NATIONAL Assessment Conti	re Services	teat the way	Min COUNCIL	241		
Date In 08/10/2018 10:08	Job description		Date &Time Compl	uted	Done	- lv
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OD (P) Reporting Only	i-Photo Uplo		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-	دا ال	190 0
TP Insurer	Assessment/St					
1. Hours			o Owner/Wksp			(1 (mm) a
Preferred Wksp / INC Assign Wksp / QW; (Tel:	Fax:		
TP Particulars: Veh No:	44 3788m	, INC ()/Non-INC (j		
Owner / Driver: (1		Tel:)	
	riod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (V	VO): N: 0-20)%; P: 21-79%. F:	30-100%	6]	STATE OF STA
1442001010101012	Warranty: YES ()/NO()			
Excess: (\$) Loading: \$1,0	00 ()/\$2,000	()				
General Remarks;-	White the same		ATM TO BE DESCRIBED A			
() Walk-In Customar : Customers info	rmation strictly Cor	nfidential & Str	ictly NO rafer of repa	irer.		
() Total Luss Case : to e-mail Insure	er URGENTLY.	77				
Drive-In () / Towed-In (); Invoice	: YES () / N	O(); To	owing Co. (4/)
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3	Courtesy Car ()		2			
Injury:				-		NAME OF
Date/Time Actions					129824	
X1A606425			aration Checklist	Control of	Anit (\$)	Arit (\$)
Claimant's Particulars :-		1) AR : Accident 2) DA : Damage A	The state of the s	C (\$80)		
Priver/Owner:		3) TF : Towing Fe	e .	\$40/\$45		- 110
Contact No:		5) FT : Follow-Th	rough Survey (Resurvey)	\$30		
Damaged Portion:		6) TR: Re-inspect 7) NI: Idao DA +		\$75 \$160		2101
C Checked by /Page 1- 69		8) NTUC Addition	nal Services:-			
C Checked by (Engr-In-Charge):		*N5: Courtesy	Car / Tpt Allowands	\$5		
suditors' Comments :-	22.00 (c) 100 (c) e (*N6: Repair Co *N7: Post Repa	ir Inspection	\$10) \$25		
at 1:		*N8: DV / Coll	ect Excess Coordination	\$5		
nj. 2/3:		9) N12: Idne Mob	Non INC) against INC	30		-
		Involce dated	200.1	-		114417

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 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.
- 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 iodigement 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.

iforesald.	
CLANT ENTREPHENE TO SHE	ACCIDENT STATEMENT
Date Of Report	08/10/2018 10:08
Date Of Accident	08/10/2018 07:15
Exact Location Of Accident	JUCNTION OF WINSTEDT ROAD AND BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMA5942P
Insured/Policyholder	
Name Of Registered Owner	PINNACLE RENTAL PTE. LTD.
Co Reg No	201634825C
Email Address	DESHOSF@GNMAIL.COM
Mobile Phone No	(LOCAL) +65-90702808
Alternative Phone No	OFFICE-90702808
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS-1.5 E (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE, LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5087371903-01
Cover Note Number	
Driver	
Name of Driver	DESMOND HO SEE FONG
NRIC No	S1654443D
Date Of Birth	25/07/1964
Occupation	OUTDOOR
Date Of Driving Pass	13/04/1982
Driving Experience	36 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90702808
Fax Number	
	The same of the sa

OTHERS-90702808

DESHOSF@GNMAIL.COM

Address

BLK 869B TAMPINES AVENUE 8

#14-512

Postcode

522869

Walter State

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

NO

ambulance?

....

