

NATIONAL Assessment Centre Services

Part 1 (1/1/2008)

MAA 418001014

| | | | |
|---------------------------|---|-----------------------|------------|
| Date In: 08/01/2018 19:21 | Job description | Date & Time Completed | Done by |
| Ref No: N88/MC/P000092/Y | SAS e-illing | | |
| Veh No: SJ5102L | E-mail (withins 3hrs, A/C 2hrs) | | |
| D.O.A: 02/01/2018 19:21 | I-Motor Claim Form | MT/0976889 | 03/01/2017 |
| OD / TP / Reporting Only | I-Motor W/O (withins 3hrs, TP 1hrs) | | 11:40 |
| | I-Photo Uploaded | | |
| TP Insure: | Assessment/Survey Report | | |
| | Ass't Report by Fax/ Hand to Owner/Wksp | | |

| | | |
|--|---|-----------------|
| Preferred Wksp / INC Assign Wksp / OW: | Tel: | Fax: |
| TP Particulars: Yeh No: SLR 9434 | INC () / Non-INC () | |
| Owner / Driver: | Tel: | |
| Policy No: () | Period: () | Cover Type: () |
| Confirmed by: () | Date: | Time: |
| Insured/Driver Liability: () % | (Note: Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%) | |
| Year of Registration: () | Warranty: YES () / NO () | |
| Excess: (\$) | Loading: \$1,000 () / \$2,000 () | |

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

| Remarks | INC Hotline 6788 6016 | Date & Time Completed | Done by |
|---|-----------------------|-----------------------|---------|
| 1) Apply for Transport Allowance () / Courtesy Car () | | | |
| 2) QC Check / Post Repair Inspection () | | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | | |

Injury:

| Date/Time | Action |
|-----------|--------|
| | |
| | |
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| | |
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| | |
| | |
| | |

NA/000124

| Invoice Preparation Checklist | Yes/No | Remarks |
|--|-------------|---------|
| 1) AR: Accident Reporting (\$30) | | |
| 2) DA: Damage Assessment (\$100) | INC (\$30) | |
| 3) TP: Towing Fee | \$30/\$40 | |
| 4) FT: Follow-Through Survey | \$120 | |
| 5) FT: Follow-Through Survey (Resurvey) | \$30 | |
| For claiming against INC Only (w/ \$10.00 fee) | | |
| 6) TR: Re-inspection | \$15 | |
| 7) NI: 1 day DA + SMRT Survey | \$160 | |
| 8) NTUC Additional Services: | | |
| OIL | | |
| *N3: Courtesy Car / Tpl Allowance | \$5 | |
| *N6: Repair Coordination | \$10 | |
| *N7: Post Repair Inspection | \$25 | |
| *N8: DY / Collect Unacc Coordination | \$5 | |
| TZ (Nil): TP (Nil INC) against INC | \$20 | |
| P) N1: 1 day mobile | \$0 | |
| Invoice sent | Not Charged | |
| Invoice paid | Not Charged | |

Checked by (Engi-In-Charge):

Inspector's Comments:

L1:

1/2/2:

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 withholding 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.
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.
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

| | |
|----------------------------|--|
| Date Of Report | 02/01/2018 19:21 |
| Date Of Accident | 02/01/2018 06:50 |
| Exact Location Of Accident | KPE B/F EXIT BUANGKOK DRIVE TOWARDS CITY |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SJJ1102L |
| Insured/Policyholder | |
| Name Of Registered Owner | DOSH CAR RENTAL PTE LTD |
| Co Reg No | 201618369M |
| Email Address | ELSONONG@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-87489543 |
| Alternative Phone No | OFFICE-96853480 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | HONDA |
| Model | FIT-1.3 G (A) |
| Exact Purpose for which vehicle was being used at time of accident | GOING TO WORK |
| 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 | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | 5091100574 |
| Cover Note Number | |

