NATIONAL Assessment Ce	ntre Services.	poet's Jamost .	MMA 11901004	4:		
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D.O.A : 21/1/19 10:25.	i-Motor Clai	m Form	MT[1028855	21	15/19	17:45
	I-Motor W/O	(Within: OD 2hrs	TP (brs)			:-
OD : TP ! Reporting Only	i-Photo Uplo	aded				·
	Assessment/Su	rvey Report				
TP Insurer:	Ass't Report b	y Fax / Hand t	o Owner/Wksp	1	SERVICE AND ESTATE OF THE SERVICE OF	
Preferred Wksp / INC Assign Wksp / QW	: (	1	Tel:	Fax:		
TP Particulars: Veh No:	SKQ 7160E.	. INC(	)/Non-INC( )			
Owner / Driver: (			Tel:			
Policy No: ( )	Period: (	)	Cover Type: (			
Confirmed by : (		Date:	Time:	1000	)	
Insured/Driver Liability: (	%) [Note-Est. Status (V		0%; P: 21-79%. P: 1	30-100%	o J	
Tour or response	) Warranty: YES (		)			
	\$1,000 ( ) / \$2,000	BEREIT WALLES	d outpress for its constraint	37755	-	
General Remarks			ACCOMINATION OF PARTY P.	(333.00	1 371	
( ) Walk-In Customer: Customer's	The same of the sa	nfidential & St	rictly NO refer of repai	er.		
( ) Total Loss Case : to e-mail I		· · · · · · · · · · · · · · · · · · ·	<del></del>			1
Drive-In ( )/Towed-In ( ); In	voice: YES ( ) / N	10();1	owing Co: (		A SPECIAL CORP	Kiniman and
(tempels) - (INC honnes 6788 66)	6) 12 (1) (1) (1)		Direce things of this	种之种	Mone	by ·
1) Apply for Transfort Allowance (	) / Courtesy Car (	)				
2) QC Check / Post Repair Inspection	( ·)					
3) Upload Resurvey Photo [Repair Cost	> \$3000] (	)	1			
Injury:			<del>, 1,</del>			
	SSC AND LOUIS AND	LANCE OF THE PARTY	ON MICHERIPATION IS	IN OUR	COLUMN	**************************************
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STATE OF THE PARTY	MIN 0 0 5 50	Invoice Lig	aration Chestilians			(t) min (t)
	MA1900588	1) AR 1 Accident	Reporting (530);	A CORD	30.00	
Infimant's Particulars 2-		2) DA : Damege 3) TF : Towing F	The state of the s	C (\$40/\$45		
river/Owner:		4) FT : Follow-T	hrough Survey	\$120 \$30		-
ontact No:	Na.s	Per elaiming a	hrough Survey (Resurvey) sainst INC Only (wef 10 Jan	2005)		
arnäged Portion:		6) TR: Re-insper 7) N1 : Idao DA	otion	\$160		
annigot i vitani.		8) NTUC Addition	onal Services:-			
C Checked by (Engr-In-Charge):		OD.	Cer / Tpt Allowance	\$5		
		*N6: Repair C	p-ordination	510 525		
uditors Comments :		*N7; Post Rep *N8; DV / Co	lect Excess Coordination	33		
1. 1:		TP (N11): TP 9) N12: Ideo Mo	(Non INC) against INC	\$20 30		
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the State of the S		I to dated	Fee Cha	rged	BULLIAN HARMA	

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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 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.
- 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.
- 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.

\$00.00.0000	
A TEACH RESIDENCE AND A STATE OF A	ACCIDENT STATEMENT
Date Of Report	21/01/2019 17:14
Date Of Accident	21/01/2019 10:25
Exact Location Of Accident	TUAS SOUTH AVE 5 SLIP RD INTO TUAS SOUTH AVE 4
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GX8448E
Insured/Policyholder	
Name Of Registered Owner	KENZONE SINGAPORE PTE. LTD.
Co Reg No	200204837C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68440230
Vehicle Particulars	
Manufacturer	OPEL
Model	VIVARO VAN L1H1 1.6 CDTI MT
Exact Purpose for which vehicle was being used time of accident	at WORKING
Are you claiming under your own insurance polic for repair to your vehicle?	y NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5062749530-05
Cover Note Number	
Driver	
Name of Driver	KUMARASAMY S/O SINGARAVELU
NRIC No	S1818649G
Date Of Birth	08/03/1967
Occupation	OUTDOOR
Date Of Driving Pass	16/02/2016
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83494924
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 448B BUKIT BATOK WEST AVE 9 #13-34

Postcode 652448

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 - HEAD TO REAR

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)

1

**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

PLEASE REFER TO 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

SKQ7160E

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.
- 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:
  - (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.

