NATIONAL Assessment Centre S	S'ervices.	well more /	444977	619 91	
1- 10/1-100/11/07	Into description		Date & Time Co	mpleted	Done by
-REINO, NBA/MIC/2023297/4.	SAS e-Ming	, T.	1		
Veh No: SUN H9J	E-mail (with a	hrs, AIC Thrs)			11
DOA: 08/17/2017 19:30	f-Motor Clain	n Porm	M71097.	2932	08/12/2017
OD (TP) Reporting Only	1-Motor NY/O	-	TOP Charge		20,15
	1-Photo Uploo		<u> </u>		
TP Insuret:	Assessment/Sun		Owner/Wksp		
Prototred Wksp / INC Assign Wksp / QW; (7340 1 134 1 24	122111111111111111111111111111111111111	Tol:	Fax	1 1
TP Paralculars Yell No. SCG	<u> ziarc</u>	, INC (1
Owner / Driver: (21113.	, ,,,,,,	Tel:	·	· -
Policy Not (.) Period	i; (. 1)	Cover Type: ()
Confirmed by 1 '(Dalei	Time	()
	e-Est, Status (N	O): N:0-20	%; P: 21.79%	P: 30-100	y.)
	ranty: YBS ()/40(· ·		
Execus: (S) Loading (S1,000	A STATE OF THE PARTY OF THE PAR	A			444
Ognera Rem) Park & Wall Ball Ball Ball					et Nei v a fa
() Walk-In Clustomar's Customer's Information	William St. Landson Teacher	ifidential & Str	ally NO talet of	repairer.	
Orive-In () / Towed-In (); Invoice; Y		67	177		
Drive-In ()/ Towed-In (); Invoice: Y	'ES()/N	0();10	iwing Co: (
Remortis : 11 UN Aboil the: 6788190161 Julius			Datatheco	mple va	In ADonotry
1) Apply for Transport Allowance () / Cou	rusy Car () !			
2) QC Check / Post Repair Inspection 3) Upload Reservey Photo [Repair Cost > \$300	()				
3) Opiosa Resulvey Flow [Repair Cost > \$300	<u> </u>		<u> </u>		
Injury (
Safe Time Action 1997 Action 1997			Heli di Parti		MANAGEMENT
1.			1(4))	A CONTRACTOR OF THE PARTY OF TH	
					<u></u>
					· · ·
NA1707663"		Invoice Pret	orayon Chrek	Jiste Valley	And Single Standard
		1) AR : Accident	Reporting (330):	T.	Anidestra
liumanits Port cultres	and the children	3) DA : Demage .	himmes (\$100);	1HC (\$50)	
river/Owner:		4) FT : Follow-Th	nough Survey nough Survey (Resu	(Yey) \$	20
ontact Not a granter a grant	1	Forelelming a	WELLING ONLY TWO	r 10 Jan 7(103)	15
amaged Portion: 1999.		1) NI I lav DA	SMRT Surviy	** *,	
		a) NTUC Addition	nel Servicorte		
C Checked by (Engr-In-Charge):	1	*NI; Courtery	Cot/Tpt Allowerse		10
Territa describera describentada en la companya	PHYSOLARIA S	*Not Repeli C	all inspection		1)
wall613.00ammentsus	5克州省65年4月	TP(NIL) TP	(Kun INC) egalust l		20
(E1)		1) N 12 Ides No	olle	in Charged	10
27/3:		TO A DIE COLOR			E32/8/20

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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 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 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
Date Of Report	08/12/2017 19:59
Date Of Accident	04/12/2017 19:30
Exact Location Of Accident	WOODLANDS CROSSING
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLM89J
Insured/Policyholder	
Name Of Registered Owner	STN LIMOUSINE
Co Reg No	53315880W
Email Address	JOE@STN.ASIA
Mobile Phone No	(LOCAL) +65-96263033
Alternative Phone No	OFFICE-96263033
Vehicle Particulars	
Manufacturer	NISSAN
Model	QASHQAI
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087997774
Cover Note Number	
Driver	
Name of Driver	ONG SWEE HIAN JOE (WANG RUIXIAN)
NRIC No	S8021387E
Date Of Birth	11/07/1980
Occupation	OUTDOOR
Date Of Driving Pass	16/06/1999
Driving Experience	18 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96263033
Fax Number	
Contact Number	OTHERS-96263033

JOE@STN.ASIA

Address

BLK 825 WOODLANDS STREET 81

#05-40

Postcode

730825

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

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Was any body injured in the Accident?