Driver

| | |
|----------------------|---------------------------------|
| Name of Driver | SIM KUAN SENG (SHEN GUANGSHENG) |
| NRIC No | S7510620C |
| Date Of Birth | 08/04/1975 |
| Occupation | INDOOR |
| Date Of Driving Pass | 21/04/2005 |
| Driving Experience | 12 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-87489543 |
| Fax Number | |
| Contact Number | OTHERS-96853480 |
| Email Address | ELSONONG@GMAIL.COM |

| | |
|---|----------------------------------|
| Address | BLK 593A MONTREAL LINK #08-68 |
| Postcode | 751593 |
| 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 | CHAIN COLLISION |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | 4 |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | 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? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | QUEENSTOWN N.P.C |
| Police Station Address | ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-4719999 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180102/2147

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 | SLR993Y |
| Vehicle Make/Model/Colour | B.M.W |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | BENNY YEO KOK HWEE |
| NRIC/Passport Number | S7314501E |
| Contact Number | 96688820 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SH6306L
Vehicle Make/Model/Colour HYUNDAI SONATA
Details Of Properties
Vehicle Category TAXI
Name of Driver CHEW TENG PANG
NRIC/Passport Number S0827197F
Contact Number 85736490
Address
Postcode
Insurance Company Name
Nature Of Damage

No. Of Passenger (Including Driver)

2

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJF7647
Vehicle Make/Model/Colour HONDA AIRWAVE
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver YEO CHEE KEONG
NRIC/Passport Number S8841064E
Contact Number 90026233
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

1

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 **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 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
- (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.



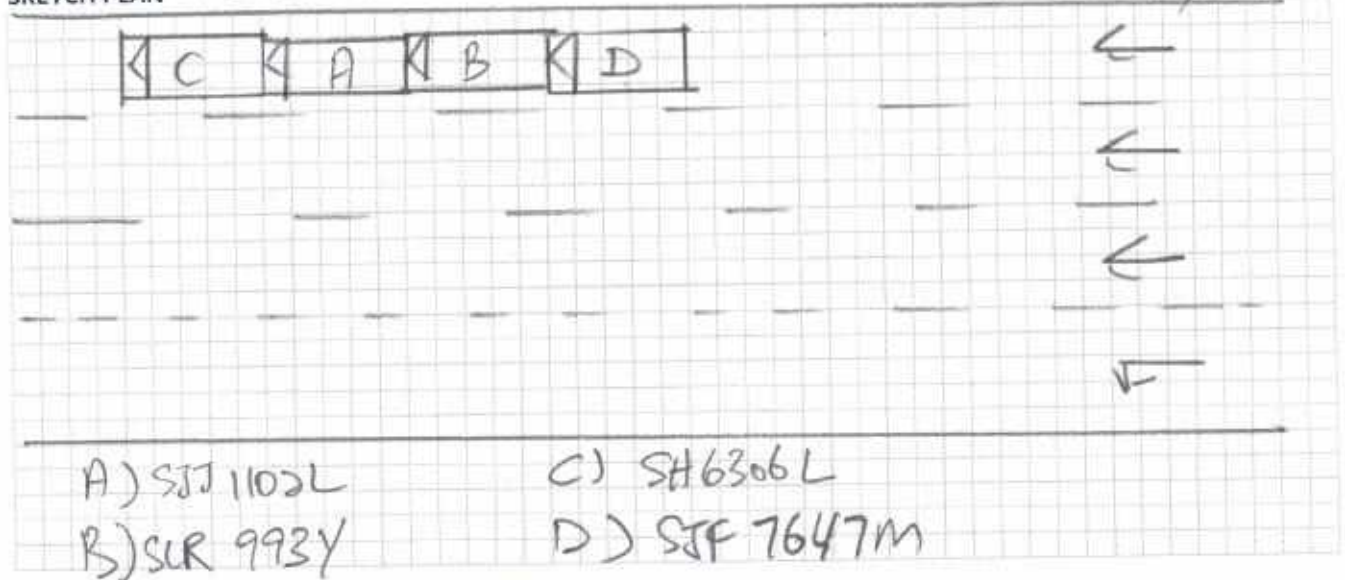
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

KPE B/F EX17 BUANGKOK DR TOWARDS CMY



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 02/01/2017 AT ABOUT 06:55 HRS I WAS TRAVELLING ALONG KPE TOWARDS CMY B/F BUANGKOK DRIVE. I WAS AT THE FOURTH RIGHT LANE. IN FRONT OF ME WAS A TAXI. AT THE TAXI BRAKE I ALSO BRAKE BUT MY CAR MOVED FORWARD & HIT THE TAXI SH 6306L & CREST THAN A FEW SECONDS I FELT A BUMP FROM THE REAR. I CAME OUT & SAW A VEHICLE SLF 993Y & SJF 7647M BEHIND ME. SO TOTAL OF 4 CAR. WE ALL EXCHANGE PARTICULARS THAT ALL.

