NATIONAL Assessment Centre Services. | wet 1 Janios MNA 10032035 Date In: 13/2/20-17:10 Job description Date &Time Completed Done by Ref No: 49 INCHOWZGGY ZY SAS e-filing Veh No: SLC8367 L E-mail (within Shrs, AIC 2hrs) D.O.A: 12/3/20-17:20 i-Motor Claim Form (17:17 W/CKI M7 1088146-001 i-Motor W/O (Within: OD 2hrs, TP 4hrs) OD / TP / 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: (TP Particulars: Veh No: JAAV3611.)/Non-INC (INC (Owner / Driver: (Tel: Policy No: (Period: (Cover Type: () Confirmed by : (Date: Time: Insured/Driver Liability: (%) [Note-Est Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Year of Registration: (Warranty: YES ()/NO(Excess: (\$ Loading: \$1,000 ()/\$2,000(General Remarks:) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ()/Towed-In (); Invoice: YES () / NO (); Towing Co: (Remarks:- (INC hofline: 6788 6616) Date& Time Completed Done by Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury : Date/Time Actions Ant (S) Ant (S) Invoice Preparation Checklist MADONII " Tit Bill Add Bill 1) AR : Accident Reporting (530); Claimant's Particulars :-INC (\$80) 2) DA : Damage Assessment (\$100); \$40/\$45 3) TF : Towing Fee Driver/Owner: 4) FT : Follow-Through Survey \$120 5) FT : Follow-Through Survey (Resurvey) \$30 Contact No: For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection Damaged Portion: \$160 7) N1 : Idac DA + SMRT Survey 8) NTUC Additional Services:-QC Checked by (Engr-In-Charge): *NS: Courtesy Car / Tpt Allowance \$5 510 *N6: Repair Co-ordination *N7: Fost Repair Inspection \$25 Auditors' Comments :-*N8: DV / Collect Excess Coordination 35 \$20 TP (N11): TP (Non INC) against INC 2at. 1: 9) N12: Idno Mobile Carlot France Pee Charged Invoice dated Cat. 2 / 3; Fee Charged Invoice dated

in product or

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.

- 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

THE CONTRACT OF THE PARTY OF TH	ACCIDENT STATEMENT
Date Of Report	13/03/2020 17:10
Date Of Accident	12/03/2020 17:20
Exact Location Of Accident	SLIP RD BESIDE BLK 319A ANCHORVALE DR
Country/State of Loss	SINGAPORE

Country/Clate of Loss	ONTO THE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLC8367G
Insured/Policyholder	
Name Of Registered Owner	PRESTIGE KARZ LEASING PTE LTD
Co Reg No	2XXXXX085E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	

Manufacturer	MITSUBISHI
Model	ATTRAGE 1.2 CVT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE

Are you claiming under your own insurance policy NO for repair to your vehicle?

THIRD PARTY If No, Please state action to be taken PRIVATE HIRE Vehicle Category

Insurance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

THIRD PARTY Type Of Coverage YES Fleet Policy

5111021281 Policy Number

Cover Note Number

Date Of Driving Pass

Driver LEE TZE CHIANG (LI ZHIQIANG) Name of Driver SXXXX104F NRIC No 08/01/1983 Date Of Birth Occupation OUTDOOR 15/03/2014

5 YEARS AND 11 MONTHS Driving Experience

Gender MALE

Mobile Number (LOCAL) +65-92308552

Fax Number

OFFICE-92308552 Contact Number

EMail Address NOEMAIL Address

BLK 253 TAMPINES STREET 21

#09-422

Postcode

521253

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

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?

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)

1

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

SHA4361G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1 Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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.
- 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)

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:
 - 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

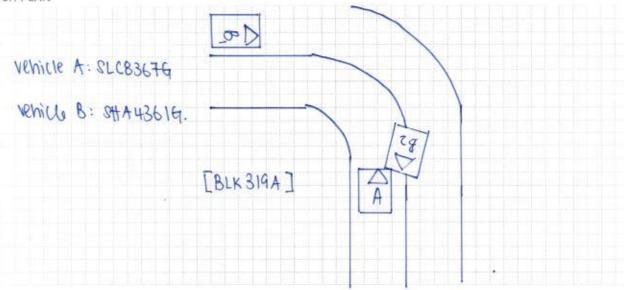
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date & time, I, vehicle A , PLC83679,
was stationary along the stated venue as I saw vehicle is
SHA43619, approaching. Vehicle 18th proceeded to turn and collided
onto my vehicle's front right portion. No injury claim
related to this accident.
25-1

DECLARATION

I/We do Piguegoing particulars are true in every respect.

