NATIONAL Assessment Centre Services. [Wet 1 Jan'05/M NALIGOIM) Done by Date & Time Completed Date In: 25 1 19- 16-34 Jcb description SAS e-filing Rel No: NA | NC19201729 124 E-mail (within Shrs, AIC 2hrs) Vch No: JEMU6945 x11/19 17:53. i-Motor Claim Form M1 10290 61-001 D.O.A : 24/1/19-12:45 i-Motor W/O (Within: OD 2hrs, TP 4hrs) OD : TP Peporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Fax: Tel: Preferred Wksp / INC Assign Wksp / QW: ( )/Non-INC ( Veh No: JTEVIZI INC ( TP Particulars: Tel: Owner / Driver: ( Cover Type: ( Period: ( Policy No: ( Time: Confirmed by : ( Date: %) [Note-Est Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Insured/Driver Liability: ( )/NO( Warranty: YES ( Year of Registration: ( Loading: \$1,000 ( )/\$2,000( Excess: (\$ General Remarks: ) Walk-In Customer; Customer's information strictly Confidential & Strictly NO refer of repairer. ) Total Loss Case : to e-mail Insurer URGENTLY. ); Towing Co: ( ) / NO ( Drive-In ( )/ Towed-In ( ); Invoice: YES ( Date&Time Completed Remarks: (INC hotline: 6788 6616) ) / Courtesy Car ( 1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection ) 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Amt (3) Amt (S) Invoice Preparation Checklist Add Bill HA 19002 US: 1) AR : Accident Reporting Claimant's Particulars :-INC (\$80) 2) DA : Damage Assessment (\$100); \$40/\$45 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Follow-Through Survey \$30 5) FT : Follow-Through Survey (Resurvey) Contact No: For claiming against INC Only (wef 10 Jan 2005) \$75 6) TR : Re-inspection \$160 Damaged Portion: 7) N1 : Idac DA + SMRT Survey 8) NTUC Additional Services:-OD. \$5 QC Checked by (Engr-In-Charge): \*NS: Courtesy Cer / Tpt Allowence 510 \*N6: Repair Co-ordination \$25 \*N7: Fost Repair Inspection Auditors' Comments :-\*N8: DV / Collect Excess Coordination 35 TP (N11): TP (Nun INC) against INC at. 1: 9) N12: Idac Mobile Fee Charged Invoice dated Cat. 2/3; Fee Charged

Involce dated

For part of the Text

#### 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.

- 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.

atoresaid.	
Committee of the Committee of the	ACCIDENT STATEMENT
Date Of Report	25/01/2019 16:34
Date Of Accident	24/01/2019 12:45
Exact Location Of Accident	SLIP RD TPE TWDS PASIR RIS DR 8
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SCM4694S
Insured/Policyholder	
Name Of Registered Owner	EAZY RENTALS PTE LTD
Co Reg No	201723629E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83184681
Alternative Phone No	OFFICE-83184681
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE 1.6 AT SX ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5094576865-01
Cover Note Number	
Driver	
	the state of the s

Name of Driver DEAN NG GUO SHENG NRIC No S9128999G

 Date Of Birth
 09/08/1991

 Occupation
 OUTDOOR

 Date Of Driving Pass
 22/08/2013

Driving Experience 5 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92358841

Fax Number

Contact Number OFFICE-92358841

EMail Address NOEMAIL

16 CACTUS DRIVE Address

#06-01 809690

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

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

Postcode

Was any foreign vehicle involved in this accident?

Foreign Vehicle Registration Number JTE4171 (PRIVATE CAR)

Number of vehicles (including own vehicle) 2

involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by NO

ambulance?

YES Was any other material or property damaged?

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? YES

If Yes, Please state which Police Station

PASIR RIS NEIGHBOURHOOD POLICE CENTRE Police Station Name

ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-5852999 - FAX NO: 65855261

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190124/2072.