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 .:

ACTOR FEAT					
Tuas South Ave				4 = 9x 8°	448 E 7160 E
	A SE	Tuas	South A	ve S	
SCRIBE CIRCUMSTANCES	OF THE ACCIDENT				
Please	Refer	to st	ateme	n+	
			_		
CLARATION CLARATION CONTROL OF THE C	culars are true in every respect	t.			
cyholder's Signature	Driver's Signature		Reporting Cen	itre Personnel's Sign	ature

Date & Time:

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

Name:

NRIC/FIN No.:

I STOP AT THE SLIP RD FROM TUAS SOUTH AVE 5 TO CHECK TRAFFIC ON THE TUAS SOUTH AVE 4. ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SKQ7160E) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

# ACCIDENT STATEMENT

LOCATION:			uas Sou	th Av	e 5.	Slip R	d
1. DETAILS OF VEH a) VEHICLE NUI b) INSURANCE ( c) POLICY NUM	MBER: &	1 8448 E	turn	ing to	Tues	South	Au
e)MAKE & MOD f)TYPE:(SALOON g)VEHICLE CAT h)PURPOSE OF	N / COUPE / MP EGORY: (PRIVAT USING AT ACCI	V /V AN / LOF E / COMMER DENT TIME:	RRY / MOTORO	CYCLE, / O RCYCLE)	- 10		91
i) ARE YOU CLAI IF NO, PLEASE  2. INSURED / POLIC A) NAME: K b) NRIC/FIN/PAS	STATE (THIRD PA CY HOLDER CH ZONE SI	ARTY CLAIM /	REPORTING C	MALE / FE		0	
cJADDRESS:						-	
* CONTINUE TO  HO of passeng3. DRIVER  CIncluding driver) DINERS KU				AAIF / FFA	AAIF)		ě
(1) b)NRIC/FIN/PAS CIADDRESS:	SPORT:		CONTAC	T: 834	494	924	
*d)DATE OF BIRT	H: (/	/)(DD	/MM/YYYY)				*
e)OCCUPATION f)YEARS OF DRIV					20		
4. WAS DRIVER A	N EMPLOYEE C	F THE INSU			(ON \S	8	
IF NO, RELATIO 5. a)WEATHER CON						1	
b)ROAD SURFAC	E: (DRY / WET /	OTHERS	01112110				
6. WAS ANYBODY I							
7. a)REPORTED TO I			\$5 www.				
8. THIRD PARTY VEH	TATE WHICH PO	DLICE STATION	<b>1</b> :			E .	
Ho of passenger of VEHICLE NUI Including driver) b) DRIVER'S NA	MBER: 5K	Q7160E	MODEL:_		0	9	
c) NRIC/FIN/PA	.SSPORT:		CONTAC	T:			
9. THIRD PARTY VEH	ICLE						
No of passanger al DRIVER'S NA			MODEL:_		10		
1 1 1 ONIVERSINA					Val		
f) NRIC/FIN/PA	SSPORT:		CONTAC	T:		i.	
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	fax =		01 35423		- 1	- 1-1	
	VIDEO =	7.3					

## REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1818649G

KUMARASAMY S/O SINGARAVELU

INDIAN

08-03-1967 SINGAPORE







YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES) Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg EFFECTIVE DATE



