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TP Insurer:	Assessment/	Survey Report			
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Preferred Wksp / INC Assign Wksp / QW:	(Tel: F	ax:	Marine Anna
TP Particulars: Veh No: 5	NI SEEHI	. INC()/Non-INC()	111	-
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: (
Confirmed by: (Date:	Time:)	
Insured/Driver Liability: (%	Note-Est. Status	(WO): N: 0-20	%; P: 21-79%. P: 30-1	00%]	
Year of Registration: ()	Warranty: YES (
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.
- 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

	ACCIDENT STATEMENT
Date Of Report	29/06/2018 19:28
Date Of Accident	28/06/2018 17:20
Exact Location Of Accident	ALONG AYE (TUAS)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJL7192B
Insured/Policyholder	
Name Of Registered Owner	CARWISE PTE LTD
Co Reg No	201725931G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98575910
Alternative Phone No	OFFICE-98575910
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS E AUTO
exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy or repair to your vehicle?	NO
No, Please state action to be taken	THIRD PARTY
ehicle Category	PRIVATE HIRE
nsurance Company	
lame of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
ype Of Coverage	THIRD PARTY
leet Policy	YES
olicy Number	5094372947

Cover Note Number

Driver

Name of Driver VINN SNG YI XIONG

NRIC No S9509473B Date Of Birth 13/03/1995 Occupation OUTDOOR Date Of Driving Pass 25/11/2014

Driving Experience 3 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91291166

Fax Number

Contact Number OFFICE-91291166

EMail Address NOEMAIL

BLK 25B JALAN MEMBINA Address

#17-112

Postcode 164025

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

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?

Number of vehicles involved in the accident

2 Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

2

NO

NO

NO

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Passenger 1

NAME: : 2

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

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

SJH7781Y

Vehicle Make/Model/Colour Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

MOHAMED ADIL

NRIC/Passport Number

Contact Number

98213876

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 16

DETAILS OF INJURED PERSON 1

Name

VINN SNG YI XIONG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SJL7192B

YES

NO

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.
- 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 repudiate policy liability.
- 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)

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) 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

rescending with requirements under any regulations, laws or court orders.

Policyhol Dar's Signature

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Vehicle No.	SJL 719) B Model/Make Payota VZO8.
Date of Accident	28/06/18
Time of Accident	17.30 HRS
Location of Accident	ATZ towards Thes (9.7 Km).
Exact purpose use during acci	- 1 00
Name of Owner	Carwise Pte Ltd.
Telephone No.	H/P: 9857 5910 Home: Office:
NRIC	2017259316.
Address	0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTAC REPORTING ONLY
Type of Coverage	
Policy No.	Comprehensive Third Party Third Party / Fire / Theft
rolley No.	10/43/2/4/
Name of Driver	As Above If No, Vinn Sng Y Yang
NRIC	39509473 B. Any Passengers: 01 (F).
Date of birth	13/03/1995
Occupation	Outdoor / Indoor
Driving License Pass Date	25/11/2014
Gender	Male / Female
Contact No.	H/P: 9129 H66 Home: Office:
Address	BLK 25/B Jalan Membina #17-112 (3) 154 025
Driver have any own vehicle	No. If yes, Reg No.
Relationship	Employee, If no, state
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	
Name And Contact No.	No, If Yes, Who?
Name And Contact No.	Vinn Sng 71 Xiong (H/P: 9129 1160)
Police Report	No, If Yes, Where?
Vehicle B No.	
Name of Driver	
Vehicle C No.	1 0 10
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
	Any Passengers :
Witness Name	Witness Contact :
Accident Portion Camera Recorder	Rear Portzon.
	Yes (No
Email Address	zero1995 @ hotmail - com -
	SY UNKNOWN PERSON SOLICITING /
OFFERING ACCIDENT CLAIMS	ASSISTANCE? Yes / No
PARTICULAR WORKSHOP	Twentow .
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Haixen .
FAX NO	6741 0510
WORKSHOP EMAIL APDRESS	Sales @ n51. com. 59
CC22	



