| NATIONAL Assessm   | ent Centr           | e Services              | tiet i javei                         |   | -                  |            |                 |
|--|---------------------|-------------------------|--------------------------------------|---|--------------------|------------|-----------------|
| Date In 07/06/18   |                     | Jeb description         |                                      | Date & Time Complete                                      | d                  | Done       | by              |
| Rel No NA/INICI8010  | 420/13              | SAS e-filing            |                                      | 1 .   |                    |            |                 |
| Veh No 52K 5 9864  |                     | E-mail (within          | Shrs, AIC 2hrs)                      |   |                    | 0.000      | 110000-000      |
| DOA 06/06/18   | 1115                | i-Motor Clai            | m Form                               | m7/099775   | 0-0                | 001        |                 |
|  |                     | i-Motor W/C             | (Within: OD 2hr                      | 1   | 1                  |            |                 |
| OD (TP)' Peporting Only  |                     | i-Photo Uplo            | aded                                 |   |                    | 3556       | 158             |
| TP Insurer   |                     | Assessment/St           | irvey Report                         |   |                    |            |                 |
| 11 1134141   |                     | Ass't Report b          | y <u>Fax / Hand</u> t                | o <u>Owner/Wksp</u>                                       |                    |            |                 |
| Preferred Wksp / INC Assign W  | ksp / QW: (         | 11-51                   |                                      | Tel:  | Fax:               |            |                 |
| TP Particulars: V  | eh No:              | 5144036F                | INC (                                | )/Non-INC( )  |                    |            |                 |
| Owner / Driver: (  |                     |                         | 11:21:42:11:40:15:0                  | Tel:  |                    | )          |                 |
| Policy No: (   | ) Per               | riod: (                 | )                                    | Cover Type: (   |                    | )          |                 |
| Confirmed by: (  |                     |                         | Date:                                | Time:   |                    | )          |                 |
| Insured/Driver Liability: (  |                     |                         | Contract Contraction                 | 0%; P: 21-79%. F: 8                                       | 0-100%             | ]          |                 |
| Year of Registration: ( Excess: (\$ ) 1  | ) \<br>oading:\$1,0 | Warranty: YES (         |                                      | )   |                    |            |                 |
| General Remarks:-  | Loading . \$1,0     | 00 ( ) / \$2,000        | ( )                                  |   |                    |            |                 |
|  | VI PT 13            | to a thirty of the con- | A section                            | Bench of seasons and                                      | - 11-              |            | 11.00           |
| ( ) Walk-In Customer ; O   | ustomer's info      | rmation strictly Co     | nfidential & St                      | rictly NO refer of repair                                 | er                 |            |                 |
| ( ) Total Loss Case : to   | e-mail Insure       | er URGENTLY.            |                                      |   |                    |            |                 |
| Drive-In ( ) / Towed-In (  | ); Invoice          | :: YES ( ) / N          | NO ( ); T                            | owing Co. (   |                    |            | )               |
| Remarks:- (INC horline:  | 6788 6616)          |                         |                                      | Date&Time Completed                                       | 6 55               | Done       | by              |
| 1) Apply for Transport Allowa  | nce ( )/C           | Courtesy Car (          | )                                    |   |                    |            |                 |
| 2) QC Check / Post Repair Insp   | pection             | ( )                     | )                                    |   |                    |            | IX CONTRACTOR   |
| 3) Upload Resurvey Photo [Re   | pair Cost > \$3     |                         | )                                    |   |                    |            | 200 - 200 - 100 |
| Injury :   |                     |                         |                                      |   |                    |            |                 |
| Date/Time Actions  |                     |                         |                                      |   | 304.0              | -          |                 |
| Date/Time Actions  |                     |                         |                                      | St. Obairt Stills Fort                                    | Visin 9            | J. 1981.   |                 |
|  |                     |                         |                                      |   |                    |            |                 |
|  |                     |                         |                                      |   |                    |            | ARTHURSES       |
|  |                     |                         |                                      |   |                    |            |                 |
|  |                     |                         | 777                                  |   |                    |            |                 |
| 200  | 1803565             |                         | Invoice Pre                          | paration Checklist  |                    | Anit (S)   | Amt (3)         |
| The state of the s | 1803262             |                         | 1) AR : Accident                     |   | C 2 F 4 9          | 1st Bill   | Add Bill        |
| laimant's Particulars :-   |                     |                         | 2) DA : Damage                       | Assessment (\$100); INC                                   | (\$80)             |            | - 35            |
| river/Owner:   |                     |                         | 3) TF : Towing F<br>4) FT : Follow-T |   | \$40/\$45<br>\$120 |            |                 |
| ontact No:   | 3                   |                         | 5) FT : Follow-T                     | hrough Survey (Resurvey)<br>gainst INC Only (wef 10 Jan 2 | \$30               |            |                 |
| amaged Portion:  |                     |                         | 6) TR : Re-inspe                     | ction   | \$75               |            |                 |
|  |                     | -                       | 7) N1 : Idae DA<br>8) NTUC Additi    |   | \$160              |            |                 |
| C Checked by (Engr-In-Cha  | rge):               | 3                       | OD*                                  | Car / Tpt Allowance                                       | \$5                | HESSES - P |                 |
|  |                     |                         | *N6: Repair C                        | o-ordination  | \$10               |            |                 |
| Auditors' Comments :-  |                     | 70/10/10/10             | *N7: Fost Rep<br>*N8: DV / Co        | nir Inspection<br>Heat Excess Coordination                | \$25               |            |                 |
| nt. 1:   |                     | 1988                    | TP (N11) : TE                        | (Non INC) against INC                                     | \$20               |            |                 |
| nt. 2 / 3:   |                     |                         | 9) N12: Idae Mo<br>Invoice dated     | bilt<br>Fee Charp   | 30)<br>red         |            | 10400万亩         |
|  |                     |                         | Invoice dated                        | Fee Chars   | 7                  | - 111种     | North Control   |