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)

1

Details of Police Action

NO

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN (TYPE OF COLLISION IS HEAD TO SIDE)

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLU3788M

Vehicle Make/Model/Colour

TOYOTA CAMRY

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

HO SENG SHUI

NRIC/Passport Number

S1236692B

Contact Number

96920607

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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 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.
- 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 Signature

aENTA

LIEN:

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

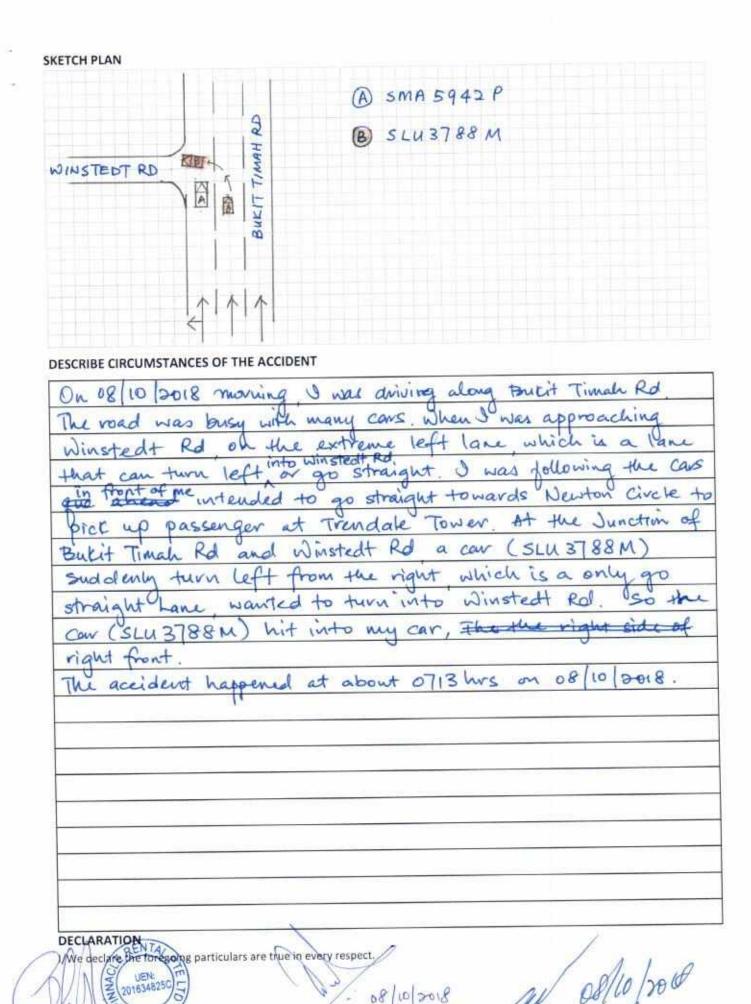
8/10/2018 @ 920 hrs

Reporting Centre Personnel's Signature

ger asholses

Name:

NRIC/FIN No.:



Policyholder's Signature
Date & Time:

Driver's Signature (If driver's not the policyholder) Date & Time:

ogaohrs

Reporting Centre Personnel's Signature

NRIC/FIN No.:

laim Handling	AVA-1-8-21-11-1					
e premium on this policy has not soldent MT/1014621	Deen collected					
sky No.	5087371903-01	Vehicle No.	SMASSH2P		GST Registration No.	
ertificate No.					Menoralisa	5505000000
olicyfysider Name	MINHACLE RESTAL PTE, LTD.		CONTRACTOR CONTRACTOR		Profesynation NATIC	201034825C
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ontact No.(Matrile)	9870ZH0H	Contact No.[Office]			wClude	No *
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Fix ICD Protection	no No Yes	NED Emillement(*A)	0		Private Hire:	Yes-
* Accident Datalla	75.5					
leport Data	08/10/2018 11/05	Accident Report Within 24 hrs	Yes		Accident Type	Others
late of Accident	08/10/2918	Time of Accident hit min	97:15		Country of Accident	Singapore
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□ Benefits □ GST Registered Informat □ GST Regist	line					
SST Regimened	.86		GST Regis	tration Date		
SST Registration No.	29100		GST Statu	s vierified	(Yes)	
fodification History						
→ Policyholder Halling Adr				Prints.	Address 3	SINGAPONE 573969
Address I	22 SIN MING LANE	Address Type	#05-85 MIDVIEW Singapore address		Post Code	533969
Address 4	72240	Related Policy Number	5087371903-01			
Drift No.	5E-16	. House of the state of the sta	3441804600500			
OI Driver Info	Unnamed Driver	Driver Type	Unnamed Driver			
Ullinamed driver Name	DESHOND HD SEE FONG	Driver 5RIC	516564430		Dryver DOB	25/07/1964
Register Date of Driver License	13/04/1982	Driver Age	5.4		Driving Experience	36
Contact No.(Mobile)		Centact No.(Office)			Contact No.(Home)	TAMPINES GREENWOOD
Address 1	BLK 8698 #14-512	Address 2	TAMPINES AVENU	EII	Post Code	522065
Address #	SINGAPORE 522869	Address Type	Foreign Address			
Unit No. Does he own a Singeone	14-512	4.0000000000000000000000000000000000000	BMA3942F		Driver Insurer Company	NTUC
Registered car?	Yes - No	Driver Vehicle No.	300030927		The state of the s	
Coclaration						
Hedrication Habitoy Claim 001 New				ОП-МК	* Insured PINNACLE RENTA	derecto. Description
Claim Type *				OD-MK	Contact	Contact Contact
Contact No.(Mobile)				99074483	No. (Homé)	(Office)
					Q1	TP Vehicle Stull
Email Address					Number SMASSA2P	Rymber
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Video List

Uploaded By/Date

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RENTAL AGREEMENT

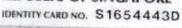
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AAIL -		
		¥7
MAIL are nafter referred to as the "Hirer" AGREEMENT TO RENT		a terms and conditions hereinafter mention
AGREEMENT TO RENT The Owner agrees to rent to the Hirer the vehi		
re-nafter referred to as the "Hirer"		
AGREEMENT TO RENT The Owner agrees to rent to the Hirer the vehi		
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AGREEMENT TO RENT The Owner agrees to rent to the Hirer the vehicle Description VEHICLE MODEL	ITAI. sticustruser see contrus contrus see st	REGISTRATION NO

	4.5	ACCIDENT STATEMENT	
		ENT DATE: 08 , 10 2018 (DD/MM/YYYY), TIME: (07 : 13) (HH:MM)	
	ACCID	INT DATE: 08 / 10 /0018 (OD/MM/YYY), TIME: 07 : 15 /(HICHIN)	1
э"з	LOCAT	ON: JUNGTION OF WINSTEDT RD AND BUCIT TIMAH	K
172 14	LUCAI	ON. Our of the of the state of	
54	240	DETAILS OF VEHICLE	
379		a) VEHICLE NUMBER: SMA 5942 P	
		BINSURANCE COMPANY: NTUC INCOME	
		5087371903 - 01	
		CIPCLICY TYPE: (COMPREHENSIVE / THRD PARTY) THIRD PARTY FIRE CIPCLI	
		ALMAYE & MODELL TOTO TA VIOS	
		MITTER SALOONY COUPE / MPY /VAN / LORRY / MOTORCYLLE / OTHERS	
		- WEDICLE CATEGORY (PRIVATE / COMMERCIAL / MOTORCYCLE)	
		SIPLIRPOSE OF USING AT ACCIDENT TIME: TRUATE HIRER (GRAS)	
		ILARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)	
		IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)	
	2.	NEURED / ROLLCY HOLDER	
		AINAME: PINNACLE FAM THE VITE TO / MALE / FEMALE	
		b) NRIC/FIN/PASSPORT: 201634821C CONTACT!	
		c) ADDRESS:	
[4]			
X.		CONTINUE TO 3.4 IF DRIVER ALSO POLICY HOLDER	
於Ino of bas	san ag	DRIVER DECMOND HO SEE FONG (MALED FEMALE)	
Cincluding.			/
113	EMOTOTAL N	DINRIC/FIN/PASSPORT: S1654443D CONTACT: 90703808	
(+)		\$522.869	
		*d)DATE OF BIRTH: (25 /07 / 1964) (DD/MM/YYYY)	
	63	e)OCCUPATION: (INDOOR /OUTDOOR)	
		HONE OF DENING ON OF THE 13 TO THE ST	
	2	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)	
*0	751	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	
	5	DIWEATHER CONDITION CLEARY RAINING / OTHERS	
	91	DIROAD SURFACE: DRY WET / OTHERS	
	6.	WAS ANYBODY INJURED (YES (NO)	
	7	a) REPORTED TO POLICE (YES (NO)	
		IF YES, PLEASE STATE WHICH POLICE STATION:	
2 45	8.	THIRD PARTY VEHICLE SLU3788 M MODEL: TOYOTA	
History Marie	try or	D) VEHICLE NUMBER: SLU3788 M MODEL: TOYOTA	
1. Latherships	\$ 1 20 Y	DI DRIVER'S NAME: HO SOUS SHU	
	13	C) MAIC/EMAN AGGI ON ISSUE	
- (,)	9.	THIRD PARTY VEHICLE MODEL:	
Now of pa	172365	CI) VEHICLE NOMBER	
Franks		e) DRIVER'S NAME:	
F 311 St 4755	elo marchet i an El	f) NRIC/FIN/PASSPORT:CONTACT:	Á

