NATIONAL Assess		Job description		Date & Time Com	pleted	Done by	-
Date In: 09/01/18	-503/00	SAS e-filing					
Res No maline 180		E-mail (within 8hr	NIC 20mg				
Veh No SJL3369K				:m7/09770	95		
DOA 09/01/18	0900	i-Motor Claim		The state of the s	/3		
OD (1P) Reporting On	ily	i-Motor W/O (v	ed	8, 17 4 113)			
		Assessment/Surv				1.111	-
TP Insurer:		Ass't Report by	Fax / Hand	to Owner/Wksp			
Preferred Wksp / INC Assig	ın Wksp / QW: (N-51		Tel:	Fax:		9
TP Particulars:	Veh No:	SKS56745	, INC()/Non-INC()		
Owner / Driver: (40.000	Tel)	
Policy No: () Per	iod: ()	Cover Type: (
Confirmed by : (Date:	Time:)	
Insured/Driver Liability:	Terrorian Contraction	Note-Est. Status (W	O): N: 0-	20%; P: 21-79%.	F: 80-100%]		
Year of Registration: (Warranty: YES ()/NO()			
Excess: (\$	Loading: \$1,0	00 () / \$2,000 ()	11200			
Canaval Pamarks	E despet of the best for	Physical Land (44)	aly letur	Partition and the			
() Walk-In Custom:	r : Customer's info	rmation strictly Cont	fidential & S	Strictly NO refer of	repairer.		
() Total Loss Case	: to e-mail Insure	er URGENTLY.			2 10 1 2 Kelly (1997)		
			0();	Towing Co. ()
Drive-In () / Towed-	-111 (), 111/0/05			P. Contract Contract	543.048 F13.0	Done b	VV
Remarks:- (INC hot	line: 6788 6616)			Date&Time Cor	npie.on	Dono	7
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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 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.
 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

foresaid,	int to the archiving of this report at the centre and to copies of the report config
A CONTRACTOR AND	ACCIDENT STATEMENT
Date Of Report	09/01/2018 17:29
MIR CIT ACCIDENT	09/01/2018 09:00
Exact Location Of Accident	KPE TWDS MCE B4 AIRPORT EXIT(B4 KPE TUNNEL)
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJL3369K
Insured/Policyholder	
Name Of Registered Owner	ENTERPRISE CAR RENTAL PTE LTD
Co Reg No	201701215C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83076428
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	PRIVATE HIRE
Insurance Company	(2) 张京东(5) 建设法指数数据 (4.3) Ex 14.5 Ex 1
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5091577771
Cover Note Number	
Driver	
Name of Driver	TEO KOK LEONG(ZHANG GUOLIANG)
NRIC No	S7801750C

NRIC No. 11/01/1978 Date Of Birth OUTDOOR Occupation 15/01/2000 Date Of Driving Pass

17 YEARS AND 11 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-90481311 Mobile Number

Fax Number Contact Number

NOEMAIL **EMail Address**

BLK 273D COMPASSVALE LINK

Address #11-174

544273

Postcode

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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by NO

ambulance?

YES

NO

Was any other material or property damaged? YES

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

2

Number of Passengers (Including Driver)

Passenger 1

: UNKNOWN NAME:

: FEMALE GENDER:

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

TAMPINES NORTH NPP Police Station Name

ROAD: 461 TAMPINES ST 44 #01-56, POSTCODE: 520461, COUNTRY: Police Station Address

SINGAPORE

TEL NO: - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20180109/2066

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES WITH DRIVER

Remarks/ Reasons:

NO

Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKS5674S

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

JANICE TAN

NRIC/Passport Number

S9008630H

Contact Number

90265563

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

TEO KOK LEONG(ZHANG GUOLIANG) Name

Approximate Age

Injuries Sustain SJL3369K Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode NECK & BACK

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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.
- 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.

ROC NO. 2017012150 P.

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

Date & Time:

Reporting Centre Personnel's Signature

09/01/18

Name: NRIC/FIN No.:

Policyholder's Signature Date & Time:

Date & Time:

CETCH DI AN	CPE compras me	AS ASSOR PIRPORT EXIT
ETCH PLAN	11111111111	CBEFORE ENTERMY INTO LOS THINKELD
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ESCRIBE CIRCUIVISTA	1000 01 1110 /10010011	22.5
AS PER POL	ICE REPORT	REPORT NUMBER
		7/20190109/2066
A CONTRACTOR OF THE PARTY OF TH		
	- Company of the Comp	OFFICER IN-CHANGE
recognish of		SSAT TANK SIEW PINK
OCCUPANT INVOL		
- VEL-HOUR A	(SSL3369K)	
- VEHICLE B	(SK5 56745)	
The state of the state of		
	ALCO TO THE REAL PROPERTY OF THE PERTY OF TH	
DECLARATION	ne particulars are true in quart carpart	
I/We declare the CREE	ng particulars are true in every respect.	1
ROC NO. 2017012150	1	sym 09/01/18
100	8	Reputing Centre Personnel's Signature
Policyholder's Seratore	Oriver's Signature (If driver is not the policyho	70
Date & Time:	Date & Time:	NRIC/FIN No.:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: \$66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