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**

JTE4171 Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF INJURED PERSON 1** DEAN NG GUO SHENG

Approximate Age

Name

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

BODY

SCM4694S

YES

NO

Postcode

### 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 Polleyholder and/or the Avchorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrapresentation or withholding of material facts may allow insurance companies to repudista policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the dark of the insurance companies.
- 5. Any faise 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.
- 7. 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.
- Consent under the Personal Data Protection Act (PDPA)

t 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:
  - (f) 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 edministering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) ell insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/ste 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 losurers and/or GIA to their third party service providers or agents including their lawyers fraw firms), which may be sked outside of Singaporo, for one or more of the above Purposes.
- (b) 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 dalms.
- (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

with requirements under any regulations, laws or court orders. (B) (c)

Oriver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Persons el's Signature Name

NRIC/FIN No.1

Policyholder's Signature

Date & Time:

Vehicle A: SCM 46945 Vehicle B: JTE 4171

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Policyholder's Signature Date & Time: Onver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.;

Date of Accident	: 24/01/2019Accident Time: 12:45 (24-HR-Format)
Accident Place	:Along Road 1 Tampines Expressivay Along tampines Expressivay towards Pasir Ris DR 8
Vehicle Reg. No. (Car Plate No.)	SCM 46945
Vehicle Make/Model	: KIA FORTE
Insurance Company	: NTUC Policy No
Owner or Company Name /IC No.	: Eazy Rental
Owner or Company Contact No.	: 9318 468 1 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: Dean : Ng Guo Streng
DRIVER'S Date Of Birth	: 22 08 2013 DRIVER'S License Pass Date 22 Aug 2013
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Friend
DRIVER'S Address	: 16 CACTUS DRIVE # 06-01, S8 09690
DRIVER'S Contact No./ Alt No.	:1) 97358841 2)
DRIVER'S Occupation	: INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	: Weiguan 0312@gmail.com
Weather & Road Surface	:CLEAR & DRY\RAINING & WET\AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including )	Oriver): 01
Was there any video Captured by o Exact purpose for which vehicle w	car camera: YES \NO vas being used at the time of accident: Private use \ Work purpose
Other	Party Driver's Particular (if any)
Vehicle Reg. No: JTE 4171	Vehicle Reg. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:

M.





1 of 3

Report No. T/20190124/2072

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

Tel No: 1800-5852999

# REPORT OF A TRAFFIC ACCIDENT

	ne Report M 019 13:11	Made:	Vide Report No.:	Station Diary No.: 85
Informa	nt's Partic	ulars	CONTRACTOR OF THE PARTY OF THE	
	Informant: G GUO SH		Address: 16 CACTUS DRIVE #06-0	1 SINGAPORE 809690
	/ ID No.: D / S91289	99G	Contact No.: Home/Office:	Mobile: 92358841
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age: 27	Date of Birth: 09/08/1991	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupat SALES I	ion: EXECUTIVI	Ε	Driving Licence Information Class: 3A	n: Date of Expiry:

Selleral Illioni	nation of the Accident					
Type of Non-Injury Accident: Foreign Vehicle		Drink Drive: No	Drive: Accident:			
	XPRESSWAY PINES EXPRESSWAY	The state of the s	RIS DR 8			
Weather: Clear		Road Surface: Dry		Road Speed Limit:		
Traffic Flow: One Way		Traffic Control: Pedestrian Cross	ing	Traffic Volume: Moderate		
Type of Collisi Between Movi	on: ng Vehicles - Head To	Rear		Anyone conveyed by ambulance:		

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
JTE4171				1		0
SCM4694S						0





2 of 3

Report No. T/20190124/2072

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE

Tel No: 1800-5852999

# CONTINUATION OF REPORT

#### Brief Details.

On 24/01/2019 at about 1245hrs, I was driving my vehicle, a silver colored Kia Forte bearing the registration number of SCM4694S along TPE towards Pasir Ris Dr 8. There was only one lane as it was a slip road towards Pasir Ris Dr 8 after exiting from TPE.

