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OD / TP / Reporting Only	i-Photo Uploaded				
	Assessment/Survey	Report			
TP Insurer:	Ass't Report by Fa:	x / Hand to Owner/	Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:		Fax:)
TP Particulars: Veh No: 45 E	62467	INC()/No	n-INC()		
Owner / Driver: (Tel:			
Policy No: () Pe	eriod: () Cover			
Confirmed by : (ate:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (WO):	N: 0-20%; P:	21-79%. F: 80-	100%]	
		NO()			
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SINGAPORE ACCIDENT STATEMENT

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.
- 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

 By the lodgement of this report to the insurers, you aforesaid. 	ou nereby consent to the archiving of this report at the centre and to copies of the report being made available
MESSES PART OF THE PROPERTY.	ACCIDENT STATEMENT
Date Of Report	07/04/2020 17:38
Date Of Accident	06/04/2020 11:15
Exact Location Of Accident	FARRER RD TWDS COMMONWEALTH AVE
Country/State of Loss	SINGAPORE
And the second second	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMJ4273X
Insured/Policyholder	
Name Of Registered Owner	HOUGANG CAR RENTAL PTE LTD
Co Reg No	2XXXXX707M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86853446

Alternative Phone No Vehicle Particulars

Manufacturer SUBARU

Model IMPREZA 4DR 1.5R AWD 4AT ABS AIRBAG

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

OFFICE-86853446

Vehicle Category

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

THIRD PARTY

Fleet Policy

YES

Policy Number

5114049923

Cover Note Number

Driver

Name of Driver GAEN LAZARUS KOH JIN YUN

 NRIC No
 SXXXX018C

 Date Of Birth
 11/07/1990

 Occupation
 INDOOR

 Date Of Driving Pass
 20/01/2010

Driving Experience 10 YEARS AND 2 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-82684379

Fax Number

Contact Number OFFICE-82684379

EMail Address NOEMAIL

BLK 108 YISHUN RING ROAD Address

#06-293

760108 Postcode

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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions Road Surface DRY

Other Information

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

NO YES

Was any other material or property damaged?

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

NO

2

Number of Passengers (Including Driver)

Passenger 1

NAME:

: ARIEL ALLYSSA DE SILVA

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 65470000 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

NO

YES

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200407/7014.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

GBE6246T Vehicle Registration Number TOYOTA Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver LI XUEJIE GXXXX443M NRIC/Passport Number 86876817 Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

GAEN LAZARUS KOH JIN YUN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SMJ4273X

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

ARIEL ALLYSSA DE SILVA

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SMJ4273X

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

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</u> and <u>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;
 - (ili) 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:

MTOTESETO

- 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.

Pelicyholder's Signature

Date & Tirde:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

1-SM118222					
A-SMJ4773X B-GEE-6746T_		HIWH			
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	RIBE CIRCUMSTANCES			•	
KE	FEZ TO POLICE A	REPORT.			
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	*	W. Commercial Commerci			
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DECLARATI I/We declare	the foregraph page colors	are true in every respect.			
Ja	AR RE ZOLIGISSTO	11		_	M
k Policyholder's		Driver's Signature // (p. R	eporting Centre Personne	el Signature
Date & Time:	CONTROL CONTROL	(If driver is not the policyho Date & Time:	lder) N	ame: RIC/FIN No.:	1
ISBNAC SLANDE	Latera VI				

Date of Accident	: 6 April 2020 Accident Time: 11 15 PM (24-HR-Format)
Accident Place	: Common WEARH AVE EXIT (LORNIE)
Vehicle Reg. No. (Car Plate No.)	: Sm7 4273 x
Vehicle Make/Model	: SUBARU IMPREZA.
Insurance Company	: NTUC Policy No. 5114049923-000073
Owner or Company Name /IC No	: HOUGANG CAR RENOTAL PTG 170
Owner or Company Contact No.	: 66853446 Owner's HpCompany Tel
DRIVER'S Name / IC No.	: GAEN. LAZARUS KOH IN YUN 39025618C
DRIVER'S Date Of Birth	: 11 John 1090 DRIVER'S License Pass Date
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	Bik 108 YISHUW RING ROAD \$ 06-293 Space 760108
DRIVER'S Contact No./ Alt No.	:1) 82684379 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	i
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including	Driver): 02 A Vante 02 150mm (C
Was there any video Captured by o Exact purpose for which vehicle w	car camera: YES\NO as being used at the time of accident: Private use\Work purpose
Other	Party Driver's Particular (if any)
Vehicle Reg. No: 486 6246	TVehicle Reg. No:
Vehicle Make Wodel: 14079	Vehicle Make\Model:
Name Driver: Tee LI XUE	
IC No. Driver: 62918443	IC No. Driver:
Driver's Contact & Add: 868	7 6817 Driver's Contact & Add:





1 of 3

Report No. T/20200407/7014

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time 07/04/202	e Report M 20 11:31	Made:	Station Diary No.:			
Informan	t's Particu	ulars		and the second of the second o		
Name of Informant: GAEN LAZARUS KOH JIN YUN		ANTINO NETROSPONISTAS ANTINOS DE MONTE O	Address: APT BLK 108 YISHUN RING ROAD #06-293 SINGAPORE 760108			
ID Type / ID No.: NRIC NO / S9025018C		18C	Contact No.: Home/Office: Mobile: 82684379			
Nationality: SINGAPORE CITIZEN		EN	Email: gaenkoh@gmail.com			
Sex: Age: Date of Birth: Female 29 11/07/1990			Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupatio	on: cial artist		Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/04/2020 11:00	Type of Location Y-Junction	
Location: FARRER RO. Weather:	AD	Road Surface:		Road Speed Limit: 0 Km/h	
Traffic Flow: Tra		Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collis	sion: ring Vehicles - Head	d To Rear	a	Inyone conveyed by imbulance:	