	ADDEN	DUM
PARTICULARS OF PI	ERSON MAKING THE AMENDMEN	NTS:
Original Report No	: MNA118004458	Vehicle Registration No:
Name(as shown in NRIC	(ZHANG QUOLIANG)	NRIC/FIN/Passport No : <u>\$780/750C</u> sappropriate 544273
(*Vehicle Driver / V	ehicle Owner) (*) Please defete as	sappropriate 544273 Surace Link # 11-17 Singapore()
Address		
Contact (Tel)		Mobile No.:90481311
Email Address	1	49.00
Date of Accident	: 09/01/18	Time of Accident :O 9 : 0 0
Place of Accident		B4 AIRPORT EXIT (B4 KPE TUNN
Insurance Compan	y:	
ADDITIONALINFO	RMATION / AMENDMENTS:	ent and would like to include additional information or
AMEN	D TYPE OF CO	VERAGE
		70
6 1		olym 10/01/18
Policyholder / Driv	ver's Signature	Reporting Centre Personnel's Signature
Date:		NRIC/FIN No.: Date:

GIARMC addendumform_V3





1 of 3

Report No. T/20180109/2066

Police Station Of Origin: Tampines North NPP 461 Tampines Street 44 #01-56 SINGAPORE

520461

Tel No: 1800-7818999

UBER DRIVER

DEPORT	OF	Δ	TRAFFIC	ACCIDENT	
REPURI	UF	~	INALLO	MODIE III	

Date/Time Report Made: 09/01/2018 13:14			Vide Report No.:	Station Diary No.: 9	
Informa	nt's Particu	ılars			
Name of	Informant: K LEONG	- 50	Address: APT BLK 273D COMPASSVA 544273	LE LINK #11-174 SINGAPORE	
ID Type / ID No.: NRIC NO / S7801750C			Contact No.: Home/Office: Mobile: 90481311		
National			Email:		
Sex: Age: Date of Birth:			Type of Informant: Driver		
Race: Chinese Occupation:			Language:	Institution / School Name:	
			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 09/01/2018 09:15	Type of Location EXPRESSWAY	
ALONG KPE Weather:	AYA LEBAR EXPRES			Road Speed Limit:	
Clear Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Colli Between Mo	sion: ving Vehicles - Head	To Rear		Anyone conveyed by ambulance: No	

Details of V	NAME OF TAXABLE PARTY OF TAXABLE PARTY.	Make	Model	Color	Condition	No of Passenge
Vehicle No. SJL3369K	Type	TOYOTA		Black	Seriously	1
COLCOCOIN	9375	WS = 2			Damaged	
SKS5674S	Car	AUDI		Black	Seriously Damaged	

Details of Person Involved	是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
Any Pedestrian Involved: No	- NA
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20180109/2066

Police Station Of Origin: Tampines North NPP 461 Tampines Street 44 #01-56 SINGAPORE

520461

CONTINUATION OF REPORT

Tel No: 1800-7818999

Driver		No. of Contract of		ID No.		S7801750C
Name	TEO KOK LEONG			ID No.		3/00//300
Related Vehicle	SJL3369K (Car)			Contact No.		90481311
Hospital/Clinic	OEI FAMILY CLINIC			Class of Driving Licence & Expiry Date		Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	09/01/2018		Date Disc			/2018
	ted Medical Leave	05	Degree of	Injury	NIL	
Driver						
Name	JANICE TAN			ID No	.	S9008630H
Related Vehicle	SKS5674S (Car)			Contact No.		90265563
Hospital/Clinic	NIL			Class Drivin Licent Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	00.70000	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	f Injury	NIL	SWEEKS BOOK TO SEE THE SECOND

Brief Details.

On the above mentioned date, time and location, I was driving my vehicle, SJL3369K, along KPE about to enter the tunnel at the first lane. The traffic was heavy and the vehicle infront of mine stopped. I then drove slowly and was about to stop when I suddenly felt an impact from the rear of my vehicle.

The vehicle at my rear, SKS5674S, collided to the rear of my vehicle. We then went out to take pictures of the accident and exchange particulars. Damages to my vehicle are smashed rear bumper. I then went to Oei family clinic and received 5 days of mc dated from the 09/01/18 till the 13/01/18. Injuries are neck and back sprain. I have an in built car camera which managed to capture the incident. I would like to state that I had a passenger in my vehicle. No traffic police or ambulance was at scene.





3 of 3

Report No. T/20180109/2066

Police Station Of Origin: Tampines North NPP 461 Tampines Street 44 #01-56 SINGAPORE CONTINUATION OF REPORT 520461

Tel No: 1800-7818999

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.

nt:
e:
_

SIGNATURE

ehicle No.	SSL 3369 K Model/Make TOYOTA ALTIS
ate of Accident	001/01/2019
ime of Accident	1900-0915 HRS LEE TOWARDS MCE BEFORE AIRPORT EXIT (BEFORE KAETUNNEL
ocation of Accident	
xact purpose use during accid	ent Workinh Hour
lame of Owner	ENTERPRISE CAR REPORTE
elephone No.	H/P: 4307 6428 Home: Office:
IRIC	2617012156
Address	103 DEA LANG 10 FNA BUILDING #01-05 5(539 223)
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTIC
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5091877771
Policy No.	
Name of Driver	As Above If No, TEO KOK CRONG
NRIC	SARVIASOC Any Passengers:
Date of birth	11 JAN 1978
	Outdoor / Indoor
Occupation Driving License Pass Date	15 JAN 2000 (CLASS 3)
Gender	Male / Female
Contact No.	Office:
	BLK 2730 COMPASSVALE LINK #11-174 S(544273)
Address Driver have any own vehicle	No, If yes, Reg No.
	Employee, If no, state
Relationship	Clear Raining Other
Weather condition	Dry Wet Other
Road Surface	No, If Yes, Who?
Any Injuries Name And Contact No.	TEO KOK LEONY - 90481311
Name And Contact No.	No. If Yes, Where? TAMPINES NORTH NPP
Police Report	SKS 56745 Any Passengers: NIL
Vehicle B No.	Contact No.:
Name of Driver	Any Passengers :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Witness Contact :
Witness Name	REAR
Accident Portion	
Camera Recorder	Yes No
Email Address	
	NEI AMOMOTIVE PTE LTD
PARTICULAR WORKSHOP	6842 0051 / 6744 0510
CONTACT NO.	1AN
CONTACT PERSON	6741 0510
FAX NO	ss sales @ n51. com. sg

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7801750C



TEO KOK LEONG (ZHANG GUOLIANG)

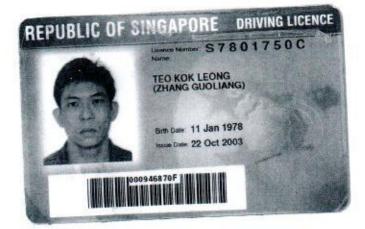
国 良 Race

CHINESE

SINGAPORE

Date of birth 11-01-1978

57801750C



4167560

NRIC No. S7801750C

29-01-2008

APT BLK 273D COMPASSVALE LINK #11-174 SINGAPORE 544273

NRIC No: \$7801750C

Date: 28/08/2009

No: 6222800

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

28 Oct 1994 15 Jan 2000

PASS DATE

Motorcycles not exceeding 200 cc
Motor Cars of unladen weight not exceeding
3000 kg with not more than 7 passengers,
exclusive of the driver; and Motor Tractors
and other Motor Vehicles of unladen weight
not exceeding 2500 kg
Heavy Motor Cars and Motor Tractors the
weight of which unladen exceeds 2500 kg

19 Jul 2004

S7801750C

S / No. 9000026522

cence No: S7801750C

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: 5091577771

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: SJL3369K

Chassis Number

: MR053ZEE106116146

2. Name of Policyholder

: ENTERPRISE CAR RENTAL PTE LTD

3. Effective Date of Insurance

: 23 Oct 2017

4. Expiry Date of Insurance

: 22 Oct 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.

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.

neadings.	
EXCESS (SECTION 1)	: N/A
	: \$\$1,500
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: NO
REPAIR AT OWNER'S PREFERRED WORKSHOP	: N/A
INSURE WITH COE	: NO
NCD PROTECTION	
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)

: CITY INSURANCE AGENCY PTE, LTD. (00000573566)

Date of Issue

: 01 Jun 2017 15:39 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Enquire Vehicle Information

Vehicle No.

Vehicle No.:

SJL3369K

Vehicle Details

Vehicle Type:

Private Hire (Chauffeur)

Motor Car

Vehicle Attachment 1:

No Attachment TOYOTA / COROLLA ALTIS

Make / Model:

1.6 AUTO

Primary Colour:

Black

Year of Manufacture:

2008

Maximum Laden Weight:

1630 kg

Unladen Weight:

1195 kg

No. Of Axles:

2

Engine No.:

3ZZ4789667

Chassis No.:

MR053ZEE106116146

Engine Capacity:

1598 cc

Maximum Power Output:

80.0 kW (107 bhp)

IU Label No.:

1125923052

Propellant:

Petrol

Passenger Capacity:

Original Registration Date: 25 Nov 2008

First Registration Date:

25 Nov 2008

Open Market Value:

\$16,777.00

Additional Registration Fee 100.00%

Rate:

Actual ARF Paid:

\$16,777.00

PARF Eligibility:

Yes

Minimum PARF Benefit:

\$8,388.00

PARF Eligibility Expiry Date: 24 Nov 2018

COE No .:

2008090101002295D

COE Category:

A - Car (1600cc & below)

COE Expiry Date:

24 Nov 2018

Quota Premium (QP):

\$13,289.00

QP Paid:

\$13,289.00

OPC Cash Rebate Eligibility: No

OP during COE Bidding

\$13,289.00

Exercise:

CO2 Emission:

Claim Handling

Sign No.	GST Registration No.	
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Accident No. Last Doc. Received MT/0977095

Yes O No

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Claim No.

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Upload Date

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