| Date In: 20/1/19-16:12 | Jeb description | | Date & Tim | e Completed | Done | <u></u> |
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| Veh No: 544 9778 13 | E-mail (within | Shrs, AIC 2hrs) | | | | • |
| D.O.A: 19/1/19-17:25 | i-Motor Clair | m Form | M1/1029 | 281-021 | nlilia | 18:27 |
| | i-Motor W/O | (Within: OD 2h | The second second second | | | |
| OD (TP) ! Reporting Only | i-Photo Uplo | aded | | | | - Care 10 |
| C.C. (1971) | Assessment/Su | irvey Report | | | | |
| TP Insurer: | Ass't Report b | y Fax / Hand | to Owner/Wk | SD | | |
| Preferred Wksp / INC Assign Wksp / QW: | (| | Tel: | F | ax: | -#XV- |
| TP Particulars: Veh No: | DM266 | . INC(|)/Non-II | NC(). | ¥ | |
| Owner / Driver: (| | | Tel: | |) | |
| Policy No: () | Period: (|) | Cover Type | s: (|) | MC 05000 M M |
| Confirmed by : (| | Date: | T | ime: |) | |
| Insured/Driver Liability: (% | Note-Est. Status (V | WO): N: 0-2 | 20%; P: 21-7 | 9%. F: 80-1 | 100%] | |
| Year of Registration: () | Warranty: YES (|)/NO(|) | | | Second Bear |
| Excess: (\$) Loading: \$ | 31,000 ()/\$2,000 | () | | | | |
| General Remarks:- | | 1 * XYAY | - 7/S | San All | Scott Single | |
| () Walk-In Customer: Customers | | | | | | |
| () Total Loss Case : to e-mail Ins | | | N. True | | | |
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
 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.
- 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

| The second second second second | ACCIDENT STATEMENT |
|--|--|
| Date Of Report | 22/01/2019 16:12 |
| Date Of Accident | 19/01/2019 17:25 |
| Exact Location Of Accident | YISHUN ST 81 |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SLA9558B |
| Insured/Policyholder | |
| Name Of Registered Owner | AL AUTORENT PTE LTD |
| Co Reg No | 201832693N |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-89999999 |
| Vehicle Particulars | |
| Manufacturer | ТОУОТА |
| Model | VIOS G AUTO |
| Exact Purpose for which vehicle was being used at time of accident | WORKING |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | PRIVATE HIRE |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | YES |
| Policy Number | 5106254769 |
| Cover Note Number | |
| Driver | |
| Name of Driver | HOWE YONG PENG |
| NRIC No | S1586770A |
| Date Of Birth | 08/11/1963 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 27/09/1984 |
| Driving Experience | 34 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90065388 |
| Fax Number | |
| Contact Number | OFFICE-90065388 |
| EMail Address | NOEMAIL |

Address BLK 209B PUNGGOL PLACE

#14-1292

Postcode 822209

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

3

Number of Passengers (Including Driver)

Passenger 1

NAME:

2 -

GENDER: : MALE

Passenger 2

NAME:

. .

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FBM206G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Page 2 of 17

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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 | Yis | hun st d | 1 | |
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| E (N) | articulars are true in every res | 2 | |) a |
| holder's Signature | | . ~ | | la la |
| & Time: | Oriver's Signature (If driver is not the | policyholder) | Reporting Centre Person Name: | nnel's Signature |
| M. Si etchibundaren 300 | Date & Time: | | NRIC/FIN No.: | |