I was at the slip road waiting to merge onto Pasir Ris Dr 8. I inched out wanting to drive into Pasir Ris Dr 8, however, a vehicle oncoming suddenly picked up speed. Hence, I braked my vehicle in order not to collide to the oncoming vehicle. I then felt an impact on the rear of my vehicle and went down to make a check, to which I realized that the vehicle behind of me, a silvered color Proton Saga bearing the registration number of JTE4171, had collided onto the rear of my vehicle. It has caused dents and scratches on the rear bumper of my vehicle.

No one was injured. I do not have any in-car camera. No traffic police or paramedics attended to the scene.





3 of 3

Report No. T/20190124/2072

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999

CONTINUATION OF REPORT

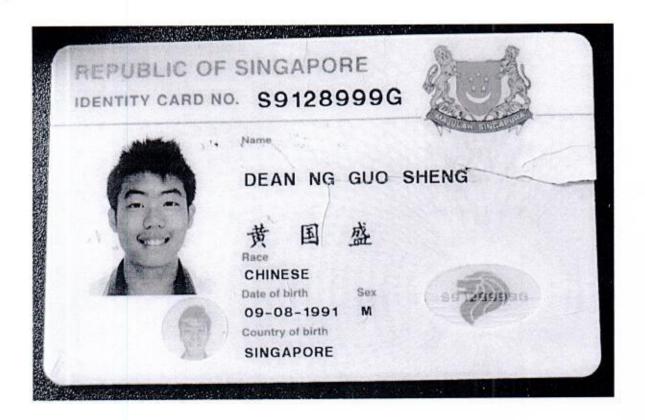
# Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sgt 2 PHYLLIS TAN SI MAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/01/2019 13:11
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt MOHAMAD ZULFAZDLI BIN ABDULLAH	Classification Of Case:
Contact No.: 65476204  Authentication Stamp NP168  SINGAPORE POLICE FORCE	

SIGNATURE







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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg 22 Aug 2013

NP 428A



-DODUCTION PTE LTD



#### Certificate of Insurance

Cover : drivo CLASSIC

KNAFW411MA5114410

EAZY RENTALS PTE LTD

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: 5094576865-01

1. Index mark and Registration Number of Vehicle Chassis Number

2. Name of Policyholder

3. Effective Date of insurance. 4. Expiry Date of Insurance

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.

SCM46945

09 Jan 2019

08 Jan 2020

Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

### This Policy does not cover

EXCESS (SECTION 3)

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carrage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

# Umhaplens 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

: \$\$2,000

: \$\$1,500 EXCESS ISECTION 2] WINDS ONEN EXCESS : 55100 : N/A ADDITIONAL EXCESS : PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP : NO : YES INSURE WITH COE : NO NCD PROTECTION : NO TRANSPORT ALLOWANCE NO EXCESS WAIVER PRIMARY DRIVER : N/A NAMED DRIVER (1)

: N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

SUM INSURED

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) : 24 Sep 2018 10:44 hrs Date of Issue

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive

<b>eBao</b> Tech								1	G	eneralC	laim
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					s	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5094576865- 01		EAZY RENTALS PTE LTD	201723629E	GFT	drivo CLASSIC	SCM4694S	SCM4694S	09/01/2019	rie Cit
					Co	intinue					

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Jnit No.	14		ed Policy	5094576865-01			
D Insure	ed Object: SCM4694S						
	ORDER NO.						
⇒ Endor		15_0004 110 0000000	West Carrier		v mentantico	ment Status	Endorsement Content
Seque	Date of Endorsement	Endorseme		Endorsement Number	Endorsem		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. SIP1791R 26-09-2018 \$1,328.94 In view of this amendment, an additional premium of \$1,328.94 (inclusive of GST) is payable under your policy Please ignore this premium payment
	26/09/2018 00:00	Basic Inform Endorsement		000001286908786	Effective		request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days fror the date of this letter. For cheque payment, please issue the cheque favour of "NTUC Income" with you name and policy number indicate on the reverse of the cheque. Alternatively, you could also make payment at any of our branches becash or NETS.

State   Stat	laim Handling he premium on this policy has	not been collected.							
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