	itre Services - wet 1 Janios N	NHI V VOG 160		
Date In: 20/3/2-15!25	Job description	Date & Time Completed	Done	by:
Ref No: 14/14(220) 778/14	SAS e-filing			
Veh No: SICIYETE	E-mail (within 8hrs, AIC 2hrs)			-
D.O.A: 27/7/2-16:00	i-Motor Claim Form	m/1099183-001	यिवाय ।	1:31
	i-Motor W/O (Within: OD 2h		10/71-1	
OD / TP / Reporting Only	i-Photo Uploaded			
X257	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW; (ax:	
TP Particulars: Veh No:37	SESSIT INC)/Non-INC()		_
Owner / Driver: (Tel:)	
Policy No: ()	Period: (Cover Type: ()	-
Confirmed by ; (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	10%; P: 21-79%. P: 80-10	0%]	
Year of Registration: ()	Warranty: YES ()/NO ()		
Excess: (\$) Loading: \$1	,000 ()/\$2,000 ()			
General Remarks:-				-
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() Walk-In Customer: Customer's in		rictly NO refer of repairer.		
() Total Loss Case : to e-mail Insu	irer URGENTLY.	Carlo har	19	
Drive-In ()/ Towed-In (); Invoi	ce: YES() / NO(); T	owing Co: (7)
Remarks: (INC horline: 6788 6616)		Date & Time Completed	Done b	.,
1) Apply for Transport Allowance ()/		Direction of the sec	is a state of	y
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The state of the s	Courtesy Car ()			
2) QC Check / Post Repair Inspection	()			
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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.
- 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.	and to copies or the report being made available
	ACCIDENT STATEMENT
Date Of Report	28/07/2020 15:25
Date Of Accident	27/07/2020 16:00
Exact Location Of Accident	JUNC AMK AVE 1 & BISHAN RD
Country/State of Loss	SINGAPORE
The Tuntos Tennis	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLC1481E
Insured/Policyholder	
Name Of Registered Owner	CARHUB LEASING PTE LTD
Co Reg No	2XXXXX930G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92729299
Alternative Phone No	OFFICE-92729299
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5108657811-01
Cover Note Number	
Driver	
Name of Driver	FAIZ RIDZWAN BIN HARON
NRIC No	SXXXXQ0QA

NRIC No. SXXXX909A Date Of Birth 23/11/1992 Occupation OUTDOOR Date Of Driving Pass 22/04/2015

Driving Experience 5 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91134354

Fax Number

Contact Number OFFICE-91134354

EMail Address NOEMAIL Address

BLK 433 CHOA CHU KANG AVENUE 4

#05-539

Postcode

680433

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 - HEAD TO REAR

Weather Conditions

RAINING

Road Surface

WET

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?

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

3

Number of Passengers (Including Driver)

Passenger 1

NAME:

. .

GENDER:

: MALE

: MALE

Passenger 2

NAME:

: 4

GENDER:

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

SJF8865T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

APAO

NRIC/Passport Number

Contact Number

86918948

Address

Postcode

Page 2 of 16

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.
- 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 withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 faise 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, discuss 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 Ferronal 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
 - complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all innurer(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 Pursonal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or againts(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 & Times

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's 5

Name:

NRIC/FIN No.:

SKETCH PLAN	
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ECLARATION * CA	4.
We declare the foresting particulars are true in every respect.	
(m (900)	

Driver's Signature

Date & Time:

SMANK SENSENSESSESSES SOF

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 17 7 7 100	D/MM/YYYYI TIME	1 14 . 05
LOCATION: JMC AMIC AV	e 1 2 B	ishon Rd
1. DETAILS OF VEHICLE DIVEHICLE NUMBER: SUC (4) DINSURANCE COMPANY: CIPOLICY NUMBER: 50865 7 8 DIPOLICY TYPE: (COMPREHENSIVE / 6) MAKE & MODEL: FITYPE: (SALOON / COUPE / MPV / V / 9) VEHICLE CATEGORY: (PRIVATE / C h) PURPOSE OF USING AT ACCIDENT II ARE YOU CLAIMING UNDER YOUR OF NO. PLEASE STATE (THIRD PARTY C INSURED / POLICY HOLDER A) NAME: CACINAL (49 Jing DINPIC (FINIPASSBOOT)	THIRD PARTY/THI AN/LORRY/MOT COMMERCIAL/MO TIME: WA OWN INSURANCE CLAIM/REPORTING	ORCYCLE / OTHERS) OTORCYCLE) (YES/O)
CONTINUE TO 3.d IF DRIVER ALSO PORTING OF PASSENGE DRIVER (Including driver) DINRIC/FIN/PASSPORT:		IMALE / FEMALES
Zonce le		
e)OCCUPATION: (INDOOR / OUTDOO	OR)	
4. WAS DRIVER AN EMPLOYEE OF THE IF NO, RELATIONSHIP OF THE DRIVE	INSURED'S COM	PANY? (YES / NO)
DIROAD SURFACE: (DRY / WE)		
6. WAS ANYBODY INJURED (YES / NO) 7. GIREPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATE		
Including driver) b) DRIVER'S NAME: ARD	MODEL:	V
9. THIRD PARTY VEHICLE	CONTAC	CT: 86918948
No of passanger d) VEHICLE NUMBER:	MODEL:	
Induding dever 1 NRIC/FIN/PASSPORT:	CONTAC	OT:
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Notice of Loss	Policy I	No.				Date o	of Accident		27/07/2020	16:00	
	Vehicle	Na.(For Motor)	SLC148	1E		Certifi	cate Number	1			
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5108657811- 01	5108657811- 01-000003	CARHUB LEASING PTE LTD	201842930G	GFM	drivo CLASSIC	SLC1481E	SLC1481E	03/04/2020	02/04/2021

