NATIONAL Assessment Contre.	Services we saw	Bukit 1	nevah.	10
Date In: 15/12/2017 15:51	Job description	Date & Time Comp	leted D	one py
REINU NA (INC17023851 / 44	SAS e-filing		I	
VehNo YP7083J	E-mail (within 8hrs, AIC 2)	ntsį		
DOA 12/12/2017 13:30	i-Motor Claim Form	1 0700	831 15	12/17 16:
12/12/2011 (3:30)	i-Motor W/O (Within: C			
OD TP ! Pepoiting Only	i-Photo Uploaded			
	Assessment/Survey Rep	oort	<u> </u>	
TP Insurer:	Ass't Report by Fax / H	and to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No:	P7826H I	NC()/Non-INC()	
Owner / Driver: (110	Tel:		
Policy No: () Perio	od: () Cover Type: ()
Confirmed by : (Date:)
Insured/Driver Liability: (%) [No	ote-Est. Status (WO): N	I: 0-20%; P: 21-79%.	F: S0-100%]	
Year of Registration: () W	arranty: YES ()/NC)()		
Excess: (\$) Loading: \$1,000)()/\$2,000()			
General Remarks:-	CONTRACTOR OF THE PARTY OF THE	Sali Ballabara	No. a	
() Walk-In Customer: Customer's inform	nation strictly Confidentia	& Strictly NO refer of re	pairer.	
() Total Loss Case : to e-mail Insurer				
Drive-In ()/Towed-In (); Invoice:	Control Address Control Contro); Towing Co. (- 0/90//41/ 020)
		Date&Time Comp	ile ed	Done by
The supplier of the supplier o	ourtesy Car ()	AND		
-//-PP-/	()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$30	100] ()			
Injury:				
Date/Time Actions		The state of the s		
		-		
				and the second
	La-Friedric	and the second second second	A.	it (5) . Amt (5
: KA1707	756 Invoi	ce Preparation Checkli	C1	Bill Add 8
10.70	1) AR :	Accident Reporting (\$30); Damage Assessment (\$100);	INC (\$80)	
Claimant's Particulars :-		Towing Fee	\$40/\$45 \$120	
Oriver/Owner:	SINT.	Follow-Through Survey Follow-Through Survey (Resurv	sy) \$30	
Contact No:	Force	laiming against INC Only (wef)	O Jan 2005) \$75	
Damäged Portion:	7) N1 :	Re-inspection Idac DA + SMRT Survey	\$160	
	8) NTU	IC Additional Services:-		
QC Checked by (Engr-In-Charge):		Courtesy Car / Tpt Allowance	\$5	
Z	*N6	Repair Co-ordination	\$10 \$25	
Auditors' Comments :-	•N8	: DV / Collect Excess Coordinate	OH \$5	
Cat. L:	TP(N11): TP (Non INC) against IN : Idao Mobile	30	
Cal. 2/3:	Involce	e dated F	e Charged	
01. 610.	Invoice	e dated fe		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 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.

Any false reporting may be referred to the Police for investigation.

- 6. 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.

THE RESIDENCE OF THE PARTY OF T	ACCIDENT STATEMENT
Date Of Report	15/12/2017 15:51
Date Of Accident	12/12/2017 13:30
Exact Location Of Accident	WHITESAND LOADING BAY
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	YP7083J
Insured/Policyholder	
Name Of Registered Owner	SHELEV LEASING PTE. LTD.
Co Reg No	201634296N
Email Address	NYQSPL@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-97574032
Alternative Phone No.	OFFICE-97574032
Vehicle Particulars	
Manufacturer	HINO
Model	HINO XZU710R-HKFMS3
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091718183
Cover Note Number	
Driver	
Name of Driver	CHEW KHAI SENG
	CONSCIONED

S0835995D NRIC No 15/11/1953 Date Of Birth OUTDOOR Occupation 27/07/1977 Date Of Driving Pass

40 YEARS AND 4 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-97574032 Mobile Number

Fax Number

OTHERS-97574032 Contact Number

NYQSPL@SINGNET.COM.SG **EMail Address**

BLK 508 ANG MO KIO AVE 8 Address

#09-2590

560508 Postcode

Was driver an employee of the Insured's Company YES

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

SIDE SWIPE Type Of Accident CLEAR Weather Conditions

DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO Was any body injured in the Accident? NO YES Was any other material or property damaged?

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

1 Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

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

YP7826H

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

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.
- 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 Signaturg Old

Driver's Signature (If-driver is not the policyholder)

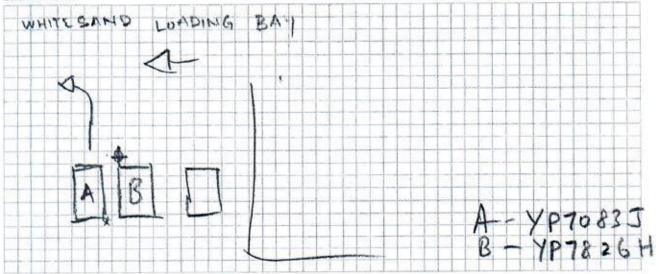
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

VEHICLE	`A'	WAS COMING OUT OF WHITE GAND LOADING BAY.	4
		OUT OF WHITESAND LOADING BAY, VEHICLE A"	
ACCIDEN	47 11124	HIT VEHICLE B' LEFT SIDE MIRROR.	e de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición de la composición dela composición de la composición del composición del composición dela composición dela composición dela composición dela composición del composición dela composición dela composición dela composición dela compo
	107		
	Calestines .		

