

MMH48039716

Done by:

SAY e-ling

E-inoll (within sheet, A102100)

1-Motor Claim Form

1. Prüfung 20/0 (10/10) 00 2000, 10/0 (10/10)

1-Photo Uploaded

Assessment/Survey Report

Ass'l Report by Pax / Hand to Owner / VVHsp

Tel:

Fax:

INC( ) / Non-INC( )

Te.

Cover Type: (

Date \_\_\_\_\_

Turnover

(%) (Note: B.L. Status (WO): N: 0.20%; P: 21.79%; P: 30.100%)

Warranty: YES( ) / NO( )

emoris 101N (bottle 6788) 00161

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Done by

Injury: \_\_\_\_\_

[illegible]

\_\_\_\_\_

UNITED STATES GOVERNMENT

Ver/Organ: \_\_\_\_\_

Unaged Portion: 11.00%

Checked by (Dngr-In-Charge): \_\_\_\_\_

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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	23/03/2018 16:41
Date Of Accident	23/03/2018 14:30
Exact Location Of Accident	JUNCTION OF JLN AHMAD IBRAHIM/TUAS WEST ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN9717R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ORANGE CARZ RENTAL PTE. LTD.
Co Reg No	201709215M
Email Address	JAZZY23@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98983060
Alternative Phone No	OFFICE-98983060

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (A)
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	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	5092137388
Cover Note Number	

### Driver

Name of Driver	KOH CHEE SENG
NRIC No	S6937811J
Date Of Birth	25/10/1969
Occupation	OUTDOOR
Date Of Driving Pass	14/09/2000
Driving Experience	17 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98983060
Fax Number	
Contact Number	OTHERS-98983060
Email Address	JAZZY23@GMAIL.COM



Address	BLK 54 TEBAN GARDENS ROAD #01-553
Postcode	600054
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)	1

#### 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	SHD6677S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## 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.**
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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.:



Jun Ahmad Ibrahim

Trans West Road

A) SUN 9717P

B) SHD 6677S

23/03/2018, I WAS MAKING RIGHT TURN @ THAS WEST ROAD WHEN THE TAXI (SHD66775) IN FRONT OF ME INTENTIONALLY JAMMED HIS BRAKE, EVEN THOUGH TRAFFIC WAS CLEAR TO TURN RIGHT. AND HE STOPPED AFTER THE STOP LINE @ THE TRAFFIC JUNCTION. THEREFORE I HAD NO TIME TO REACT TO STOP MY VEHICLE CAUSING MY VEHICLE TO KISS THE REAR OF THE TAXI.

EVEN THOUGH MY CAR HAD SLIGHT DAMAGE, THERE WAS NO SIGN OF PHYSICAL DAMAGE TO THE TAXI.

DRIVER OF TAXI REFUSE TO EXCHANGE PARTICULARS.

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

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

## Claim Handling

Accident MT/0987421

Policy No.	5092137388	Vehicle No.	SLN9717R	GST Registration No.	
Policyholder Name	ORANGE CARZ RENTAL PTE. LTD.			Policyholder NRIC	
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	98983060	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	23/03/2018 17:03	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	23/03/2018	Time of Accident (hh:mm)	14:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF JLN AHMAD IBRAHIM/TUAS WEST ROAD				

**Benefits**

**Excess**

Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

**Policyholder Mailing Address**

Address 1	101 HILLVIEW RDSE	Address 2	#24-07 KINGSFORD, HILLVIEW	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	24-07	Related Policy Number	5092137388		

**OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	KOH CHEE SENG	Driver NRIC	569378111	Driver DOB	
Register Date of Driver License	14/09/2000	Driver Age	48	Driving Experience	
Contact No.(Mobile)	98983060	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 54 #01-553	Address 2	TEBAN GARDENS ROAD	Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.	01-553				
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Driver Vehicle No.	SLN9717R	Driver Insurer Company	

**Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes <input type="radio"/> No <input checked="" type="radio"/>
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Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	ORANGE CARZ RENTAL PTE. LTD	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SLN9717R	TP Vehicle Number	
Claim Description	SLN9717R / SHD66775 ON 23 Mar 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	23/03/2018 17:15	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLI WANAB	Workshop Repairer			

☐ Print AX letter

Save Submit

## Attachment

Accident No.	MT/0987421	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/03/2018 17:16
Path *		Category *	Confidential
			Urgency
			Normal

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<a href="#">Browse...</a>	<a href="#">Clear</a>	Please Select	▼	100%	Normal

[Attachment List](#)

Attachment	Uploaded By/Date	Category	Urgency	De
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Mar 2018 17:11	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Mar 2018 17:11	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Mar 2018 17:11	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Mar 2018 17:11	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Mar 2018 17:10	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Mar 2018 17:09	SAS	Normal	SAS

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# ACCIDENT STATEMENT

ACCIDENT DATE: 23 / 03 / 2018 (DD/MM/YYYY), TIME: 2.30 (HH:MM)

LOCATION: TURNING TOWARDS THAS WEST ROAD  
TRAFFIC JUNCTION

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLN9717P  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5052137388  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: TOYOTA WISH 1.8  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
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: ORANGE CARZ RENTAL PTE LTD (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

# No. of passengers  
(including driver)  
( )

- DRIVER  
a) NAME: KOH CHEE SENG (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 36937811J CONTACT: 98083060  
c) ADDRESS: 4 TEBAN GARDENS RD # 01-553  
5600054

d) DATE OF BIRTH: 25 / 10 / 09 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)  
f) DATE OF DRIVING PASS: 15/05/14/09/2000

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

# No. of passengers  
(including driver)  
( )

- a) VEHICLE NUMBER: SHD6677S MODEL: TAXI  
b) DRIVER'S NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

# No. of passengers  
(including driver)  
( )

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_

email: jazzy23@gmail.com

fax: \_\_\_\_\_

V1 020



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6937811J



Name  
KOH CHEE SENG  
許志成  
Race  
CHINESE  
Date of Birth  
25-10-1969 M  
Country of Birth  
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S6937811J  
Name  
KOH CHEE SENG  
Born Date: 25 Oct 1969  
Issue Date: 23 Sep 2003



Land Transport Authority



VOCATIONAL LICENCE  
Licence No. S6937811J  
Name KOH CHEE SENG  
Issue Date: 6/8/2013  
Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

3270948





NRIC No. S6937811J  
Issue Date: 03-12-2002  
APT BLK 54 TEBAN GARDENS ROAD #01-553  
SINGAPORE 600054  
NRIC No: S6937811J Date: 02/04/2014

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

Class	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	14 Sep 2000

NP 428A



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	31/10/2008



## 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: 5092137388

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SLN9717R  
Chassis Number : JTDER12W903002220
2. Name of Policyholder : ORANGE CARZ RENTAL PTE. LTD.
3. Effective Date of Insurance : 25 Sep 2017
4. Expiry Date of Insurance : 24 Sep 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\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: DON CAPITAL PTE LTD
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 : KHC HOLDINGS PTE LTD (00000613934)

Date of Issue : 22 Jun 2017 08:53 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

KHC HOLDINGS PTE LTD  
585A RAFFLES PLACE, SINGAPORE 329706  
TEL: 62560737



Countersigned By:

Authorised Officer

Chief Executive