NO

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

1

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

PLEASE REFER TO SKETCH PLAN

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

SLG4151S MAZDA

Vehicle Make/Model/Colour

Name of Driver

NRIC/Passport Number

Details Of Properties

Contact Number

90910607

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

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 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.
- Any false reporting may be referred to the Police for investigation.
- 6. 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 :
 - (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
- 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.

1

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. 1 00001 WDMOS

SKETCH PLAN	WOODCOMOS	cous kway	JOWARRE	SIPERK
	1897-19			
		nallysia		

	I was driving along woodlands canceway back to singipore, when a
2	ar from my back hit ento the back of my vehicle.
	My vehicle has stationed at that point of time, we are in a jam,
	traffic is very slowly, the vehicle behind follow too closely and nices
_	not able to ctop on time.
	There are slight scretch and dest on my rear brumper, the reverse sensor
_	

DECLARATION

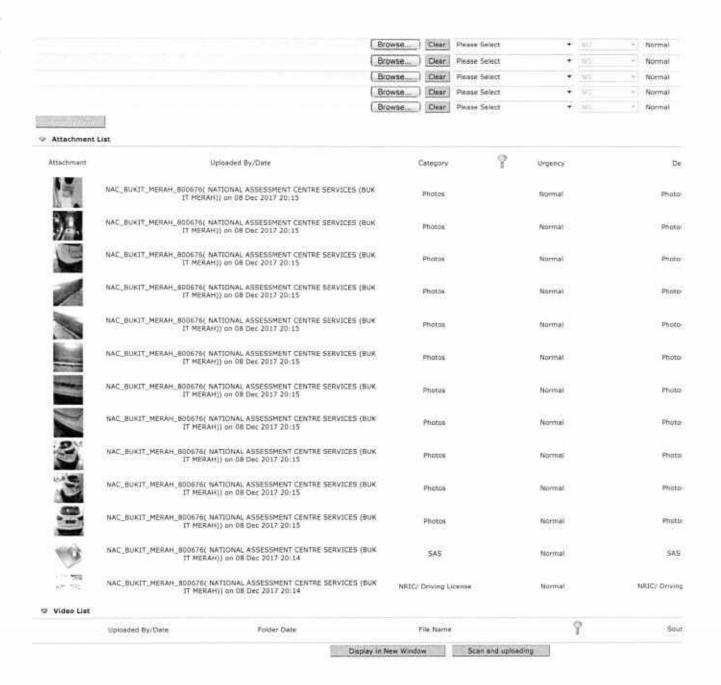
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature E Date & Time:

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

Reporting Centre Personnél's Signature
Name:
NRIC/FIN NOLLOSOLI WATTAS

Claim Handling Accident MT/0972932 SUMMER Vehicle No. GST Registration No. Policyholder Name STN LIMOUSINE Policyholder NRIC Product Code PRIVATE CAR INSURANCE STIVE PREMIUM Cover Type Loading Contact No.(Mebile) 96263033 Contact No.(Office) Contact No.(Home) Email Address Special Remark eCode. KFK. @ No Yes @ No: Yes eCode Reason NCD Entitlement(%) Accident Details 08/12/2017 20:11 Accident Report Within 24 hrs Report Date Accident Type Date of Accident 04/12/2017 Time of Accident hhumm Country of Accident Singapore Reporting Centre TOM No. Orange Force Accident Location WOODLANDS CROSSING Senefits · freese 2,050,00 0.00 Windscreen Excess Own damage Excess Additional Excess Unnamed Driver Excess Outside Singapore OD Excess 2.000.00 Third Party Excess 1.500.00 Outside Singapore TP Excess 1,500.00 GST Registered Information **GST Registered GST Registration Date** 09/09/2015 GST Registration No. 53315880W GST Status Verified Modification History Policyholder Mailing Address WOODLANDS STREET 81 Address 1 BLK 825 #05-40 Address 2 Address Type Singapore address Post Code Address 4 Related Policy Number 5087997774 Linit No. 05-40 OI Driver Info Driver Name Unnamed Driver Driver Type Unnamed Driver Unnamed driver Name ONG SWEE HEAV JOE (WANG R) Driver NRIC 58021387E Driver DOS Driver Age Register Date of Driver License 16/06/1999 Driving Experience Contact No.(Office) Contact No. (Home) Contact No. (Mobile) 96263033 Address 1 BLK B25 #05-40 Address 2 WOODLANDS STREET 81 Address 3 Post Code Address Type Foreign address Artriners, 4 05-40 Does he pwil a Singapore Registered car? SLM893 Onwer Insurer Company Yes @ No. Breathstyser or Blood Yest Reading? Any injury? Yes D No Mudification History Claim 001 New Claim Type * ОБ-МХ Insured Name 5TN LIMOUSINE Insured NAIC Contact No.(Home) Contact No. (Office) Contact No. (Mobile) 96263033 TP Vehicle Number Email Address **CI Vehicle Number** SLM891 Name of Preferred Workshop Claim Description SLM89) / SLG41515 ON 4 Dec 2017 Preferred Workshop Contact GIA report Preferred Workshop, Name unknown Require Finalisation Preferered Repair Option Date Received Date Registered 08/12/2017 20:14 Claim Close Date Report Taken By ROSU WAHAR Print AK letter Save Submit Attachment Accident No. MT/0972932 Claim No. ₩ Yes □ No Last Dac. Received Upload Date 08/17/2017 20:15 Category * Confidential Unpency Path * Browse... | Clear Please Select



ACCIDENT STATEMENT

ACCIDENT DATE: (04. / 14. / 20)	(17)(DD/MM/YYYY), TIME: (14:30)(HH:MM)
LOCATION: EDECHAND CAN	useNAY
1. DETAILS OF VEHICLE a) VEHICLE NUMBER: SL b) INSURANCE COMPANY:	LM 89 J
dipolicy number:	5087997774 ENSIVE / THIRD PARTY / THÍRD PARTY FIRE &THEFT)
()TYPE:/SALOON_/ COUPE /	MPV /V AN / LORRY / MOTORCYCLE / OTHERS) VATE / COMMERCIAL / MOTORCYCLE / CCIDENT TIME: PRIVATR USK
I) ARE YOU CLAIMING UNDE	ER YOUR OWN INSURANCE (YES/NO) D PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER A) NAME: STN LIMENSIN b) NRIC/FIN/PASSPORT:	CONTACT:
c) ADDRESS:	
· CONTINUE TO 3,d IF DRIVE	
	SED 2138 TE CONTACT: 96263833
(人) c/ADDRESSI 對於 875	6 Singapore 730 825
*d) DATE OF BIRTH: (WILL TO OWN
TE NO RELATIONSHIP OF	(EE OF THE INSURED'S COMPANY? (YES)/ NO)
5. DIWEATHER CONDITION: (CONDITION)	CLEARY RAINING / OTHERS
6. WAS ANYBODY INJURED (1 7. a) REPORTED TO POLICE (Y IF YES, PLEASE STATE WHITE	ES / NO)
8. THIRD PARTY VEHICLE 华NO of passenger O) VEHICLE NUMBER:	SLG 41515 MODEL: MAZOLA
(Induding driver) b) DRIVER'S NAME:	CONTACT: 90910607
4 (4) of passinger of Dalver's NAME	MODEL:
(Including driver) 1) DRIVER'S NAMEL	CONTACT:
(_)	35 14 15

email = cioc@stn. asia fax = V1080

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8021387E



ONG SWEE HIAN JOE (WANG RUIXIAN)

