NATIONAL Assessment Cent	re Services.	[Mei 1 374 Oct W	14120033674	-	-
Date In: 191422-16: 15	Jeb descripti	ON	Date & Time Completed	Done	e by
Ref No: UA JYC 2000 YITIBY	SAS e-filin	g			
Veh No: 5047646E	E-mail (with	ia Shrs, AIC 2hrs)			*
D.O.A: 17/12 - 07:12	i-Motor Cl	aim Form	M7/1088624001	12/3/20	18:08
OD / TP-/ Reporting Only	i-Motor W	O (Within: OD 2hrs		1 1	
SD : 11 Reporting Only	i-Photo Up	loaded			
TP Insurer:	Assessment/	Survey Report			
	Ass't Report	by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	
TP Particulars: Veh No:		INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Pe	eriod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	-
Insured/Driver Liability: (%) [Note-Est. Status	(WO): N: 0-20	%; P: 21-79%. P: 30-1	00%1	
	Warranty: YES (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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A MANUAL A CONTRACTOR SOCIAL S			Canal Parish and Carrier and Carrier	S. 64 5 5 5 5	
() Walk-In Customer: Customer's info	rmation strictly Co	onfidential & Stri	ctly NO refer of repairer.		No.
() Total Loss Case : to e-mail Insure					
LAUVE-ID I I/ Towed-In/) Invoice	. VPC/	NO / Y.T.	wine Co. (100	
Drive-In ()/ Towed-In (); Invoice	:: YES() /	NO();To	wing Co: ()
	E:YES()/	NO (); To		Done	by
Remarks: (INC hodine: 6788 6616)	Courtesy Car (NO();To	wing Co: (Date&Time Completed	Done	by
Remarks: (INC hodine: 6788 6616) 1) Apply for Transport Allowance ()/C				Done	by
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection	Courtesy Car (Done	by
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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.
- 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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	17/03/2020 16:25
Date Of Accident	13/01/2020 07:20
Exact Location Of Accident	AMK ST 53
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJH7646E
Insured/Policyholder	
Name Of Registered Owner	CARZONRENT PTE LTD
Co Reg No	2XXXXX659R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91816096
Alternative Phone No	OFFICE-91816096
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH 1.8 AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5102232954-01
Cover Note Number	

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_	•.•		•	•:

Name of Driver ROSLAND BIN AHMAD

 NRIC No
 SXXXX322A

 Date Of Birth
 06/10/1969

 Occupation
 OUTDOOR

 Date Of Driving Pass
 17/01/1990

Driving Experience 29 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87867864

Fax Number

Contact Number OFFICE-87867864

EMail Address NOEMAIL

Address

BLK 129 RIVERVALE STREET

#11-848

Postcode

540129

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident NO COLLISION

Weather Conditions CLEAR DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

1

NO

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

NO

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)

NAME:

GENDER: : FEMALE

Passenger 2

Passenger 1

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

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 Plan Available DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Refer to Hatement DECLARATION I/We declare the 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 Personne's Signature Name: NRIC/FIN No.: ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. I RECEIVED A LAWYER LETTER ON 10 FEBRUARY WHICH INDICATE THAT I WAS INVOLVED IN AN ACCIDENT WITH SMC2968A. AS I RECALL I WAS NOT INVOLVED AN ACCIDENT ON 13 JAN.