### 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: 5052749530-05  1. Index mark and Registration Number of Vehicle Chassis Number: 2. Name of Policyholder: 3. Effective Date of Insurance: 3. Effective Date of Insurance: 4. Expiry 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 the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of 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 business or professie (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.  This Policy does not cover (a) Use for hier or reward. (b) Use for hier or reward. (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.  # 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 the headings.  EXCESS (SECTION 1) : \$\$600  EXCESS (SECTION 2) :: N/A  SUMINOSCREEN EXCESS :: \$\$100  INSURE WITH COE :: YES  HINDSCREEN EXCESS :: \$\$100  INSURED WITH COE :: YES  HINDSCREEN EXCESS :: \$\$100  INSURED WITH COE :: YES  HINDSCREEN EXCESS :: \$\$100  INSURED WITH COE :: YES  HINDSCREEN EXCESS :: \$\$100  INSURED WITH COE :: YES  HINDSCREEN EXCESS :: \$\$100  INSURED WITH COE :: YES  HINDSCREEN EXCESS :: \$\$100  INSURED WITH COE :: YES  HINDSCREEN EXCESS :: \$\$100  INSURED	MOTOR VEHICLES (THIRD PART)	PISKS AND COMPENSATION	ONLY ACT (CHAPTER 400)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)  MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)  Certificate Number: 5062749530-05  1. Index mark and Registration Number of Vehicle Chassis Number: W013F70126V614300  2. Name of Policyholder: W013F70126V614300  3. Effective Date of Insurance: 15 Nov 2018  4. Expiry Date of Insurance: 15 Nov 2018  4. Expiry Date of Insurance: 14 Nov 2019  5. Persons or Classes of Persons entitled to drivell (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 the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of enactment or regulation in that behalf from driving the Motor Vehicle.  6. Limitations as to Useff (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or professic (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.  This Policy does not cover (a) Use for hire or reward.  (b) Use for racing, pace-making, reliability trial or speed-testing.  (c) Use whist drawing a trailer except the towing of any one disabled mechanically propelled vehicle.  # 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 the headings.  EXCESS (SECTION 1) : \$5600  INUSCREENE EXCESS : \$5100  INUSCREENE EXCESS :	MOTOR VEHICLES (THIRD PART	PISKS AND COMPENSATIO	ON) BUILTS 1000
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)  Certificate Number: 5062749530-05  Cover: Comprehensive  Chassis Number: W013770126V614300  2. Name of Policyholder: KENZONE SINGAPORE PTE. LTD.  3. Effective Date of Insurance: 15 Nov 2018  4. Expiry Date of Insurance: 14 Nov 2019  5. Persons or Classes of Persons entitled to drivell: 14 Nov 2019  5. Persons or Classes of Persons entitled to drivell: 13 The Policyholder: 14 Nov 2019  6. Persons or Classes of Persons entitled to drivell: 14 Nov 2019  7. Provided that the person driving so 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 the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of enactment or regulation in that behalf from driving the Motor Vehicle.  6. Limitations as to Usell: 10 Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession in the policyholder's business or profession in the policyholder's business or profession in Use for hire or reward.  (a) Use for hire or reward.  (b) Use for racing, pace-making, reliability trial or speed-testing.  (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.  # 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 the headings.  EXCESS (SECTION 1): SS600  EXCESS (SECTION 1): SS600  EXCESS (SECTION 2): N/A  WINDSCREEN EXCESS: SS100  INSURE WITH COE: YES  HIREP PURCHASE COMPANY: N/A  SUM INSURED: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS  For NTUC INCOME INSURANCE CO-OPERATIVE IN WASHING AND CO-OPERATIVE IN WASHINGS AND CO-OPERATIV			N) KOLES, 1960
Certificate Number: 5062749530-05  1. Index mark and Registration Number of Vehicle Chassis Number Chassis Numb			*******
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 the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of 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 business or professic (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.  This Policy does not cover (a) Use for hire or reward. (b) Use for racing, pace-making, reliability trial or speed-testing. (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.  # 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 the headings.  EXCESS (SECTION 1)  EXCESS (SECTION 1)  EXCESS (SECTION 2)  INA WINDSCREEN EXCESS  S\$100 INSURE WITH COE  WES  HARKET 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 M Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)  Agency  I INSURANCE AGENCY (00000572538)  Date of Issue  For NTUC INCOME INSURANCE CO-OPERATIVE II			