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9509473B



VINN SNG YI XIONG

孙一雄

CHINESE

Date of birth 13-03-1995 M

695094758

Country of birth

SINGAPORE

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

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 25 Nov 2014 of the driver; and other motor vehicles =< 2500kg

NRIC No.S9509473B

12-02-2010

APT BLK 25B JALAN MEMBINA #17-112 SINGAPORE 164025

4527782

NP 428A



Name: Vinn Sng Yi XIONG

NRIC: 59509473 B

TEMPORARY PRIVATE HIRE CAR DRIVER'S VOCATIONAL LICENCE

1. You have passed the vocational licence competency test and have been granted a Private Hire Car Driver's Vocational Licence (PDVL),

PDVL Commencement Date:

2. You must display this Temporary PDVL in your car at all times while driving a chauffeured private hire car.

You must collect your Vocational Licence Card within 6 months of the PDVL Commencement Date and display it in your car 3. LTA will subsequently inform you to collect your Vocational Licence Card that will replace this Temporary PDVL. thereafter. Otherwise, your PDVL may be revoked.



Land Transport Authority of Singapore Assistant Registrar of Vehicles Kwan Mei Fong

VINCENT (centre officer name), This Temporary PDVL is handed to you by. (centre officer designation), of

OFFICEP

(centre name).



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: 5094372947 Cover : Third Party

1. Index mark and Registration Number of Vehicle

: SJL7192B

Chassis Number

: MR053HY9305084331

2. Name of Policyholder

: CARWISE PTE, LTD.

3. Effective Date of Insurance

: 30 Apr 2018

4. Expiry Date of Insurance

: 29 Apr 2019

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

Agency

: HOBBES INSURANCE AGENCY (00000572363)

Date of Issue

: 18 Sep 2017 16:06 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech									Gen	eralClaim
Hello, NAC_PAYA_UBI_80	0601					,	Change Lar	nguage	· Change Passwe	ord • Log Out
My Desktop	Poli	cy Query								
Notice of Loss	Policy N	lo.				Date of Ac	cident	28/06	8/2018 17:20	3
	Vehicle	No.(For Motor)	SJL7192B							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5094372947	CARWISE PTE. LTD.	201725931G	GFT	Third Party	SJL7192B	SJL7192B		
			1012-301			Continue	* XXIII.	AND DESCRIPTION OF THE PERSON		

Policy No.	5094372947	Policyholder Name	CARWIS	E PTE, LTD.	Policyholder NRIC	201725931	ıG
Address	8 CANBERRA DRIVE #11-11 E	IGHT COURTYA	RDS SING	APORE 768141	THE CONTRACTOR OF THE CONTRACT		
Product Name	FLEET INSURANCE	Plan			Group	N	
Policy	19/00/2017	Effective	U se de como	nomenio	Policy Flag	100	
Date	18/09/2017	Date	19/09/20	017 00:00	Expiry Date	18/09/201	8 23:59
Excess Type		All Claim Excess					
Third Party	1500	Own			Windscreen		
Excess	1300	damage Excess			Excess		
Additional Excess	0	OS Premium	0				
Outside Singapore	Receipt)	Outside					
OD Excess	1500	Singapore TP Excess				You	ung/Inexperience Driver Excess
Agent	HOBBES INSURANCE AGENCY	Agent Tel.	9791991	1	GST Flag	Y	
Co-						3	
insurance Flag	No						
Open Policy							
Info							
Certificate Info							
	nolder Mailing Address						
ddress 1	8 CANBERRA DRIVE	Addre	ss 2	#11-11 EIGHT COL	JRTYARDS	Address 3	SINGAPORE 768141
Address 4		Addre	ss Type	Singapore address		Post Code	768141
Jnit No.	11-11	Relate Numb	ed Policy er	5100148093			
D Insure	d Object: SJL7192B						
	ements						
Sequen	ce Date of Endorsement	Endorseme	nt Type	Endorsement Numbe	r Endorser	ment Status	Endorsement Content
i .	29/09/2017 00:00	Basic Informat Endorsement	ion	000001286663568	Endorseme Effective	ent Take	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 2 additional vehicles as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJG6486L 29-09-2017 \$988.65 2. SLR6293U 29-09-2017 \$988.65 In view of this amendment an additional premium of \$1,977.30 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUO Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
	05/10/2017 00:00	Basic Informat Endorsement	ion	000001286667753	Endorseme Effective	nt Take	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicles as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJN5049K 07-10-2017 \$966.37 In view of this amendment an additional premium of \$966.37 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you