DECLARATION

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

Policyholder's Signatur Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

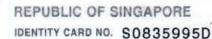
Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Bukit Merah , Reported on 14/12/2017
CITITHES.

ACCIDENT DATE: 12/12/2017 (DD/MM/YY)	1), TIME:(13 30)(HH:MM)
LOCATION: WHITE SAND LOHD!	ING BAY -
LOCATION: WHITE SAND CONDI	1105
A CONTRACT	
1. DETAILS OF VEHICLE YP 708	3 7
a) VEHICLE NUMBER:	and the description of the second of the sec
b)INSURANCE COMPANY:	
d)POLICY NUMBER:_ d)POLICY TYPE: (COMPREHENSIVE / THIRD PA	ARTY / THIRD PARTY FIRE &THEFT)
e)MAKE & MODEL:	2
COURT / MRV / V AN / LOR	RY / MOTORCYCLE. / OTHERS)
CATEGORY: IPKIYALE / COMMITTEN	OIME FINO.
LIBURGOST OF LISING AT ACCIDENT TIME	
COLLEGE HAING UNIDER YOUR OWN IN	SURANCE (1ES/13.07
IF NO, PLEASE STATE (THIRD PARTY CLAIM /	REPORTING ONLY
2. INSURED / POLICY HOLDER	(MALE / FEMALE)
1111115	
b) NRIC/FIN/PASSPORT:	CONTACT:
c) ADDRESS:	
* CONTINUE TO 3, d IF DRIVER ALSO POLICY	HOLDER
N i	
Ho of passings DRIVER	(MALE / FEMALE)
(Including driver) b) NRIC/FIN/PASSPORT:	CONTACT: 975190
(L) c)ADDRESS:	1
NAMES OF TAXABLE PARTY	
d) DATE OF BIRTH:	· (YYYY\MM\dc
eloccupation: (INDOOR / Coldook)	
1) DATE OF DRIVING PASS	LIBERIS COMPANY? (YES / NO)
1) DOTE OF DRIVING PASS. 4. WAS DRIVER AN EMPLOYEE OF THE INS	WITH INSURED!
IF NO, RELATIONSHIP OF THE DRIVER V	3 / OTHERS
b) ROAD SURFACE: (DRY) WET / OTHERS_	
6. WAS ANYBODY INJURED (YES / NO	
	24787
IF YES PLEASE STATE WHICH POUR TO	IONI
8. THIRD PARTY VEHICLE VOTAS	6H MODEL!
A Un of the coast of O VEHICLE NUMBER	MODEL.
h DRIVER'S NAMEL	CONTACT:
C INCLUDING AFTER STORT!	CONTACT
() 9. THIRD P'ARTY VEHICLE	MODEL!
d) VEHICLE NUMBER:	
4 HO of passinger of DRIVER'S NAMEL	CONTACTIL
(Including driver) 1) NRIC/FIN/PASSPORT!	
()	
8	T. T.
	AZ SS
2 3	1 0 2 1

email: nygspl @ singnet.com.sg L fax = Tel: 62274449 / VIDEO 62273669 Waiting for Company chop?







CHEW KHAI SENG

CHINESE 15-11-1953 Country of birth

SINGAPORE







NIIIC No. S0835995D

31-12-2011

APT BLK 508 ANG MO KIO AVENUE 8 #09-2590 SINGAPORE 560508

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES) 4807323

EFFECTIVE DATE

Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive 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 which are not constructed to carry load and the unladen weight < 7250kg

NP 428A

Licence No: \$0835995D



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: 5091718183 Cover: Comprehensive

Index mark and Registration Number of Vehicle : YP7083J

Chassis Number : JHHUCS3H50K020249

Name of Policyholder
 SHELEV LEASING PTE. LTD.

