NATIONAL Assessment Centre	Services per	r - Janross M	LEAY	18/11/00/	AV	
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OD (IP) Reporting Only	I-Photo Upload		:	M. 191		
	Assessment/Surv		i			
TP Insurer:	Ass't Report by F		Owner	Wksp		
Preferred Wksp / INC Assign Wksp / QW: (AL		Tel:	F	x:)
	MOWN.	, INC()/N	on-INC ()		
Owner / Driver: (Tel:)	
Policy No: () Peri	od: ()	Cover	Туре: ()	
Confirmed by : (Date:		Time:)	
Insured/Driver Liability: (%) [N	ote-Est. Status (WC	The state of the s	0%; P:	21-79%. F: 80-1	00%]	
1 out of the Brown to the)/NO()			
Excess: (\$) Loading: \$1,00)		,		
General Remarks	A PARTY OF THE PROPERTY OF THE	A Committee of the Comm	2.4	Contraction	+ 10 th	
() Walk-In Customer: Customer's inform	mation strictly Confi	idential & St	rictly NO	refer of repairer.		
() Total Loss Case : to e-mail Insure		10				
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CONTRACTOR OF THE PROPERTY OF	ourtesy Car ()	SS, HOUSE, SE PACK.	271 7 34,450			
2) QC Check / Post Repair Inspection	()					
3) Upload Resurvey Photo [Repair Cost > \$3	000] ()					
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Injury:		THE PROPERTY OF	r kereside i	ALENDAY & TO SEE TO	C Lamba	
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Claimant's Particulars :-		1) AR : Accide 2) DA : Damas	nt Reporti	uent (\$100); INC	Language Co.	
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Driver/Owner:		4) FT : Follow 5) FT : Follow	Through	Survey (Resurvey)	230	
Contact No:		For claiming 6) TR: Re-ins	g against]	NC Only (wef 10 Jan 20	3/2	
Damäged Portion:	10	7) N1 : Idao D	A + SMR	I Survey	\$160	
		8) NTUC Add	4	The second		
QC Checked by (Engr-In-Charge):	4	*N5: Court *N6: Repai	esy Car / T	pi Allowance	\$10	
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	modeled way a set a c	N7: Post	Repair Insp	edtion	\$25	
Auditors! Comments :-	422 hr 3 4	*N8: DV /	Collect Ex	cess Coordination	\$5 \$20	
Cat. li	34,	9) N12: Idac	Mobile	NC) against INC	30	17.00
701 2 / 3:		Invoice dated		Fee Charg	Manager 1 242 A	
Zat. 2/3:		Involve dated	f	Fee Chark	800 E-7	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number

Contact Number

EMail Address

- 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 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,

- This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the ladgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

	ACCIDENT STATEMENT
Date Of Report	27/08/2018 17:20
	25/08/2018 03:00
Exact Location Of Accident	PEGASUS HOTEL CARPARK
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJK736J
Insured/Policyholder	
Name Of Registered Owner	ACCORD CAR LEASING PTE, LTD.
Co Reg No	201803722K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-99999999
Alternative Phone No	OFFICE-62532963
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY-1.5 4AT (A)
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
Are you claiming under your own insurance policy for repair to your vehicle?	NO
if No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098053354
Cover Note Number	
Driver	
Name of Driver	TERENCE S/O JOSEPH SAWRI
NRIC No	S7279467B
Date Of Birth	24/11/1972
Occupation	INDOOR
Date Of Driving Pass	16/10/2014
Driving Experience	3 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-99999999

OFFICE-62532963

NOEMAIL

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)

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
- 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.
- 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.

