NATIONAL Assessment Centre	Services New 1 3 APP	MMA 118038204		
Date In. 2113 118 09:49	Jcb description	Date & Time Completed	Done by	
Re(No: MA/ FCI 18005235/44	SAS e-filing			
Veh No: GBE 4000 7	E-mail (within Shrs, AIC 2	thrs)		
501	i-Motor Claim Form			
	I-Motor W/O (Within:	OD 2hrs, TP 4hrs)		
OD (P)' Reporting Only	i-Photo Uploaded			
	Assessment/Survey Re	port		
TP Insurer:	Ass't Report by Fax / I	Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	
	SHA ISRIH	NC()/Non-NC()		
Owner / Driver: (2.171.3.0.111	Tel)	
	od: () Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [No	ote-Est. Status (WO): 1	V: 0-20%; P: 21-79%. F: 80-	00%]	
	arranty: YES ()/NO			
Tear of regulation (0()/\$2,000()			
A 1977 T. 160 Marie 100 Jane 12 12 12 13 14 15 16 17	0 () / \$2,000 ()			
General Remarks;-		L & Chierty NO rafer of remainer		_
() Walk-In Customer: Customer's inform		al & Strictly NO 13let of reparet.		
() Total Loss Case : to e-mail Insurer				1
Drive-In ()/ Towed-In (); Invoice:	YES () / NO (); Towing Co: (
Remarks;- (INC hotline: 6788 6616)		Date&Time Completed	Done by	
Apply for Transport Allowance ()/Co	ourtesy Car ()			
The second secon	()			
2) QC Check / Post Repair Inspection	0001 ()			
3) Upload Resurvey Photo [Repair Cost > \$30	100] ()			
Injury:				
Date/Time Actions			ATTENDED TO THE STREET	
		¥		
	-1			
			Ant (S)	Amt (3
Na	I KOLYSO	ce Preparation Checklist	The state of the s	Add Bi
laimant's Particulars :-	1) AR:	Accident Reporting (\$30); Damege Assessment (\$100); INC (30.00	
	3) TF:	Towing Fee 5	40/\$45	
river/Owner:	4) FT :	Follow-Through Survey Follow-Through Survey (Resurvey)	\$120	-
ontact No:	Fore	laiming against INC Only (wef 10 Jan 20	05)	
- Pertions	6) TR:	Re-inspection	\$75 \$160	
amaged Portion:		Idao DA + SMRT Survey C Additional Services	3100	
	OD.	Service of Factors and Service of		
C Checked by (Engr-In-Charge):		Courtesy Cor / Tpl Allowands	\$5	
	•N7	Repair Co-ordination Fost Repair Inspection	\$25	
Auditors' Comments :-	*N8	DV / Collect Excess Coordination	55	
at. 1:		N11) : TP (Non INC) against INC : Idao Mobile	30	
at 2/3;	Invaice	dated Fee Charge	MAKERING PROPERTY	沙 (1)
Maria Maria Maria	Invale	e dated Fee Charge	ME SEE	

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 21/03/2018 10:25

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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
- 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. Any raise reporting may be referred to the Folice for investigation.
 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 ladgement 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.	CCIDENT STATEMENT	
Date Of Report	21/03/2018 09:49	
Data Of Assidant	15/03/2018 15:15	
Exact Location Of Accident	AKESIDE TOWER CARPARK (YUAN CHING RD)	
Country/State of Loss	SINGAPORE	
Country/State of E000	TAILS OF OWN VEHICLE	
Vehicle Registration Number	GBE4000Z	
Insured/Policyholder		
Name Of Registered Owner	SIANG HOCK HOLDING PTE LTD	
Co Reg No	3 X	
	NOEMAIL	
Mobile Phone No		
	OFFICE-68482002	
Vehicle Particulars		
	TOYOTA	
Manufacturer Model	20	
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	COMMERCIAL VEHICLE	
Insurance Company		
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	D-17087631MFCV/48	
Cover Note Number		
Driver		
Name of Driver	DARREN LAU JUN KIT	
NRIC No	S9512230B	
Date Of Birth	20/03/1995	
Occupation	OUTDOOR	
Date Of Driving Pass	22/12/2015	
Driving Experience	2 YEARS AND 2 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-83666972	
Fax Number		
Contact Number		
EMail Address	NOEMAIL	Page 1 of 1

BLK 825 JURONG WEST ST 81 #10-416 Address

640825 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? NO

Number of vehicles involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

: UNKNOWN NAME: Passenger 1 : MALE GENDER:

2

Details of Police Action

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SHA1581H

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

TAXI Vehicle Category

NG KIN KIONG Name of Driver S0331571A NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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 <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 insurers) 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.