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

[Signature] 02/01/2018
[Signature]



SINGAPORE POLICE FORCE



T/20180102/2147

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 4

Report No. T/20180102/2147

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made: 02/01/2018 16:56 | | Vide Report No.: | | Station Diary No.: 77 | |
| Informant's Particulars | | | | | |
| Name of Informant: SIM KUAN SENG | | | Address: APT BLK 593A MONTREAL LINK #08-68 SINGAPORE 751593 | | |
| ID Type / ID No.: NRIC NO / S7510620C | | | Contact No.: Home/Office: Mobile: 96853480 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 42 | Date of Birth: 08/04/1975 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: AVIATION | | | Driving Licence Information: Class: 3,4,5 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|----------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Non-Injury Others | Drink Drive: No | Date/Time of Accident: 02/01/2018 06:55 | Type of Location: Straight Road |
| Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY Along KPE towards City before Buangkok Drive. | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: 80 Km/h | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Heavy | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|---------|---|-------|----------------------|-----------------|
| SH6306L | Car | HYUNDAI | I40 1.7L CRDI AT ABS AIRBAG 4DR | Blue | Slightly Damaged | 1 |
| SJF7647M | Car | HONDA | AIRWAVE 1.5M A | Black | Seriously Damaged | 0 |
| SJJ1102L | Car | HONDA | FIT 1.3G SKYROOF A | White | Seriously Damaged | 0 |



SINGAPORE POLICE FORCE



T/20180102/2147

2 of 4

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20180102/2147

CONTINUATION OF REPORT

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|------|--|-------|---------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| SLR993Y | Car | BMW | 528I 2.0L AT D/AB 2WD 4DR GAS/D NAV | Black | Slightly Damaged | 1 |

| Details of Person Involved | | | | | |
|-----------------------------------|----------------|-----|--|-------------------------------------|-----|
| Any Pedestrian Involved: No | | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | | |
| Driver | | | | | |
| Name | Chew Teng Pang | | ID No. | S0827197F | |
| Related Vehicle | SH6306L (Car) | | Contact No. | 85736490 | |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL | |
| Date Treatment | NIL | | Date Discharge | NIL | |
| No. of Days granted Medical Leave | | NIL | Degree of Injury | | NIL |
| Driver | | | | | |
| Name | Yeo Chee Keong | | ID No. | S8841064E | |
| Related Vehicle | SJF7647M (Car) | | Contact No. | 90026233 | |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL | |
| Date Treatment | NIL | | Date Discharge | NIL | |
| No. of Days granted Medical Leave | | NIL | Degree of Injury | | NIL |
| Driver | | | | | |
| Name | SIM KUAN SENG | | ID No. | S7510620C | |
| Related Vehicle | SJJ1102L (Car) | | Contact No. | 96853480 | |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: 3,4,5 Date of Expiry: NIL | |
| Date Treatment | NIL | | Date Discharge | NIL | |
| No. of Days granted Medical Leave | | NIL | Degree of Injury | | NIL |



**SINGAPORE
POLICE FORCE**



T/20180102/2147

3 of 4

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20180102/2147

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|--------------------|--|-----------------------------------|
| Name | Benny Yeo Kok Hwee | ID No. | S7314501E |
| Related Vehicle | SLR993Y (Car) | Contact No. | 96688820 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 02/01/2018 at about 0655 hrs, I was driving my car SJJ1102L on the most right lane along KPE towards City before Buangkok Drive. I was travelling straight. Out of sudden, a taxi SH6306 who was travelling in front of my car, brake. Immediately, I applied brake however my car continued moving forward and could not stop. As a result, my front bumper collided with the rear bumper of the taxi and came to a stop.