Policy No.	5108657811-01	Policyholder Name	CARHUB	LEASING PTE LTD	Policyholder NRIC	201842930G	
Certificate No.	5108657811-01-000003				MAIC		
Address	170 UPPER BUKIT TIMAH ROAD	#03-19 BUKI	T TIMAH SI	HOPPING CENTRE SIN	GAPORE 58817	79	
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	27/03/2020	Effective Date	03/04/20	20 00:00	The state of the state of	02/04/2021 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Agent	TONG HIN INSURANCE AGENCY	Agent Tel.	65155333	i.	GST Flag	Y	
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Open Policy Info Certificate							
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Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	170 UPPER BUKIT TIMAH	Address Related Numbe	s Type I Policy	Singapore address			
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Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insured Sequence	170 UPPER BUKIT TIMAH 03-19 I Object: 5108657811-01-0000	Address Related Numbe	s Type I Policy r	Singapore address 5114062088-01	Р	ost Code	

### Date of Accident	201842930G 0 0 Ves Collision - Head to Sear Singapore
The infection of the control of the	0 0 Yes Collision - Head to Rear
Sero of Accident 27/07/2020 15-24 Accident Report Wahn 24 hrs 16-200 Country of Accident Species Stype Per Accident Windscreen Excess Type Per Accident 2.000.00 VIED TP Excess Pinks Caper 27 Accident Sciences 2.000.00 VIED TP Excess Pinks Caper 2.000.00 Pinker is Coverage Parce 2.000.00 Pinker is Coverage Parc	0 0 Yes Collision - Head to Rear
Product Code REET MASTER INSURANCE Cover Type dino CLASSIC Loading Contact No. (Mobile) 9279299 Contact No. (Office) 0 Code Reason No.	0 0 Yes Collision - Head to Rear
Contact No. (Mobile) 92729299 Contact No. (Office) 0 Contact No. (Nome)	0 0 Yes Collision - Head to Rear
Contact No. (Nobles 92729299 Contact No. (Dmce) 0	9 Yes Collision - Head to Rear
Special Remark eCode Provided to the No Yes TCA No Yes eCode Reason NCD Protection No NCD Entitlement(%) o Phrate Hire Provident Data! Report Date 28/07/2020 15:34 Acodent Report Wahin 24 hrs Yes Acodent Type Refer of Accident 27/07/2020 Time of Accident hir/me 18:00 Country of Accident apparting Centre College (Location Junic AMK AVE 1 & BISHAN RD Total Excess Applicable EXERS Type Per Accident Windscreen Excess 100.00 Standard Excess 2,000,00 TP Standard Excess 1,500.00 Driver is Covered?	Yes Collision - Head to Rear
TCA	Yes Collision - Head to Rear
NCD Entitlement(%) 0 Private Hire	Collision - Head to Rear
### Accident Details #### Accident Details ###################################	Collision - Head to Rear
Accident Report Wathin Ja hrs 1985 Accident Type offic of Accident 27/07/2020 Time of Accident himm 16:00 Country of Accident sporting Centre Orange Force ICM No. Codent Location JUNC AMX AVE 1 & BISHAN RD Total Excess Applicable Scens Type Per Accident Windscreen Excess 100.00 TP Standard Excess 1,500.00 TR Standard Excess 1,500.00 TR Standard Excess 1,500.00	
Accident Type	
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IT Registration No. GST Status Venfled Yes	
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P Policyholder Mailing Address	
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Address 3	SINGAPORE 588179
Singapore address Post Code	\$88179
nt No. 03-19 Halated Policy Number 5114062088-01	
OI Oriver Info	
Iver Name Unnamed Driver Driver Type Unnamed Driver	
	23/11/1992
gister Date of Driver License 22/04/2015 Driver Age 27 Driving Experience	5
ntact No.(Mobile) 91134354 Contact No.(Office) 0 Contact No.(Home) (3
dress 1 BLK 433 Address 2 CHOA CHU KANG AVENUE 4 Address 3 s	SINGAPORE 680433
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