

N80801033		Invoice Preparation Charge		Add'l	
Human's Boniquins		1) AR: Accident Reporting (\$30)			
river/Owner		2) DA: Damage Assessment (\$100)	INC (\$30)		
contact No:		3) TP: Towing Fee	\$40/\$40		
damaged Portion:		4) PT: Follow-Through Survey	\$150		
		5) PT: Follow-Through Survey (Resurvey)	\$30		
		Excluding agent INC Only (w/ 10 Jan 200)			
		6) TR: Re-inspection	\$15		
		7) NI: 1 day DA + SMRT Survey	\$160		
		8) NTUC Additional Services			
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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 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 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	19/02/2018 19:00
Date Of Accident	16/02/2018 23:30
Exact Location Of Accident	ALONG LOYANG AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL9294C
Insured/Policyholder	
Name Of Registered Owner	KARZ-TA LEASING
Co Reg No	53318368E
Email Address	KARZTALEASING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96247152
Alternative Phone No	OFFICE-96247152

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5084904286-01
Cover Note Number	

Driver

Name of Driver	PAN JIALI
NRIC No	S8141670B
Date Of Birth	18/12/1981
Occupation	INDOOR
Date Of Driving Pass	25/06/2004
Driving Experience	13 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96247152
Fax Number	
Contact Number	OTHERS-96247152
Email Address	KARZTALEASING@GMAIL.COM

Address	BLK 34 FLORA DRIVE #03-20
Postcode	506893
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
Number of vehicles involved in the accident	2
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)	3
Passenger 1	NAME: : LYNNETTE(FRIEND) GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE

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	SJB5425X
Vehicle Make/Model/Colour	MITSUBISHI LANCER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KWAN MENG WAH
NRIC/Passport Number	S0329276B
Contact Number	96907874
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3

SKETCH PLAN

IMPORTANT NOTICE

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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.



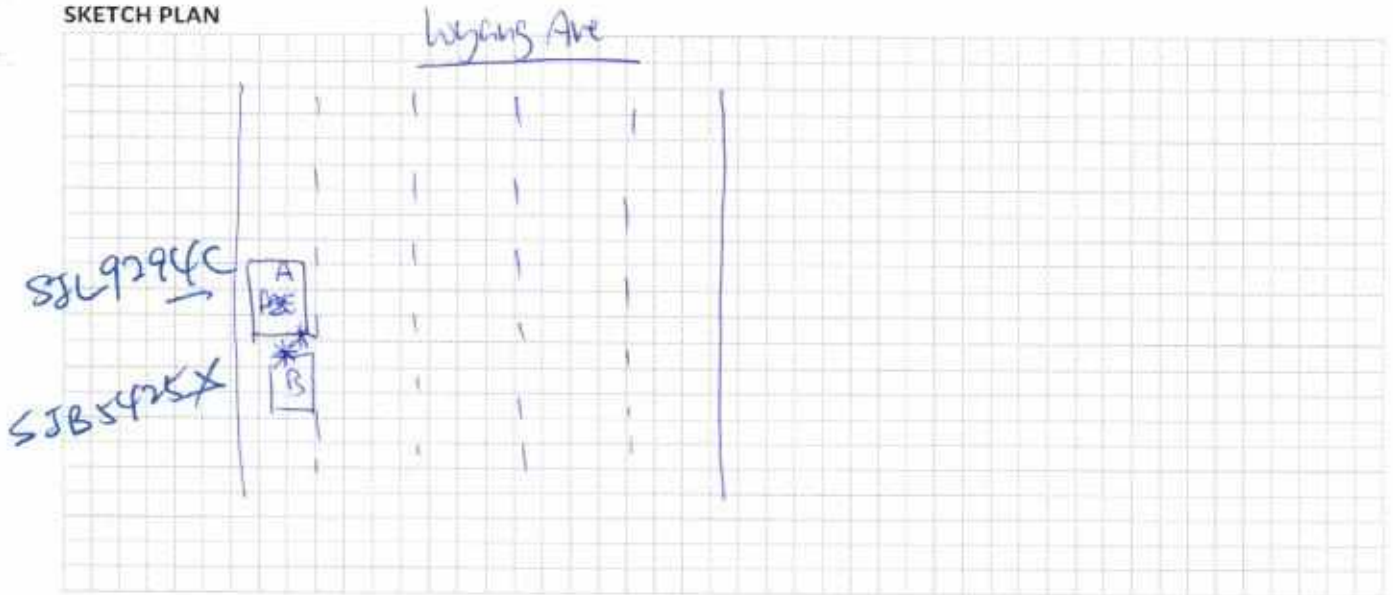
Policyholder's Signature
Date & Time:

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

Date & Time: 19/2/18
12:15 pm

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Was driving along Layang Avenue, towards Petir Rd Dr 1. I was on the left-most lane turning right when vehicle in front of me slowed down and came to a stop. I also braked and stopped. After which, the vehicle behind me banged into me. Right back corner of vehicle was damaged.

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: 19/02/18
12:15pm

Reporting Centre Personnel's Signature
Name: Rosli Waffar
NRIC/FIN No.: 19/02/2018

Claim Handling

Accident MT/0982720

Policy No.	5084904286-01	Vehicle No.	SJL9294C	GST Registration No.	
Policyholder Name	KARZ-TA LEASING			Policyholder NRIC	
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	96247152	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
▼ Accident Details					
Report Date	19/02/2018 19:13	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	16/02/2018	Time of Accident hh:mm	23:30	Country of Accident	Singapore
Reporting Centre		Orange Force		SCM No.	
Accident Location	ALONG LOYANG AVENUE				
▼ Benefits					
▼ Excess					
Own damage Excess	1,500.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	1,500.00		
Third Party Excess	1,000.00	Outside Singapore TP Excess	1,000.00		
▼ GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
▼ Policyholder Mailing Address					
Address 1	317 OUTRAM ROAD	Address 2	#B1-03 CONCORDE SHOPPING	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	B1-03	Related Policy Number	5083195710-01		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	PAN JIALI	Driver NRIC	58141670B	Driving Experience	
Register Date of Driver License	25/06/2004	Driver Age	36	Contact No.(Home)	
Contact No.(Mobile)	96247152	Contact No.(Office)		Address 1	
Address 1	34 FLORA DRIVE	Address 2	#03-20 PALM ISLES	Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.	03-20				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SJL9294C	Driver Insurer Company	
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	KARZ-TA LEASING	Insured NRIC	
Contact No.(Mobile)	83223232	Contact No.(Home)		Contact No.(Office)	
Email Address		DI Vehicle Number	SJL9294C	TP Vehicle Number	
Claim Description	SJL9294C / SJ85425X ON 16 Feb 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	19/02/2018 19:17	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	
<input type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0982720	Claim No.	001	Category *	Confidential	Urgency	Normal
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/02/2018 19:18				
Path *							
Browse...				Clear	Please Select		

<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 19 Feb 2018 19:18	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Feb 2018 19:18	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Feb 2018 19:18	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Feb 2018 19:18	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Feb 2018 19:17	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Feb 2018 19:17	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Feb 2018 19:17	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Feb 2018 19:17	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Feb 2018 19:17	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Feb 2018 19:16	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Feb 2018 19:16	NRJC/ Driving License	Normal	NRJC/ Driving

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>

ACCIDENT STATEMENT

ACCIDENT DATE: 16 / 02 / 2016 (DD/MM/YYYY), TIME: 11 23 30 (HH:MM)

LOCATION: Wyang Avenue

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 50L 9294 C
 b) INSURANCE COMPANY: _____
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda Civic
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: KATE - TA HARIN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Pan Jial (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: J141670/B CONTACT: 96243152
 c) ADDRESS: 34 Fong Drive #03-20 JLSUB93

* d) DATE OF BIRTH: 18 / 12 / 1971 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

i) DATE OF DRIVING PASS: 25/06/2004

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

- b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: JB 5425X MODEL: Mitsubishi Lancer

- b) DRIVER'S NAME: Kwan Meng Wah

- c) NRIC/FIN/PASSPORT: J032927613 CONTACT: 96907774

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____

- e) DRIVER'S NAME: _____

- f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email: kar2taleasing@gmail.com

Fax: 67388360

V1060

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8141670B



Name

PAN JIALI

潘嘉丽

Race
CHINESE

Date of birth
18-12-1981 Sex
F

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8141670B

Name

PAN JIALI

Birth Date: 18 Dec 1981

Issue Date: 25 Jun 2004



3806030

NRIC No. S8141670B



Date of issue
12-08-2004

BLK 34 FLORA DRIVE #03-20
SINGAPORE 506893

NRIC No: S8141670B

Date: 01/09/2017

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

PASS DATE

25 Jun 2004

Class 3

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



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: 5084904286-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle

: SJL9294C

Chassis Number

: JHMFD264095200759

2. Name of Policyholder

: KARZ-TA LEASING

3. Effective Date of Insurance

: 09 Nov 2017

4. Expiry Date of Insurance

: 08 Nov 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)

: S\$1,500

EXCESS (SECTION 2)

: S\$1,000

WINDSCREEN EXCESS

: S\$100

ADDITIONAL EXCESS

: N/A

UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP

: NO

INSURE WITH COE

: YES

NCD PROTECTION

: NO

TRANSPORT ALLOWANCE

: NO

EXCESS WAIVER

: NO

PRIMARY DRIVER

: N/A

NAMED DRIVER (1)

: N/A

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: N/A

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 : COWELL INSURANCE (AGENCY) PTE LTD (00000610380)

Date of Issue : 08 Aug 2017 16:03 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Enquire Vehicle Information

Vehicle No.

Vehicle No.: SJL9294C

Vehicle Details

Vehicle Type: Private Hire (Chauffeur) Motor Car

Vehicle Attachment 1: No Attachment

Make / Model: HONDA / CIVIC 2.0L 5AT

Primary Colour: Grey

Year of Manufacture: 2008

Maximum Laden Weight: 1760 kg

Unladen Weight: 1312 kg

No. Of Axles: 2

Engine No.: K20Z24500759

Chassis No.: JHMFD26409S200759

Engine Capacity: 1998 cc

Maximum Power Output: 114.0 kW (152 bhp)

IU Label No.: 1122604762

Propellant: Petrol

Passenger Capacity: 4

Original Registration Date: 16 Dec 2008

First Registration Date: 16 Dec 2008

Open Market Value: \$27,777.00

Additional Registration Fee Rate: 100.00 %

Actual ARF Paid: \$27,777.00

PARF Eligibility: Yes

Minimum PARF Benefit: \$13,888.00

PARF Eligibility Expiry Date: 15 Dec 2018

COE No.: 2009010103000673E

COE Category: B - Car (1601cc & above)

COE Expiry Date: 15 Dec 2018

Quota Premium (QP): \$6,501.00

QP Paid: \$6,501.00

OPC Cash Rebate Eligibility: No

QP during COE Bidding Exercise: \$6,501.00

CO2 Emission: -

[Previous](#) [OK](#)