M

I 瑞

CHINESE Date of pirth

11-07-1980

Country/Place of birth SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE 58021387E ONG SWEE HIAN JOE WANG RUIXIAN Per Date: 11 Jul 1980 Campon: 10 Jul 2015

5503365





08-07-2015

APT BLK 825 WOODLANDS STREET 81 W05-40

SINGAPORE 730825

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

EFFECTIVE DATE

Motorcycles =< 200 cc
Motorcycles > 400 cc
Motorcycles > 400 cc
Motor Cars =< 3000kg with =<7 passengers, exclusive to Jun 2002
Motor Cars = 3000kg with =<7 passengers, exclusive to Jun 1999
of the driver; and other motor vehicles =< 2500kg
'Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg
Motor vehicles not constructed to carry any load or passengers and the unladen weight > 2500kg
Motor vehicles not constructed to carry any load and the unladen weight > 7250kg Class 2B Class 2A Class 2 Class 3 Class 4 Class 5

NP 428A





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)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5087997774

Cover : drivo PREMIUM

1. Index mark and Registration Number of Vehicle

: To Be Advised

Chassis Number

: SJNFEAJ11U1715604

2. Name of Policyholder

: STN LIMOUSINE

Effective Date of Insurance

JIN CHAICOON

A Funda Data - Florida

: 27 Feb 2017

4. Expiry Date of Insurance

: 26 Feb 2018

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.

 EXCESS (SECTION 1)
 : \$\$2,000

 EXCESS (SECTION 2)
 : \$\$1,500

 WINDSCREEN EXCESS
 : \$\$100

 ADDITIONAL EXCESS
 : N/A

 UNNAMED DRIVER EXCESS
 : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : YES INSURE WITH COE : YES NCD PROTECTION : YES TRANSPORT ALLOWANCE : NO EXCESS WAIVER : NO PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : HONG LEONG FINANCE 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

: KINETIC INSURANCE AGENCY (00000573090)

Date of Issue

: 27 Feb 2017 10:21 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

0%

25%

50%

75%

100%

Register New Vehicle (Acknowledgement) Vehicle Particulars

Vehicle No.:

SLM89J

Vehicle Type:

Z11 - Private Hire (Chauffeur) Station Vehicle Scheme: Wagon/Jeep/Land Rover

Normal

Vehicle Attachment 1:

No Attachment

Vehicle Attachment 2:

Vehicle Attachment 3:

Vehicle Make:

NISSAN

Vehicle Model:

QASHQAI 1.2 DIG-T CVT ABS 2WD

5DR

Chassis No.:

SJNFEAJ11U1715604

Engine No.:

HRA2303124A

Mator No.:

Trailer Chassis No.:

Propellant:

Petrol

Passenger Capacity:

Engine Capacity:

1197 cc

Power Rating:

Maximum Power Output: 85.0 kW (113 bhp)

Unladen Weight:

1285 kg

28 Feb 2017

Maximum Laden Weight: 1880 kg

Primary Colour:

White

Secondary Colour:

Original Registration

28 Feb 2017

First Registration Date:

2016

Date: Open Market Value:

Manufacturing Year: PARF Eligibility:

Yes

\$18,689.00 Minimum PARF Benefit \$6,844.00

No. of Transfers:

Additional Registration

Fee Rate:

First \$18,689.00 (100%)

Actual ARF Paid:

0

\$13,689.00

Owner Particulars

Owner Name:

STN LIMOUSINE

Owner ID Type:

Business

Owner ID:

53315880W

Registered Address

Type:

HDB / HUDC

Registered Block/House 825 No.:

Registered Street Name: WOODLANDS STREET 81

Registered Unit No.:

05 - 40

Registered Building

Name:

Registered Postal Code: 730825

COE No. / Expiry Date: 2017030101002964C / 27 Feb 2027

A - Car (up to 1600cc & 97kW

COE Bid Category:

(130bhp))

QP Paid

\$49,430.00

Transaction Details

Business Transaction

20170228114051588395

Ref. No.: **Business Transaction**

28 Feb 2017

Date:

Business Transaction

Time:

11:40:51

Message