

NATIONAL Assessment Centre Services. (w/1 + 23/00) **MAA419013225**

| | | | |
|----------------------------------|------------------------------------------|-----------------------|-------------------|
| Date In: 28/01/2019 15:56 | Job description | Date & Time Completed | Done by |
| Ref No: NBA/NAIC0018237 | SAS e-filing | | |
| Veh No: SMA 35422 | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 25/01/2019 18:15 | I-Motor Claim Form | MT11029815-001 | 28/01/2019 |
| OD: TP: Reporting Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | 16:38 |
| | I-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **JNV 7347** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Requirements (Use Column 2 & 3 for Actions):

| | | |
|---------------------------------------------------------|--|--|
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury: _____

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
| | |
| | |

NA1900786

| Client's Particulars | Invoice / Fee | Amount | Remarks |
|---------------------------------|-----------------------------------------|------------|------------------------------------------------|
| Driver/Owner: | 1) AR: Accident Reporting (\$30) | | |
| Contact No: | 2) DA: Damage Assessment (\$100) | INC (\$50) | |
| Damaged Portion: | 3) TP: Towing Fee | \$40/\$45 | |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey | \$120 | |
| | 5) FT: Follow-Through Survey (Resurvey) | \$30 | For claiming against INC Only (w/ 10 Jan 2019) |
| Auditors' Comments: | 6) TR: Re-inspection | \$75 | |
| | 7) NI: Idao DA + SMRT Survey | \$160 | |
| Date 1: | 8) NTUC Additional Services: | | |
| | 9) NI: Idao Mobile | 30 | |
| Date 2: | ON* | | |
| | *N5: Courtesy Car / Tpt Allowance | \$5 | |
| | *N6: Repair Co-ordination | \$10 | |
| | *N7: Post Repair Inspection | \$25 | |
| | *N8: DV / Collect Excess Coordination | \$5 | |
| | TP (NI): TP (Non INC) against INC | \$20 | |
| | Fee Charged | | |
| | Invoice dated | | |
| | Fee Charged | | |
| | Invoice dated | | |

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 withholding 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 aforesaid.

ACCIDENT STATEMENT

| | |
|----------------------------|---------------------------------------------------|
| Date Of Report | 28/01/2019 15:56 |
| Date Of Accident | 25/01/2019 18:15 |
| Exact Location Of Accident | JUNCTION OF CENTRAL BOULEVARD/MARINA GARDEN DRIVE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SMA3542Z |
| Insured/Policyholder | |
| Name Of Registered Owner | KARZ-TA LEASING |
| Co Reg No | 53318368E |
| Email Address | KARZTALEASING@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-97217739 |
| Alternative Phone No | OFFICE-97217739 |

Vehicle Particulars

| | |
|------------------------------------------------------------------------------|--------------------|
| Manufacturer | TOYOTA |
| Model | VIOS |
| Exact Purpose for which vehicle was being used at time of accident | DRIVING GRAB |
| 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 | NO |
| Policy Number | 5084904286-02 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------|
| Name of Driver | NG AH WAH |
| NRIC No | S2160502F |
| Date Of Birth | 13/06/1956 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 02/08/1977 |
| Driving Experience | 41 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97217739 |
| Fax Number | |
| Contact Number | OTHERS-97217739 |
| E Mail Address | KARZTALEASING@GMAIL.COM |

| | |
|-----------------------------------------------------|---------------------------------------|
| Address | BLK 469B SENGKANG WEST WAY #12-616 |
| Postcode | 792469 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - HIRER |
| Vehicle Registration Number of Driver's Own Vehicle | - - - |
| Insurance Company of Driver's Own Vehicle | - - - |

General Information of the Accident

| | |
|--------------------|------------|
| Type Of Accident | SIDE SWIPE |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---------------------------------------------------------------------------------------------|---------------------------------------|
| Was any foreign vehicle involved in this accident? | YES |
| Foreign Vehicle Registration Number | JNV7347 (MOTORCYCLE) |
| 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? | NO |
| 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) | 5 |
| Passenger 1 | NAME: : PASSENGER GENDER: : MALE |
| Passenger 2 | NAME: : PASSENGER GENDER: : FEMALE |
| Passenger 3 | NAME: : PASSENGER GENDER: : FEMALE |
| Passenger 4 | NAME: : PASSENGER GENDER: : FEMALE |