Details of V	ehicle Invo	ived	SECTIONS	A A SALES	100	No of Passenger
Vehicle No.	Type	Make	Model	Color	THE RESERVE OF THE PARTY OF THE	No of Fassenger
GBE6246T	Lorry	TOYOTA			Slightly Damaged	0
SMJ4273X	Car	SUBARU	Impreza	Gold	Seriously Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	Live And Advances Consisted NA
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20200407/7014

CONTINUATION OF REPORT

Name	ARIEL ALLYSSA DI	E SILVA	SHOULE-WALLS OF -	ID No.		S9200147D
Related Vehicle	SMJ4273X (Car)			Contact No.		97911992
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	06/04/2020	Date Disch				
No. of Days gran	ted Medical Leave	02	Degree of	Injury	Slight	
Driver		A CONTRACTOR OF THE PARTY OF TH		建始间	為其類象	
Name	GAEN LAZARUS K	OH JIN YUN		ID No		S9025018C
Related Vehicle	SMJ4273X (Car)			Contact No.		82684379
Hospital/Clinic	NIL	NIL			of g ce & Date	Class: 3 Date of Expiry: NIL
Date Treatment	06/04/2020		Date Disch	narge		/2020
No of Dave gran	ted Medical Leave	05	Degree of	Injury	Slight	

Brief Details.

i was travelling along farrer road towards commonwealth avenue in vehicle bearing SMJ4273X on the extreme left lane before exiting to Commonwealth Avenue. The traffic was heavy at the point of time, when suddenly the car in front of me E-brake, i manage to stop in time. However a lorry bearing vehicle number GBE6246T could not stop in time and collided onto my vehicle rear portion, causing damages to my vehicle. I alighted and took photos of the accident and exchange particulars with the driver. I wish to state that at the point of time during the accident, i have a passenger with me (Ariel Allyssa De Silva, S9200147D). After the accident, we both felt pain and discomfort and consulted a doctor at Internedical 24hours clinic. I was given 5 days of MC and my passenger is given 2 days of MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20200407/7014

CONTINUATION OF REPORT

Sketch Plan				
Informant is not able	to	provide	sketch	plan

Authentication Stamp

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 07/04/2020 11:31
Officer In Charge Of Case: TP / TPHQ / ONG YONG HOCK Contact No.: 65476436	Classification Of Case:

			A CHARLES	THE REAL PROPERTY.	THE RESERVE	Mark Supplement	100000000000000000000000000000000000000	ACT DESIGNATION	30-2-300		
Hello, NAC_PAYA_UBI_8006	501						Change	Language	• Chan	ge Password	· Log Ou
My Desktop	Polic	cy Query									9
Notice of Loss	Policy No.		5114049	923		Date o	f Accident	0	6/04/2020 1	1:15	
	Vehicle	No.(For Motor)	SMJ4273	3X		Certific	cate Number				
Select Policy No.				13	Search						
	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5114049923	5114049923- 000073	HOUGANG CAR RENTAL PTE. LTD.	201839707M	GFM	Third Party	SM34273X	SMJ4273X	11/02/2020	17/12/2020

Sequent 1 2	Date of Endorsement 18/12/2019 00:00 10/01/2020 00:00	Endorseme Basic Informal Endorsement Basic Informal Endorsement Basic Informal Endorsement	tion	Endorsement Number 000001287205617 000001287224292 000001287224295	Endorsem Effective Endorsem Effective Endorsem Effective	ent Take	Endorsement Content Memo B & C Memo B - JAGUAR XJ 5.0A \$2,343.60 (before gst) Section I Excess \$1500 UPDATE MEMO B - SKD7789K - JAGUAR XJ 5.0A - 5,000cc
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▶ Insure □ Endors Sequen	Date of Endorsement 18/12/2019 00:00	Endorseme Basic Informal Endorsement Basic Informal	tion	000001287205617	Endorseme Effective Endorseme	ent Take	Memo B & C Memo B - JAGUAR XJ 5.0A \$2,343.60 (before gst) Section I
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Insure							
	d Object: 5114049923-000073						
Unit No.							
	01-117	Relate Numb	d Policy er	5114049923			
Address 4		Addre	ss Type	Singapore address		Post Code	530523
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Info Policy	nolder Mailing Address						
Policy Info Certificate							
Flag Open							
Co- insurance	No						
Agent	AA INTERNATIONAL INSURANCE	Agent Tel.	6464602	2	GST Flag	Y	
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Additional		OS Premium	57784.53	3			
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0	
Excess Type	Per Accident	All Claims Excess					
Policy ssue Date	17/12/2019	Effective Date	18/12/20	19 00:00	Expiry Date	17/12/2020	23:59
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
	BLK 523 #01-117 HOUGANG AV	ENUE 6 SING	APORE 530	0523			
Address	5114049923-000073						
Certificate No. Address	5114049923	Policyholder Name	HOUGAN	G CAR RENTAL PTE. LT	Policyholder NRIC	201839707	1

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