NATIONAL Assessment Ce	ntre Services wet 1 Janos	THA 118088663	W 20
Date In: 10 18 -09:44	Jeb description	Date & Time Completed	Done by
Ref No: NA WC180 12573/24	SAS e-filing	1	
Veli No: GMBIYYD	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 87/8-14:00	i-Motor Claim Form	MT/1000399-002	10/3/18 18:36
	i-Motor W/O (Within: OD :		17.710, 18.30
OD / TP-/ Reporting Only	i-Photo Uploaded		
TD	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Han	d to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:			ax:
TP Particulars: Veh No: 3	SLE SIIU INC	()/Non-INC().	
Owner / Driver: (- W 0119	Tel:)
Policy No: ()	Period: (Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%	6) [Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 30-1	00%]
Year of Registration: () Warranty: YES ()/NO ()	
Excess: (\$) Loading:	\$1,000()/\$2,000()		
General Remarks:-	THE TOTAL PROPERTY.		
() Walk-In Customer: Customer's		Strictly NO refer of repairer.	de de la constanta
() Total Loss Case : to e-mail In:			
		Towing Co: (
		Towning Co. (
Remarks: . (INC horline: 6788 6616	Distriction of the second	Date&Timis Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection	()	0. 30	,
3) Upload Resurvey Photo [Repair Cost >	> \$3000] ()	-	
Injury:	Section 1997		
myary:			
Oste/Time Actions	THE RESERVE OF THE STATE OF THE		22
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VA1804352	Invoice Pr	paration Checklist	Ant (S) Amt (
Color	1) AR : Accider		fit Bill Add B
almant's Particulars :-	20040 E64 C64 C65 C7	Assessment (\$100); INC (\$80	0)
iver/Owner:	3) TF : Towing	Fee . \$40/	
	4) FT : Follow-		120
ntact No:		Through Survey (Resurvey) against INC Only (wef 10 Jan 2005)	\$30
maged Portion:	6) TR : Re-inspe		\$75
ged Fordon.			160
	8) NTUC Addit	onal Services:-	
Checked by (Engr-In-Charge):	OD*	· Cor/Tot Allowage	\$5
	• NS: Courtes	y Car / Tpt Allowance	510
			\$25
ditors' Comments::-	S - 1 S AND SEC S SCHOOL STORE SECTION 2007 S S S S S S S S S S S S S S S S S S	llect Excess Coordination	\$5
1:			\$20
2.42	9) N12: Idac Mo		30
2/3:	Invoice dated	Fee Charged	SALEN SALEN
	Invoice dated	Fee Charged	Experience of the second

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.
 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	10/07/2018 09:44
Date Of Accident	08/07/2018 14:00
Exact Location Of Accident	ECOPOLITAN BASEMENT CARPARK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJM8144D
Insured/Policyholder	
Name Of Registered Owner	VASRO RENTALS
Co Reg No	53367446L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88008855
Alternative Phone No	OFFICE-88008855
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS G AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5093371571
Cover Note Number	
Driver	
Name of Driver	TEO SEEM HONG CINDY
NRIC No	S8631354E
Date Of Birth	05/10/1986
Occupation	OUTDOOR
Date Of Driving Pass	18/05/2012
Driving Experience	6 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-93663693
Fax Number	
Contact Number	OFFICE-93663693
EMail Address	NOEMAIL

BLK 74 MARINE DRIVE Address

#06-45

Postcode 440074

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 SIDE SWIPE 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?

YES 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)

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

2

NO

1

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS MAKING A RIGHT TURN TO EXIT ECOPOLITAN BASEMENT CARPARK. I DID NOT NOTICED THAT VEHICLE B WAS TRAVELLING ALONG STRAIGHT ROAD. IN A RESULT, I ACCIDENTALLY HIT ONTO VEHICLE B FRONT RIGHT PORTION.

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 **SLQ811U**

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver OH SZE CHING (HU SIQIN)

NRIC/Passport Number S7703696B

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

NAME: :

GENDER: :

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 <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 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

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Sig Date & Time:

(If

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

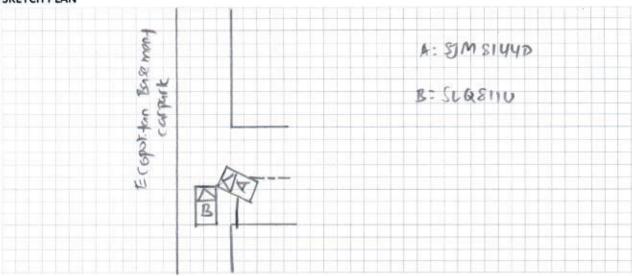
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer	to statement	

DECLARATION

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

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.: REPUBLIC OF SINGAPORE DENTITY CARD NO. \$8631354E





Name

TEO SEEM HONG CINDY

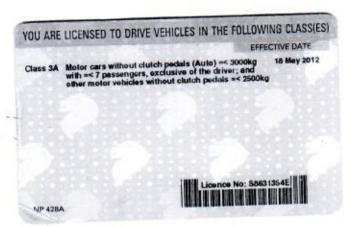
张 心 Race CHINESE

CHINESE
Date of birth
05-10-1986
Country of birth
SINGAPORE

SULARINE









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: 5093371571 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SJM8144D

Chassis Number

: MR053HY9305084346

2. Name of Policyholder

: VASRO RENTALS

3. Effective Date of Insurance

: 08 Mar 2018

4. Expiry Date of Insurance

: 07 Mar 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) : S\$2,000 EXCESS (SECTION 2) : \$\$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 : 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)