Chassis Number : W013F7012GV614300  2. Name of Policyholder : KENZONE SINGAPORE PTE. LTD.  3. Effective Date of Insurance : 15 Nov 2018  4. Expiry Date of Insurance : 14 Nov 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 the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of 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 business or professic (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.  This Policy does not cover  (a) Use for hire or reward.  (b) Use for racing, pace-making, reliability trial or speed-testing.  (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.  # 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 the headings.  EXCESS (SECTION 1) : SS600  EXCESS (SECTION 2) : N/A  WINDSCREEN EXCESS : \$\$100  INSURE WITH COE : YES  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 M Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)  Agency : I INSURANCE AGENCY (00000572538)  Date of Issue : 09 Nov 2018 10:36 hrs  For NTUC INCOME INSURANCE CO-OPERATIVE I			Cover : Comprehensive
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 the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of 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 business or professic (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.  This Policy does not cover (a) Use for hire or reward. (b) Use for racing, pace-making, reliability trial or speed-testing. (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.  # 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 the headings.  EXCESS (SECTION 1) : SS600  EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : S\$100  INSURE WITH COE : YES HIRE PURCHASE COMPANY : N/A  SUMI 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 N Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysi  Agency : I INSURANCE AGENCY (00000572538)  For NTUC INCOME INSURANCE CO-OPERATIVE II  Countersigned By:		Number of Vehicle	: GX8448E
3. Effective Date of Insurance : 15 Nov 2018 4. Expiry Date of Insurance : 14 Nov 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 the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of 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 business or profession (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. This Policy does not cover (a) Use for hire or reward. (b) Use for hire or reward. (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.  # 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 the headings.  EXCESS (SECTION 1) : \$5600  EXCESS (SECTION 2) : N/A  WINDSCREEN EXCESS : \$5100  INSURE WITH COE : YES  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 R Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)  Por NTUC INCOME INSURANCE CO-OPERATIVE II  **Countersigned By:**  **Countersigned By:**			W0L3F7012GV614300
Expiry Date of Insurance : 14 Nov 2019  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 the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of enactment or regulation in that behalf from driving the Motor Vehicle.  Limitations as to Use#  (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or professic (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.  This Policy does not cover  (a) Use for hire or reward.  (b) Use for hire or reward.  (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.  # 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 the headings.  EXCESS (SECTION 1) : SS600  EXCESS (SECTION 1) : SS600  EXCESS (SECTION 2) : N/A  WINDSCREEN EXCESS : S5100  INSURE WITH COE : YES  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 R Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysi Agency : I INSURANCE AGENCY (00000572538)  For NTUC INCOME INSURANCE CO-OPERATIVE II  **Countersigned By:**  Countersigned By:**			
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Countersigned By:	Vehicles (Third Party Risks and Co Agency : I INSI	Ompensation) Act (Chapter URANCE AGENCY (0000057)	189) and Part IV of the Road Transport Act, 1987 (Malaysia)
T-	Countersigned By:	A Company	For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
Authorised Officer Chief Executive		Authorised Offices	
		Authorised Officer	Chief Executive