ACCORD CAR LEASING PTE LTD ROC NO. 201803722K

> 1009 Bukit Merah Lane 3 #01-80 Singapor 119723

Policyholder's Signature Date & Time: Z 7 AUG 2008 Driver's Signature

(If driver is not the policyholder)

Date & Time:

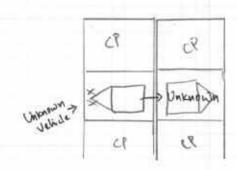
Reporting Centre Personnell's Signature

SKETCH PLAN

Veh A: 8JK 736]



Pegasus Hotal Car Park



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

)ur \	lkhicle	Was	Pari	red	at	Pegasus	Intotel	Gr	Powk	received	Cail	Anon	1 Traffi
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DECLARATION

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

ACCORD CAR LEASING PTE LTD

ROC NO. 201803722K 1009 Bukit Merah Lane 3

Police Congress 200723

Date & Time: (1344 pm

priver's Signature

(If driver is not the policyholder)

bate & Time:

Claim Handling they has not been collected. Accident MT/1008989 OST Registration No. Vehicle No. 51k7763 Policy No. 5098053354 Certificate No Policyholder NRIC 2018037226 ACCORD CAR LEASING PTE, LTD. Buscyholder Name Loading Product Code FLEET INSURANCE Cover Type drive CLASSEC Contact No (Home) Contact No (Office) 62532963 Contact No./Mobile) No. * oCode Email Address Southal Service: eCode Reason TCA s No Yes Provide thre 11 Yes. WCD Protection NCD SHIPPINGSTALL F Accident Details Accdent Report Within 24 hrs. Accident Type Hit and run Report Date 27/08/2018 12:40 Yes. Country of Accident Singapore Time of Accident thirms 01:00 Date of Assident 25/08/2016 ICH No. Orange Force Reporting Centre Account bication FEGASUS HOTEL CARPARK ▽ Excess Windscreen Excess Own damage Excess 2,000.00 Additional Extress Outside Eingapore OD Excess 3,566.00 Unnamed Driver Excess 1,500,00 Outside Bingapore TP Excess Third Party Excess 1.900.00 ₩ Benefits GST Registration Date GST.Registered CST Status Verified Sit GST Registration No. Hodification History Policyholder Mailing Address BUILT MERAH LAME 3 Address T BLEXANDRA VILLAGE INDIC Address i BLK: 1009 #01-90 Peat Cride 159723 Singapore address Address 4 SINGAPORE 159723 Authors Type Related Policy Number 5099448311 D2-88 W OI Driver Info Unnamed Driver Driver Type Unnamed Driver Driver Name Driver NRIC 572754676 Driver DOB 24/11/1972 Unnamed driver Name TERENCE S/O XOSEPH SAWRI Driving Experience Driver Age 45 Register Date of Driver License 16/10/2014 Contact No.(Office) 62532963 Contact No. Home) Curtact No.(Mobile) Appress 1. Address 2 ваагиза 3-Fust Cude 854345 Pareign address Address A Address Type LINE NO. 05-780 Does he own a Singapore. Registered car? Onver Vehicle No. 5367367 Driver Insurer Company NTUC Declaration finalhelyser or Blood Test Reading? o me Any Injury? Yes - No readification History Claim DOI New . Insured ACCORD CAR LEASING PTE. LTD Insured 20180 Claim Tytie * DD-MX Contact No (Mobile) **EXMANDE** Email Address 53K7363 SIK7361 / UNKNOWN ON 25 Aug 2018 Claim Description Pasterened Lincolny Not at Fault Total Received Warkshap Kansee Ap. Yes Preferred Workshop, Na Date 27/08/ Date Registered 27/08/2018 17:45 ROSLI WAHAR Report Teven By # Print AK letter Save Suport Attachment. M771008989 Claim tan. phs. Lupicad Date 27/08/2016 17:49 Last Doc. Received * Yes No Category * Urgeosy * Path * 100 Choose File No file chosen Clear Please Select * Normal . . NO • Choose File No file chosen Dear Normal Please Select * Normal • Chaase File No file chasen Char Piniste Spiect ٠ Chagse File No file chasen Class Fleune Select NO Normal T NO ٠ ٠ Please Select Named Choose File No file chosen Chear Clear Heave Select * ND * Normal . Choose File No file chosen Message Read Uploaded By/Date Category Urgancy bescription NAC_BURST_MERAN_NUGGTH(NATIONAL ASSESSMENT CENTRE SERVICE Photos 2018-8-27 Normal Photos

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Uploaded By/Date

Claim Handling(accident reporting Claim Task)

File Name

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5 (BUXIT MERAH)) on 27 Aug 2019 17:45

RAC_BURIT_MERAH_R00676[NATIONAL ASSESSMENT CENTRE SERVICE 5 (BURIT MERAH) on 27 Aug 2018 17:45	Photos	Normal	Photos 2018-6-27
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Folder Date

Accord Auto Services Pte Ltd Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com Particular Of Insured/Driver & Details Of The Accident 0 Motor Accident Report 25/8/2018 *Date of Accident: *Time of Accident: ____ *Accident Location: | Pegasus Hotel (Car Park Vehicle Details * Make & Model: Hissan Sylphy 1-5 4 AT *Vehicle Number: Insured / Policyholder *Owner Name: Accord Car Leasing Pte Ltd *NRIC: 201803722K *Address: BIK 1009 Bukit Werah Lane 3 Hol-80 Alexandra Village Ind'1 Est S 1597-3 *Email: * HP: *Occupation: (Indoor / Outdoor) * Tel /H /Other: Wice: 6253 2963 Driver () same as above *Driver Name: Terence Sawi *NRIC: 8 7279 4673 *Address: *Date of Birth: 24 - 11 - 1972 *Driving Pass Date: 16 . 10 . 1014 *Email: *Gender: Male / Female *Occupation: _____ (Indoor / Outdoor) * Tel /H /Other: ___ *Driver an employee: Yes / No (*If no, what is relationship with the policyholder: Passengers Details * P/Name: ____ (Male/Female) * P/Name: (Male/Female) * P/Name: (Male/Female) * P/Name: (Male/Female)

*Insurer:	*Coverage: C / TPFT / TPO * Policy No:
Detail of other vehicle / Property 1	Detail of other vehicle / Property 2
Vehicle No.: Unknown	Vehicle No.:
Make & Model:	Make & Model:
Vehicle Category:	Vehicle Category:
Name of Driver:	Name of Driver:
NRIC :	
HP :	HP :
No. of Passengers (Including Driver):	No. of Passengers (Including Driver):

For Official Use Only

*Claiming against Own Ins.: Yes (If No, Reporting Only / Te Claims)

General	Information	of the	accident
	7777		and the same of the same of the

*Type of accident: Head-Rear / Side swipe / others:	Hit	8	Run	
*Weather conditions: @@P/Raining/others:	1151741			*Any video cam: Yes / No

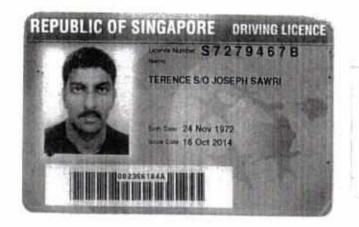
*Road Surface Dry / Wet / others:

*Witness: Yes / (Name: _____ NRIC:

*Accident reported to police: Yes 🛵 *Summon against whom: _ *Injured party: Yes / No *No. of passengers (include driver):

-I/Name: *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

-I/Name: *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7279467B





TERENCE S/O JOSEPH SAWRI

Name
INDIAN
Date of birth
P4-11-1972
Geomy of nich
MALAYSIA

Sée M

272704878

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 3A Motor cata without shatch peckets (Auto) =< 3000kg 16 Oct 2014

with =< 7 persongers, exclusive of the direct and
other motor vehicles without shatch peckets =< 2500kg





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: 5098053354 Cover : drivo CLASSIC

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.

: SJK736J

: 12 Mar 2018

: 11 Mar 2019

: JN1BAAG11Z0106844

: ACCORD CAR LEASING PTE. LTD.

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	: 5\$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

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

: INSUREMYCAR.COM.SG (00000615275)

Date of Issue

SUM INSURED

: 09 Feb 2018 15:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

Countersigned By:

Authorised Officer

Chief Executive