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. 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.
- 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.
- 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

| alcresald,  |                             |
|---|-----------------------------|
| AND TO SELECT THE PARTY OF THE | ACCIDENT STATEMENT          |
| Date Of Report  | 07/06/2018 16:40            |
| Date Of Accident  | 06/06/2018 11:15            |
| Exact Location Of Accident  | JOHOR BAHRU                 |
| Country/State of Loss   | MALAYSIA/JOHOR DARUL TAKZIM |
| D. D  | ETAILS OF OWN VEHICLE       |
| Vehicle Registration Number   | SLK5986Y                    |
| Insured/Policyholder  |                             |
| Name Of Registered Owner  | JOE TRANSPORT ENTERPRISE    |
| Co Reg No   | 53338536M                   |
| Email Address   | NOEMAIL                     |
| Mobile Phone No   |                             |
| Alternative Phone No  | OFFICE-82929801             |
| Vehicle Particulars   |                             |
| Manufacturer  | TOYOTA                      |
| Model   | VELLFIRE                    |
| 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

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

PRIVATE HIRE

Type Of Coverage COMPREHENSIVE

Fleet Policy YES

Policy Number 5097159222

Cover Note Number

Driver

 Name of Driver
 LEE SER KUN

 NRIC No
 \$1520609H

 Date Of Birth
 25/04/1962

 Occupation
 OUTDOOR

 Date Of Driving Pass
 05/02/1980

Driving Experience 38 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82929801

Fax Number Contact Number

EMail Address NOEMAIL

Address

60 ELIAS RD

#04-03

Postcode

519938

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

OWNER

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

Was any body injured in the Accident? Was any injured conveyed to hospital by YES

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:

: LEE SER YOKE

GENDER:

: MALE

Passenger 2

NAME:

: KWAN AH MOY

GENDER:

: FEMALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ

Police Station Address

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact Was notice of intended Prosecution given? TEL NO: 65470000 - FAX NO:

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180606/2184 & T/20180607/2091

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH WORKSHOP

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SJH4026P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **DETAILS OF INJURED PERSON 1**

Name LEE SER KUN

Approximate Age

Injuries Sustain SLIGHT
Injured person in which vehicle? SLK5986Y

Were seat belts worn?
Was this injured conveyed to hospital by

ambulance?

NO

YES

Address Postcode

#### **DETAILS OF INJURED PERSON 2**

Name LEE SER YOKE

Approximate Age

Injuries Sustain SLIGHT
Injured person in which vehicle? SLK5986Y

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

#### **DETAILS OF INJURED PERSON 3**

Name KWAN AH MOY

Approximate Age

Injuries Sustain SLIGHT
Injured person in which vehicle? SLK5986Y

Were seat belts worm?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

#### 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.
- 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)

Lunderstand, 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)
  - (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:

Name:

NRIC/FIN No .:

| KETCH PLAN                                    |                                       |
|---|---------------------------------------|
|   |                                       |
| VEHICLE A - SLIC TO 964                       | + + + + + + + + + + + + + + + + + + + |
|   | -> RIXIAN T-V                         |
| NEHICUE B -> 2H 40566 E                       | on Towe                               |
| WOO   | WAND > MALA                           |
| cus   |                                       |
|   | -> (LOREY LANE)                       |
|   | 7 (100-5)                             |
|   |                                       |
|   |                                       |
|   |                                       |
|   |                                       |
|   |                                       |
| ESCRIBE CIRCUMSTANCES OF THE ACCIDENT         |                                       |
| AS PER POLICE REPORT                          | REPORT NUMBER                         |
| AS PER POCIOE REPORT                          | : T/20180607/2001                     |
|   |                                       |
| VEHICLE A - SUK 5986 Y                        |                                       |
| VEHICLE B - SJH 4026                          | 2                                     |
|   |                                       |
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| DECLARATION                                   | ry respect                            |
| /We declare the form of culars are true in ev | y respect.                            |
|   | fyn 07/06/18                          |
| Policyholder's Signature Driver's Sign        |                                       |
|   | t the policyholder) Name:             |
| Date & Time                                   |                                       |



# T/20180808/2184

1 of 2

Report No. T/20180606/2184

#### POLICE REPORT (NP299)

Police Station Of Origin Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

| Date/Time Report Made<br>06/06/2018 18:18 | Vide Report No.  |     | Station Diary No |         |  |
|---|--|-----|------------------|---------|--|
| Name Of Informant<br>LEE SER KUN          | Address  APT BLK 60 ELIAS RD #04-03 OASIS @ ELIAS SINGAPORE 519938 |     |                  |         |  |
| ID Type / ID No.<br>NRIC NO / S1520609H   | Contact No. Home/Office Mobile 82929801                            |     |                  |         |  |
| Nationality<br>SINGAPORE CITIZEN          | Email Address  |     |                  |         |  |
| Occupation                                | Sex  | Age | Date of Birth    | Race    |  |
| PRIVATE DRIVER                            | Male   | 56  | 25/04/1962       | Chinese |  |
| Institution/School Name                   | Language<br>English  |     |                  |         |  |
| Date/Time Of Incident<br>06/06/2018 11:35 | Location Of Incident JOHOR BAHRU MALAYSIA                          |     |                  |         |  |

#### Brief details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION,
THE TRAFFIC WAS SLOW MOVING, MY CAR WAS STATIONARY. SUDDENLY I HEARD A BANG
FROM MY REAR PORTION. A VEHICLE OF SINGAPORE REGISTERED OF (SJH4062P).

| THE DRIVER | PART | ICULAR, |
|------------|------|---------|
|------------|------|---------|

NAME: MOHD ROSZAINI BIN AHMAD

Signature Of Officer Recording The Report:

TP / MUHAMMAD HAZIQ BIN SAIFUDDIN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
TP / Traffic Police Department Investigation Branch / Staff Sgt TANG SIEW PING
Contact No.: 65476430

Signature Of Informant:

Date/Time:
06/06/2018 18:18

Classification Of Case:

Authentication Stamp





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. T/20180606/2184

NRIC: S1741400C DOB: 12/10/1966

ADDRESS: BLK 409 CHOA CHU KANG AVENUE 3 #02-317 S(680409)

FOR RECORD PURPOSES.

Signature Of Officer Recording The Report:

TP / MUHAMMAD HAZIQ BIN SAIFUDDIN

Signature Of Interpreter: Not applicable

Officer In-Charge Of Case: TP / Traffic Police Department Investigation Branch / Staff Sgt TANG SIEW PING Contact No.: 65476430

Authentication Stamp

Signature Of Informant:

Date/Time: 06/06/2018 18:18

Classification Of Case:



Case Summary Form (CSF)

Report No.T/20180607/2091

Manual Form Serial No

T/20180606/2184

Report Number

T/20180607/2091

Vide Report Number

Date/Time of Report Made

07/06/2018 13:30

Place Report Lodged

Traffic Police Division HQ

Name of Informant

LEE SER KUN

ID Type / ID No.

NRIC NO / S1520609H

Home/Office

Mobile

82929801

Email

Date/Time of Incident From 06/06/2018 11:35

Date/Time of Incident To

06/06/2018 11:35

Incident Location

JOHOR BAHRU

MALAYSIA

#### **Brief Facts**

I wish to add on the particulars of my passengers for insurance purposes.