Subsequently, I felt a bump from the rear of my car and then I realized that a car SLR993Y had collided onto the rear of my car because he cannot stop on time. Also, another car SJF7647M had collided onto the rear of SLR993Y. In total there were 4 cars involved in the accident. Each party then got out of their vehicles and exchanged particulars. All left after exchanging particulars.

No injuries on all parties. No government property damaged. No Ambulance and Traffic Police at scene. I am lodging this report to claim insurance.



**SINGAPORE
POLICE FORCE**



T/20180102/2147

4 of 4

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20180102/2147

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

| |
|---|
| Signature Of Officer Recording The Report: D / Sgt 2 HIDAYAT BIN SELAMAT |
| Signature Of Interpreter: Not applicable |
| Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430 |

| |
|--------------------------------|
| Signature Of Informant: |
| Date/Time: 02/01/2018 16:56 |
| Classification Of Case: |

Authentication Stamp
NP168

SN 45

The premium on this policy has not been collected.

Accident MT/0976089

Modification History

| | |
|-----------------|-----|
| Claim 001 OD-MX | New |
|-----------------|-----|

| | | | | |
|---|---------------------------------|-------------------------|----------------------------------|----------------------------|
| Claim Type * | OD-MX | Insured Name | DOSH CAR RENTAL PTE LTD | Insured NRIC |
| Contact No. (Mobile) | 8458855 | Contact No. (Home) | | Contact No. (Office) |
| Email Address | | DI Vehicle Number | 5J1102L | TP Vehicle Number |
| Claim Description | 5J1102L / SLR993Y ON 2 Jan 2018 | | | Name of Preferred Workshop |
| Preferred Workshop Contact No. | | Insured Liability * | Not at Fault | GIA report |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | Date Received |
| Date Registered | 01/01/2018 11:34 | Claim Close Date | | Total Loss but Repaired |
| Report Taken By | RDSLI WAHAB | Workshop Repairer | | |
| <input checked="" type="checkbox"/> Print AK letter | | | | |
| | | | Save | Submit |

Attachment

| | | | | | |
|--------------------|---|-------------|------------------|--------------|---------|
| Accident No: | MT/0976089 | Claim No: | 001 | | |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 03/01/2018 11:40 | | |
| | Path * | | Category * | Confidential | Urgency |

| | | | | | |
|---------------------------------------|--------------------------------------|---------------|---|----|--------|
| <input type="button" value="Browse"/> | <input type="button" value="Clear"/> | Please Select | ▼ | NO | Normal |
| <input type="button" value="Browse"/> | <input type="button" value="Clear"/> | Please Select | ▼ | NO | Normal |
| <input type="button" value="Browse"/> | <input type="button" value="Clear"/> | Please Select | ▼ | NO | Normal |
| <input type="button" value="Browse"/> | <input type="button" value="Clear"/> | Please Select | ▼ | NO | Normal |
| <input type="button" value="Browse"/> | <input type="button" value="Clear"/> | Please Select | ▼ | NO | Normal |
| <input type="button" value="Browse"/> | <input type="button" value="Clear"/> | Please Select | ▼ | NO | Normal |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | De |
|---|--|----------|---------|-------|
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 03 Jan 2018 11:40 | Photos | Normal | Photo |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 03 Jan 2018 11:40 | Photos | Normal | Photo |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 03 Jan 2018 11:40 | Photos | Normal | Photo |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 03 Jan 2018 11:33 | Photos | Normal | Photo |
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|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 03 Jan 2018 11:30 | Photos | Normal | Photo |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 03 Jan 2018 11:30 | Photos | Normal | Photo |
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|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 03 Jan 2018 11:30 | Photos | Normal | Photo |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 03 Jan 2018 11:29 | Photos | Normal | Photo |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 03 Jan 2018 11:29 | Photos | Normal | Photo |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 03 Jan 2018 11:29 | Photos | Normal | Photo |

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK
IT MERAH)) on 03 Jan 2018 11:29

Photos

Normal

Photo

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK
IT MERAH)) on 03 Jan 2018 11:28

SAS

Normal

SAS

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK
IT MERAH)) on 03 Jan 2018 11:28

NRIC/ Driving License

Normal

NRIC/ Driving

Video List

| Uploaded By/Date | Folder Date | File Name | Source |
|------------------|-------------|-----------------------|--------------------|
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BLK 1009 #01-88
DAF Automotive PTE LTD
820 9420
MICHAEL

