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Date In: 8/0/ 18-17:14	Jeb description	Date &Time Completed	Don	e by
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Veh No: JUSP5365	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 5/0/18-19:40	i-Motor Claim Form	M11014921-001	9/10/18	H: 12
The state of the s	i-Motor W/O (Within: OD 2hrs			
OD : P Reporting Only	i-Photo Uploaded	1		
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand t	o Owner/Wksn		
Preferred Wksp / INC Assign Wksp / QW:			ax:	
13			ax.	
Owner / Driver: (PWX 610	/ Non-INC ()	- ,	
Policy No: (Period: (Cover Type: (
Confirmed by : (Date:	Time:		
		ARACTION .	,	
	%) [Note-Est. Status (WO): N: 0-20) Warranty: YES () / NO (7%, P: 21-79%. P: 80-1	00%]	
		<u> </u>		
	\$1,000()/\$2,000()		(98 Jul 1997)	
General Remarks:-	information strictly Confidential & Str		Jon 1	88
() Total Loss Case : to e-mail In		7		
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:) / Courtesy Car () () > \$3000] ()	29		
Injurý:				
		•		
THE REPORT OF THE PROPERTY OF				
Date/Time Actions		a a salar Sa x t S	ratioarus Santoarus	, A923
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41206398 sumant's Particulars:- iver/Owner: ntact No:	1) AR : Accident R 2) DA : Demege A: 3) TF : Towing Fee 4) FT : Follow-The 5) FT : Follow-The For claiming aga	aration Checklist. sporting (\$30); ssessment (\$100); INC (\$80) ough Survey (\$500); inst INC Only (wef 10 Jan 2005) on SMRT Survey \$500	Anif (5) fit Bill) 545 120 130	
A1806398 alimant's Particulars: iver/Owner: intact No: maged Portion:	1) AR: Accident R 2) DA: Darnege A: 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming aga 6) TR: Re-inspecti 7) N1: Idac DA + 3 8) NTUC Additions QD1*	aration Checklist sporting (\$30); ssessment (\$100); INC (\$30) ough Survey ough Survey (Resurvey) inst INC Only (wef 10 Jon 2005) on SMRT Survey al Services:	Anif (\$) \$6 Bill) \$45 120 330 375	
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A1806398 alimant's Particulars :- iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	1) AR: Accident R 2) DA: Darnege A: 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming aga 6) TR: Re-inspecti 7) N1: Idac DA + 3 8) NTUC Additions ODL* *N5: Courtesy Co *N6: Repair Co-c *N7: Fost Repair	aration Checklist specing (\$30); ssessment (\$100); INC (\$80 \$40/ ough Survey (Resurvey) inst INC Only (wef 10 Jon 2005) on SMRT Survey \$ al Services:- ar/Tpt Allowance ordination \$ Inspection \$	Anit (\$) \$6.Bill) \$45 120 330 375 660	
41806398 aumant's Particulars:- iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge): ditors' Comments:-	1) AR: Accident R 2) DA: Darmage A: 3) TF: Towing Fee 4) FT: Follow-Thin 5) FT: Follow-Thin For claiming aga 6) TR: Re-inspection 7) N1: Idac DA + 3 8) NTUC Additions QID* *N5: Courtesy Country Country *N5: Courtesy Country Country *N6: Repair Country *N7: Fost Repair *N8: DV / Collect TP (N11): TP (N	eporting (\$30); seessment (\$100); INC (\$30) seessment (\$100); INC (\$30) ough Survey ough Survey (Resurvey) inst INC Only (wef 10 Jon 2005) on SMRT Survey al Sorvices: ar / Tpt Allowance ordination Inspection at Excess Coordination Transporting (\$30); SMRT Survey al Sorvices: ar / Tpt Allowance ordination The Survey Th	Anif (\$) \$6 Bill 345 320 330 375 660 \$5 100 25 \$5 20	
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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.
- 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.
- 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 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

Charles and the second second second	ACCIDENT STATEMENT
Date Of Report	08/10/2018 15:14
Date Of Accident	05/10/2018 19:40
Exact Location Of Accident	CTE (CITY) BEFORE UPP SERANGOON RD EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLB4536S
Insured/Policyholder	
Name Of Registered Owner	TCRP PTE LTD
Co Reg No	201800913H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91380218
Alternative Phone No	OFFICE-91380218
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180K
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	THIRD PARTY
Fleet Policy	YES
Policy Number	5103943723-01
Cover Note Number	
Driver	
Name of Driver	TAN KHOON SIANG
NRIC No	S9538025E
Date Of Birth	19/10/1995
Occupation	OUTDOOR
Date Of Driving Pass	14/03/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84326888
Fax Number	
Contact Number	OFFICE-84326888
EMail Address	NOEMAIL

Address BLK 105 RIVERVALE WALK

#11-128 540105

THE STATE OF THE S

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OT

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

OTHER - HIRER

5.0

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? 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?

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

Number of Passengers (Including Driver)

Passenger 1

NAME:

: REUBEN THIO

GENDER: : MALE

Passenger 2

NAME:

DAVE

GENDER: : MALE

Passenger 3

NAME: : KJ

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

FW3861U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

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 <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 Signature Date & Time:

ROC NO. 201800913H

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN					
419				1	CIPACZIC
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	-dd			volvicle B=	FW38014
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		72.			
ECLARATION			P-002		
We declare the foregoin	g particulars are tr	rue in every respect.			
P ROCNO	3	1			
201800913H	<	MMM	Ny		M
olicyholder's Signalore		ver's Signature driver is not the policyh	older)	Reporting Centre Person	nnel's Signature

NRIC/FIN No.:

Cartifol Section Land and Land

Date & Time:

Date of Accident	: 05/10/2018 Accident Time: 1440 HRS (24-HR-Format)
Accident Place	CTE (City) before Upper Sevenyoun Road &
Vehicle. No. (Car Plate No.)	SLB 45365 Make Model: MERCEAUS BUT CAP
Insurace Company	:_ NTUC Policy No: 5103943723
Owner or Company Name /IC No.	:_ TCRP PTE-LTD-/ 201800913H
	: 9138 0218 Owner's Hp Company Tel
	: TAN KHOON SIANG S9538025E
DRIVER'S Date Of Birth	: 19 10 1995 DRIVER'S License Pass Date 14 3 2018
Relationship of Owner & Driver	Spouse \ Parents \ Children \ Sibling \ Employee \ Others: HIRER
DRIVER'S Address	: 105 RIVERVAR WALK #11-128 4640105)
	1) 8432 6888. 2) -
DRIVER'S Occupation	INDOOR OUTDOOR (e.g. working inside or outside office)
	Shauntex @ holmail.com.
Weather & Road Surface	CLEAR & DRY RAINING & WET AFTER RAIN & WET
Reporting Type :	Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (Including Driv	er): 04 (3male).
Was there any video Captured by car c Exact purpose for which vehicle was b Any Injury (If YES, Pls state): No	eing used at the time of accident: Private use \ Work purpose
Other Par	ty Driver's Particular (if any)
Vehicle. No: FW 3861 U	Vehicle. No:
Vehicle Make\Model:	
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:
* NEW - Passenger's name & ge	ender: O Reuban Thio
	B KJ







- S9538025E



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: 5103943723

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: SLB4536S

Chassis Number

: WDD204045A273512

2. Name of Policyholder

: TCRP PTE, LTD.

3. Effective Date of Insurance

: 17 Sep 2018

4. Expiry Date of Insurance

: 16 Sep 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. Umitations 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.

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

A STATE OF THE STA

: HUI HUA CREDIT PTE LTD (00000571762)

Date of Issue

: 17 Sep 2018 09:50 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

ROC 199301638D

華貨款私人有限公 Hui Hua Credit Pte Ltd

No. 1 Bukit Batok Crescent Authorised Officer#02-22 WCEGA Plaza Singapore 658064

Chief Executive

Tel: 64696611 (5 Lines) Fax: 64698353

eBao Tech							工艺 员		G	eneralC	laim
Hello, NAC_PAYA_UBI_80	0601						· Change La	nguage	Change Pa	ssword .	Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.				Date of A	Accident	05/10	/2018 19:40	100	
	Vehicle	No.(For Motor)	SLB4536	s		Certificat	e Number				
					Se	arch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5103943723- 01		TCRP PTE. LTD.	201800913H	GFT	Third Party	SLB4536S	SLB4536S	05/10/2018	
					Cor	ntinue					

olicy No.	5103943723-01	Policyholder Name	TCRP PTE.	LTD.	Policyholder NRIC	201800913H	
Certificate No.		24-20000			CONTRACTOR OF THE PARTY OF THE		
Address	1 BUKIT BATOK CRESCENT #0	4-47 WCEGA P	LAZA SINGA	PORE 658064			
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	04/10/2018	Effective Date	05/10/201	8 00:00	Expiry Date	04/10/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	1500.00	Own damage Excess	0.00		Windscreen Excess	0.00	
Additional Excess	0	OS Premium	5077.95				
Outside Singapore OD Excess	0.00	Outside Singapore TP Excess	1500.00			Young	/Inexperience Driver Excess
Agent	HUI HUA CREDIT PTE LTD	Agent Tel.	64696611		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	1 BUKIT BATOK CRESC	ENT Addre	ess 2	#04-47 WCEGA PI	LAZA	Address 3	SINGAPORE 658064
Address 4		Addre	ess Type	Singapore address		Post Code	658064
Unit No.	04-47	Relat Numi	ed Policy per	5103943723-01			
D. Incure	ed Object: SLB4536S	97300					
() Ansure							
□ Endors □ Endors	sements						

Claim Handling The premium on this policy had Accident MT/1014921	s not been collected.				-
Policy No.	5103943723-01	Vehicle No.	SLB4536S	GST Registration No.	
Certificate No.					
Policyholder Name	TORP PTE. LTD.			Policyholder NR3C	201800913H
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No. (Mobile)	91389218	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	Nr. 🔻
KPK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire.	No
Accident Details					
Report Date	09/10/2018 15:10	Accident Report Within 24 hrs	Ves	Accident Type	Collision - Head to Rear
Date of Accident	05/10/2018	Time of Accident hitchen	19:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE (CITY) REFORE UPP SERANGOON RO EXIT	DOMESTICAL PROPERTY.			
→ Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
₩ Benefits					
□ GST Registered Inform					
GST Registered GST Registration No.	P40		GST Registration Date	Visco	
Modification History			GST Status Verified	No	
	ldress				
Address 1	1 BUKIT BATOK CRESCENT	Address 2	#04-47 WCBGA PLAZA	Address 3	SINGAPORE 658064
Address 4		Address Type	Singapore address	Post Code	658064
Unit No.	04-47	Related Policy Number	5103943723-01	711	033004
◎ Of Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TAN KHOON SIANG	Oriver NRIC	\$9538025e	Driver 008	19/10/1995
Register Date of Driver License	14/03/2018	Driver Age	22	Oriving Experience	0
Contact No.(Mobile)	84326888	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 105	Address 2	RIVERVALE WALK	Address 3	SINGAPORE 540105
Address 4		Address Type	Singapore address	Post Code	540105
Linet No.	11-128				
Doks he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
39,000					
Breathalyser or Blood Test	102				
Reading?	0 mg	Any injury?	○ Yes ® No		
Modification History Chairm 001 New					
Claim Type •	00-MX ✓	Injured Name	TORP PTE. LTD.	Insured NRIC	201800913H
Contact No.(Mobile)		Contact No. (Home)		Contact No.(Office)	•
Email Address		Of Vehicle Number	SLB4536S	TP Vehicle Number	FW3861U
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address				0.00	
Claim Description Preferred Workshop Contact	SLB4536S / PW3861U ON 5 Oct 2018	Management I		Name of Preferred Workshop	
No.		Insured Liebsity *	Not at Fault		
Require Finalisation	National Control of the Control of t	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	09/10/2018 15:12	Claim Close Date		Date Received	09/10/2018 00:00
Report Taken By	Jackson				
bd Print AK letter					
		i	Save Submit		
Attachment					
·					
Accident No.	MT/1014921	5-2	120		
		Claim No.	501		
Last Doc. Received	● Yes ○ No	Upload Date	09/10/2018 15:14		
	Path •		Category •	Confidential Urgeno	
		Browse.	Clear Please Select		<u>v</u>
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