STARME STANDARD OFFI VE

Email: <u>sm@idac.com.sg</u> Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

| Date of Accident: 19 | C1 /2019 (dd/mm/yy) Time of Accident: 17 : 24 (24-HR-FORMAT) |
|--|--|
| Vehicle No.: SLA 9 | S58 B Vehicle Make & Model: |
| Exact location of Accide | |
| Policyholder's Name / IC | CNO.: AL Autorent Pte Ad cle: 201832693N |
| Driver's Name / IC No. | HOWE YONG PENG SIBSG 7 TOA (As Above) |
| Driver's Contact No. : _ | 900 65 3 88 Company Contact No: |
| Driver's Address: | |
| Insurance Company: | NTU C Email address (if any): |
| Relationship between Owner / Spouse / Childre | Owner & Driver: (Please CIRCLE one only) ren / Friend / Parents / Sibling / Relative Employee)/ Hirer or Others specify: |
| What do you wish to cl | Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose) |
| Exact purpose for whic Was being used at time Private use / | of accident? Occupation (nature or you) |
| | Road conditions? (On the day of accident) |
| Weather condition & F | Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: |
| | ptured by your Car Camera? Yes / No |
| was there any video ca | No (If YES) Injured Person' Name: |
| Any Injuries: Yes | Injured Person in Which Vehicle: |
| Injuries Sustain: | Yes / No (If YES) Which Police Station: |
| Police Report filed: | |
| | The Other Party(s) Details: |
| 1 Driver's Name / IC) | No:Vehicle No: FBm 306 G |
| Driver's Contact No. | Insurance Company (If any): |
| Driver's Contact No. | No:Vehicle No: |
| 2. Driver's Name / IC | No: |
| | Insurance Company (If any): |
| *Independent Witness (| If Any): Contact No: |
| Preferred Workshop | Name: Contact No: |
| Treferred from the | |

^{*}If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1586770A

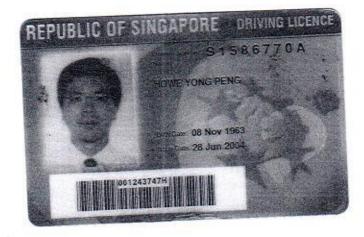


HOWE YONG PENG

CHINESE 08-11-1963 M

Country of birth SINGAPORE











Certificate of Insurance

| MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 185 |)) |
|--|----|
| MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1950 | |
| ROAD TRANSPORT ACT, 1987 (MALAYSIA) | |

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5105366475

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: SLA9558B

Chassis Number

: MR053HY9305112866 : AL AUTORENT PTE. LTD.

2. Name of Policyholder

3. Effective Date of Insurance

: 08 Nov 2018

4. Expliny Date of Insurance

: 07 Nov 2019

5. Persons or Classes of Persons entitled to drivel

(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. Umitations 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.

Umitations 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 (Maiaysia), are not to be included under these headings.

| EXCESS (SECTION 1) | : N/A |
|--------------------------------------|-------------|
| EXCESS (SECTION 2) | : \$\$1,500 |
| ADDITIONAL EXCESS | : N/A |
| UNNAMED DRIVER EXCESS | : N/A |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : NO |
| INSURE WITH COE | : N/A |
| NCD PROTECTION | : NO |
| PRIMARY DRIVER | : N/A |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : N/A |
| SUM INSURED | : N/A |

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)

: 5 & M ALLIANCE PTE LTD (00000614373)

: 08 Nov 2018 14:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

| eBaoTech | | | | | | | | | GeneralClaim | | |
|------------------------------|----------|-----------------|-----------------------|-------------------------------------|------------------------------------|----------------|------------------------|----------------------------|-------------------------------|------------------|----------------|
| Hello, NAC_PAYA_UBI_8006 | 01 | | | | | | Change Lar | guage | Change Pa | ssword | Log Out |
| My Desktop Notice of Loss | Policy N | No. (For Motor) | SLA9556 | 38 | 3 | | ocident se Number | 19/01 | /2019 17:25 | | • |
| | Select | Policy No. | Certificate Number | Policyholder Name AL AUTORENT | Policyholder NRIC 201832693N | Product GFT | Cover Type Third Party | Vehicle No. SLA9558B | Insured Object SLA9558B | Commence Date | Expiry Date |
| | 0 | 5106254769 | | PTE. LTD. | | ntinue | Third Party | 3LA #330D | 35,493300 | 10/12/1010 | × |