ccident MT/1000965										
Palicy No.	5094372947		Vehicle No.	53171928		GST Registr	ation N	10.		
Policyhalder Name	CARWISE PTE. LTD.					Policyholder	MRIC		201725	931G
Product Code	FLEET INSURANCE		Cover Type	Third Part	ty	Loading			0	
Contact No.(Mobile)	98575910		Contact No.(Office)	0		Contact No.	(Marma)	v.	0	
mail Address			Special Remark				(CHOTE)	k		
FK	® No ○ Yes		TCA			eCode			No. V	
				® № ○	Yes	eCode Reas	on			
CD Protection	No		NCD Entitlement(%)	0		Private Hire			Yes	
Accident Details										
eport Date	29/06/2018 20:08		Acpdent Report Within 24 hrs	Yes		Accident Typ	pe.		Collision	n - Head to Rear
ate of Accident	28/06/2018		Time of Accident hh:mm	17:20		Ebuntry of A	Coridan		Singapo	et e
eporting Centre			Orange Force	-					Singapo	4
ccident Location	ALONG AYE (TUAS)					TCM No.				
♥ Benefits	(Constitution of Constitution									
♥ Excess										
wn damage Excess			Additional Excess	0		Windscreen	Excess			
nnamed Driver Excess			Outside Singapore OD Excess		1,500.00					
hird Party Excess		1,500.00	Outside Singapore TP Excess							
GST Registered Inform	ation									
T Registered	No			GS.	T Registration Date					
T Registration No.					T Status Venfied	Yes				
dification History						. 141				
- William										
Policyholder Hailing Ad	idress									
dreem 1	8 CANBERRA DRIVE		Address 2	#11-11 F1	IGHT COURTYARDS	Address 3			Emer	ADE SERVA
dress 4			Address Type	Bingapore						ORE 768141
ik No.	11-11					Post Code			758141	
OI Driver Info	14711		Related Policy Number	51001480	93					
	100000000000000000000000000000000000000									
ver Name	Urinamed Oriver		Driver Type	Unnamed I						
named driver Name	VINN SNG YI XIONG		Driver NRIC	59509473	В	Driver DOB			13/03/1	995
gister Date of Driver License	25/11/2014		Driver Age	23		Driving Expe	rience		3	
mact No.(Mobile)	91291166		Contact No.(Office)	0		Contact No.(Home)		0	
dress 1	BLK 258		Address 2	IALAN ME	MBINA	Address 3			MEMBIN	A COURT
dress 4	SINGAPORE 164025		Address Type	Singapore						in County
	411111111111111111111111111111111111111				WUIDTHING .	Post Code			164025	
of No.	49.449		100	Jii gapore					-	
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es he dwn a Singaporé gistered car? Baration sathalyser or Blood Test ading ⁸	○ Yes ® No		Oriver Vehicle No.	33 00			er Comi	pany	100000	
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Attachment		Uploaded By/Date	Category	P un	gency	Description	Msg Sent? Action (CO)
10E1	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 29 July 2018 20:12	NRIC/ Driving License	No	rmai	NRIC/ Driving License 2018-6-29	Edit
100	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 July 2018 20:11		SAS	No	rmai	SAS 2018-6-29	Edit
6	NAC_PAYA_UBI_BOOBDI[NA	TIDNAL ASSESSMENT CENTRE SERVICES) on 29 July 2018 20:31	Photos	No	rmal	Photos 2018-6-29	Edit
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150	NAC_PAYA_UBI_800601(NA	TIDNAL ASSESSMENT CENTRE SERVICES) on 29 July 2018 20:11	Photos	No	rmel	Photos 2018-6-29	Edit
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♥ Video List	Uploaded By/Date	Folder Date	File Name		9	Source	Action