3. Effective Date of Insurance : 28 Jul 2017
4. Expiry Date of Insurance : 27 Jul 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.
- (b) Use for the carriage of passengers or goods 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 whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- # 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) : S\$2,000

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

WINDSCREEN EXCESS : S\$100

INSURE WITH COE : YES

HIRE PURCHASE COMPANY : MAYBANK

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

: S & M ALLIANCE PTE LTD (00000614373)

Date of Issue

: 07 Jun 2017 12:17 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



Policy No.	5091718183	Policyholder Name	SHELEV LEASING PTE. L	.TD. Policyholder NRIC	201634296N
ddress	1 TUAS AVENUE 20 SINGA	PORE 638832		0.000000	
roduct lame	FLEET INSURANCE	Plan		Group Policy Flag	N
olicy ssue Date	07/06/2017	Effective Date	08/06/2017 00:00	Expiry Date	07/06/2018 23:59
hird arty xcess	1500	Own damage Excess	2000	Windscreen Excess	100
dditional excess Outside Singapore OD Excess		OS Premium Outside Singapore TP Excess	1580.43		
gent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	GST Flag	Y
Co- nsurance Tag	No				
Open Policy Info Certificate Info					
Policyh	older Mailing Address				
Address 1	1 TUAS AVENUE 20	Address 2 Address	SINGAPORE 638832	Address 3	
Address 4		Type Related	Singapore address	Post Code	638832
Jnit No.		Policy Number	5091718183		
D Insured	Object: YP7083J	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
© Endors	ements				
Sequenc	e Date of	Endament Tues	Endorsement	A PART MARKAGE SPACE IS MOREOUS AND	20200000000000000
	Endorsement	Endorsement Type	Number	Endorsement Status	Endorsement Content
	26/07/2017 00:00	Basic Information Endorsement	Number 000001286607267	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 3 additional vehicles as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. JHHUCS3H40K021053 26-07-2017 \$2,332.51 2. JHHUCS3H80K020181 26-07-2017 \$1,923.63 3. JHHUCS3H50K020249 26-07-2017 \$1,923.63 In view of this amendment, an additional premium of \$6,179.77 (inclusive of GST) is payable under your policy. Please ignor this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque.

Claim Handling he premium on this policy has a	not been collected,			
ccident MT/0973883				\$600-000 (A)-2107 - 500
olicy No.	5091718183	Vehicle No.	YP7083J	GST Registration No.
olicyholder Name	SHELEV LEASING PTE, LTD.			Policyholder NRIC
roduct Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading
ontact No.(Mobile)	97574032	Contact No.(Office)	0	Contact No.(Home)
mail Address		Special Remark		eCode
FK	No Yes	TCA	₩ No F Yes	eCode Reason
ICD Protection	No	NCD Entitlement(%)	0	Private Hire
▼ Accident Details				
eport Date	15/12/2017 16:22	Accident Report Within 24 hrs	Yes	Accident Type
ate of Accident	12/12/2017	Time of Accident hh:mm	13:30	Country of Accident
	11(11)401/	Orange Force		ICM No.
eporting Centre		Grange Porce		0000000
ccident Location	WHITESAND LOADING BAY			
⇒ Benefits				
♥ Excess				Windscreen Excess
wn damage Excess	2,000.00	Additional Excess		Windscreen Excess
nnamed Driver Excess		Outside Singapore OD Excess		
hird Party Excess	1,500.00	Outside Singapore TP Excess		
GST Registered Informa	tion		5410 A. C.	199390700792
ST Registered	Yes		GST Registration Date	01/06/2017
ST Registration No.	201634296N		GST Status Verified	Yes
odification History				
	20000			
Policyholder Mailing Ad	Maria Company Company Company	Address 2	SINGAPORE 638832	Address 3
ddress 1	1 TUAS AVENUE 20			Post Code
ddress 4		Address Type	Singapore address	Post Code
nit No.		Related Policy Number	5091718183	
→ OI Driver Info			Harrison d Baltima	
river Name	Unnamed Driver	Driver Type Driver NRIC	Unnamed Driver \$0835995D	Driver DOB
nnamed driver Name	CHEW KHAI SENG			
egister Date of Driver License		Driver Age	64	Driving Experience
ontact No.(Mobile)	97574032	Contact No.(Office)	0	Contact No. (Home)
iddress 1	BLK 508	Address 2	ANG MO KIO AVENUE 8	Address 3
ddress 4		Address Type	Singapore address	Post Code
Init No.	#09-2590			
does he own a Singapore tegistered car?	€ Yes © No	Driver Vehicle No.		Driver Insurer Company
eclaration				
ireathalyser or Blood Test leading?	0 mg	Any injury?	← Yes S No	
lodification History				
Claim 001 0D-MX New		Following Service COM	111	
laim Type •	OD-MX *	Insured Name	SHELEV LEASING PTE. LTD.	Insured NRIC
ontact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)
mail Address		OI Vehicle Number	YP70833	TP Vehicle Number
laim Description	YP7083J / YP7826H ON 12 Dec 2017		Control Control	Name of Preferred Workshop
referred Workshop Contact o.		Insured Liability •	Partially at Fault ▼	
equire Finalisation	Yes •	Preferered Repair Option	Preferred Workshop, Name unknown	▼ GIA report
ate Registered	15/12/2017 16:34	Claim Close Date		Date Received
		Workshop Repairer		Total Loss but Repaired
eport Taken By	KRISHNASAMY	Tre name inspect		
Print AK letter			inventorial interioristical	
			Save Submit	
Attachment				
9				
ccident No.	MT/0973883	Claim No.	001	
YELFIGURE TWO.				