### Claim Handling

Accident	MT.	1028	855

Policy No.	5062749530-0	55	Vehicle No.	GX8448E	GST Registration No.	
Certificate No.						
Policyholder Name	KENZONE SIN	GAPORE PTE, LTD.			Policyholder NRIC	2002
Product Code	FLEET INSURA		Cover Type	Comprehensive	Loading	D
Contact No.(Mobile)	68440230	ARR	Contact No.(Office)		Contact No.(Home)	850
Email Address	55445235		Special Remark		eCode	No
KFK.	» No Yes		TCA	a No.	eCode Reason	INO
				* No Yes		1904
NCD Protection	No		NCD Entitlement(%)	0	Private Hire	No
Accident Details						
Report Date	21/01/2019 17	7:42	Accident Report Within 24 hrs	Yes	Accident Type	Collis
Date of Accident	21/01/2019		Time of Accident hh:mm	10:25	Country of Accident	Sing
Reporting Centre			Orange Force		ICM No.	
Accident Location	TUAS SOUTH A	AVE 5 SLIP RD INTO TUAS SOUTH AVE	1.4			
♥ Excess						
Own damage Excess		600.00	Additional Excess		Windscreen Excess	100.
Unnamed Driver Excess			Outside Singapore OD Excess			
Third Party Excess		0.00	Outside Singapore TP Excess			
<b>▽</b> Benefits						
	tion					
GST Registered		No.		GST Registration Date		
GST Registration No.				GST Status Verified	No	
Modification History						
Policyholder Mailing Add	ress					
Address 1	150 UBT AVEN	UE 4	Address 2	#05-07/08 UBI BIZ-HU8	Address 3	SING
Address 4			Address Type	Singapore address	Post Code	4088
Unit No.			Related Policy Number	5062749530-05		
OI Driver Info						
Driver Name	Unnamed Drive	er	Driver Type	Unnamed Driver		
Unnamed driver Name		S/D SINGARAVEL	Driver NRIC	51818649G	Driver DOB	08/0
Register Date of Driver License	16/02/2016		Driver Age	51	Driving Experience	2
Contact No.(Mobile)	83494924		Contact No.(Office)	10	Contact No.(Home)	
Address 1				NAME AND ADDRESS OF THE OWNER,	Address 3	laumen
	BLK 448B #13		Address 2	BUKIT BATOK WEST AVENUE 9		WES
Address 4	SINGAPORE 65	52448	Address Type	Singapore address	Post Code	6524
Unit No.  Does he own a Singapore	13-34					
Registered car?	Yes . No		Driver Vehicle No.		Driver Insurer Company	
Declaration						
Breathalyser or Blood Test Reading?	0 mg		Any injury?	Yes . No		
Modification History						
Properties (match y						
Claim 001 New						
Claim 001 New						
Claim 001 New						
Claim 001 New						
Claim 001 New	5062749530-0	ıs	Vehicle No.	GX8448€	GST Registration No.	
Claim 001 New Claim Handling Accident MT/1028855	5062749530-0	15	Vehicle No.	GX8448€	GST Registration No.	
Claim 001 New Claim Handling Accident MT/1028855 Policy No.		OS GAPORE PTE, LTD.	Vehicle No.	GX8448£	GST Registration No. Policyholder NRIC	2002
Claim 001 New  Claim Handling Accident MT/1028855  Policy No. Certificate No.		GAPORE PTE, LTD.	Vehicle No.	GX8448E Comprehensive		2002 D
Claim 001 New  Claim Handling Accident MT/1028855  Policy No. Certificate No. Policyholder Name	KENZONE SIN	GAPORE PTE, LTD.			Policyholder NRIC	
Claim 001 New  Claim Handling Accident MT/1028855  Policy No. Certificate No. Policyholder Name Product Code	KENZONE SIN	GAPORE PTE, LTD.	Cover Type		Policyholder NRIC Loading	2002 0
Claim 001 New  Claim Handling Accident MT/1028855  Policy No. Certificate No. Policyholder Name Product Code Contact No.(Mobile) Email Address	KENZONE SIN	GAPORE PTE, LTD.	Cover Type Contact No.(Office) Special Remark	Comprehensive	Policyholder NRIC Loading Contact No.(Home)	0
Claim Handling Accident MT/1028855 Policy No. Certificate No. Policyholder Name Product Code Contact No.(Mobile) Email Address KFK	KENZONE SING FLEET INSURA 68440230	GAPORE PTE, LTD.	Cover Type Contact No.(Office) Special Remark TCA	Comprehensive	Policyholder NRIC Loading Contact No.(Home) eCode eCode Reason	0 No
Claim 001 New  Claim Handling Accident MT/1028855  Policy No. Certificate No. Policyholder Name Product Code Contact No.(Mobile) Email Address KFK NCD Protection	KENZONE SING FLEET INSURA 68440230	GAPORE PTE, LTD.	Cover Type Contact No.(Office) Special Remark	Comprehensive	Policyholder NRIC Loading Contact No.(Home) eCode	0
Claim 001 New  Claim Handling Accident MT/1028855  Policy No. Certificate No. Policyholder Name Product Code Contact No.(Mobile) Email Address KFK NCD Protection  Accident Details	KENZONE SINC FLEET INSURA 68440230 a NoYes No	GAPORE PTE, LTD.	Cover Type Contact No.(Office) Special Remark TCA NCD Entitlement(%)	Comprehensive  No Yes	Policyholder NRIC Loading Contact No.(Home) eCode eCode Reason Private Hire	No No