ACCIDENT STATEMENT

ACCI	DENT DATE: (1) / 1 / 10D/MM/YYYY), TIME:(07:20.)(HH:MM)
LOCA	TION: AMIC HELD J3.	
1.	DETAILS OF VEHICLE	
	a) VEHICLE NUMBER: 174 7646E	O 22 72
	b)INSURANCE COMPANY: "LI THE	
	C)POLICY NUMBER: 5/01232974 . 21	
		TV / T / NO. 2 / 2 T / T / T / T / T / T / T / T / T
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PAR e)MAKE & MODEL:	RTY / THIRD PARTY FIRE &THEFT)
	f)TYPE:(SALOON / COUPE / MPV /V AN / LORR)	Y / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIA	AL / MOTORCYCLE)
	h) PURPOSE OF USING AT ACCIDENT TIME:	Walling
	I) ARE YOU CLAIMING UNDER YOUR OWN INSUR	RANCE (YES/NO)
2	IF NO, PLEASE STATE (THIRD PARTY CLAIM / RE	PORTING ONLY)
2.	INSURED / POLICY HOLDER	
	A)NAME: GETWORPO + Ptc 44.	(MALE / FEMALE)
	b)NRIC/FIN/PASSPORT: 201605659R	_CONTACT: 9 1876-96
	c)ADDRESS:	
.e. 26 0t.		
Mus. D	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HO	LDER
\$ Ho of passenga	DRIVER	
	a)NAME: Rosland Bin Ahmad	(MALE / FEMALE)
(1)	b)NRIC/FIN/PASSPORT: S69423224	_CONTACT: 018678 64
The second secon	c)ADDRESS:	
2 femole	- F 1 15 6	
14	*d)DATE OF BIRTH: (6/10/1964) (DD/N	MM/YYYY)
	e)OCCUPATION: (INDOOR / OUTDOOR)	
	f) YEARS OF DRIVING EXPRERIENCE:	N
4,	WAS DRIVER AN EMPLOYEE OF THE INSURE	D'S COMPANY? (YES / NO)
	IF NO, RELATIONSHIP OF THE DRIVER WITH	INSURED: HACE
J. (a) WEATHER CONDITION: (CLEAR / RAINING / O	THERS
2 1	b)ROAD SURFACE: (DRY) / WET / OTHERS	
0. \	WAS ANYBODY INJURED (YES / NO)	
7. 6	a) REPORTED TO POLICE (YES / NO)	6
2 12	IF YES, PLEASE STATE WHICH POLICE STATION:_	
8. 1	HIRD PARTY VEHICLE	
TNO of passenger	a) VEHICLE NUMBER: M (2948).	_MODEL:
(Induding driver)	b) DRIVER'S NAME:	
()	C) INTIC/FIN/FASSPORT:	_CONTACT:
7.	HIRD PARTY VEHICLE	
	d) VEHICLE NUMBER:	_MODEL:
Induding distant	e) DRIVER'S NAME:	* 1
comming ariver)	F) NRIC/FIN/PASSPORT:	_CONTACT:
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My Desktop	Polic	cy Query							Victor III Co		
Notice of Loss	Policy N	io.				Date o	f Accident	1	3/01/2020 (7:20	
	Vehicle	No.(For Motor)	S3H764	16E		Certific	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5102232954- 01		CARZONRENT PTE LTD	201605659R	GPC	drivo CLASSIC	SJH7646E	SJH7646E	22/08/2019	21/08/2020
	San to the				0	ontinue					

Sequen	ce Date of Endorsement		Endorsemen	t Type	Endorsement	Status	Endorsement Content
▼ Endors	ements						
) Insure	d Object: SJH7646E						
Unit No.	04-10	Relate Numb	d Policy er	5116569535			
Address 4			ss Type	Singapore address		Post Code	415875
Address 1	8 KAKI BUKIT AVENUE 4	Addre	ss 2	#03-47 PREMIER @	KAKI BUKIT	Address 3	SINGAPORE 415875
Policyh	older Mailing Address						
Certificate Info							
Open Policy Info							
Co- insurance Flag	No						
Agent	GOLDEN PRIME INSURANCE AG	Agent Tel.	68426788		GST Flag	Υ	
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young/I	nexperience Driver Excess
Additional Excess	1000	OS Premium	0				
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Excess Type	Per Accident	All Claims Excess					
Policy issue Date	20/08/2019	Effective Date	22/08/2019	00:00	Expiry Date	21/08/2020 23:	59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	8 KAKI BUKIT AVENUE 4 #03-47	PREMIER @	KAKI BUKIT	SINGAPORE 415875			
Certificate No.							
Policy No.	5102232954-01	Policyholder Name	CARZONRE	NT PTE LTD	Policyholder NRIC	201605659R	

Continue Cancel

Street S	laim Handling					
MADE NOT MATERIAL MA	cident MT/1088624	5102232954-01	Vehicle No.	S3H7646E	GST Registration No.	
Marie Mar						
March Color		CARTOMORNE STE LED			Potositoridas NR V	3016056598
Content No (Content No (Cont						
Separate Services Sepa						
Strong S	react No.(Mobile)	91816096	Contact No. (Office)	0		
Comment Comm	ail Address		Special Remark		eCode	Nr. V
### Content State 1702-002-12-10-00	c .	® No ○ Yes	TCA	No ○ Yes	aCode Reason	
March 1,000,000 10 10 10 10 10	D Protection	No	NCD Entitlement(%)	0	Private Hire	Ves
Second S	Accident Details					
Second S	nest Date	17/03/2020 18-04	Loridan Dance Within 24 her	Vac	Accident Tune	No collision
Control Custome						
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## Age of Briver Total **Page 1	dress 1	8 KAKI BUKIT AVENUE 4	Address 2			
## Note Contract Table Contract Tab	dress 4		Address Type	Singapore address	Post Code	415875
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