report Date Date of Accident Reporting Centre Accident Location Paccident Location Paccident Location	FAST RENTAL CAR PTE LTD PRIVATE CAR INSURANCE NIL No Yes No	Vehicle No. Cover Type Contact No.(Office) Special Remark TCA	SIL2574R drive CLA		GST Registration / Policyholder NR1C Loading Contact No.(Home	ž	201617492M	
Certificate No. Policyholder Name Product Code Contact No. (Mobile) Email Address KFK NCD Protection Accident Details Report Date Date of Accident Reporting Centre Accident Location	FAST RENTAL CAR PTE LTD PRIVATE CAR INSURANCE NIL NI NI NI Yes	Cover Type Contact No. (Office) Special Remark			Policyholder NRIC Loading	ž		
Policyholder Name Product Code Consact No (Mobile) Email Address KFK NCD Protection Accident Details Report Date Date of Accident Reporting Centre Accident Location	PRIVATE CAR INSURANCE NIL NI No Yes	Contact No.(Office) Special Remark	driva CLA	ssic	Loading			
Product Code Consact No. (Mobile) Email Address KPK NCD Protection Accident Details Report Date Date of Accident Reporting Centre Accident Location	PRIVATE CAR INSURANCE NIL NI No Yes	Contact No.(Office) Special Remark	driva CLA	SSIC	Loading			
Consact No (Mobile) Email Address KPK NCD Protection Accident Details Report Date Date of Accident Reporting Centre Accident Location	NIL ® No ○ Yes	Contact No.(Office) Special Remark	drivo CLA	SSIC			٥	
Email Address KPK NCD Protection Accident Details Report Date Date of Accident Reporting Centre Accident Location	No ○ Yes	Special Remark			Contact No /Home			
KPK NCD Protection Accident Details Report Date Date of Accident Reporting Centre Accident Location	CONTROL OF THE PROPERTY OF THE					2)		
NCD Protection Accident Details Report Date Date of Accident Reporting Centre Accident Location	CONTROL OF THE PROPERTY OF THE	TCA	02502		eCode		No. V	
Accident Details Report Date Date of Accident Reporting Centre Accident Location	No		® No ○	fes	eCode Reason			
Report Date Date of Accident Reporting Centre Accident Lecation		NCD Entitlement(%)	20		Private Hire		Not available	
Date of Accident Reporting Centre Accident Location								
Reporting Centre Accident Location	03/03/2020 08:59	Accident Report Within 24 hrs	Yes		Accident Type		Unknown	
Accident Location	02/03/2020	Time of Accident hh:mm	00:00		Country of Acades	nt	Singapore	
		Orange Force			ICM No.			
→ Total Excess Applicable	ALONG SEXTH AVENUE							
Excess Type	Per Accident	Windscreen Excess		100.00				
00 Standard Excess	2,000.00	TP Standard Excess		1,500.00				
VIED OD Excess		VIED TP Excess			Driver is Covered?	6	Not Applicable	
Additional Excess	0							
Total OD Excess Applicable	2000.00	Total TP Excess Applicable		1,500.00				
♥ Benefits								
♥ GST Registered Informat	70.00							
GST Registered	No			T Registration Date				
GST Registration No.	03/03/2020 00.00.45/0.	and the same of th		T Status Venified	Yes			
Modification History	03/03/2020 09:00:45 Syl	stern changed GST Status Verified from	m No to Yes					
♥ Policyholder Mailing Add	rass.							
	BLK 161 #03-148	446.00	- marriage et	*********			2000000000000	
		Address 2	BISHAN S		Address 3		BISHAN CRESTA	
Address 4	SINGAPORE 570161	Address Type	Singapore		Post Code		570161	
	03-148	Related Policy Number	51138904	99				
❤ OI Driver Info								
Driver Name		Driver Type						
Unnamed driver Name		Driver NRIC			Driver DOB			
Register Date of Driver License		Driver Age			Driving Experience	É.		
Contact No.(Mobile)		Contact No.(Office)			Contact No.[Home	9		
Address I		Address 2			Address 3			
Address 4		Address Type	Foreign ad	dress	Post Code			
Unit No.								
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.			Driver Insurer Con	npany		
Modification History								
0.00 A								
Claim 002 New								
Claim Type *	00-MX	Indured Name	FAST RENT	TAL CAR PTE LTD	Insured NRIC	3)	201617492M	
Contact No. (Mobile)		Contact No.(Home)			Contact No.(Office)		NIL	
Email Address	PARTY OF THE PARTY	OI Vehicle Number	SX.2574R		TP Vehicle Number		FBK9643D	
	Please Select	Type of Benefit *	Please Sel	ect V	The Control of the Control	2	IT BELOW SEE	
Claimare Name *	22	Claiment NRIC +	110000					
Claimant Address					l.			
	SJL2574R / FBK9643D ON 2 Mar 2020				Name of Preferred	Workshop		
Preferred Workshop Contact		Insured Liability +	No. 41 C-	a v		- unkertop		
No.	Yes 🗸		Not at Fau		With here		The state of the s	
		Preferend Repair Option	prieterred (Workshop, Name unknown	GIA report		Received	Y
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