NATIONAL Assessment Centre Services. por 130031. MMA 1181 65 184. Done by Date & Time Completed Jeb description Date In: 24/12/18 16:19 SAS c-filing Ref No: MAI INC 180 23045/h4. E-mail (within Shrs, AIC 2hrs) Vch No: S 2822 UES MT/1025077-001 i-Motor Claim Form 26 112 118 09:15. DOA: 23 112 118 11:00. I-Motor W/O (Within: OD 2hts, TP 4hts) (i) TP ! Reporting Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Fax: Tol: Preferred Wksp / INC Assign Wksp / QW: ()/Non-INC (INC (Veh No: TP Particulars: SJS 2555J.) . Tel: Owner / Driver: (Cover Type: (Period: (Policy No: () Date: Confirmed by: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Insured/Driver Liability: ()/NO(Warranty: YES (Year of Registration: ()/\$2,000 (Loading: \$1,000 (Excess: (\$ General Remarks & Sea) Walk-In Customer's Customer's information strictly Confidential & Strictly NO refer of repairer. : to e-mail Insurer URGENTLY.) Total Loss Case) ; Towing Co: (); Invoice: YES (Drive-In ()/Towed-In (Remarks: (INC hothies 6788 6616) No. 100 100 100 1) Apply for Transfort Allowance () / Courtesy Car (.) 2) QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3000] Injury: Dute Lime Actions AMIL(1) Add Bill MA1808493 1) AR : Accident Reporting (530); Chamant's Particulars INC (\$30) 2) DA : Damege Assessment (5100): \$40/\$4 3) TF : Towing Fee \$120 Driver/Owner: 4) FT : Follow-Through Survey 5) PT : Pollow-Through Survey (Resurvey) 230 Por claiming against INC Only (wof 10 Jan 2905) Contact No: \$75 6) TR : Re-inspection \$160 7) NI : Idao DA + SMRT Survey Damaged Portion: 5) NTUC Additional Services: \$5 *NS: Courtesy Cor / Tpt Allowence QC Checked by (Engr-In-Charge): 510 *N6: Repair Co-ordination \$25 * N7: Post Repair Inspection 22 *N8: DV / Collect Excess Coordination Auditors! Comments: TP (N11): TP (Non INC) against INC \$20 2at. 1: 9) N12: Idea Mobile Fee Charged Involve dated 1 2/3; MARKEY Fee Charged Involce dated

4 - 101 11 1 12

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.

	ACCIDENT STATEMENT
Date Of Report	24/12/2018 16:19
Date Of Accident	23/12/2018 11:00
Exact Location Of Accident	SANDS EXPO AND CONVENTION CENTRE PICKUP POINT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJU5585S
Insured/Policyholder	
Name Of Registered Owner	KRUISE AUTO PTE LTD
Co Reg No	200804679G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65471511
Vehicle Particulars	
Manufacturer	HONDA
Model	ACCORD
Exact Purpose for which vehicle was being used at time of accident	MEETING CUSTOMER
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5028538146-10
Cover Note Number	*
Driver	
Name of Driver	YAP KOK KEONG SEBASTIAN
NRIC No	S1664246J
Date Of Birth	15/05/1964
Occupation	INDOOR
Date Of Driving Pass	01/01/1986
Driving Experience	32 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96959566
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address

38 LORONG M TELOK KURAU #02-04

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) 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.

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

: UNKNOWN

GENDER:

: MALE

Passenger 2

NAME:

: UNKNOWN

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

WHILE QUEUING AT THE SANDS EXPO AND CONVENTION CENTRE PICKUP POINT AT THE INNER LANE, SUDDENLY VEH B (BEARING NO SJS2555J) FROM THE OUTER LANE CUT INTO MY LANE AND HIT ONTO MY VEH RIGHT HAND SIDE.

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

SJS2555J

Vehicle Make/Model/Colour Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Page 2 of 23

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:
 - (i) 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:

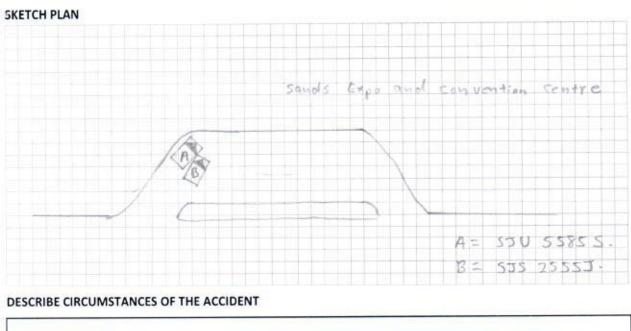
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



2.	walter transference		
Please	Refer	to	statement
		/_	
		/	
	/		

DECLARATION

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

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.:

Granity C Sketch Plans orth V

ž,

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1664246J





YAP KOK KEONG SEBASTIAN

業 超 Race CHINESE

Date of birth 15-05-1964 Country/Place of birth SINGAPORE

6013570



14-08-2018

38 LORONG M TELOK KURAU #02-04 SINGAPORE 425317





10, UBI AVENUE J SINGAPORE 408865 Tel: 65470000 www.police.gov.sg

Private & Confidential

YAP KOK KEONG SEBASTIAN

BLK 38 LORONG M TELOK KURAU UNIT 02-04 SINGAPORE 425317

S1664246J

(2B/3/4/5)

C001449691

\$25/-

24/12/2018

(Please do not detach)

You will receive your photocard driving licence by registered post within 10 to 14 working days from the date of application unless you made a special request to collect at Traffic Police at the time of application

You can drive while awaiting the delivery of your photocard driving licence

Please turn overleaf for important notes.

YOU CAN DRIVE WHILE AWAITING THE **DELIVERY OF YOUR PHOTOCARD** DRIVING LICENCE.

eBaoTech

GeneralClaim

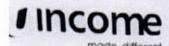
Hello, NAC_PAYA_UBI_800601

My Desktop Notice of Loss

· Change Password · Log Out **Policy Query** Policy No. 5028538146-10 Date of Accident 23/12/2018 16:03 Vehicle No.(For Motor) Certificate Number Search Certificate Policyholder Policyholder Number Name NRIC Commence Expiry Date Cover Vehicle Type No. Select Policy No. Product Insured Object TAN CHENG LENG/S68448851_TOH CHIN HOE/S0188804H_JOHARI BIN MOHD BIN MOHD MOKTAR/S0213833F_XU LIGUAN, KEN/S8725107A_2HAO CHONG/G0986678M_YAP HAN SHENG BRYAN/S9426600I_YAP XIN YU, VANESSA KRUISE AUTO PTE LTD 5028538146-Third 200804679G GMT 08/05/2018 07/05/2019 10 Party BRYANNA/S9908197Z_YAP KOK KEONG SEBASTIAN/S1664246J

· Change Language

Continue



Certificate of Insurance

: N/A

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 : 5028538146-10

Cover: Third Party

1. Index mark and Registration Number of Vehicle

Any Motor Vehicle the property of the Policyholder or in their c, stody or control. All steam-driven vehicles are excluded.

2. Name of Policyholder

KRULE AUTO PTE. LTD.

3. Effective Date of Insurance

: 08 May 2018

4. Expiry Date of Insurance

: 07 May 2019

5. Persons or Classes of Persons entitled to drive*

Refer to List Attached

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 only for Motor Trade purposes.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testin
- (c) Use solely for 'Breakdown' purposes is not deemed to be ut 2 for hire or reward.
 - 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.

POLICY TYPE

MOTOR-TRADE INSURANCE

TYPE OF TRADE/BUSINESS

: CAR DEALERS

TOTAL NUMBER OF AUTHORISED DRIVER(S)
DETAILS OF AUTHORISED DRIVER(S)

REFER TO UST ATTACHED

EXCESS (SECTION I)

: N/A

EXCESS (SECTION II)

N/A

SUM INSURED

N/A

I/We hereby Certify that the Policy to which this Certificate relates in 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

: KRUISE AUTO PTE. LTD. (00000573427)