1) Kwan Ah Moy

NRIC: S0395210Z

2) Lee Ser Yoke

NRIC: S1491038G

Case Sensitivity

No

Officer-in-Charge of Case

TP / Traffic Police Department Investigation Branch /

TANG SIEW PING

Contact No.

65476430

Classification of Case

1) NO OFFENCE DISCLOSED

| 06/06/2018 1115 · HRS BEFORE ENTERING LATO MACRYSTA CUSTOM FROM SWINAFORE  |
|--|
| BEFORE ENTERIOL LATO MALAYSTA CUSTOM FROM SWIMAPORE  |
| DEP CHE  |
|  |
| nt PRIVATE USE   |
| SOE TRANSPORT ENTERPRISE   |
| H/P: 3292930\ Home: Office:  |
| 53328531 M   |
| 60 ELIAS ROAD #04-03 S(519938)   |
| OD THIRD PARTY REPORTING ONLY  |
| NTUC   |
| Comprehensive Third Party Third Party / Fire /Theft  |
| 5097159222   |
|  |
| As Above If No, LEE SER KUN  |
| SISOUGH Any Passengers: 2 (MOTHER AND BROTH  |
| 25/04/1962   |
| Outdoor / Indoor   |
| 05 558 1950  |
| Male / Female  |
| H/P: \$2929801 Home: Office:   |
| 60 ELIAS KOAD #04-03 5(519938)   |
| No. If yes, Reg No.  |
| Company of the Compan |
|  |
|  |
| No, If Yes, Who? LEE SER KUN \$2929801   |
| dat = 3/6 ·  |
| LEG SEE TRICE  |
| NOW HA LIES  |
|  |
| SOF 402 6 P Any Passengers :  Contact No. :  |
| Any Passengers :   |
| Any Passengers :   |
| Any Passengers :   |
| Any Passengers :   |
|  |
| Any Passengers :   |
| Witness Contact :  |
| REAR   |
|  |
| YES/NO FET AND CEAR  |
|  |

## REPUBLIC OF SINGAPORE DRIVING LICENC Licence Namber S1520609H LEE SER KUN Birth Date: 25 Apr 1962 Issue Date 02 Apr 2008

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S1520609H





LEE SER KUN





CHINESE

SINGAPORE

25-04-1962

S1520600H

Land Transport Authority



**VOCATIONAL LICENCE** 

Licence No: S1520609H Name : LEE SER KUN

Issue Date : 18/7/2011

Please visit www.lta.gov.sg to check the status of this vocational licence

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

NP 428A

Motor Cars=< 3000kg with =<7 passengers, exclusive 05 Feb 1980 of the driver; and other motor vehicles =< 2500kg 'Motor vehicles which are constructed to carry 22 Apr 1993 load or passengers and the unladen weight > 2500kg 'Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg

S1520609H

Date of issue

60 ELIAS ROAD #04-03 SINGAPORE 519938 NRIC No: S1520609H

Date: 03/01/2012

No: 6960810

4210719

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

Description

Issue Date

13/06/2002 22/08/2002 13/06/2002

BUS VL TAXI VL BUS ATTENDANT





### Certificate of Insurance

: SLK5986Y

: 20 Jan 2018

: 19 Jan 2019

: AGH300039864

Cover : drivo CLASSIC

: JOE TRANSPORT ENTERPRISE

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: 5097159222

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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

| EXCESS (SECTION 1) EXCESS (SECTION 2) WINDSCREEN EXCESS ADDITIONAL EXCESS UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE NCD PROTECTION TRANSPORT ALLOWANCE EXCESS WAIVER PRIMARY DRIVER NAMED DRIVER (1) NAMED DRIVER (2) HIRE PURCHASE COMPANY SUM INSURED | : \$\$2,000 : \$\$1,500 : \$\$100 : N/A : PLEASE REFER OVERLEAF : NO : YES : NO : NO : NO : NO : N/A : N/A : N/A : N/A : N/A : M/A : MA : MA : MA : MA : MA : MA : 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)

COWELL INSURANCE (AGENCY) PTE LTD (00000610380)

Date of Issue

: 04 Jan 2018 10:45 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Annex A

Transaction ref 20170120163649938111

The owner and vehicle particulars for Vehicle No. SLK5986Y as at 20 Jan 2017 are as follows:

Name Identification No. Type 3. Identification No. 4. Place Of Passport Issue Registered Address