| Policy No. | 5106254769 | Policyholder | AL AUTO | RENT PTE. LTD. | Policyholder | 2018326931 | N . |
|--|----------------------------|-----------------------------------|-----------------------|---------------------------------|-----------------------|-------------|--|
| Certificate | | Name | | | NRIC | | |
| Address | 210 TURF CLUB ROAD #LOT-B | 01 THE GRAND | STAND SI | NGAPORE 287995 | | | |
| Product Name | FLEET INSURANCE | Plan | | | Group Policy Flag | N | |
| Policy ssue Date | 10/12/2018 | Effective Date | 10/12/20 | 018 00:00 | Expiry Date | 27/09/2019 | 23:59 |
| xcess Type | | All Claims Excess | | | | | |
| Third Party Excess | 1000 | Own damage Excess | 0 | | Windscreen Excess | 0 | |
| Additional excess | 0 | OS Premium | 506.42 | | | | |
| Outside Singapore OD Excess | 0 | Outside Singapore TP Excess | 1000 | | | You | ng/Inexperience Driver Excess |
| Agent Co- insurance Flag Open Policy Info Certificate Info | S & M ALLIANCE PTE LTD No | Agent Tel. | 9635428 | 8 | GST Flag | Y | |
| 20,000,000 | holder Mailing Address | | | | | | |
| Address 1 | 210 TURF CLUB ROAD | | ess 2 | #LOT-B01 THE GRA | ANDSTAND | Address 3 | SINGAPORE 287995 |
| Address 4 Unit No. | LOT-B01 | Relat | ess Type ed Policy | Singapore address 5106254769 | | Post Code | 287995 |
| D T | d Objects CLASSESS | Num | ber | | | | |
| 127.1010/06.123 | ed Object: SLA9558B | | | | | | |
| ♥ Endors | sements | Managari . | 07000 | 7300 700 70 | 2007 | 100000 | A STATE OF THE STA |
| Seque | Date of Endorsement | Endorsem | Type | Endorsement Number | r Endorse | ment Status | Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SMG3116P 19-12-2018 \$557.66 In view of this amendmen an additional premium of \$557.66 (inclusive of GST) is payable under |
| 18 | 19/12/2018 00:00 | Basic Informa Endorsement | | 000001286966695 | Endorsem Effective | ent Take | your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it you could make payment to us within 14 days from the date of thi letter. For cheque payment, please issue the cheque in favour of "NTU Income" with your name and polic number indicated on the reverse of the cheque. Alternatively, you coul also make payment at any of our branches by cash or NETS. |