Date of Issue

: 11 Apr 2018 14:51 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

my

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

Accident MT/1025077							
Policy No.	5028538146-10	Vehicle No.			GST Regist	ration No.	2008
Certificate No.							
Policyholder Name	KRUISE AUTO PTE LTD				Policyholde	r NRIC	2009
Product Code	MOTOR TRADE INSURANCE	Cover Type	Third Party		Loading		0
Motor Trade Plate No.	SJU558SS	Motor Trade Driver Name	YAP KOK KEONG S	EBASTIAN		e Driver NRIC	5166
Contact No.(Mobile) Email Address	65471511	Contact No.(Office) Special Remark			Contact No eCode	(Home)	Two con-
	No. 1		A12 - 124-2			222	No '
KFK	» No Yes	TCA	» No Yes		eCode Reas		22
NCD Protection Accident Details	No	NCD Entitlement(%)	20		Private Hire		No
	9862002809961		2001			997	1,2702
Report Date	26/12/2018 09:05	Accident Report Within 24 hrs	Yes		Accident Type		Collis
Date of Accident	23/12/2018	Time of Accident hh:mm	11:00		Country of	Accident	Singa
Reporting Centre	CALLED THE THE CONTROL OF THE CONTRO	Orange Force			ICM No.		
Accident Location	SANDS EXPO AND CONVENTION CENTRE PICKUP P	OINT					
♥ Excess	and the second	Q-AMEDICAN COM			1244-0-200-0-0	200000	
Own damage Excess Unnamed Driver Excess	0.00	Additional Excess			Windscreen	1 Excess	
Third Party Excess	0.00	Outside Singapore OD Excess					
₩ Benefits	0.00	Outside Singapore TP Excess					
GST Registered Informat	ion						
SST Registered	Yes		GST Regis	tration Date	-	01/01/2015	
SST Registration No.	200804679G		GST Statu			No.	
fodification History							
▽ Policyholder Mailing Add	ress						
Address 1	61 UBJ AVENUE 2	Address 2	#04-05 AUTOMOB	ILE MEGAMAR	Address 3		SING
Address 4		Address Type	Singapore address		Post Code		4088
Unit No.		Related Policy Number	5028538146-10				
OI Driver Info							
Driver Name	YAP KOK KEONG SEBASTIAN	Driver Type	Named Driver				
Jnnamed driver Name		Driver NRIC	516642463	Driver DOB			15/05
Register Date of Driver License	01/01/1993	Driver Age	54		Driving Exp	perience	25
Contact No.(Mobile)	96959566	Contact No.(Office)			Contact No.(Home)		
Address 1	38 LORONG M TELOK KURAU	Address 2	#02-04 MERIDIAN	38	Address 3		SING
Address 4		Address Type	Singapore address		Post Code		4253
Unit No.	02-04						
Does he own a Singapore Registered car?	Yes a No	Driver Vehicle No.			Driver Insu	rer Company	
Declaration							
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes * No				
Hodification History Claim 001 OD-MX New							
	*				- Incured		
Claim Type •				OD-MX	Insured Name	KRUISE AUTO PTE L	.TD
Contact No.(Mobile)				90677699	No.		
					(Home)		
Email Address					OI Vehicle Number		
Claim Description				/ 53525553 ON 23 Dec 2018			
Preferred Workshop 0	Professor Liability Not at Fault	*					
Sentiles No. Yes	▼ Repair Preferred Workshop, Name	1 614		Î ¹			
Date Registered	Option	тери (26/12/2018 09:09	Close Date		
Report Taken By				LIEW SHAN HUI	Workshop Repairer		
✓ Print AK letter							
			Save Submit				
No. of Participants and							

ast Doc. Receive				001				
	● Yes ○ No	Upload Date		26/12/2018 09:15				
	Path •			Category *		Confidential	Urgency	
Choose File	No file chosen		Clear	Please Select	•	NO T	Normal	
Choose File	No file chosen		Clear	Please Select		NO *	Normal	
Choose File	No file chosen		Clear	Please Select		NO T	Normal	
Choose File	No file chosen		Clear	Please Select		NO Y	Normal	
Choose File	No file chosen		Clear	Please Select		NO T	Normal	
Choose File	No file chosen		Clear	Please Select		NO T	Normal	
Message Read								
	nt List							
Attachment	Uploaded By/Date	Category	9	Urgency		Descr	ption	
÷	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 26 Dec 2018 09:15	on NRTC/ Driving License		Normal		NRIC/ Driving License 2018-12		
6.4 6.4	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 26 Dec 2018 09:15	on NRIC/ Driving License		Normal		NRJC/ Driving License 2018-12		
10	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 26 Dec 2018 09:15	on SAS		Normal		SAS 2018-12-26		
4	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 26 Dec 2018 09:13	on Photos		Normal	Photos 2018-12-26			
€	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 26 Dec 2018 09:13	on Photos		Normal	Photos 2018-12-26		18-12-26	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 26 Dec 2018 09:13	on Photos		Normal		Photos 2018-12-26		
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NE.	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) (26 Dec 2018 09:12	Photos		Normal	Photos 2018-12-26			
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) of 26 Dec 2018 09:12	Photos		Normal		Photos 2018-12-26		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) of 26 Dec 2018 09:12	n Photos		Normal		Photos 2018-12-26		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) of 26 Dec 2018 09:12	n Photos		Normal		Photos 2018-12-26		
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2018 09:11	n Photos		Normal		Photos 2018-12-26		
1	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2018 09:11	n Photos		Normal		Photos 2018-12-26		
8	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2018 09:11	n Photos		Normal		Photos 2018-12-26		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) of 26 Dec 2018 09:11	n Photos		Normal		Photos 2018-12-26		
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) or 26 Dec 2018 09:11	n Photos		Normal		Photos 2018	-12-26	
Quin'	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) or 26 Dec 2018 09:11	n Photos		Normal		Photos 2018	-12-26	
Video List								

Display in New Window Scan and uploading