NATIONAL Assessment Centre Services poet 1 Janos MNAIL8 145669 Date In: 10 1/18 14:16 Jeb description Date & Time Completed Done by Rei No: NA MC 8-10341/2 SAS e-filing Veh No: JU 49306 E-mail (within Shrs, AIC 2hrs) D.O.A: 17 W 18-11:45 i-Motor Claim Form M7 1019219 -001 10 11 18 16:46 i-Motor W/O (Within: OD 2hrs, TP 4hrs) OD TP/! Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax: TP Particulars: Veh No: 5716 436A INC ()/Non-INC (Owner / Driver: (Tel: Policy No: (Period: (Cover Type: (Confirmed by : (Date: Time:) Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: \$0-100%] Year of Registration: (Warranty: YES ()/NO(Excess: (\$ Loading: \$1,000 ()/\$2,000 (General Remarks:-) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ()/Towed-In (); Invoice: YES (); Towing Co: (Remarks:- (INC hotline: 6788 6616) Date&Time Completed 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Amt (1) Ant (S) NA18 07357 Invoice Preparation Checklist Add Bill fu Bill Chumant's Particulars :-1) AR : Accident Reporting (530); 2) DA : Damege Assessment (\$100); INC (\$80) Driver/Owner: 3) TF : Towing Fee \$40/\$45 4) FT : Follow-Through Survey \$120 Contact No: 5) FT : Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2005) Damaged Portion: 6) TR: Re-inspection \$75 7) N1 : Idno DA + SMRT Survey \$160 8) NTUC Additional Services .-QC Checked by (Engr-In-Charge): OD. * N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination 510 * N7: Fost Repair Inspection Auditors' Comments :-\$25 * N8: DV / Collect Excess Coordination 35 Cat. I: TP (N11): TP (Non INC) against INC \$20 9) N12: Idne Mobile Cat. 2/3: dates for a Invoice dated Fee Charged Invoice dated 經濟情報 Fee Charged

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 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.
- 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

建 图》是特色为10元(10元)。	ACCIDENT STATEMENT
Date Of Report	10/11/2018 14:56
Date Of Accident	10/11/2018 11:45
Exact Location Of Accident	KPE TWDS ECP AFTER EXIT 9A
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV4930G
Insured/Policyholder	
Name Of Registered Owner	JOHNNYLKS LIMOUSINE SERVICES
Co Reg No	53377325C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97368848
Alternative Phone No	OFFICE-97368848
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	C-HR HYBRID 1.8S CVT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098060055
Cover Note Number	
Datasas	

Driver

Name of Driver LEE KWANG SOY NRIC No S1565549F Date Of Birth 31/12/1962 Occupation OUTDOOR Date Of Driving Pass 30/03/2011 Driving Experience 7 YEARS AND 7 MONTHS

Gender

Mobile Number (LOCAL) +65-97368848

Fax Number

Contact Number OFFICE-97368848

EMail Address NOEMAIL

BLK 661 HOUGANG AVENUE 4 Address

#10-373 530661

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

OWNER

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?

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

YES

NO

NO

2

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME: : JASLYN ANG

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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJK436A

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)

DETAILS OF INJURED PERSON 1

Name LEE KWANG SOY

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SLV4930G
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name JASLYN ANG

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SLV4930G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 1. 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.
- Information provided must be as <u>truthful</u> and <u>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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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.

Porcyholder's Signature

IMO

5337732

Driver's sanatuce

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

VEHICLE A - SLV 4930G

VEHICLE B - SJK 436 A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travellinh GLONG HAR TOWARDS ECA DIRECTION,
I WAS ON THE ENTREME RIGHT LANE.
AS DUE TO THE VEHICLE INFRONT BRAKE TO COMPLETE STUP
I TOO APOLICO BRAKE AND MONAGED TO STOP IN TIME,
SUDDANLY DITER AFEW SELONDS I FELT A GREAT IMPACT FROM
THE REAR OF MY VEHICLE.
And Reface of M. 7. October.
ALIGHTED FROM MY VEHICLE AND REALIZED A VEHICLE WITH
LICENCE PLATE (SJK 436 A) HAD COLLIDED TO THE REAR
OF MY VEHICLE.
OP 114 VERICUE.
THE ACCIDENT FOOLDING WAS CAPTHRED BY MY IN-CAR
camera.
VEHICLE A - SLV 4930 G
VEHI CUE B - SJK 436 A

DECLARATION

We declare months going particulars are true in every respect.