| aim Handling e premium on this policy ha cident MT/1029089 | as not been collected. | | | | | |
|--|------------------------|-------------------|------------------------------|--|----------------------------|--|
| icy No. | 5106254769 | | Vehicle No. | SLA9558B | GST Registration No. | |
| | AL ALIERANDAR OFF | 100 | | | | 67000000 |
| icyholder Name | AL AUTORENT PTE. | LIO. | 713400000000 | | Policyholder NRIC | 201832693N |
| duct Code | PLEET INSURANCE | | Cover Type | Third Party | Loading | 0 |
| ntact No.(Hobile) | 0 | | Contact No. (Office) | 0 | Contact No (Home) | 0 |
| all Address | | | Special Remark | | eCode . | No. V |
| < | ® No ○ Yes | | TCA | ® No ○ Yes | eCode Reason | |
| D Protection | No | | NCD Entitlement(%) | 0 | Private Hire | Yes |
| Accident Details | | | | | | |
| ort Date | 22/01/2019 18:26 | | Academi Report Within 24 hrs | Ves | Accident Type | Collision - Head to Rear |
| e of Accident | 19/01/2019 | | Time of Accident nh.mm | 17:25 | Country of Acadent | Singapore |
| orting Centre | | | Orange Force | | ECM No. | |
| ident Location | YISHUN ST 81 | | | | | |
| Excess | | | | | | |
| damage Excess | | 0.00 | Additional Excess | 0 | Windscreen Excess | 0.00 |
| named Driver Excess | | | Outside Singapore OD Excess | 0.00 | | |
| rd Party Excess | | 1,000.00 | Outside Singapore TP Excess | 1,000.00 | | |
| Benefits | | | 300 | | | |
| GST Registered Inform | mation | | | | | |
| Registered | No | | | GST Registration Date | | |
| Registration No. | | | | GST Status verified | No. | |
| ification History | | | | | | |
| | | | | | | |
| Policyholder Mailing A | Address | | | | | |
| tress 1 | 210 TURF CLUB RO | OA | Address 2 | FLOT-BOL THE GRANDSTAND | Address 3 | SINGAPORE 287995 |
| tress 4 | | | Address Type | Singapore address | Post Code | 287995 |
| t No. | LGT-801 | | Related Policy Number | 5106254769 | | |
| OI Driver Info | | | | | | |
| ver Name | Unnamed Driver | | Driver Type | Unnamed Driver | | |
| named driver Name | HOWE YONG PENG | | Driver NRIC | \$1586770A | Driver DOB | 08/11/1963 |
| pater Date of Driver Licens | se 27/09/1984 | | Driver Age | 55 | Driving Experience | 34 |
| nact No.(Mobile) | 90065388 | | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| tress 1 | BLK 2096 | | Address 2 | PUNGGOL PLACE | Address 3 | PUNGGOL CREST |
| | SINGAPORE 82220 | a a | | | Post Code | 822209 |
| tress 4 | | | Address Type | Singapore address | Post Lode | 022279 |
| t No. es he own a Singapore | 14-1292 | | | | | |
| gistered car? | ○ Yes ® No | | Driver Vehicle No. | | Driver Insurer Company | |
| lanation | | | | | | |
| athelyser or Blood Test | | | C205094093 | 9207022000 | | |
| ding? | 0 mg | | Any injury? | ○ Yes ® No | | |
| incation History | | | | | | |
| ALTONOMICS. | tw. | | HISOMACA MICHIGAN | | on continues the | |
| im Type * | ор-мх | ~ | Insured Name | AL AUTORENT PTE, LTD. | Insured NRIC | 201832693N |
| mact No.(Mobile) | | | Contact No. (Home) | | Contact No.(Office) | NIL |
| ail Address | | | OI Vehicle Number | SLA95588 | TP Vehicle Number | FBM206G |
| mant Type Claimant Type | Please Select | V | Type of Benefit * | Please Select | | |
| mant Name * | | 2.2 | Claimant NRIC • | | | |
| mant Address | | | | | | |
| n Description | SLA95588 / F8M20 | 6G ON 19 Jan 2019 | | | Name of Preferred Workshop | |
| erred Workshop Contact | | | Insured Liability * | Not at Fault | | |
| ure Finalisation | Yes | v | Preferered Repair Option | Preferred Workshop, Name unknown | GIA report | Received |
| e Registered | 22/01/2019 18:27 | | Claim Close Date | | Date Received | 22/01/2019 18:30 |
| ort Taken By | Jackson | | Workshop Repairer | | Total Loss but Repaired | A CONTRACTOR OF THE PARTY OF TH |
| | No. Carlot | | ногилир мерапет | | , one come out repaired. | |
| Print AK letter | | | | Save Submit | | |
| tachment | | | | | | |
| | | | | | | |
| dent No. | MT/1029089 | | Claim No. | 001 | | |
| Doc. Received | ∀es ○ No | 6 | Upload Date | 22/01/2019 18:30 | | |
| | | Path * | | Category * | Confidential Urgen | cy * Description * |
| | | | Browse | I second Property lives | Normal | |
| | | | Browse | The state of the s | No V Normal | _ |
| | | | Browse | | V Normal | V |
| | | | | | | |