Claim 001 New  Claim Handling Accident MT/1028855  Policy No. Certificate No. Policyholder Name Product Code Contact No.(Mobile) Email Address  KFK  NCD Protection  Accident Details  Report Date	KENZONE SING FLEET INSURA 68440230 a No Yes No	GAPORE PTE, LTD.	Cover Type Contact No.(Office) Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs	Comprehensive  No Yes  O  Yes	Policyholder NRIC Loading Contact No.(Home) eCode eCode Reason Private Hire Accident Type	No No Collis
Claim 001 New  Claim Handling Accident MT/1028855  Policy No. Certificate No. Policyholder Name Product Code Contact No.(Mobile) Email Address  KFK  NCD Protection  Accident Details  Report Date Date of Accident	KENZONE SINC FLEET INSURA 68440230 a NoYes No	GAPORE PTE, LTD.	Cover Type Contact No.(Office) Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs Time of Accident hh:mm	Comprehensive  No Yes	Policyholder NRIC Loading Contact No.(Home) eCode eCode Reason Private Hire  Accident Type Country of Accident	No No Collis
Claim 001 New  Claim Handling Accident MT/1028855  Policy No. Certificate No. Policyholder Name Product Code Contact No.(Mobile) Email Address KFK NCD Protection  Accident Details Report Date Date of Accident Reporting Centre	KENZONE SIN: FLEET INSURA 68440230 a No Yes No 21/01/2019 12 21/01/2019	GAPORE PTE, LTD.	Cover Type Contact No.(Office) Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs Time of Accident hh:mm Orange Force	Comprehensive  No Yes  O  Yes	Policyholder NRIC Loading Contact No.(Home) eCode eCode Reason Private Hire Accident Type	No No Collis
Claim 001 New  Claim Handling Accident MT/1028855 Policy No. Certificate No. Pollcyholder Name Product Code Contact No.(Mobile) Email Address KFK NCD Protection  Accident Details Report Date Date of Accident Reporting Centre Accident Location	KENZONE SIN: FLEET INSURA 68440230 a No Yes No 21/01/2019 12 21/01/2019	GAPORE PTE, LTD.	Cover Type Contact No.(Office) Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs Time of Accident hh:mm Orange Force	Comprehensive  No Yes  O  Yes  10:25	Policyholder NRIC Loading Contact No.(Home) eCode eCode Reason Private Hire  Accident Type Country of Accident	No No Collis
Claim 001 New  Claim Handling Accident MT/1028855 Policy No. Certificate No. Pollcyholder Name Product Code Contact No.(Mobile) Email Address KFK NCD Protection  Accident Details Report Date Date of Accident Reporting Centre	KENZONE SIN: FLEET INSURA 68440230 a No Yes No 21/01/2019 12 21/01/2019	GAPORE PTE, LTD.	Cover Type Contact No.(Office) Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs Time of Accident hh:mm Orange Force	Comprehensive  No Yes  O  Yes	Policyholder NRIC Loading Contact No.(Home) eCode eCode Reason Private Hire  Accident Type Country of Accident	No No Collis
Claim 001 New  Claim Handling Accident MT/1028855  Policy No. Certificate No. Policyholder Name Product Code Contact No.(Mobile) Email Address KFK NCD Protection  Accident Details Report Date Date of Accident Reporting Centre Accident Location	KENZONE SIN: FLEET INSURA 68440230 a No Yes No 21/01/2019 12 21/01/2019	GAPORE PTE, LTD.	Cover Type Contact No.(Office) Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs Time of Accident hh:mm Orange Force	Comprehensive  No Yes  O  Yes  10:25	Policyholder NRIC Loading Contact No.(Home) eCode eCode Reason Private Hire  Accident Type Country of Accident	No No Collis
Claim 001 New  Claim Handling Accident MT/1028855 Policy No. Certificate No. Policyholder Name Product Code Contact No.(Mobile) Email Address KFK NCD Protection  Accident Date Date of Accident Reporting Centre Accident Location  Excess	KENZONE SIN: FLEET INSURA 68440230 a No Yes No 21/01/2019 12 21/01/2019	GAPORE PTE, LTD.  7:42  AVE 5 SLIP RD INTO TUAS SOUTH AVE	Cover Type Contact No.(Office) Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs Time of Accident hh:mm Orange Force	Comprehensive  No Yes  O  Yes  10:25	Policyholder NRIC Loading Contact No.(Home) eCode eCode Reason Private Hire  Accident Type Country of Accident ICM No.	No No Collis
Claim 001 New  Claim Handling Accident MT/1028855 Policy No. Certificate No. Policyholder Name Product Code Contact No.(Mobile) Email Address KFK NCD Protection  Accident Details Report Date Date of Accident Reporting Centre Accident Location  Excess Own damage Excess	KENZONE SIN: FLEET INSURA 68440230 a No Yes No 21/01/2019 12 21/01/2019	GAPORE PTE, LTD.  7:42  AVE 5 SLIP RD INTO TUAS SOUTH AVE	Cover Type Contact No.(Office) Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs Time of Accident hh:mm Orange Force 4 Additional Excess	Comprehensive  No Yes  O  Yes  10:25	Policyholder NRIC Loading Contact No.(Home) eCode eCode Reason Private Hire  Accident Type Country of Accident ICM No.	0 No