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

Vehicle No.	SLV 49304 Model / Make TOMOTA CHR					
Date of Accident	10/11/2018					
Time of Accident	HRS HRS					
Location of Accident	KPE TOWERPS ECP STER EXIT 9A					
Exact purpose use during acc	ident Workers Hour					
Name of Owner	JOHNNYUKS LIMOUSINE SERVICES					
Telephone No.	H/P: 9736 TS48 Home: Office:					
NRIC	533773250					
Address	661 HOURANG AVE 4 # 10-373 5(530661)					
Claim type	OD THIRD PARTY REPORTING ONLY					
Insurance Company	NTUE					
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft					
Policy No.	5099060055					
Name of Driver	As Above If NO, LEE KWANG 305					
NRIC	SIS65549 F Any Passengers: (CFEMALE)					
Date of birth	31 DEC 1962 393030 930					
Occupation	Outdoor / Indoor					
Driving License Pass Date	30 MAR 2011					
Gender	Mate / Female					
Contact No.	H/P: 9336 5348 Home: Office:					
Address	BLK 661 HOUGANH AVE 4 \$10-373 S(530661)					
Driver have any own vehicle						
Relationship	Employee, If no, state CO. OWNER					
Weather condition	Clear Raining Other					
Road Surface	Dry Wet Other					
Any Injuries	No, If Yes, Who?					
Name And Contact No.	LEE 12-101 507 97368848 (DELUER)					
Name And Contact No.	(PASSENGUE) JASLYN ANG, 88286627					
Police Report	No If Yes, Where?					
Vehicle B No.	SSK 4364 Any Passengers :					
Name of Driver	Contact No.:					
Vehicle C No.	Any Passengers :					
Vehicle D No.	Any Passengers :					
Vehicle E no.	Any Passengers :					
Vehicle F No.	Any Passengers :					
Vehicle G No.	Any Passengers :					
Witness Name	Witness Contact :					
Accident Portion	RIAR					
Camera Recorder	YES/NO FRONT / REDR					
Email Address						
HAVE YOU BEEN APPROACH	BY UNKNOWN PERSON SOLICITING /					
OFFERING ACCIDENT CLAIMS	S ASSISTANCE? Yes / No					
PARTICULAR WORKSHOP	TURNICAR AUTOMOTIVE PTE UTD					
CONTACT NO.	6842 0051 / 6744 0510					
CONTACT PERSON	1an					
FAX NO	6741 0510					
WORKSHOP EMAIL ADDRESS	sales @ n51. com. sg					

IDENTITY CARO NO \$1565549F





LEE KWANG SOY



CHINESE 31-12-1962

SINGAPORE





Issue Date: 03 May 2017









VOCATIONAL LICENCE Licence No: S1565549F

Name : LEE KWANG SOY

Issue Date : 17/2/2016 Please visit www.lta.gov.sg to check the status of this vocational licence

6001612





16-08-2018

APT BLK 661 HOUGANG AVENUE 4 #10-373 SINGAPORE 530661

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3

Motor cars with unladen weight =< 3000kg with =< 7 30 Mar 2011 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type Description

TAXI VL

02 03 04

BUS VL BUS ATTENDANT

12/01/2016 17/02/2016 17/02/2016





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: 5098060055

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SLV4930G

Chassis Number

: ZYX102083567

2. Name of Policyholder

: JOHNNYLKS LIMOUSINE SERVICES

3. Effective Date of Insurance

: 12 Feb 2018

5. Effective bate of mountain

12 Lep 2019

4. Expiry Date of Insurance

: 11 Feb 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)
 : \$\$2,000

 EXCESS (SECTION 2)
 : \$\$1,500

 WINDSCREEN EXCESS
 : \$\$100

 ADDITIONAL EXCESS
 : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO : YES INSURE WITH COE : NO NCD PROTECTION TRANSPORT ALLOWANCE : NO EXCESS WAIVER : NO PRIMARY DRIVER : N/A NAMED DRIVER (1) - N/A : N/A NAMED DRIVER (2)

HIRE PURCHASE COMPANY : JCWC CREDIT (S) PTE LTD

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

: SININS AGENCY PTE. LTD. (00000615123)

Date of Issue

: 12 Feb 2018 15:22 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive





Second S	Claim Handling					
Minimate Name Minimate Na	Accident MY/1019219					
STATE STAT	Policy No.	5098060053	Vehicle No.	5LV4930G	GST Registration No.	
MODELLE MODELLE DEUTS 1998 AUGUS 1 Court Year	Certificate No.					
Contact No (Direct)	Policyholder Name	JOHNNYLKS LIMOUSINE SERVICES			Policyhalder NR3C	5337732SC
Section Part	Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
S N	Contact No. (Mobile)	97368648	Contact No.(Office)	0	Contact No. (Home)	0
Comment Comm	imaii Address		Special Remark		eCode	To V
	(FK)	⊕ No ○ Yes	TCA	No ○ Yes	eCode Reason	
March Marc	ICD Statechan	No	NCD Enticlement(%)	0	Private Hire	No
March Mar	Accident Details					
Campaigneries	oport Date	10/11/2018 16:43	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
## PRODUCT ATTENDED BY ATTENDED BY ATTENDED BY ATTENDED BY ADDRESS ADDRESS BY	ace of Acodem	10/11/2018	Time of Accident hittmm	11:45	Country of Accident	Singapore
Part	aparting Centre		Grange Force		JCM No.	
Material Print 1,000 Material Print 1,	coldent Location	KPE TWOS ECP APTER EXIT 94				
Date	□ Excess					
Control Shapping To Exercise 1,500.00 Control Shapping To Exe	wn damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Parents	nnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Part	hed Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Tappatrian No	⇒ Benefits					
Registration No.		ation				
Published Malling Address	5T Registered	No				
Presing Authors	5T Registration No.			GST Status venfied	Yes	
March Marc	concation matery					
March Marc	Policyholder Mailing Ad	ddress				
Address Type	lovess t		Address 2	HOUGANG AVENUE 4	Address 1	SINGAPORE ESPEC
Reside Micro 10-373 Reside Micro Number SOURCOORS	odress 4	ACCORDING TO THE STATE OF				
Direct Type	nii No.	10-373			Post Lode	230001
Marked Direct Marked Direc	OI Driver Info					
Direct Plante St. WANDES COT Direct Plant ST.	river Name	Unnames Driver	Driver Type	Unnamed Driver		
Contact No. Propose	marned driver Name	LEE KWANG SOY			Driver DOB	31/12/1962
Part	gister Date of Oniver License	30/03/2011	Driver Age	55	Driving Experience	
### 40	ontact No.(Mobile)	97368848	Contact No.(Office)	0		
Address Type 1	Sdress 1	6UK 661		HOUGANG AVENUE 4		
## 100	ddress 4					
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Any injury? 1	igateres parr	Control Control			Driver trause Company	
Anceron History Claim 003 New Insured Name DOWNVLKS LIMOUSINE SERVIC Insured NAMC S33377325C Contact No. (Mobile) Insured NAMC S3435A TP Vehicle Number Excases TP Vehicle Number Excases Insured Name Insured NAMC TP Vehicle Number Excases Insured Name Insured NAMC Ins	claration					
Taken 961 Nete Trian 1798 * DO-MX	reatherpoor or blood Test eading?	0 mg	Any injury?	® Yes ◯ No		
Am Type * DO-MK						
Am Type * DO-MK	odification History					
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All Address OI Vehicle Number SLV493DG TP Vehicle Number SLV436A Impart Type Clarmant Type * Please Select ▼ Type of Benefit * Please Select ▼ Please Select	rtect No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
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Browse Cear Please Select V W Normal V			Browse.	Clear Please Select	Normal V Normal	•
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