Date In: 17/10/2018 17:19 Jeb desc		Date &Time Completed	Done by
Pursua Ala Fritania		Director and Gumplotod	Dalle ni
07.17			
DOA MILET- LA	(within 8hrs, AIC 2hrs)	1 1	
1-Moto	or Claim Form	MT/1016104-	001 18/10/18 10:
	or W/O (Within: OD 2hrs	. TP 4hrs)	
I-Phot	to Uploaded	,	•
TP Insurer: Assessr	ment/Survey Report		
Ass't R	Report by Fax / Hand t	0 Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW; (The second second	Fax:
TP Particulars: Veh No; SJT9	17.10 B. INC()/Non-INC()	7220
Owner / Driver: (Policy No: () Period: (Tel:)
/, Pertou; ()	Cover Type: (•)
Confirmed by : (Date:	Time:	3
Insured/Driver Liability: (%) [Note-Est. St	tatus (WO): N: 0-2	0%; P: 21-79%. P: 30-	100%]
Year of Registration: () Warranty: Y Excess: (\$) Loading: \$1,000 () \	YES()/NO()	
	\$2,000()		
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1) Apply for Transport Allowance ()/ Courtesy Car	ι()	Date & Time Comple ad	Bone by
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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 <u>truthful and accurate</u> 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.

or seemon and an arrangement of the seemon o	ACCIDENT STATEMENT
Date Of Report	17/10/2018 17:19
Date Of Accident	16/10/2018 19:30
Exact Location Of Accident	NEAR JEM WESTGATE BUILDING (TO BOON LAY)
Country/State of Loss	SINGAPORE
D. Company of the State of the Company of the Compa	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJM6004M
Insured/Policyholder	
Name Of Registered Owner	JUN EXPRESS GROUPS PTE. LTD.
Co Reg No	201420728H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98631082
Alternative Phone No	OFFICE-98631082
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	WORK
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	NO
Policy Number	5099725831
Cover Note Number	
Driver	
Name of Driver	KU SAI
NRIC No	S2539740A

 Name of Driver
 KU SAI

 NRIC No
 \$2539740A

 Date Of Birth
 21/06/1948

 Occupation
 OUTDOOR

 Date Of Driving Pass
 25/04/1972

Driving Experience 46 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98631082

Fax Number

Contact Number OTHERS-98631082

EMail Address NOEMAIL

Address

BLK 574 CHOA CHU KANG STREET 52

#03-304

Postcode

680574

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

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

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

: HAKIM

GENDER:

: MALE

Passenger 2

NAME:

: NIL

GENDER:

: FEMALE

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

PLS REFER TO THE ATTACHED 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

SJT971OB

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

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.
- 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

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport

/Company Cert

201420728H

No.:

Owner ID Type:

Company

Owner Name:

JUN EXPRESS GROUPS PTE. LTD.

Registered

Address:

68 KAKI BUKIT AVENUE 6#02-08 ARK@KB SINGAPORE 417896

Mailing Address:

Birth Date:

Vehicle No.:

SJM6004M

Previous Vehicle

No.:

Effective Date of

Ownership:

12 Apr 2018

Original Regn Date: 12 Jan 2009

Registration Date:

12 Jan 2009

Year of

Manufacture:

2008

Vehicle Type:

Private Hire (Chauffeur) Motor Car

Vehicle Scheme:

Vehicle

Attachment 1:

No Attachment

Vehicle

Attachment 2:

Vehicle

Attachment 3:

Vehicle Make:

TOYOTA

Vehicle Model:

COROLLA ALTIS 1.6 AUTO

Primary Colour:

Silver

Secondary Colour:

Passenger

Capacity:

Chassis No.:

MR053ZEE106131476

Engine No.:

3ZZ4838911

Engine Capacity

/Power Rating:

1598 cc/-

Maximum Power

Output:

80.0 kW (107 bhp)

Propellant:

Petrol

Max Unladen Weight: 1195 kg

Maximum Laden Weight:

1630 kg

Open Market Value:

\$16,167.00

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

11 Jan 2019

Minimum PARF

Benefit:

\$5,432.00

No. of Transfers:

2

IU Label No.:

1122702665

COE No .:

2009020101000108H

COE Expiry Date:

11 Jan 2019

COE Category:

A - Car (1600cc & below)

COE Registration

Category:

A - Car (1600cc & below)

Quota Premium (QP) / Prevailing

d.

(QP) / Prevailing Quota Premium: \$5.001.00/-

Actual QP Paid:

\$2,790.00

QP (Regn Cat):

\$5.001.00

OPC Cash Rebate

Eligibility:

No

QP during COE Bidding Exercise:

\$5,001.00

Additional

Registration Fee

Rate:

100.00%

Actual ARF Paid:

\$10,865.00

Vehicle Lifespan Expiry Date:

No Lifespan

CO2 Emission:

CO Emission: HC Emission:

-

NOx Emission:

-

PM Emission:

- 1

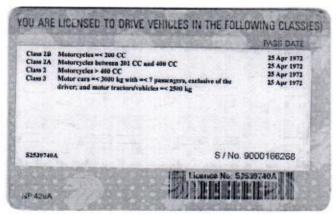
Message:

To renew the COE, the Prevailing Quota Premium payable is that of Category A. This is a public service vehicle.











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: 5099725831

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.

: SIM6004M

: 10 Apr 2018

: 09 Apr 2019

Cover : drivo CLASSIC

: JUN EXPRESS GROUPS PTE. LTD.

: MR053ZEE106131476

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

EXCESS (SECTION 1)

- (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.

: S\$2,000

EXCESS (SECTION 2)	: S\$1,000
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)

Agency

: YAN XUDONG (00000630999)

Date of Issue

: 09 Apr 2018 09:24 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 16/10/2018 19:30 Vehicle No.(For Motor) S3M6004M Certificate Number Search Certificate Number Policyholder Name Policyholder NRIC Vehicle Commence Insured Select Policy No. Product Cover Type Expiry Date No. Object Date JUN EXPRESS drivo CLASSIC GROUPS PTE. 201420728H LTD. 5099725831 GPC SJM6004M SJM6004M 10/04/2018 09/04/2019 Continue

Policy Information

Policyholder Policyholder Policy No. 5099725831 JUN EXPRESS GROUPS PTE, LTD 201420728H Name NRIC Certificate No. Address 68 KAKI BUKIT AVENUE 6 #02-08 ARK@KB SINGAPORE 417896 Product Group PRIVATE CAR INSURANCE Plan N Name Policy Flag Policy Effective issue 10/04/2018 00:00 09/04/2018 Expiry Date 09/04/2019 23:59 Date Date Third Own Windscreen Party 1000 damage 2000 100 Excess Excess Excess Additional os 0 0 Premium Excess Outside Outside Singapore 2000 Singapore 1000 OD TP Excess Excess Agent YAN XUDONG Agent Tel. **GST Flag** Coinsurance Flag Open Policy Info Certificate Info Policyholder Mailing Address Address 1 68 KAKI BUKIT AVENUE 6 Address 2 #02-08 ARK@KB Address 3 SINGAPORE 417896 Address Address 4 Singapore address Post Code 417896 Type Related Unit No. 01-16 Policy 5104164155 Number Insured Object: SJM6004M **▽** Endorsements Date of Endorsement Sequence **Endorsement Type Endorsement Status Endorsement Content**

Continue

Cancel

Claim Handling

Accident MT/1016104						
Policy No.	5099725831	Vehicle No.	S3M6004M		GST Regis	stration N
Certificate No.						
Policyholder Name	JUN EXPRESS GROUPS PTE, LTD.				Policyhold	er NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading	100KICUPIN
Contact No.(Mobile)	98631082	Contact No.(Office)	0		Contact N	o.(Home)
Email Address		Special Remark			eCode	
KFK	« No . Yes	TCA	No Yes		eCode Rea	acon
NCD Protection	No	NCD Entitlement(%)			Private Hi	
Accident Details		New Endlement(18)	0		Private ni	5
Report Date	18/10/2018 09:55	Accident Report Within 24 hrs	Yes		Accident 1	Type
Date of Accident	16/10/2018	Time of Accident hh:mm	19:30		Country o	
Reporting Centre		Orange Force			ICM No.	· recorden
Accident Location	NEAR JEM WESTGATE BUILDING (TO BOON LAY)					
₩ Excess	4					
Own damage Excess	2,000.00	Additional Excess	0		Windscree	
Unnamed Driver Excess	2,000.00	Outside Singapore OD Excess		3 000 00	windscree	en excess
Third Party Excess	1,000.00	Outside Singapore TP Excess		2,000.00		
▽ Benefits	1,000.00	Oddside Singapore TP Excess		1,000.00		
	ion					
GST Registered Informati	NAMES OF THE PERSON OF THE PER		par a	stantian Date:		
GST Registered GST Registration No.	No			stration Date us Verified		West
Modification History			GS1 Stat	us venned		Yes
	ress					
Address 1	68 KAKI BUKIT AVENUE 6	Address 2	#02-08 ARK@KB		Address 3	
Address 4		Address Type	Singapore address	ië.	Post Code	
Unit No.	01-16	Related Policy Number	5104164155			
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Unnamed driver Name	KU SAI	Driver NRIC	S2539740A		Driver DO	В
Register Date of Driver License	25/04/1972	Driver Age	70		Driving Ex	perience
Contact No.(Mobile)	98631082	Contact No.(Office)	0		Contact N	
Address 1	BLK 574 #	Address 2	CHOA CHU KANG	STREET 52	Address 3	
Address 4	SINGAPORE 680574	Address Type	Singapore address		Post Code	
Unit No.		W-0000000000 1/10700			7 434 4444	
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.			Driver Ins	urer Com
Declaration Breathalyser or Blood Test	0 mg	Name and American				
Reading?	o mg	Any injury?	Yes No			
Modification History						
Claim 001 OD-MX New						
Claim Type *				OD-MX	▼ Insured Name	JUN EX
Contact No.(Mobile)				01202222	Contact	h.m.
				81383333	No. (Home)	NIL
Email Address				Junexpressgroups@gmail.co	m Vehicle	SJM600
				gariexpressgroups@grian.co	Number	Bornooc
Claim Description				SJM6004M / SJT9710B ON 1	6 Oct 2018	
Preferred						
Workshop	Preferered Liability Partially at Fault	GIA P				
Contact No. Yes	Preferred Workshop, Name u	inknown T GIA Received	•		Claim	
Date Registered	(TEXTE			18/10/2018 10:03	Close	
HARDING A CONTRACTOR					Date	
Report Taken By				4	Workshop Repairer	
Print AK letter						

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