Policyholder s Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NUMBER (CARA

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE	E: (12 / 03/ 3					
LOCATION:	Slip Road	beside	BIK	319A	tnehorvale	Drive
1. DETAILS	OF VEHICLE	SLI	C8367	G		
	ANCE COMPANY		MUC		1212	
SIPOLIC	V NIIMBED.					
d)POLIC	Y TYPE: (COMPRE	HBNSIVE / TH	HIRD PA	RTY / TH	IRD PARTY FIR	E &THEFT)
elMAKE.	& MODEL:		_	77711	une.	
f)TYPE:(S	ALOON / COUPE	MPV /VAN	1/LORE	RY/MO	TORCYCLE / C	THERS)
gIVEHICI	LE CATEGORY: (PR	IVATE / CO	MMERC	CIAL / M	OTORCYCLE)	
hIPURPO	SE OF USING AT A	CCIDENT TI	ME:	- KN	Vale	-0
I) ARE YO	U CLAIMING UND	ER YOUR O'	NN INSI	JRANCI	E (YES/ND)	
IF NO, P	LEASE STATE (THIR	D PARTY CL	AIM / R	EPORTI	NG ONLY)	
	POLICY HOLDER	0		1		1
A)NAME:	- Prestige Ko	ive leasin	of the		(MALE / FE	
b)NRIC/F	IN/PASSPORT:			co	NTACT:	
c)ADDRE	\$5:					
a ii a -	18					
* CONTIN	UE TO 3.d IF DRIVI	ER ALSO PO	LICY HO	DLDER		
\$ No of passon as DRIVER.	144 7	110114				44151
Claded and a NAME:		chiana	∧ LIE		MALE / FEI	0855~
DINKIC/FI	N/PASSPORT:	SP3001	St al			2(253)
(D) c)ADDRES	ss:	npines	0 0	110-	1 122 000	.,
**************************************	OF BIRTH: (_ 08 /_	01/ 198	3 1/00/	MM/YY	YY)	
elocciie	ATION: (INDOOR	OUTDOOL	R)			15
	F DRIVING EXPRE		336	100	*	Company and the second
4 WAS DRIV	VER AN EMPLOYE	E OF THE	INSUR	ED'S C	DMPANY? (YE	5 / NO)
IF NO. RE	LATIONSHIP OF	THE DRIVE	ER WIT	H INSU	RED: TIY	er
5. g)WEATHE	R CONDITION: (C	LEAR / RAIN	VING /	OTHERS.		
biroad si	URFACE: (DRY / W	ET / QTHER	S			
	ODY INJURED (YE					00
7. a)REPORTE	D TO POLICE (YE	s/N/0)		×3		
IF YES, PL	EASE STATE WHIC	H POLICE ST	TATION:			
8. THIRD PART	Y VEHICLE	OU Aliza	17			
ve of passenger a) VEHIC	LE NUMBER:	817436	14	MOD	EL:	-
Induding driver) b) DRIVE						
(A) \ male c) NRIC/F	FIN/PASSPORT:			CON	ITACT:	
				53/25		
No of passenger d) VEHICI	LE NUMBER:		-	_MOD	EL:	
	R'S NAME:				ITACT:	
	IN/PASSPORT:		X//	_CON	ITACI:	
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My Desktop		cy Query					1000000	W-51-50		80 9097 B	
Notice of Loss	Policy N	io.	511102	5111021281			of Accident	1	12/03/2020 17:20		
	Vehicle	No.(For Motor)	For Motor) SLC8367G Certificate Number		cate Number						
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5111021281	5111021281- 000021	PRESTIGE KARZ LEASING PTE. LTD.	201917085E	GFM	Third Party	SLC8367G	SLC8367G	21/11/2019	08/07/2020
				1000	C	Continue					

Policy No.	5111021281	Policyholder Name	PRESTIG	KARZ LEASING PTE. I	Policyholder NRIC	201917085E		
Certificate No.	5111021281-000021	V.1075-709						
Address	18 #02-11 UBI ROAD 4 SINGAP	ORE 408616						
Product Name	Name FLEET MASTER INSURANCE				Group Policy Flag	N		
olicy 09/07/2019 ssue Date		Effective Date	09/07/2019 00:00		Expiry Date	08/07/2020 23:59		
Excess Type	Per Accident	All Claims Excess						
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0		
Additional Excess		OS Premium	0					
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500			Young/	Inexperience Driver Excess	
Acont	ASSURE (SINGAPORE) PTE. LTD	Agent Tel.	6803875	1	GST Flag	Y		
Agent								
Co- insurance	No				i i			
Co- insurance Flag Open	No							
Co- insurance Flag Open Policy Info Certificate	No							
Co- insurance Flag Open Policy Info Certificate Info	No nolder Mailing Address							
Co- insurance Flag Open Policy Info Certificate Info Policyh		Addre	ss 2	SINGAPORE 408616		Address 3		
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1	nolder Mailing Address		ss 2 ss Type		5	Address 3 Post Code	408616	
Agent Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	nolder Mailing Address	Addre	ss Type d Policy	SINGAPORE 408616	5		408616	
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	nolder Mailing Address 18 #02-11 UBI ROAD 4	Addre Relate Numb	ss Type d Policy	SINGAPORE 408616 Singapore address	5		408616	
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	18 #02-11 UBI ROAD 4 01-44 d Object: 5111021281-000021	Addre Relate Numb	ss Type d Policy	SINGAPORE 408616 Singapore address	5		408616	
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insure	18 #02-11 UBI ROAD 4 01-44 d Object: 5111021281-000021	Addre Relate Numb	ss Type d Policy er	SINGAPORE 408616 Singapore address	5		408616 Endorsement Content	
Co- insurance Flag Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No. Insure Endors Sequen	18 #02-11 UBI ROAD 4 01-44 d Object: 5111021281-000021	Addre Relate Numb	ss Type d Policy er	SINGAPORE 408616 Singapore address 5113047587	5	Post Code		

