NATIONAL Assessment Cent			HAIZUWI313	T. C.	
Date In: 8/4/2-17: 14	Job description	1	Date & Time Completed	Dor	ie by
Ref No: 40/14(2) UN 509 6/24	SAS e-filing		i		
Veh No: JMC5736C	E-mail (within	Shrs, AIC 2hrs)			
D.O.A: 6/4/W-21:32	i-Motor Clai	im Form	M7 109 109 -00~	814/2	17:44
OD : D ! Reporting Only	i-Motor W/C	O (Within: OD 2hr			2 1445
OD : (1) : Reporting Only	i-Photo Uplo	paded	1		
TD (Assessment/S	urvey Report			
TP Insurer:	Ass't Report l	by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: She	3618YA	, INC ()/Non-INC()		
Owner / Driver: (21.8.19		Tel:)	
Policy No: () P	eriod: ()	Cover Type: ()	1000000
Confirmed by : (105 W	Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 30-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1,					
General Remarks:	e Più Tionini	CONTRACTOR CONTRACTOR	100 P. S.	NAME OF THE	
La minació en como respensar por Lappación por esta Caracteria de constante de la minación de la medica del la medic	da 2 Martin Malling and Laborator	Marie Wall Marie	<u> </u>		2 1
() Walk-In Customer: Customer's inf		infidential & St	rictly NO refer of repairer	·	
() Total Loss Case : to e-mail Insu	rer URGENTLY.	1943			
Drive-In ()/ Towed-In (); Invoice	ce: YES() / N	T; () ON	owing Co: ()
			in	12.23.23.23.23.23.23.23.23.23.23.23.23.23	Max in
Remarks: (INC hotline: 6788 6616)			Date & Time Completed	iv Don	e by
1) Apply for Transport Allowance ()/)	Date&Turis Completed	Don	e by
Apply for Transport Allowance ()/ QC Check / Post Repair Inspection	Courtesy Car ()	Date& Time Completed	Don	e by
1) Apply for Transport Allowance ()/	Courtesy Car ()	Date&Tims Completed	Don	èby
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$	Courtesy Car ()	Date& Time Completed	Don	e 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.
- 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.

alolesald.	
建设设施,其外的企业的企业。	ACCIDENT STATEMENT
Date Of Report	08/04/2020 17:29
Date Of Accident	06/04/2020 21:30
Exact Location Of Accident	CTE (SLE) AFTER BRADDELL RD EXIT
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMK5706C
Insured/Policyholder	
Name Of Registered Owner	FOCUS RENTALS PTE LTD
Co Reg No	2XXXXX450G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98299734
Alternative Phone No	OFFICE-98299734
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 1.6L SDN
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	THIRD PARTY
Fleet Policy	YES
Policy Number	5113975451
Cover Note Number	
Driver	
Name of Driver	LIM YONG HSIANG, JEREMY
NRIC No	SXXXX440A

 NRIC No
 SXXXX440A

 Date Of Birth
 25/03/1995

 Occupation
 INDOOR

 Date Of Driving Pass
 28/01/2016

Driving Experience 4 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83282033

Fax Number

Contact Number OFFICE-83282033

EMail Address NOEMAIL

BLK 765 YISHUN STREET 72 Address

#03-378

760765 Postcode

Was driver an employee of the Insured's Company NO

OTHER - HIRER If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

CHAIN COLLISION Type Of Accident

RAINING Weather Conditions WET Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

3 YES

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

YES

NO

YES Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Passenger 1

NAME:

3 -

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE

ROAD: 81 ANG MO KIO AVE 3, POSTCODE: 569929, COUNTRY:

Police Station Address SINGAPORE

Police Station Contact

TEL NO: 1800-4519999 - FAX NO: 65535679

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200406/2119.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGB9184A

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLD4156U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LIM YONG HSIANG, JEREMY

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMK5706C

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 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 Personne's Signature

Name:

NRIC/FIN No .:

1e A 1 5706C			
e 8:			
118414			
le c			
156D			
DESCRIBE CIRCUM	STANCES OF THE ACCIDENT		-
Pefer to	police report.		
		7-11	
		3.70° V	
	The second secon		
DECLARATION			
DECLARATION I/We declare the foregoing	particulars are true in every resp	pect.	
	particulars are true in every resp	pect	

azitimi SkatchPhateam W

Date of Accident	: 06 Apr 2020 Accident Time: 2130Hrs (24-HR-Format)
Accident Place	: CTE towards SLE aft Braddell.
Vehicle Reg. No. (Car Plate No.)	:SMK 5706 C
Vehicle Make/Model	: to marda 3
Insurance Company	NTUC Policy No.
Owner or Company Name /IC No.	: Focus Pentals Pte Ital
Owner or Company Contact No.	: 98199734 Owner's HpCompany Tel
DRIVER'S Name / IC No.	LIM Young Historiang Jeverny 89510 440A
DRIVER'S Date Of Birth	25-03-1995 DRIVER'S License Pass Date 78 Jan 201
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Htrer
DRIVER'S Address	BIK 765 4rshun St 72 #03-378 5766765
DRIVER'S Contact No./ Alt No.	:1) 83282033 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: Admin@ Myonr-eg.
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	viver): 02 - Male passenger.
Was there any video Captured by ca	Druge intrine c
Other I	Party Driver's Particular (if any)
Vehicle Reg. No: SGB9184A	Vehicle Reg. No: S L D41564
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:

THE RESIDENCE TO SECURE





1 of 3 Report No. T/20200406/2119

Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 020 22:47	Made:	Station Diary No.: 232				
Informa	nt's Partic	ulars					
	f Informant: NG HSIANO	S, JEREMY	Address: APT BLK 765 YISHUN STRE 760765	EET 72 #03-378 SINGAPORE			
	/ ID No.: D / S95104	40A	Contact No.: Home/Office: Mobile: 83282033				
National SINGAP	ity: ORE CITIZ	EN	Email:				
Sex: Male	Age: 25	Date of Birth: 25/03/1995	Type of Informant: Driver				
Race: Chinese			Language: English	Institution / School Name:			
Occupat	tion: RTY OFFIC	ER	Driving Licence Information: Class: Date of Expiry:				

Seneral Inform	nation of the Acci	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/04/2020 21:25	Type of Location Straight Road
	KPRESSWAY ar to Braddell	Road Surface:	R	Road Speed Limit:
Traffic Flow: Dual Carriage	e Way	Traffic Control: Not Controlled	100	raffic Volume: Moderate
Type of Collis	The last the second second	I To Rear	а	inyone conveyed by imbulance:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SGB9184A	Car				Slightly Damaged	0
SLD4156U	Car				Slightly Damaged	2
SMK5706C	Car				Slightly Damaged	1





T/20200406/2119

2 of 3

Report No. T/20200406/2119

Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999

CONTINUATION OF REPORT

Any Pedestrian In	nvolved: No		STORY OF THE STORY			
No. of Pedestrian	Use of Peo	of Pedestrian Crossing: NA				
Driver				10.00		
Name	LIM YONG HSIANG	, JEREMY	all.	ID No		S9510440A .
Related Vehicle	SMK5706C (Car)			Contact No.		83282033
Hospital/Clinic		Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL		
Date Treatment	06/04/2020		Date Disc	harge	06/04	/2020
No. of Days gran	ted Medical Leave	05	Degree of	Injury	Slight	

Brief Details.

On 6/4/2020 at about 2125hrs, I was driving on the first lane on CTE SLE near to Braddell Exit. As the traffic was quite heavy and it was raining heavily, my vehicle was stationary, so as the rest of the vehicle in front. Suddenly, I felt a hard impact from the back. It resulted in my vehicle colliding into the vehicle in front. We immediately came down from our vehicle to assess the damages and to exchange particulars. I only managed to take down the car registration plate of the affected vehicles and their contact details. We then drove off immediately after that as we did not want to obstruct the traffic and also due to the rain. As I was felling unwell after the accident, I went to see the doctor and had gotten 5 days of MC.

I am lodging this report for my insurance claim.





Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Report No. T/20200406/2119

Tel No: 1800-4519999

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 F / Sgt 2 JEREMY KHOO WEI LIA		Signature Of Informant:
Signature Of Interpreter: Not applicable		Date/Time: 06/04/2020 22:47
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	<	Classification Of Case:
Authentication Stamp NP168		Signature
	Singapor	e Police Force

eBao Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601						• Chang	je Languagi	e • Chan	ge Password	· Log Out
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	lo.	511397	5451		Date	of Accident	8	06/04/2020 2	1:30	
	Vehicle	No.(For Motor)	SMK57	06C		Certif	icate Number]			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5113975451	5113975451- 000090	FOCUS RENTALS PTE. LTD.	201836450G	GFM	Third Party	SMK5706C	SMK5706C	26/12/2019	25/12/2020
						Continue]				

ocident MT/1091098								
	FLIZOSFIFE.	Vehicle No.	5MK5706C		GST Registration	No	201836	MING
skcy No. ertificate No.	5113975451 5113975451-000090	Venicle No.	SMK3 /UEC		GET Registration	NO.	20103	Haca
olicyholder Name	FOCUS RENTALS PTE, LTD.				Policyholder NR3	*	20183	64500
	PLEET MASTER INSURANCE	Cover Type	Third Party		Loading	-	0	11303
roduct Code ontact No.(Mobile)			Inita Party		Contact No (Hom		~	
mail Address	NA	Contact No.(Office) Special Remark			eCode	(0)	N. V	
	00		O				1	
FK	® No ○ Yes	TCA	® No ○Yes		eCode Reason		1550000	Lesson.
ICD Protection	No	NCD Entitlement(%)	0		Private Hire		Not avo	illable
Accident Details								
eport Date	08/04/2020 11:31	Accident Report Within 24 hrs.	Yes		Accident Type		Chain 0	Collision
rate of Accident	06/04/2020	Time of Accident hhomm	21:00		Country of Accide	ent	Singapi	ore
eporting Centre		Orange Force			ICM No.			
coldent Lucation	CTE (SLE) AFTER BRADDELL RD EXIT	SUPPLEATED STATES						
Total Excess Applicable								
xcess Type	Per Accident	Windscreen Excess	0.00					
organ (180	1 41 73446617							
D Standard Excess	0.00	TP Standard Excess	1,500.00					
IED OD Excess		YIED T₱ Excess			Oriver is Covered	12	Not Ap	plicable
dditional Excess	0							
otal OO Excess Applicable	0.00	Total TP Excess Applicable	1,500.00					
₹ Benefits	457734							
GST Registered Informa	ation							
5T Registered	Yes		GST Registration Date		01/02/2	1019		
ST Registration No.	201836450G		GST Status Verified		Yes	X2X(1)		
odification History								
Policyholder Mailing Ad	dress							
ddress 1	26 SIN HING LANE	Address 2	#05-114 MIDVIEW CITY		Address 3		SINGA	PORE 573971
daress 4		Address Type	Singapore address		Post Code		57397	
Inst No.	03-02	Related Policy Number	5113975451					
OI Driver Info	03-02	Reduced Princip resolutions	***************************************					
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