ACCIDENT STATEMENT

ACCIDENT DATE: 02 / 01 / 2018 (DD/MM/YYYY), TIME: 06:55 (HH:MM)

LOCATION: KPE B/F EXIT RAFFLES MALL DR 200 ARROS CITY

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJ3 1102 L
b) INSURANCE COMPANY: INCOME
c) POLICY NUMBER: 5091100574
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA FIT 1.3G SKYROOF A
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Going to work
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

2. INSURED / POLICY HOLDER

- A) NAME: DOOH CAR RENTAL PTE LTD (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: 201618369m CONTACT: 87489543
C) ADDRESS: 31 WEST COAST HIGHWAY #01-31/32 S(117864)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

4/10 of passenger
(including driver)
(1)

- DRIVER
a) NAME: SIM KUAN SENG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7510620C CONTACT: 96853480
c) ADDRESS: BLK 593A, MONTREAL LINK, #08-68, S(751593)

* d) DATE OF BIRTH: 08 / 04 / 1975 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)
f) DATE OF DRIVING LICENCE: 21 APR 2005

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) NO
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CLEAR
b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

6. WAS ANYBODY INJURED (YES/NO) NO

7. c) REPORTED TO POLICE (YES/NO) YES

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

4/10 of passenger
(including driver)
(2)

- a) VEHICLE NUMBER: SLR 993Y MODEL: BMW
b) DRIVER'S NAME: BENNY YEO KOK HWEE
c) NRIC/FIN/PASSPORT: S7314501E CONTACT: 96688820

9. THIRD PARTY VEHICLE

4/10 of passenger
(including driver)
(2)

- a) VEHICLE NUMBER: SH 6306L MODEL: SONATA
b) DRIVER'S NAME: CHEW TENG PANG
c) NRIC/FIN/PASSPORT: S0827197F CONTACT: 85736490

10) Veh NO: SJF 7647M, MODEL: HONDA AIRWAVE
Driver's name: YEO CHEE KEONG, ADRIAN, CONTACT: 90026233

email: eisonrong@gmail.com

fax: _____

✓ 1080

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7510620C



Name
SIM KUAN SENG
(SHEN GUANGSHENG)

沈 广 生

Race
CHINESE

Date of birth
08-04-1975 Sex M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S7510620C

Name: SIM KUAN SENG (SHEN GUANGSHENG)

Birth Date: 08 Apr 1975
Valid Date: 21 Apr 2005

661335348J

3708734

NRIC No. S7510620C

Date of issue
26-04-2005

Address
APT BLK 593A MONTREAL LINK #08-88
SINGAPORE 751593

NRIC No: S7510620C Date: 08/06/2014

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

| | VALID DATE |
|---|-------------|
| Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg | 21 Apr 2005 |
| Class 4 Heavy motor cars and motor tractors $>$ 2500 kg | 31 Mar 2006 |
| Class 5 Motor vehicles $>$ 7250 kg not constructed to carry any load | 02 Nov 2006 |

S7510620C

S / No. 9000063212

NP 428A

Licence No: S7510620C

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: 5091100574

Cover : Third Party

- | | |
|---|---------------------------|
| 1. Index mark and Registration Number of Vehicle | : SJJ1102L |
| Chassis Number | : GE61105549 |
| 2. Name of Policyholder | : DOSH CAR RENTAL PTE LTD |
| 3. Effective Date of Insurance | : 17 Jul 2017 |
| 4. Expiry Date of Insurance | : 16 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. | |

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) | : N/A |
| EXCESS (SECTION 2) | : S\$1,500 |
| ADDITIONAL EXCESS | : N/A |
| UNNAMED DRIVER EXCESS | : N/A |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : NO |
| INSURE WITH COE | : N/A |
| NCD PROTECTION | : NO |
| PRIMARY DRIVER | : N/A |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : N/A |
| SUM INSURED | : N/A |

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)

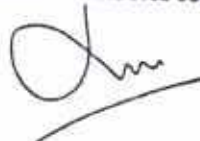
Agency : HOBBS INSURANCE AGENCY (00000572363)
Date of Issue : 15 May 2017 16:59 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive