Description and the second sec	tre Services				
Date In: 10/9/18-15:24	Jeb description		Date & Time Completed	Done	py.
Ref No: NA INC POLITO 1724	SAS e-filing				
Veh No: JP 3718 R	E-mail (within	Shrs, AIC 2hrs)			
D.O.A : 6/9/18-17:4	i-Motor Clai	m Form	M7/1010875-071	10/9/18 10	7.78
	i-Motor W/C	(Within: OD 2hr	s, TP 4hrs)		Weil ile
OD (TP) Reporting Only	i-Photo Uplo	aded			
TD	Assessment/Su	irvey Report			
TP Insurer:	Ass't Report b	y Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: 10	91788	, INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (V	VO): N: 0-2	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
and the second of the second o	,000 ()/\$2,000		4		
General Remarks					7.
() Walk-In Customer: Customer's in	formation strictly Co	nfidential & St	rictly NO refer of repairer		
() Total Loss Case : to e-mail Insu	rer URGENTLY.	4			
Drive-In ()/ Towed-In (); Invoi	ice: YES () / N	10 () ; T	owing Co: ()
Remarks;- (INC hotline: 6788 6616)	No. of the second		Date&Time Completed	Done	by
	Courtesy Car ()		N. 171 A	
2) QC Check / Post Repair Inspection	()		1		
3) Upload Resurvey Photo [Repair Cost > 3	\$30001 ()	-		
# x09/200423				The second secon	
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Date/Time Actions	1	Invoice Pro 1) AR: Accident 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T	paration Checklist Reporting (\$30); Assessment (\$100); INC (See Shrough Survey	\$80) 40/\$45 \$120	
Date/Time Actions Actions A(807745 laimant's Particulars:	•	Invoice Pro 1) AR: Accident 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) FT: Follow-T	paration Checklist Reporting (\$30); Assessment (\$100); INC (See S	\$80) 40/\$45 \$120 \$30 25)	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or 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.	cit to the distinsting of this report of the section did to separate this report being made a suitable
And the second s	ACCIDENT STATEMENT
Date Of Report	10/09/2018 15:24
Date Of Accident	10/09/2018 13:40
Exact Location Of Accident	TANJONG RHU ROAD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJP3718R
Insured/Policyholder	
Name Of Registered Owner	EASY RENTAL CAR PTE LTD
Co Reg No	201613123E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM 1.8X A
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy	NO

for repair to your vehicle?

NO

If No. Please state action to be taken Vehicle Category

THIRD PARTY PRIVATE HIRE

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

THIRD PARTY Type Of Coverage

Fleet Policy NO

5102922837 Policy Number

Cover Note Number

Driver

Name of Driver LIM EK WAH NRIC No S1241735G Date Of Birth 06/12/1957 Occupation OUTDOOR Date Of Driving Pass 24/01/1978

Driving Experience 40 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98346288

Fax Number

Contact Number OFFICE-98346288

EMail Address NOEMAIL

BLK 889 TAMPINES STREET 81 Address

#02-1062 520889

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

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

RAINING

Road Surface

WET

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?

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

6

Passenger 1

NAME:

GENDER:

: MALE

Passenger 2

NAME:

GENDER:

: MALE

Passenger 3

NAME:

.

GENDER:

MALE

Passenger 4

NAME:

GENDER:

: MALE

Passenger 5

NAME:

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

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

XD9158P

Page 2 of 15

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE MANIKKAM VELMURUGAN

1

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 truthful and accurate as possible. 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.
- 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:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

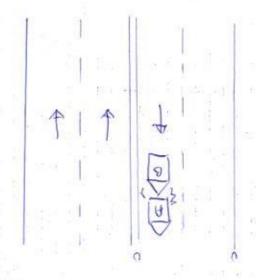
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION I/We declare the foregoing 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 .:

Personal Particulars		
Date of Accident: 10 9 16 Time	of Accident:	-2 pm
Exact Location of Accident: Tan Jong	Rhy Rd	
Owner's Name: Fast Rental Cor PL	NRIC No:	HP No:
Driver's Name: Lim Ek Woh	NRIC No: 51241	BIG HP No: 98346285
Date of Birth: 6 12 1957 Driv ng Licence Passing Date:	24 1 1971 Occupat	ion: Indoor / Outdoor
Address: 889 Tampres St 81 #	12-1062 (5	20889)
Relationship of Driver with Insured: Hog/ Email Add		
Vehicle No: 37 3718 R Make & M.	odel: Handa	
Insurance Co: NTuc Coverage:	Third Partypolicy N	5102972837
*Purpose of Reporting? Own Damage Claim / 3	rd Party Claim / Not Clair	ning, Just Reporting Only
*Exact Purpose of The Vehicle Was Being Used		3
*Weather Condition ? Clear / Raining / Others:	Wet	/ Dry / Otners:
* Any passenger inside vehicle involved? (Yes		
A: 1+5 B. 1+0	C:	D:
*Was Anybody Injured ? (Yes / No) If yes,		
Name / NRIC / In Vehicle:		
*Was The Accident Reported To The Police ?	==11H0.590205-21H=120 =2.4	
O No O Yes, Which Police Station?		The second secon
*Does the Driver Own Any Other Vehicle?		
O No O Yes, Vehicle Registration No:		
*Was any foreign vehicle involved? (Yes / 16)) If yes, Vehicle No & Ca	tegory:
*Was there any video captured by Car Camera	a? (Yes/No)	
Third Party Driver's Particulars		
Vehicle B No: XD 9158P Make &	Model:	
Driver's Name: Manikkam Ve mungar	NRIC No:	HP No:
Vehicle C No: Make &	Model:	
Driver's Name:	NRIC No:	HP No:
Witness Particulars		
Name:	NRIC No:	HP No:



Bat Date: 06 Dec 1957 tase Date: 28 Mar 2003

000324229G

Lipson Number. S1241735G

LIM EK WAH







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: 5102922837 Cover : Third Party

1. Index mark and Registration Number of Vehicle : SJP3718R

Chassis Number : RN61087626

Name of Policyholder : EASY RENTAL CAR PTE LTD
 Effective Date of Insurance : 06 Aug 2018

 3. Effective Date of Insurance
 : 06 Aug 2018

 4. Expiry Date of Insurance
 : 19 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)	: N/A	
EXCESS (SECTION 2)	: S\$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 : SININS AGENCY PTE, LTD. (00000615123)

Date of Issue : 06 Aug 2018 16:03 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech								TELE		Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	• Chang	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	Vo.				Date	of Accident	[1	0/09/2018	13:40	
	Vehicle	No.(For Motor)	SJP371	LBR		Certif	icate Number				
	Select	Policy No.	Certificate	Policyholder	Policyholder	Search	Cover Type	Vehicle	Insured	Commence	Expiry Date
	0	5102922837	Number	Name EASY RENTAL CAR PTE LTD	NRIC 201613123E		Third Party	No. SJP3718R	Object SJP3718R	Date 06/08/2018	19/03/2019
				State (this contact		Continue	1				

Policy No. Certificate	5102922837	Name		AL CAR PTE LTD	NRIC		
No.							
Address	BLK 80 #08-472 LORONG 4 T	OA PAYOH TOA	PAYOH PEAK	VIEW SINGAPORE	310080		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	06/08/2018	Effective Date	06/08/2018	00:00	Expiry Date	19/03/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500			Young	g/Inexperience Driver Excess
Agent	SININS AGENCY PTE, LTD.	Agent Tel.	66310728		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 80 #08-472	Addr	ess 2	LORONG 4 TOA F	PAYOH	Address 3	TOA PAYOH PEAKVIEW
Address 4	SINGAPORE 310080	Addr	ess Type	Singapore addres	s	Post Code	310080
Unit No.	08-472	Relat Num	ed Policy ber	5102922837			
D Insure	ed Object: SJP3718R						
♥ Endors	sements						
		nent	Endorsemen	548	Endorsement		Endorsement Content

cident MT/1010875					
lcy No.	5102922837	Vehicle No.	\$3P3718R	GST Registration No.	
rations No.	200022001	3,000,000		SEET HEIGHT HE.	
licyholder Name	EASY RENTAL CAR PTE LTD			Policyholder NR3C	2016131238
iduct Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
					0
ntact No.(Mobile)	0	Contact No.(Office) Special Remark	0	Contact No.(Home) eCode	[n ×
as Address	® No ○Yes		8 m Owe		1.0
Samo and a		TCA	® No ○Yes	eCode Reason	8.40
D Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
port Date	10/09/2018 19:36	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
e of Accident	10/09/2018	Time of Accident hhomm	13:40	Country of Accident	Singapore
porting Centre		Orange Force		1CM No.	
sident Location	TANDONG RHU ROAD				
Excess					
n damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
named Driver Excess		Outside Singapore OD Excess			
nd Party Excess	1,500.00		1,500.00		
Benefits	1,500.00	Outside Singapore IV Cateon	1,500.00		
GST Registered Inform					
Registered	No		GST Registration Date GST Status Verified	***	
Registration No.			uos status vermed	No	
dification History					
Policyholder Mailing Ad	idress				
dress 1	BLK 80 #08-472	Address 2	LORONG 4 TOA PAYOH	Address 3	TOA PAYOH PEAKVIEW
stress 4	SINGAPORE 310080	Address Type	Singapore address	Post Code	310080
oress a	08-472	Related Policy Number	5102922837	THE WAY	310000
	08-472	Related Postly Number	5102922837		
OI Driver Info		100100000			
ver Name	Urinamed Driver	Dinver Type	Unnamed Driver		
named driver Name	LIM EK WAH	Driver NR3C	51241735G	Driver DOS	06/12/1957
gister Date of Driver License	24/01/1978	Driver Age	60	Driving Experience	40
ntact No.(Moorle)	96346288	Contact No.(Office)	0	Contact No.(Home)	0
dress d	BLK 889	Address 2	TAMPINES STREET 81	Address 3	SINGAPORE 520889
iress 4		Address Type	Singapore address	Post Code	520889
et No.	02-1062				
ses he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Imsurer Company	
getered car?	C rea (S) NO	Diffee Venice rec.		Driver Injurer Company	
daration					
sathalyser or Blood Test	0 mg	Any injury?	○ Yes ® No		
ading?					
dification History					
10,000					
Claim 001 New					
Saim 001 New					
Claim 001 New					
	ОВ-МХ	Insured Name	EASY RENTAL CAR PTE LTD	Insured NRIC	201613123E
om Type *	OD-MX V	Insured Name Contact No.(Home)	EASY RENTAL CAR PTE LTD	Insured NRIC Contact No.(Office)	201613123E N3L
em Type + Hact No.(Moove)	1000000		EASY RENTAL CAR PTE LTD		The second secon
im Type + ntact No.(Mobile) all Address	MIL	Contact No.(Home)		Contact No. (Office)	N3L
im Type + itact No.(Moolle) all Address mant Type Claimant Type+	MIL	Contact No. (Home) OI vehicle Number	SJP3718R	Contact No. (Office)	N3L
im Type + itact No.(Moolle) all Address mant Type Claimant Type+ inant Name +	MIL	Contact No.(Home) OI vehicle Number Type of Benefit *	SJP3718R	Contact No. (Office)	N3L
im Type + tact No.(Mobile) all Address imant Type Claimant Type+ imant Name + imant Address	MIL	Contact No. (Home) Of Vehicle Number Type of Benefit * ≥≥ Claimant NRIC *	SJP3718R	Contact No. (Office)	N3L XD9158P
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