6 Mailing Address Vehicle No.

8 Effective Date of Ownership 9. Original Registration Date 10. First Registration Date

11. Vehicle Type

12 Vehicle Scheme 13. Attachment I

14. Attachment 2 15. Attachment 3

16. Vehicle Make 17. Vehicle Model Year of Manufacture 18.

19. Primary Colour 20. Secondary Colour 21. Passenger Capacity

22. Chassis/Trailer Chassis No. 23. Propellant/Emission Standard

24. Engine No./Motor No.

25. Engine Capacity(cc)/Power Rating(kW) 26. Maximum Power Output(kW/bhp)

27. Unladen Weight(kg) 28. Maximum Laden Weight(kg)

29. Open Market Value

30. PARF Eligibility

31. PARF Eligibility Expiry Date 32. Minimum PARF Benefit

33. IU Label No.

34. COE No. 35.

COE Expiry Date 36. COE Category

37.

Quota Premium/Prevailing Quota Premium: \$52,807.00 38. Actual Quota Premium/PQP Paid

39. Actual ARF Paid CO2 Emission(g/km) 40.

41. Actual CEVS Rebate Utilised

42. CEVS Surcharge Paid

43. Actual Green Vehicle Rebate Utilised

44. Vehicle Lifespan Expiry Date 45. Road Tax Amount

46. Road Tax Start Date 47. Road Tax End Date

48. Remarks

JOE TRANSPORT ENTERPRISE

Business 53338536M

60 ELIAS ROAD

#04-03

SINGAPORE 519938

: SLK5986Y 20 Jan 2017 : 20 Jan 2017 : 20 Jan 2017

Z11 - Private Hire (Chauffeur) Station

Wagon/Jeep/Land Rover

Normal With Sun Roof

: TOYOTA

: VELLFIRE 2.5Z G-EDITION CVT

: 2015 : Grey : 6

: AGH300039864 / -Petrol / Euro IV

: 2ARH620451 / -: 2493 / -

: 134.0 / 179 : 2030 : 2415 : \$40,690.00 : Yes : 19 Jan 2027

: 2017020103001714K

: 19 Jan 2027

: \$24,483.00

: B - Car (above 1600cc or 97kW (130bhp))

\$52,807.00 \$48,966.00 : 199.00

: \$5,000.00

: \$896.00 : 20 Jan 2017 : 19 Jul 2017

: This is a public service vehicle. This vehicle is eligible for PARF.

To renew the COE, the Prevailing Quota Premium payable is that of Category B.

Claim Handling

#### Accident MT/0997750 Policy No. 5097159222 Vehicle No. SLK5986Y GST Registration No. Policyholder Name JOE TRANSPORT ENTERPRISE Policyholder NRIC 53338536M Product Code PLEET INSURANCE Cover Type drivo CLASSIC Loading 0 Contact No.(Mobile) 82929801 Contact No.(Office) Contact No.(Home) 0 Email Address Special Remark eCode No \* - No Yes TCA = No Yes eCode Reason NCD Protection NCD Entitlement(%) Private Hire Accident Details 07/06/2018 17:23 Accident Report Within 24 hrs Accident Type Collision - Head to Rear 06/06/2018 Time of Accident hhomm 11:15 Country of Accident Outside Singapore Reporting Centre Orange Force ICM No. Accident Location JOHOR BAHRU **▽** Benefits ₩ Excess Own damage Excess 2:000:00 Additional Excess Windscreen Excess 100.00 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 GST Registration Date GST Registration No. GST Status Verified Modification History Policyholder Mailing Address 60 ELIAS ROAD Address 2 #04-03 OASIS @ ELIAS Address 3 SINGAPORE 519938 Address 4 Address Type Singapore address Post Code 519938 Unit No. 04-05 Related Policy Number 5097159222 OI Driver Info Driver Name Unnamed Driver Driver Type Unnamed Driver Unnamed driver Name LEE SER KUN Driver NRIC \$1520609H Driver DOB 25/04/1962 Register Date of Driver License 05/02/1980 Driver Age Driving Experience 38 Contact No.(Mobile) 82929801 Contact No.(Office) 0 Contact No.(Home) Address 1 60 ELIAS ROAD Address 2 OASIS @ ELIAS Address 3 SINGAPORE 519938 Address 4 Address Type Singapore address Post Code 519938 Unit No. #04-03 Does he own a Singapore Registered car? Yes + No Driver Insurer Company Declaration Breathalyser or Blood Test 0 mg Any injury? - Yes No Reading Modification History Claim 001 OD-MX New Claim Type \* OD-MX Insured Name JOE TRANSPORT ENTERPRISE Insured NRIC 53338536M Contact No.(Mobile) NIL. Contact No.(Home) Contact No.(Office) Email Address Of Vehicle Number SLK5986Y S3H4026P Claim Description SLK5986Y / SJH4026P ON 6 Jun 2018 Name of Preferred Workshop N51 Preferred Workshop Contact No. Insured Liability \* Not at Fault Require Finalisation Preferered Repair Option Preferred Workshop (refer below) GIA report Received Date Registered 07/06/2018 17:33 Claim Close Date Date Received 07/06/2018 00:00 Report Taken By ROSLINDA Workshop Repairer Total Loss but Repaired Print AK letter Save Submit Attachment V Accident No. MT/0997750 Claim No. Last Doc. Received Yes No Upload Date 07/06/2018 00:00 Path + Category \* Confidential Urgency \* Descr Choose File No file chosen Clear Please Select \* NO ▼ Normal ٠ Choose File No file chosen Clear Please Select \* NO \* Normal \* Choose File No file chosen Clear Please Select \* NO ▼ Normal \*

