

REF:

CS/INC 34120361 / Avh3

ASSIGNMENT

From: _____ Date: _____

Estimate No. _____

OD / ~~TP~~ / TP RES / CD RES / EVA / INV / MV

To in _____ Vehicle No: _____

at _____ m/s

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured _____

Excess: _____

(Client's Record)

Make of Vehicle _____

(Policy Condition)

Remarks: Vehicle had commenced its repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Report _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMD9888X Yr Regn: 2024, MayType: (M.Car) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Stepwagon C.D. 1993Colour: White A/C: Insured / Std / NI / NASp. Reading: 59685 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RP81063490Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/60R16R: 205/60R16BS / DUN / EXNOVA / GY / FS / LIZA / MIS / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. 20/12/24 D.O.I. 24/12/24

Survey held at

Twinkl

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

TP INC

COE Expiry: _____

Estimate given during: Yes ☒ / No ☐1st Survey: Yes ☒ / No ☐

MV: _____

PV: _____

Nett: _____

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Addl Fee: ☐

: Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Insp (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS: \$ _____

Photos _____

Others _____

Report Format: _____

Report Form / L.P.R. Form

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5145628598

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SMD9888X**
Chassis Number : RP81063490
2. Name of Policyholder : **CHEW TEE YEW (ZHOU SHIYOU)**
3. Effective Date of Insurance : **11 May 2024**
4. Expiry Date of Insurance : **10 May 2025**
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
(b) Use for the carriage of goods (other than samples) in connection with any trade or business.
(c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: S\$1,500
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
ROADSIDE ASSISTANCE AND WELLNESS COVER	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: CHEW TEE YEW (ZHOU SHIYOU)
NAMED DRIVER (1)	: CHEW SU ENG SERENE
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: SPEEDO CAPITAL PTE. LTD.
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : SM INSURE PTE. LTD. (00000662810)

Date of Issue : 13 May 2024 23:18 hrs

For INCOME INSURANCE LIMITED



Chief Executive

VEHICLE NO:	SMD 9888X		MAKE & MODEL:	Honda Pkpwgn		AUTO / MANUAL
DATE OF ACCIDENT:	20 / 12 / 2024		CC:	2.0		
TIME OF ACCIDENT:	2155 HRS					
LOCATION OF ACCIDENT:	Orchard Rd towards Bras Basah Rd. beside busstop: 09037					
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE					
NAME OF OWNER:	Chew Tee Yew					
TEL NO:	H/P: 84589888		OFFICE:	HOME:		
NRIC:	88533541C					
ADDRESS:	Apt BIK 445A Bukit Batok West Avenue 8 #22-431 S6514 45					
EMAIL:	GABRIEL CHEW • GC @Gmail.com					
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY					
FLEET POLICY:	YES / NO					
INSURANCE COMPANY:	Income					
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft					
POLICY NO:	5145628598					
NAME OF DRIVER:	AS ABOVE / IF NO: AS ABOVE					
NRIC:	AS ABOVE		ANY PASSENGER:	NA		
DATE OF BIRTH:	11 / 10 / 1985		LICENCE PASSED DATE:	02 / 11 / 2006		
OCCUPATION:	OUTDOOR / Indoor					
GENDER:	MALE / FEMALE					
CONTACT NO:	H/P: AS ABOVE		OFFICE:	HOME:		
ADDRESS:	AS ABOVE					
EMAIL:	AS ABOVE					
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:		INSURER:			
RELATIONSHIP:	Owner					
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:					
ROAD SURFACE:	DRY / WET / OTHER:					
ANY INJURIES:	NO / IF YES, WHO?					
NAME & CONTACT:	Chew Tee Yew (84589888)					
NAME & CONTACT:						
POLICE REPORT:	NO / IF YES, WHERE?					
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?					
VEHICLE B REG NO:	SLT 8453B		ANY PASSENGERS: Unknown			
NAME OF DRIVER:	Unknown		CONTACT NO: 9101 8514			
VEHICLE C REG NO:			ANY PASSENGERS:			
VEHICLE D REG NO:			ANY PASSENGERS:			
VEHICLE E REG NO:			ANY PASSENGERS:			
VEHICLE F REG NO:			ANY PASSENGERS:			
VEHICLE G REG NO:			ANY PASSENGERS:			
ANY WITNESS? IF YES, NAME:			WITNESS CONTACT:			
WAS THERE ANY VIDEO CAPTURE?	(YES) / NO					
WAS THERE ANY AUDIO RECORDED?	YES / (NO)					
ACCIDENT SCENE PHOTOS TAKEN?	(YES) / NO					
ACCIDENT PORTION:	Rear portion					
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES (NO)						
WORKSHOP PARTICULAR:	Twincor Automotive Pte Ltd					
CONTACT NO:	68420051 / 67440510					
CONTACT PERSON:	Steve 88215151					
FAX NO:	67410510					
WORKSHOP EMAIL:	sales@n51.com.sg					

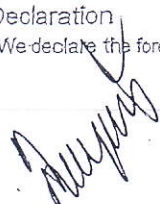
Describe Circumstance of the Accident

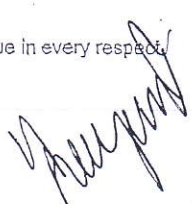
As of above date & time, I was driving my vehicle
(SMD 9888X) along Orchard Rd towards Bras Basah Rd
on the 2nd from the left lane of a 5 lane Rd.
Beside Busstop 09037, I slowed down & stopped my vehicle
due to traffic ahead. Out of a sudden, vehicle B (SLT 8453B)
collided onto the rear portion of my vehicle.

Video footage Attached.

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

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 Actual Driver.
3. 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.
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 Traffic Police Department for investigation.
6. This report will be forwarded by the Insurers to 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.
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:
- (i) 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.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

<p>Vehicle A: 3MD 9888X</p> <p>Vehicle B: 8LT 8453B</p>	<p>Busstop</p> <p>99037</p>	<p>Orchard Road towards Bras Basah Rd.</p>