1/21/2019		Claim I	Handling(accident	reporting Cla	im Task )					
All Claims Excess										
YIED All Claim Excess		Driver is	Covered?							
Total All Claim Excess Applicable										
OD Standard Excess		TP Stand	dard Excess							
YIED OD Excess		YIED TP	Excess			D	river is Co	wered?		
Additional Excess										
Total OD Excess Applicable		Total TP	Excess Applicable							
GST Registered Informat	ion									
Policyholder Mailing Add	ress									
Address 1	150 UBI AVENUE 4	Address	2	#05-07/08 UBI	BIZ-HUB	A	ddress 3			SING
Address 4		Address	Туре	Singapore addre	55	Pr	st Code			4088
Unit No.		Related	Policy Number	5062749530-05						
Driver Name	Unnamed Driver	Driver T	уре	Unnamed Driver						
Unnamed driver Name	KUMARASAMY 5/O SINGARAVEL	Driver N	IRIC	S1818649G		D	river DOB			08/03
Register Date of Driver License	16/02/2016	Driver A	ge	51		D	riving Exp	erience		2
Contact No.(Mobile)	83494924	Contact	No.(Office)			C	ontact No.	(Home)		
Address 1	BLK 4488 #13-34	Address	2	BUKIT BATOK W	EST AVENUE 9	A	ddress 3			WEST
Address 4	SINGAPORE 652448	Address	Туре	Singapore addre	66	Pe	ost Code			6524
Unit No.  Does he own a Singapore	13-34									
Registered car?	Yes + No	Driver V	ehicle No.			Di	river Insur	rer Compa	eny	
Declaration										
Breathalyser or Blood Test Reading?	0 mg	Any inju	ry?	∪ Yes ± No						
Modification History										
Claim 001 OD-MX New	1									
Claim Type *					OD-MX		nsured ame ontact	KENZON	SINGAPOR	E PTE. L
Contact No.(Mobile)						N	0.			
						0	tome)			
Email Address						V		GX8448E	8	
Claim Description					GX8448E / SKQ7160E ON	21 Jan 2	1019			
Preferred										
Workshop n		Not at Fault	*		200					
Consist No. Yes		Yorkshop, Name unknown	GIA Received	- 8	·1	c	laim .			
Date Registered					21/01/2019 17:45	C	lose ate			
Report Taken By					LIEW SHAN HUI		lorkshop epairer			
Print AK letter										
1.5 / Table of Area Williams										
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Attachment										
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Accident No.	MT/1028855		Claim No.		001					
Last Doc. Received	* Yes U No		Upload Date		21/01/2019 17:45					
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Message Read										
Attachment	Uploaded By/Date		Category	9	Urgency			Descri	ption	
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