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Attachment List

| Attachment             |                         | Uploaded By/Date   | Category              | 9 | Urgency | Description                   |
|------------------------|-------------------------|--|-----------------------|---|---------|-------------------------------|
| AND THE REAL PROPERTY. | NAC_PAYA_UBI_800601( NA | TIONAL ASSESSMENT CENTRE SERVICES) on 07<br>Jun 2018 17:32 | NRIC/ Driving License |   | Normal  | NRIC/ Driving Ucense 2018-6-7 |
| (G)                    | NAC_PAYA_UB1_800601( NA | TIONAL ASSESSMENT CENTRE SERVICES) on 07<br>Jun 2018 17:32 | SAS                   |   | Normal  | SAS 2018-6-7                  |
| IN .                   | NAC_PAYA_UBI_800601( NA | TIONAL ASSESSMENT CENTRE SERVICES) on 07<br>Jun 2018 17:32 | Photos                |   | Normal  | Photos 2018-6-7               |
|                        | NAC_PAYA_UB1_800601{ NA | TIONAL ASSESSMENT CENTRE SERVICES) on 07<br>Jun 2016 17:32 | Photos                |   | Normal  | Photos 2018-6-7               |
|                        | NAC_PAYA_UBI_800601( NA | TIONAL ASSESSMENT CENTRE SERVICES) on 07<br>Jun 2018 17:32 | Photos                |   | Normal  | Photos 2018-6-7               |
| E.                     | NAC_PAYA_UBI_800601( NA | TIONAL ASSESSMENT CENTRE SERVICES) on 07<br>Jun 2018 17:32 | Photos                |   | Normal  | Photos 2018-6-7               |
| Ty                     | NAC_PAYA_UBI_800601( NA | TIONAL ASSESSMENT CENTRE SERVICES) on 07<br>Jun 2018-17:32 | Photos                |   | Normal  | Photos 2018-6-7               |
| 2                      | NAC_PAYA_UBI_800601( NA | TIONAL ASSESSMENT CENTRE SERVICES) on 07<br>Jun 2018 17:29 | Photos                |   | Normal  | Photos 2018-6-7               |
| 1                      | NAC_PAYA_UBI_800601( NA | TIONAL ASSESSMENT CENTRE SERVICES) on 07<br>Jun 2018 17:29 | Photos                |   | Normal  | Photos 2018-6-7               |
|                        | NAC_PAYA_UBI_B00601( NA | TIONAL ASSESSMENT CENTRE SERVICES) on 07<br>Jun 2018 17:29 | Photos                |   | Normal  | Photos 2018-6-7               |
| 3                      | NAC_PAYA_UBI_800601( NA | TIONAL ASSESSMENT CENTRE SERVICES) on 07<br>Jun 2018 17:29 | Photos                |   | Normal  | Photos 2018-6-7               |
|                        | NAC_PAYA_UBI_BD0601( NA | TIONAL ASSESSMENT CENTRE SERVICES) on 07<br>Jun 2018 17:29 | Photos                |   | Normal  | Photos 2018-6-7               |
|                        | NAC_PAYA_UBI_800601( NA | TIONAL ASSESSMENT CENTRE SERVICES) on 07<br>Jun 2018 17:29 | Photos                |   | Normal  | Photos 2018-6-7               |
| ldeo List              |                         |  |                       |   |         |                               |
|                        | Uploaded By/Date        | Folder Date  | File Name             |   | 9       | Source                        |

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