: IVAN INSURANCE AGENCY (00000614519)

Date of Issue

: 11 Aug 2017 11:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



Policy No.	5093371571	Policyholder Name	VASRO	RENTALS	Policyholder NRIC	53367446	L
Address	BLK 272 #03-22 TAMPINES S	TREET 22 SINGA	PORE 52	20272	MAC		
Product Name	FLEET INSURANCE	Plan			Group	44	
Policy		7.700			Policy Flag	N	
ssue Date	11/08/2017	Effective Date	11/08/2	2017 00:00	Expiry Date	06/08/201	8 23:59
Excess Type		All Claim Excess					
Third Party	1500	Own	2020		Windscreen		
xcess	*500	damage Excess	2000		Excess	100	
Additional excess	0	OS Premium	265.92				
Outside Singapore	2000	Outside					
xcess	2000	Singapore TP Excess	1500			Yo	ung/Inexperience Driver Excess
igent Co-	IVAN INSURANCE AGENCY PT	E. Agent Tel.	644002	20	GST Flag	Y	
	No						
Policyh	older Mailing Address						
ddress 1	BLK 272 #03-22	Addres	s 2	TAMPINES STREET	22 A	ddress 3	SINGAPORE 520272
ddress 4		Addres	s Type	Singapore address	p	ost Code	520272
Init No.	03-22		Policy	5095128194	:22		320272
D Insured	Object: SJM8144D	Numbe	r	3033120134			
♥ Endorse	ements						
Sequenc	ce Date of Endorsement	Endorsemen	t Type	Endorment North	z przysowenia	20125 <u>2</u> 0.0002	
	16/08/2017 00:00	Basic Informatic Endorsement		Endorsement Number	Endorsemen Endorsemen Effective	ent Status	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJJ334R 17-08-2017 \$1,571.43 In view of this amendment, an additional premium of \$1,571.43 (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 if favour of "NTUC 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.
	22/08/2017 00:00	Basic Informatio Endorsement	n	000001286623761	Endorsement Effective	Take	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJC1741D 22-08-2017 \$1,898.15 In view of this amendment, an additional premium of \$1,898.15 (inclusive of GST) is payable under your policy. Please ignore this premium payment

Claim Handling The premium on this policy has	not been collected									+E
Accident MT/1002299	THE GEST CONCLEGE.									
Policy No.	5093371971	Vehicle No.	51M814	10		GST Registration N	lo.			
Policyholder Name	VASRO RENTALS					Policyholder NRJC		53367	1461	
Product Code	FLEET INSURANCE	Cover Type	drive CL	ASSIC		Loading		0		
Contact No.(Mobile)	NA	Contact No. (Office)				Contact No (Home				
Email Address		Special Remark				eCode		The W		
KFK.	® No ○ Yes	TCA	® No €) Yes		eCode Reason		1		
NCD Protection	No	NCD Entitlement(%)	0	,				Mark Committee	W-100	
⇒ Accident Details		reco chamena, my	, w			Private Hire		Not ava	ilable	
Report Date	10/07/2018 09:56	Accident Report Within 24 hrs	1000			W. W		2/19/23	000	
Date of Accident	08/07/2018	Time of Accident hhomm				Acaderé Type		Side Sv		
Reporting Centre			13:30			Country of Acciden	t :	Singapi	ore:	
	122220000000000000000000000000000000000	Grange Force				ICM No.				
Accident Location Senefits	ECOPOLITAN EC CARPARK									
♥ Excess										
Own damage Excess	2,000.00	Additional Excess	0			Windscreen Excess		100.00		
Unnamed Driver Excess		Outside Singepore OD Excess		2,000.00						
Third Party Excess	1,500.00	Outside Singapore TP Excess		1,500.00						
SST Registered Inform	ation									
3ST Registered	No		G	ET Registration Date						
SST Registration No.			G	ST Status Verified		Yes				
fodification History										
The Residence of the state of t										
Policyholder Halling Ad										
Address 1	BLK 272 #03-22	Address 2		S STREET 22		Address 3		SINGAR	ORE 520272	
Address 4		Address Type	Singapore	address		Post Code		520272		
Unit No.	03-22	Related Policy Number	5095128	194						
OI Driver Info										
Driver Name		Driver Type								
Annamed driver Name		Driver NRIC				Driver DOB				
legister Date of Driver License		Driver Age				Driving Experience				
Contact No. (Mobile)		Contact No.(Office)				Contact No. (Home)				
Address 1		Address 2				Address 3				
idaress 4		Address Type	Foreign as	sdress		Post Code				
Init No.										
loss he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.			100	Driver Insurer Com	pany			
Claim 002 New										
Claim 002 New										
laim Type *	OD-MX	Insured Name	VASRO RE	NTALS	- 55	Insured NAIC		533674		
ontact No.(Mobile)	90187349	Contact No.(Home)				Contact No.(Office)		1000	100	
mail Address		OI Venicle Number	SJM81440					NIL		
am Description	S3M8144D / SLQ811U DN 8 Jul 2018	or years named	0/1407467		_	TP Vehicle Number		SLQ811		
referred Workshop Contact		471 to 16 30 00 00 00 00		7004		Name of Preferred 8	Varieshop			
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cident No.	MT/1002299	Claim No.		002						
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Attachment List Attachment	Uploaded By/Date		Category	P urger				escription	Msg Sent?	

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♥ Video List	NAC_PAYA_UBI_800501[NATI	ONAL ASSESSMENT CENTRE SERVICES) on 10 3 2018 18:37	Hiotos	Normal	Photos 2018-7-10	Edit
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