Valicuhaldar's Signatura

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 .:

KETCH PLAN	Lake side tower	
veh 1	B B	
	A	A: GEE 40002 B: SHA 1581 H
		B= 3111 33111
	Yuan ching Rd	
SCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
		,
Please	Refer to statem	enf
	1	
DECLARATION		1 /
/We declare the foregoing part	iculars are true in every respect.	fund
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:

CHARLET SERVED PLANTING VS

- 2

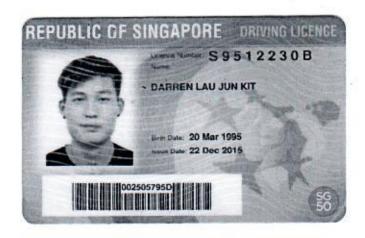
AFTER TURNING INTO LAKESIDE TOWER ENTRANCE, TAXI INFRONT OF ME STOP. THEN I STOP BEHIND THE TAXI, SUDDENLY THE TAXI ENGAGED REVERSED GEAR. I SOUNDED MY HORN TO ALERT THE TAXI DRIVER. BUT HE NEVER NOTICED AND REVERSED INTO MY VEH. AS THE RESULT, THE TAXI REAR HIT ONTO MY VEH FRONT. AFTER THE INCIDENT, WE STOP AT THE SIDE AND CHECK ON OUR VEHICLE. NO DAMAGE ON MY VEH AND HIS VEH. I LODGE THIS REPORT FOR COVER MYSELF IN CASE THE TAXI DRIVER TWISTED THE STORY. NO CAR CAM ON MY VEH. BUT THE ENTRANCE HAVE THE CCTV.

ACCIDENT STATEMENT

LOC	CATION:	Lakeside	tower	Carpark	CYuan	ching P
	1 DETAILS	OF VEHICLE			¥)(
	a) VEHIC	CLE NUMBER:	G06 40	002		
	- 55	RANCE COMPAN				
	c)POLK	CY NUMBER:				
	d)POLK	CY TYPE: (COMP	REHENSIVE /	THIRD PARTY	/ THIRD PAR	RTY FIRE &THE
	e)MAKE	E & MODEL:				77
	f)TYPE:(SALOON / COU	PE / MPV /VA	N/LORRY/	MOTORCY	CLE / OTHERS
		CLE CATEGORY:				YCLE)
		OSE OF USING A				
		OU CLAIMING UI				
		PLEASE STATE (TI		LAIM / REPO	RTING ONL	(Y)
	2. INSURE	D / POLICY HOLD	ER	355		LE LECHALE
	A)NAM	E: Siang	носк		AM)	LE / FEMALE)
	00 to	/FIN/PASSPORT:_			CONTACT:	
	CIADDR	RESS:	11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
% ·	20022200			OLIOVIJO D		
	* CONT	INUE TO 3.d IF DE	SIVER VIZUE	CHICAL HOURS	ER	
d.i 0			WITCH PIEGO	OLIO I HOLD	7000	
	DRIVER					IE / FEMALE)
	DRIVER	E: Darren	Lau Jus	a Kit	(MA	LE / FEMALE) 83 666
Clarifuling driver	DRIVER a) NAME b) NRIC/	E: <u>Darren</u> /FIN/PASSPORT:_	Lau Ju	a Kit	(MA	LE / FEMALE) 83 666
	DRIVER a) NAME b) NRIC/	E: Darren	Lau Ju	a Kit	(MA	83 666
(Including driver	DRIVER a) NAME b) NRIC/ c) ADDR	E: Dayren /FIN/PASSPORT:_ RESS:	Lau Jus	n Xit	(MA CONTACT:_	83 666
(Including driver	DRIVER a)NAME b)NRIC/ c)ADDR ad)DATE	E: <u>Darren</u> /FIN/PASSPORT:_	Lau Ju)(DD/MM	(MA CONTACT:_	LE / FEMALE) 83 666
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email = darrenlohjinjie @ hotmail.com







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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 22 Dec 2015 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

P 428A

Licence No:59512230B

First Capital Insurance Limited

Company Reg. No. 195000106C GST Reg. No. M2-0001676-9

A FAIRFAX Company

CERTIFICATE OF INSURANCE

ORIGINAL.

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysla)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Type of Policy.

COMMERCIAL VEHICLE - FLEET

Type of Cover.

Comprehensive

Certificate No.

D-17087631MFCV/48

Vehicle No / Chassis No

GBE4000Z / JT121JK1100050236

Name of insured

SIANG HOCK HOLDING PTE LTD

Period Of Insurance

: 01.04.2017 To 31.03.2018

Insured Estimated Value

Market Value At Time Of Loss

Financial Institution

MOTOR-WAY CREDIT PTE LTD

EXCESS: AS INDICATED BELOW

Authorised Driver*

ANY AUTHORISED DRIVERS

Persons or classes of persons entitled to drive*

(1) Whilst the vehicle is being used in connection with the Insured's business:-

(a) Any person provided he is in the Insured's employ and is driving on their order or with their permission.

(2) Whilst the vehicle is being used for social, domestic or pleasure purposes:-

(a) Any person who is driving on the Insured's order or with their permission.

For drivers with more than 1 year driving experience and/or not less than 21 years of age

Excess: S\$1,000.00 on Section I & II separately (for Long Term Lease - 1 year or more)

S\$4,000.00 on Section I & II separately (for Short Term Lease - less than 1 year)

S\$1,000.00 on Section I & II separately (for Staff)

For drivers with less than 1 year driving experience and/or less than 21 years of age

Excess: S\$3,000.00 on Section I & II separately (for Long Term Lease - 1 year or more)

S\$8,000.00 on Section I & II separately (for Short Term Lease - less than 1 year)

S\$2,000.00 on Section I & II separately (for Staff)

* 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

Use in connection with the Insured's business.

Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.

Use for social, domestic and pleasure purposes.

The Policy does not cover:-

Use for racing, pace-making, reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

(3) Use for the carriage of passengers for hire or reward.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (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.

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)

First Capital Insurance Limited (Approved Insurers)

SUSAN/A0151/MZ301A1

Issued at Singapore on 05.04.2017

Authorised Signature

Dic.