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TP Insurer:	Ass't Report by Fax / Han	nd to Owner/Wksp	CONTRACTOR OF THE PARTY OF THE
Preferred Wksp / INC Assign Wksp / QW: (		101:	ax: )
TP Particulars: Veli No: Sele	6500Z . INC	( )/Non-INC( ).	
Owner / Driver: (		Tel:	
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2) QC Check / Post Repair Inspection	( · )	· · · · · · · · · · · · · · · · · · ·	- ' :
3) Upload Resurvey Photo [Repair Cost>\$30	0001 ( ) -		
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MAI 900 639  Thirmant/schartlenary/ Driver/Owner: Contact No: Darnaged Portion: QC Checked by (Engr-In-Chartle): Auditors Comments:	2) DA i Da 3) TF i Tev 4) FT i Fol 5) FT i Fol For vlair 6) TR: Re 7) NI i lda 8) NIUC / OD! • NS: Co • N6: Re	mage Assessment (\$100); INC , ving Pee tow-Through Survey (Resurvey) ow-Through Survey (Resurvey) plins assinat INC Only (Waf 10 Jan 20 , impection of DA + SMRT Survey Additional Services:- partiesy Car / Tpl Allowance pair Co-ordination at Repair Inspection V / Collect Excess Coordination 1): TP (N-in INC) against INC lao Mobile	\$80) 40/145 \$120 \$300  \$75 \$160  \$51 \$510 \$75 \$30 \$20 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$3

### 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 truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy flability.
- 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.
- By the ladgement 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.

The state of the state of the state of	ACCIDENT STATEMENT	
Date Of Report	22/01/2019 13:07	
Date Of Accident	19/01/2019 16:30	
Exact Location Of Accident	ALONG JALAN BUKIT MERAH	
Country/State of Loss	SINGAPORE	
正是 NOW AND WHEELS NO. 25	DETAILS OF OWN VEHICLE	San Andrew Address
Vehicle Registration Number	GBH9428A	

Vehicle Registration Number	GBH9428A	
Insured/Policyholder		
Name Of Registered Owner	POH AIK HAI KEE	
Co Reg No	38715100A	
Email Address	ALEXQUEKBS@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-97721567	
Alternative Phone No	OFFICE-97721567	
Vehicle Destinuters		

Torriore Farthodians	
Manufacturer	TOYOTA
Model	HIACE
Format December Johnstein verbieten	and a supplementary of the sup

Exact Purpose for which vehicle was being used at time of accident DOING DELIVERY

Are you claiming under your own insurance policy for repair to your vehicle?

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 5104846072

Cover Note Number

Driver

Name of Driver QUEK BAN SENG

 NRIC No
 \$1761260C

 Date Of Birth
 27/06/1966

 Occupation
 OUTDOOR

 Date Of Driving Pass
 20/04/1985

Driving Experience 33 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97721567

Fax Number

Contact Number OTHERS-97721567

EMail Address ALEXQUEKBS@GMAIL.COM

Address

BLK 138 HILLVIEW AVENUE

#07-07

Postcode

669599

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

NO

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 SKETCH PLAN

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

SLQ6510Z

Vehicle Make/Model/Colour

HONDA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

ONG KIM THYE

NRIC/Passport Number

S0171124E

Contact Number

96909979

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

## SKETCH PLAN

# IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Beer & Beverage Distributor
Blk 23, Depot Lane
#01-06, Central Warehouse

Policyholder's Signature Date & Filme 6224 1629

HP: 9727 3948 / 9772 156

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

3.5	T. Pa	3.16
DEC	LARA	TION

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

Blk 23, Depot Lane

#01-06, Central Warehouse

Policyholder's Signature Date & Titale: 6224 1629

HP: 9727 3948 / 9772 155

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature
Name: Koll MATO

NRIC/FIN No.:

Little Falls

#### Claim Handling Accident HT/1028967 GST Registration No. OHIOSETSA. 5104845072 Certificate No. 387151004 Astroyoutger WASC POH ALK HAL HEE Policyholder Name Leading Cover Type Сопонтинения COMMERCIAL VEHICLE INSURAL Product Code Contact tip.(Home) Curtait No.(Office) Contact No.(Proble) 794 Y eCode: Special Remark Email hodress eCade Resson - No - Yes TCA w. No. ... You erw Private Hire Not available NCD SWITHMANN (N) NCD Protection T Accident Details Collision - Peast to Sour Accident Type Accident Report Within 34 hrs 22/01/2019 12:17 Report Date Country of Accident Singapore Time of Accident hhumm 16:45 Date of Accident 19/01/2019 IDH No. Orange Force Reporting Centre JUNCTION OF BUKET HERAH AND LOWER DELTA Assidant Location - Encess 100.00 Windscreen Except 900.00 Additional Excess Own damage Excess Outside Singepore CO Excess Unnamed Driver Excess Outside Singapore TP Escoss 0.00 Third Party Excess ₩ Benefits GST Registered Information **GST Registration Date** GST Registered Tyre: **657 Registration No.** 22/01/2019 14:33:10 Departs Muli changed GST Status Ventier from Nu tu Yes Hodification History \* Policyholder Halling Address SINGAPORE 109753 Address 3 23 DEPOT LANE Address 2 Address E Post Carle 109753 Singepure address Appress Type Appress 4 5104846072 Related Policy Number 01-06 Unit No. to Ot Driver Info Oriver Name Driver DOS unramed driver frame Driving Experience Driver-Age Register Date of Driver License Contact No./Office) Cortact No.(Home) Contact No. (Mobile) Address 3 Address 2 Arthurs 1 Address Type Foreign address Address 4 Driver Inquirer Company Ones he sam a Singapore Angistered car? Driver Vehicle No. Yes + No Prodification History Claim 902 Jisw. Claim Handling Accident MT/1028967 GST Registration No. GBH94284 Policy No. \$104896022 Certificate No. 3871S100A Policyholder NKIL POH AIK HAI KEE Policyholmer Name Comprehensive Loading Cover Type Froduct Code COMMERCIAL VEHICLE INSURAR Contact No (rume) Contact to COffice). Contact No. (Mohile) . No eCade Special Remark Email Address eCode Remon TEA + ho Tes KPK + No Yes Private Hire 20 NCD Entitlement(%) NCD Preteition T Accident Details Epitison - meed to Kear Accident Type Acodent Report Within 24 hrs Report Date 22/01/2019 12:17 Singapere Country of Accident Time of Accident birumm 75:45 Date of Acodem 18/01/3019 IdM No. Crange force Reporting Centre JUNCTION OF BURIT MERCH AND LOWER DELTA Accident Location Total Excess Applicable W Excuse 100.00 Windscreen Excess Additional Excess 600.00 Den damage Excess Dutside Singapore 00 Excess Dutaide Singapore TP Excess 0.00 Third Farty Excess 100.00 Windstreen Excess Sacres Type All Clares Excess Driver is Covered? VIED At Claim Sciasa Tutal All Claim Excess Approachs 17 Standard Rates DD Standard E-cess tinver is Covered? YORD TO Excess 7000 GO SHISSE Additional Excess Total TP Excess Applicable Yetal OD Excess Applicable w Benefits \* GST Registered Information Topicynoider Mailing Address SUNGAPORE 109753 Address 3 #01-00 Address 2 23 DEFOT LANE Singapore autress 109753 Rost Code Address Type Address 4 Related Policy Number 5554845073 81-86 Unit No. ≠ 01 Oriver Info Driver DGB Oriver NRSC Unnamed driver Name Driving Experience Driver Age Register Date of Driver License Contact No.(Home) Centers No.(Office) Contact No.(Modile) Address 3 Address 2 Address 1 Part Code Address Type Foreign address Address 4

Display in New Window | Scan and uphracing

Uproattest By/Date

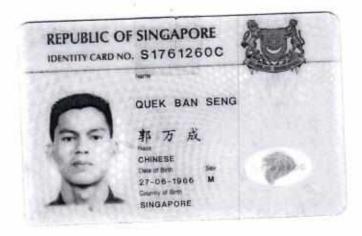
Folder Date

Source

# ACCIDENT STATEMENT

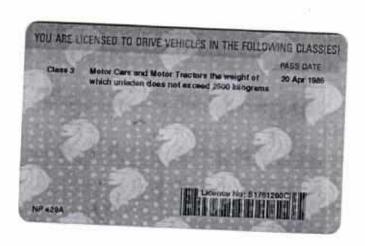
ACCIDENT DATE: (16.30)(HH:MM)
LOCATION: Jalan St Merah
a) VEHICLE NUMBER: GBH 9428 A  b) INSURANCE COMPANY: 10 COMPANY: 1
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)  B)MAKE & MODEL: HOUSE HOUSE / MOTORCYCLE / OTHERS)  G)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  h)PURPOSE OF USING AT ACCIDENT TIME: HOUSE OF USING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER A) NAME: POH AIR HAI KEE (MALE / FEMALE) b) NRIC/FIN/PASSPORT: 38 115 100 H CONTACT: c) ADDRESS:
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  ONAME: Quek Bar. Sery (MALE / FEMALE)  ONAME: DINRIC/FIN/PASSPORT: 1761260 CONTACT: 9772156  CLADDRESS: 138, #67-87   HITVIEW W. C. 6/1959
e)OCCUPATION: (INDOOR / OUTDOOR)  1) DATE OF BIRTH: (177 06) 1966 (DD/MM/YYYY)  1) DATE OF DRIVING PASC  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DRY / WET / OTHERS
6. WAS ANYBODY INJURED (YES / NO) 7. DIREPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:
8. THIRD PARTY VEHICLE  Sho of passinger of Vehicle NUMBER: SLO 6510 Z MODEL: Honda  (Including driver) b) DRIVER'S NAME: One Fun Thing  (2) PRIC/FIN/PASSPORT: SO 171124ED CONTACT: 96909979  9. THIRD PARTY VEHICLE
No of passanger d) VEHICLE NUMBER:MODEL:
(Including driver) f) NRIC/FIN/PASSPORT: CONTACT:

email = alexquet bs@gmail.com











# 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: 5104846072

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle

To Be Advised

Chassis Number

JTFHT02P100246017

2. Name of Policyholder

POH AIK HAI KEE

3. Effective Date of Insurance

26 Oct 2018

4. Expiry Date of Insurance

25 Oct 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 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 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 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 these headings.

EXCESS (SECTION 1)

: \$\$600

EXCESS (SECTION 2)

: N/A

WINDSCREEN EXCESS

55100

INSURE WITH COE

: YES

HIRE PURCHASE COMPANY

: HONG LEONG FINANCE 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 Charles and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)

Date of Issue

: 26 Oct 2018 13 06 hims

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Office

Chief Executive