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NATIONAL Assessment Centre	Services. Wel	1 Jan'05]	SN 09213 VOOE	A	ue pi.
Date In: 31/3/21 14:17	Jeb description		Date &Time Completed	1 501	10 0,
Rei No: MALINC 21004139164	SAS e-filing		i ·	1	<del> </del>
Vch No: SMS 4761 65 65	E-mail (within Shrs	, AIC 2hrs)		1	4
D.O.A: 27/3/21 16:20	i-Motor Claim I	Form	MT/1126571-	114/21	09:16
The second secon	i-Motor W/O (W	ithin: OD 2hrs,	7'P 4hrs)		
OD : (P) ! Reporting Only	i-Photo Uploaded				
	Assessment/Survey Report				
TP Insurer:	Ass't Report by F	ax / Hand to	Owner/Wksp	1	
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	31
	SS 119 J.	. INC(	)/Non-INC( )		
Owner / Driver: (	.75 1113.		Tel:	)	
	od: (	)	Cover Type: (	)	
Confirmed by: (		Date:	Time:	)	
	lote-Est Status (WC	)): N: 0-20	0%; P: 21-79%. P: 3	0-100%]	- 3
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General Remarks:				1	
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( ) Total Loss Case : to e-mail Insure	r URGENTLY.			<del></del>	1
Drive-In ( )/ Towed-In ( ); Invoice:	YES ( ) / NO	) ( ); T	owing Co: (		
Remarks: (INC hot line: 6788 6616)			Date&Time Complete	1 Do	one by
	ourtesy Car ( )	X 10			
1) hippi) to time!	( )				
2) QC Check / Post Repair Inspection	( )		-		
3) Upload Resurvey Photo [Repair Cost > \$30	000] ( )	- 1.			
Injury:		<del></del>			
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Date/Time / Actions					
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NA2102338	188	PARTY DESIGNATION OF THE PARTY	paration Checklist	N 111 11	Add Bil
		) AR : Acciden	t Reporting (\$30); Assessment (\$100); IN	C (\$30)	
Inimant's Particulars :-		TF : Towing	Fee ·	\$40/\$45	
river/Owner:		4) FT : Follow-	Through Survey (Resurvey)	\$120 \$30	
ontact No:		For claiming	against INC Only (Wel 10 380	2005)	
		6) TR: Re-insp	ection	. \$160	
amaged Portion:	3	8) NTUC Addit	+ SMRT Survey ional Services:-		
		OD*		\$5	
C Checked by (Engr-In-Charge):		*NS: Courtes	y Car / Tpt Allowance Ca-ordination	310	
AND COMPANY OF A COMPANY OF THE PROPERTY OF TH	910 10 10 10 10 10 10 10 10 10 10 10 10 1	N7. Post Re	pair Inspection	525	
Auditors' Comments::		+N8: DV / C	ollect Excess Coordination P (Non INC) against INC	\$5 \$20	
at. 1:		TP (N11): 1 9) N12: Idac M	obile	30	Cartina)
		Invoice dated	Fee Cha	10430	4117
at. 2/3:		Invoice dated	Fee Cha	irged in	NICO

SN09213V000A / National Assessment Centre Services [408933] ENTRY DATE & TIME: 31/03/2021 14:17 (SGT) SUBMITTED BY: Liew Shan Hui VERSION: 1 (31/03/2021 14:17 (SGT))



# **SINGAPORE ACCIDENT STATEMENT**

#### IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
  2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
  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 3. Information provided must be as it utilitial and accurate as possible. Any which misrepresentation of 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 aforesaid.

#### **ACCIDENT STATEMENT**

31/03/2021 14:17 (SGT)
27/03/2021 16:20 (SGT)
699A Hougang Street 52, Block 699A, Singapore 531699
-
Singapore

# **DETAILS OF OWN VEHICLE**

Honda

Vehicle Registration Number		SMS4761G
-----------------------------	--	----------

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	J AUTO LEASING PTE LTD
Company Reg No	2XXXXX286N
Email Address	MARCUSBSCR@GMAIL.COM
Mobile Phone No	(Phone) +65-81450033
Alternative Phone No	+65-81450033

#### VEHICLE PARTICULARS

Manufacturer

Manuacturei	Horida
Model	Shuttle
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1500

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5115262377-01
Cover Note Number	-

#### DRIVER

Name of Driver	TAN HANG YEW RAYMOND
NRIC No	SXXXX316Z

D O(B) II	00/00/1000
Date Of Birth Occupation	22/08/1988 Outdoor
Occupation  Date Of Driving Pass	31/12/2019
Driving experience	1 YEAR AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81450033
Alt. Phone Number	-
Email Address	MARCUSBSCR@GMAIL.COM
Address	BLK 617 HOUGANG AVE 8 #05-342
Address complement	-
Postcode	530617
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	NO
Venicle Registration Number of Other Venicle Owned by Driver	_
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry
Nodu Guridec	2.,
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
	Yes
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	_
Gender	Male
dender	maio
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-
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?	Yes
Reasons for not uploading a video of the accident	WITH DRIVER
Was there any audio recorded?	No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
W. L. J. D. victoralian Microbian	CCC1101
Vehicle Registration Number	SGS119J
Vehicle Manufacturer	
Vehicle Model Vehicle Variant	
Vehicle Colour	
venicle Coloui	

Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

# INJURED PERSONS DETAILS

# INJURED 1

Name of injured person	TAN HANG YEW RAYMOND
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SMS4761G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	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.
- 3. 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>.
- 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.
- 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.
- 7. 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:
  - (i) 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.

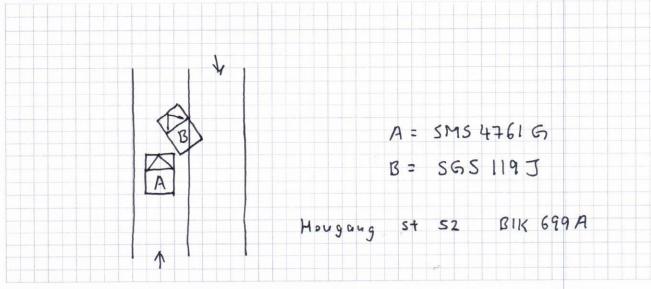
Policyholder's Signature Date & Time:

Il

Driver's Signature (If driver is not the policyholder) Date & Time: H

Reporting Centre Personnel's Signature Name:

me: NRIC/FIN No.:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

エ	was	travelli	ing waitin	g to	turn	right	
7	was	parked	Stationary	waiting	101	Veh	В
+0	clear	, but	Suddenly	Veh B	rever	se o	and
hit	On	my ri	ght front	with a	big	impo	ect
			V is the second				

# DECLARATION

I/We declare the regoing 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: NRIC/FIN No.:

GIARMC SketchPlanForm V3

2.

GeneralClaim **eBao**Tech Change Password Log Out Change Language Hello, NAC\_PAYA\_UBI\_800601 My Desktop **Policy Query** Notice of Loss 27/03/2021 14:08 Date of Accident Policy No. Certificate Number SMS4761G Vehicle No.(For Motor) Search Commence Date Policyholder NRIC Vehicle Policyholder Name Cover Certificate Number Expiry Date Product Select Policy No. Object Туре No. J AUTO Third Party, Fire SMS4761G SMS4761G & Theft 5115262377- 5115262377-01 01-000020 28/12/2020 27/12/2021 GFM LEASING PTE 201939286N LTD Continue

ACCIDENT STATEMENT
ACCIDENT DATE: 27,03,207 )(DD/MM/YYYY), TIME: (16:20)(HH:MM)
I have a set 57 Plu CAAA
LOCATION: HOUGAING S 32 BIR 6994
T. DETAILS OF VEHICLE COMAC LANGE G
a) VEHICLE NUMBER: 3MS 4761 4
bJINSURANCE COMPANY: WTVC
C)POLICY NUMBER:
6) MAKE & MODEL: HONDA SHUTTUE.
f)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
DIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
HIPURPOSE OF USING AT ACCIDENT TIME: PERSONAL VISAGE
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2 INSUPED / POLICY HOLDER
AINAME: JAVID LEASING PLE LIDIMALE, FEMALE
DINRIC/FIN/PASSPORT: CONTACT: \$ 145 003 5.
CIADDRESS: 8+ PEFU VANE 10 # 03-73.
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
Change of passenges DRIVER TAN HANG YEW RAYMOND (MAJE / FEMALE)
(Including driver) DINRIC/FIN/PASSPORT: S88313167 CONTACT:
CIADDRESS: BIK 617 HOUGANA AVE & # 05-342
12 10 101
#d) DATE OF BIRTH: ( ) (DD/MM/YYYY)  #)OCCUPATION; (INDOOR OUTDOOR)
f) YEARS OF DRIVING EXPRERIENCE. 2 (PS
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES ( NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: CUSTOMER
5. a) WEATHER CONDITION CLEAR RAINING / OTHERS) b) ROAD SURFACE. (DBY / WET / OTHERS)
6. WAS ANYBODY INJURED (YES) NO) driver
7. a) REPORTED TO POLICE (YES / NO)
8. THIRD PARTY VEHICLE COOLING T
the of passanger of VEHICLE NUMBER: 5951195 MODEL:
(Including driver) b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT:CONTACT: 9. THIRD PARTY VEHICLE
The state of passenger - I populate the state of the stat
Induding driver f) NRIC/FIN/PASSPORT: CONTACT:
n cr
Bs or @ gmail. com
email = Marcus tos
fax =
VIDEO = Yes.
tes.