Claim Handling							
Accident MT/1088146							
olicy No.	5111021281	Vehicle No.	SLC8367G			GST Registration No.	
Certificate No.	5111021281-000021						
Nicyholder Name	PRESTIGE KARZ LEASING PTE, LTD.					Policyholder NRIC	201917065E
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party			Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0			Contact No.(Home)	0
Email Address		Special Remark				eCode	he w
FK	® No ○ Yes	TCA	⊕ No ○ Yes	E		eCode Reason	
CD Protection	No	NCD Entitlement(%)	0			Private Hire	Yes
→ Accident Details							
Report Date	13/03/2020 17:21	Accident Report Within 24 hr	s Yes			Accident Type	Collision - Change / Cross lane
Date of Accident	12/03/2020	Time of Accident hitemm	17:20			Country of Accident	Singapore
eporting Centre		Orange Force	21.80				Singepore
ocident Location	SLIP RD BESIDE BLK 319A ANCHORVALE DR	Grange Force				ICM No.	
Total Excess Applicable							
rcess Type	Per Accident						
scess type	Per Accident	Windscreen Excess		0.00			
DD Standard Excess	0.00	TP Standard Excess		1,500.00			
TED OD Excess	9.90	YIED TP Excess		1,500.00			
dditional Excess		THE IT BROKE				Driver is Covered?	
otal OD Excess Applicable	0.00	Total TD Susses Assessed					
Otal OD Excess Applicable W Senefits	0.00	Total TP Excess Applicable					
♥ Senefits ♥ GST Registered Inform.	ation						
ST Registered Inform.	1000			e distriction - Total			
ST Registered ST Registration No.	No			egistration Date : tatus Verified		Yes	
fodification History			0313	lacus venned		Yes	
Policyholder Mailing Ad	dress						
Address 1	18 #02-11 UBI ROAD 4	Address 2	SINGAPORE 4	100616		Admin 7	
	10 #02-11 OBI ROAD 4					Address 3	
ddress 4		Address Type	Singapore add	iress		Post Code	408616
Inst Na.	01-44	Related Policy Number	5113047587				
♥ OI Driver Info	Land Control of Association	120000000000	100-3.W/1900				
rriver Name	Unnamed Driver	Driver Type	Unnamed Driv	er			
nnamed driver Name	LEE TZE CHIANG (LI ZHIQIANG	Driver NR3C	SXXXX104F			Driver DOB	08/01/1983
egister Date of Driver License		Driver Age	37			Driving Experience	5
ontact No.(Mobile)	92308552	Contact No.(Office)	0			Contact No.(Home)	0
ddress 3	8LK 253	Address 2	TAMPINES ST	REET 21		Address 3	SINGAPORE 521253
ddress 4		Address Type	Singapore add	iress		Post Code	521253
Init No.	09-422						
loss he own a Singapore legistered car?	○ Yes ® No	Driver Vehicle No.				Driver Insurer Company	
eclaration							
reathalyser or Blood Test leading?	0 mg	Any injury?	○ Yes ® No				
odification History							
Claim 001 New							
192.							/
arm Type *	OD-MX	Insured Name	And the last of th	RZ LEASING PTE. I		Insured NRJC	201917085E
ontact No.(Mobile)	Mary Control of the C	Contact No.(Home)	NIL			Contact No.(Office)	NIL
mail Address		01 Vehicle Number	SLCB367G			TP Vehicle Number	SH44361G
laimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select	V			
aimant Name *	22	Cleimant NRIC *					
laimant Address							
wim Description	SLC8367G / SHA4361G ON 12 Mar 2020					Name of Preferred Workshop	
referred Workshop Contact		Insured Liability *	Not at Fault	V			
quire Pinalisation	Yes U	Preferered Repair Option	Preferred Wor	kshop, Name unknown	V	GIA report	Received
ste Registered	13/03/2020 17:23	Claim Close Date			200	Date Received	13/03/2020 00:00
port Taken By	Jackson		-	1			
Print AK letter							
			Save Submit	an .			
Attachment			Charlest Controller	-			
10-11							
•							
cident No.	MT/1088146	Claim No.		001			
est Doc. Received	® Yes O No	Upload Date		13/03/2020 17:25			
Concediments of		Optoed Date				350/258965 (DAYS)	70.00 (00.000000
	Patn *			Category •	77.10	Confidential Urgen	
		Browse		ease Select	1007	NO V Normal	
		Browse	-	ease Select	1000	NO V Normal	Ā
		Browse	Clear Pi	ease Select	V	Normal V Normal	<u> </u>
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