EMPIL = deshosf@gmail.com VIDEO = YES

NOTE: KINDLY ALSO EMAIL REPORT TO:
pinnacle rental pte @gmail. com

REPUBLIC OF SINGAPORE

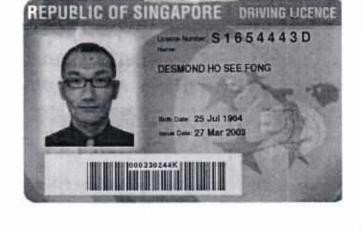




DESMOND HO SEE FONG

CHINESE Deter 6:00 5m 25-07-1964 M SINGAPORE











Certificate of Insurance

Certini	cate of insurance	
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENS, MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENS, ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (N	ATION) RULES, 1960	
Certificate Number: 5087371903-01	Cover : Third Party	
1. Index mark and Registration Number of Vehicle	: SMAS942P	
Chassis Number	: MR053HY9305121373	
2. Name of Policyholder	: PINNACLE RENTAL PTE, LTD.	
3. Effective Date of Insurance	: 26 Jun 2018	õ
4. Expiry Date of Insurance	: 25 Jun 2019	
 Persons or Classes of Persons entitled to drive# (a) The Policyholder. 	. 231011 2019	
(b) Any other person who is driving on the Policyhi	older's order or with his/her permit	ssion.
Provided that the person driving is permitted in the Motor Vehicle or has been so permitted and enactment or regulation in that behalf from dri	accordance with the licensing or o	There I are the second of the
6. Limitations as to Use#	Wes D	
(a) Use for social domestic and pleasure purposes : This Policy does not cover	and in connection with the Policyho	alder's or Hirer's business.
 (a) Use for racing, pace-making, reliability trial or sp (b) Use for the carriage of goods (other than sample) (c) Use for any purpose in connection with the Mot # Limitations rendered inoperative by Section 8 of Act (Chapter 189) and Section 95 of the Road Tribeadings. 	es) in connection with any trade or or Trade, If the Motor Vehicle (Third Party Ric	tks and Componentian)
EXCESS (SECTION 1)	: N/A	
EXCESS (SECTION 2)	: SS1,500	
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 Certific Vehicles (Third Party Risks and Compensation) Act (Chap Agency : CITY INSURANCE AGENCY PTE. LT Date of Issue : 08 Jan 2018 16:02 hrs	pter 189) and Part IV of the Road Tr	ransport Act, 1987 (Malaysia)
Zonal	FOR NTUC INCOME INSUR	RANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer Chief Executive