NATIONAL Assessment Centre Services - WOLL Janios MILA 18 15614 Done by Date In: 3/12/18-18:39 Jeb description Date &Time Completed ROTNO: MA) INC 180213 TYPH SAS c-filing Veli No: STREITUS E-mail (within Shrs, AIC 2hrs) D.O.A: 7/12/18-06:45 i-Motor Claim Form M 1022796-001 3/12/18 20:17 i-Motor W/O (Within: OD 2hrs, TP 4hrs) OD : 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: JDS&74. INC ()/Non-INC (Owner / Driver: (Tel: Policy No: (Period: (Cover Type: () Confirmed by: (Time: Date:) Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 30-100%] 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 () / NO (); Towing Co: (Remarks:- (INC hotline: 6788 6616) Date&Time Completed Doneby 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) Anit (S) Invoice Preparation Checklist NA 18 57850 Ist Bill Add Bill 1) AR : Accident Reporting (\$30); laimant's Particulars :-INC (\$80) 2) DA: Damage Assessment (\$100); 3) TF : Towing Fee \$40/\$45 Driver/Owner: 4) FT : Follow-Through Survey \$120 530 5) FT : Follow-Through Survey (Resurvey) Contact No: For claiming against JNC Only (wef 10 Jan 2005) \$75 6) TR: Re-inspection Damaged Portion: \$160 7) N1 : Idao DA + SMRT Survey 8) NTUC Additional Services:-QC Checked by (Engr-In-Charge): \$5 *NS: Courlesy Car / Tpt Allowance *N6: Repair Co-ordination 510 *N7: Post Repair Inspection \$25 Auditors' Comments :-*N8: DV / Collect Excess Coordination 55 Jot. It TP (N11): TP (Nan INC) against INC \$20 9) N12: Idac Mobile 2at 2/3: Art Take Invoice dated Fee Charged 場合に著 Invoice dated 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.
- Information provided must be as <u>truthful</u> 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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	03/12/2018 18:39
Date Of Accident	02/12/2018 06:45
Exact Location Of Accident	SLIP RD AYE TWDS SOUTH BUONA VISTA RD
Country/State of Loss	SINGAPORE
The state of the s	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJR6152S
Insured/Policyholder	
Name Of Registered Owner	ASIA CARZ AUTO
Co Reg No	53310402E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85712226
Alternative Phone No	OFFICE-85712226
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE 1.6(A) SX ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	A DESCRIPTION OF THE PROPERTY
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	YES
Policy Number	5102880307
Cover Note Number	
Driver	
Name of Driver	LEONG YEW CHOONG (LIANG YAOCONG)
NRIC No	S7213252A
Date Of Birth	18/04/1972
Occupation	OUTDOOR
Date Of Driving Pass	29/11/1995
Driving Experience	23 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84147171
Fax Number	
Contact Number	OFFICE-84147171
EMail Address	NOEMAIL

BLK 707 TAMPINES STREET 71 Address

#07-80

Postcode 520707

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 CHAIN COLLISION

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 3

Was any body injured in the Accident? YES

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) NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

Passenger 1

NAME:

: ANDREW

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

NO

2

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

SJD5857Y

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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SHB989S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

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 LEONG YEW CHOONG (LIANG YAOCONG)

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? SJR6152S

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name ANDREW

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? SJR6152S Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
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- 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)

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:
 - 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.:

SKETCH PLAN MMM Vamicus A - 53 8 6,525 VIEW CUE B - SJD 58579 VEHICLE C- SHB 9895 SCIP ROPO

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I BRAI	TED AND COME TO A COMPLETE STOP AT THE TRAFFIC
	JUNCTION AFTER COMMUNICY FROM ASSE, AT THE SLIP
	from grat to south brown vista man.
I was	BT THE EXTREME RIGHT LANE.
	I was IN THE STATIONARY ADSITION, SUPPENCY I
	OR MY VEHICUE.
	MICCE (SJD 5857 Y) HAD COLLIDED TO THE PERK
	VAINICLE, AND IT WAS A CHAIN COLLISION INVOLVIN
	THREE VEINICLES.
VBMICE	E A - SJR 61528
VEHICU	E B - STO 58574
Vien CC	E C - SHB 9895

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time;

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

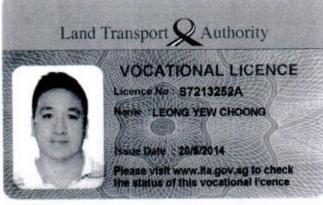
Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Vehicle No.	SJR 61525 Model/Make KIA CERATO FORTE
Date of Accident	02/12/2018
Time of Accident	06 45 HRS
Location of Accident	SLIP ROAD FROM AGE TO SOUTH BYONA USTA RD
Exact purpose use during acc	cident working Hove
Name of Owner	A SIA CARE AUTO
Telephone No.	H/P: 857 2226 Home: Office:
NRIC	533 10402 E
Address	BLK IS, SIN MING LANE, MIDUREW CITY, HUZ-OG S(573960)
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTAC
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	507718584-02
Name of Driver	As Above If(No) LEONL YEW CHOONLY
NRIC	S7213252 A Any Passengers: I (ANDREW)
Date of birth	18 APR 1972 - 9072 8441
Occupation	Outdoor / Indoor
Driving License Pass Date Gender	Male / Female
Contact No.	
Address	
	No. If yes, Reg No.
Driver have any own vehicle Relationship	
Weather condition	Employee, If no, state RENTAL / LEASING Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	LEONL YEN CHOONL, 8414 7171
Name And Contact No.	(PASSENGER) ANDREW, CIOTZ 8441
Police Report	No. If Yes, Where?
Vehicle B No. Name of Driver	SJD 5857 M Any Passengers:
	Contact No. :
Vehicle C No.	SHB 9495 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	REAR
Camera Recorder	Yes /No
Email Address	
	BY UNKNOWN PERSON SOLICITING /
OFFERING ACCIDENT CLAIMS	S ASSISTANCE? Yes / No
PARTICULAR WORKSHOP	THINCAR AUTOMOTIVE PIR LTD
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	IAN
FAX NO	6741 0510
WORKSHOP EMAIL ADDRESS	sales @ n51. com. sg





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

PASS DATE

Class 3

NP 428A

Motor Cars and Motor Tractors the weight of which unisden does not exceed 2500 kilogram

29 Nov 1996

Licence No: S7213252A

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

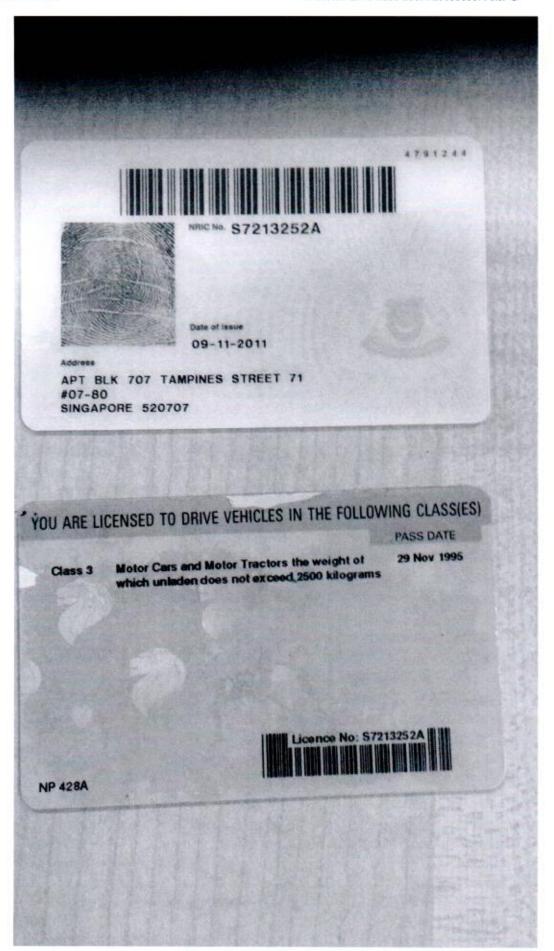
02 TAXI VL

Issue Date 20/05/2014



d









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: 5077185584-02

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SJR6152S

Chassis Number

: KNAFH221395086826

2. Name of Policyholder

: ASIA CARZ AUTO

3. Effective Date of Insurance

: 15 Jan 2018

4. Expiry Date of Insurance

: 14 Jan 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) : 5\$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 INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE I NO EXCESS WAIVER NO PRIMARY DRIVER N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : YONG KHIONG CREDIT 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

: AURIC INSURANCE AGENCY PTE, LTD, (00000572648)

Date of Issue

: 11 Jan 2018 14:05 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



Policy No.	5102880307	Policyholder Name	ASIA CA	RZ AUTO	Policyholder NRIC	53310402E	
Certificate No.							
Address	18 SIN MING LANE #02-06 MID	VIEW CITY SI	NGAPORE	573960			
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	03/08/2018	Effective Date	03/08/20	018 00:00	Expiry Date	14/01/2019	23:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	6313.95				
Dutside Singapore DD Excess	2000	Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
Agent	AURIC INSURANCE AGENCY PTE	Agent Tel.			GST Flag	Y	
Agent Co- insurance Flag Open Policy Info	AURIC INSURANCE AGENCY PTE	: Agent Tel.			GST Flag	Y	
Agent Co- nsurance Flag Open Policy		: Agent Tel.			GST Flag	Υ.	
Agent Co- insurance Flag Open Policy info Certificate info		: Agent Tel,			GST Flag	Υ.	
Agent Co- insurance Flag Open Policy info Certificate info	No	: Agent Tel.	ss 2	#02-06 MIDVIEW C		Y Address 3	SINGAPORE 573960
Agent Co- nsurance Flag Open Policy Info Certificate Info Policyh Address 1	No nolder Mailing Address	Addre	ss 2 ss Type	#02-06 MIDVIEW C	ITY	Address 3 Post Code	SINGAPORE 573960 573960
Agent Co- nsurance Flag Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	nolder Mailing Address 18 SIN MING LANE	Addre Addre	ss Type ed Policy	V0.0000 0/10/10/00/10/10/10/10/10/10/10/10/10/10	ITY	ese visit in	
Agent Co- nsurance Flag Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	nolder Mailing Address 18 SIN MING LANE	Addre Addre Relate	ss Type ed Policy	Singapore address	ITY	ese visit in	
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Agent Co- nsurance lag Open Policy nfo Certificate nfo Policyh Address 1 Address 4 Jhit No. Insured	nolder Mailing Address 18 SIN MING LANE 04-98 d Object: SJR6152S ements ce Date of Endorsement 03/08/2018 00:00 03/08/2018 00:00	Addre Addre Relate Numb Endorseme Basic Informai	ss Type ed Policy er nt Type tion	Singapore address 5105362217 Endorsement Number	Endorser Endorseme	Post Code ment Status ent Take	573960 Endorsement Content

olicy No					
7104 740	5102880307	Vehicle No.	53R6152S	GST Registration No.	
ertificate No.					
ziicyholder Name	ASIA CARZ AUTO			Policyholder NRIC	53310402E
oduct Code	FLEET INSURANCE	Cover Type	drivo CLASSIC	Loading	0.
ontact No.(Mobile)	86712226	Contact No.(Office)	0	Contact No.(Home)	0
mari Address FK	0.0	Special Remark		eCode	100 Y
	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
CD Protection Accident Details	No	NCD Entitlement(%)	0	Private Hire	Yes
tport Date	W101100000 70 11		74:55		
	83/12/2018 20:11	Academ Report Within 24 hrs		Acadent Type	Collided into Cyclist
ite of Accident	62/12/2018	Time of Accident Inh.mm	06:45	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
Cident Location	SLIP RD AYE TWOS SOUTH BUDNA VISTA RD				
en damage Excess	2 860 66	42200042000		National Control of the Control of t	
Warried Driver Excess	2,000,00	Additional Excess	0	Windscreen Excess	100.00
ord Party Excess	1,500.00	Outside Singapore OD Excess	2,000.00		
7 Benefits	1,500,000	Outside Singapore TP Excess	1,500.00		
GST Registered Informa	ation				
T Registered	NO NO		GST Registration Date		
ST Registration No.	785.57		GST Status Verified	Yes	
oddication History					
Policyholder Hailing Ad	dress				
dress 1	18 SIN MONG LANE	Address 2	#02-06 MIDVIEW CITY	Address 3	SINGAPORE 573960
ldress 4		Address Type	Singapore address	Post Code	573960
nt No.	04-98	Related Policy Number	5105362217		
OI Driver Info					
iver Name.	Unnamed Driver	Oriver Type	Unnamed Driver		
named driver Name.	LEONG YEW CHOONG (LIANG Y	Oriver NRIC	57213252A	Driver DOB	18/04/1972
gister Date of Driver License erract No. (Mobile)		Driver Age	46	Driving Experience	23
dress 1	84147171 BLK 707	Contact No.(Office) Address 2	0	Contact No. (Home)	0
dress 4	SINSAPORE 520707	Address Type	TAMPINES STREET 71 Singapore address	Address 3 Post Code	TAMPINES SUNRISE
Vt. Wo.	07-80	House east 1800	Singapore address.	Post Code	520707
ous he own a Singapore	□ Yes (€) No	Driver Vehicle No.			
gistered car?	8.058.00	Differ venice isc.		Driver Insurer Company	
caration					
eathalyser or Blood Test	0 mg	Any injury?	® Yes ○ No		
artin 67		AND PROPERTY.			
esting?	5.5-15- 1				
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offication History Claim 001 New Interview	ОД-МК	Insured Name	ASIA CARZ AUTO	Insured NRIC	53310402E
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eding? Chairm 001 Next Next Type * mact No.(Mobile) Laif-Address	OD-MK 93211939	Contact No. (Home) Of Vehicle Number	339,61525		53310402E 5305857Y
office of the state of the stat	OD-MX 93211939 Please Select ©	Contact No. (Home) Of Vertice Number Type of Benefit +		Contact No. (Office)	
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