Details of Police Action

| | |
|-------------------------------------------|------------------------------------------------------------------------------|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | BUKIT MERAH WEST NPC |
| Police Station Address | ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190125/2144

Attachment(s)

| | |
|-----------------------------------------------|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|------------|
| Vehicle Registration Number | JNV7347 |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | MOTORCYCLE |
| 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**.
3. 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**.
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. 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.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

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



28/01/2019

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

A: SMA 3542Z

B: JNV 7347

Central Boulevard

Marine Central Drive.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*MS REFUR TO POLICE REPORT 7
 1/2019 0125/2144*

DECLARATION

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



Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--------------------------------------------|-------------------------------------|--------------------------|
| Date/Time Report Made: 25/01/2019 20:52 | Vide Report No.: A/20190125/0104 | Station Diary No.: 68 |
|--------------------------------------------|-------------------------------------|--------------------------|

| Informant's Particulars | | | |
|------------------------------------------|------------|------------------------------------------------------------------------|------------------------------|
| Name of Informant: NG AH WAH | | Address: APT BLK 469B SENGKANG WEST WAY #12-616 SINGAPORE 792469 | |
| ID Type / ID No.: NRIC NO / S2160502F | | Contact No.: Home/Office: Mobile: 97217739 | |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 62 | Date of Birth: 13/06/1956 | Type of Informant: Driver |
| Race: Chinese | | Language: | Institution / School Name: |
| Occupation: GRAB DRIVER | | Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry: | |

| General Information of the Accident | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------------------------|--------------------------------------------|--------------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 25/01/2019 18:15 | Type of Location: T-Junction |
| Location: Junction of Road 1 and Road 2 CENTRAL BOULEVARD MARINA GARDENS DRIVE Central blvd X Marina Gardens Near Lamp post 91F Lamp Post Number: 91 | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Two Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Heavy |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | | Anyone conveyed by ambulance: Yes |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------------|------|-------|-------|------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| JNV7347 | Motorcycle | | | | Slightly Damaged | 1 |
| SMA3542Z | Car | | | | Slightly Damaged | 4 |

| Details of Person Involved | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20190125/2144

2 of 3

Report No. T/20190125/2144

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-----------|----------------------------------------|-------------------------------------------|
| Driver | | | |
| Name | NG AH WAH | ID No. | S2160502F |
| Related Vehicle | NIL | Contact No. | 97217739 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3,4 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

I am a grab driver for about 3 months. On 25/01/2019 at about 1815hrs I picked up 4 passengers from pasir panjang heading towards garden by the bay. At about 1840hrs , I noticed the traffic light was red on the stretch of marina garden drive as I was about to make a right turn from central boulevard. When the traffic light turned green , I proceed to make a turn and suddenly a motorcycle bearing license plate JNV 7347 came out of nowhere and hit my car from the right. The right side of my car sustain a dent at the back passenger door. Ambulance was at scene and conveyed the passenger of the motocyclist . My passenger were not hurt during the incident. I was told to make a police report and proceed down to TPHQ on 28 Jan 2019 at 1100hrs.



**SINGAPORE
POLICE FORCE**



T/20190125/2144

3 of 3

Report No. T/20190125/2144

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

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: D / Sr Staff Sgt NOOR ADNIN BINTE SAINAL | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 25/01/2019 20:52 |
| Officer In Charge Of Case: TP / GIT / Sgt 3 RASHIDAH BINTE AZMAN Contact No.: 65476216 | Classification Of Case: |

Authentication Stamp
NP168

SN 45

10:10 Yusmastari
65476214

28 January 2019
@ 1100



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: #/2019 012X | 0104

1. S/O 7160249 Sinar/194
(Recipient's Name, NRIC or Passport No. / Rank and No.)

of TP
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 1 x Thinkware Dash cam 8GB micro SD card.
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

from Ng Ah Wah, S 2160502F
(Name, NRIC or Passport No. / Rank and No.)

of 469B Selegie West way #12-616 S(792467)
(Address / Police Station / NPC / NPP)

on 28/1/2019 at 1944
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

Received by:

[Signature]
(Signature)
Ng Ah Wah S2160502F
(Name, NRIC or Passport No. / Rank and No.)

[Signature]
(Signature)
S/O 7160249
(Name, NRIC or Passport No. / Rank and No.)

Other Remarks: meet 10 @ traffic police on 28 Jan 2019
@ 1100

SD card returned to owner.

[Signature] 28/1/19.

2160502-F
[Signature]
28/1/19

Claim Handling

The premium on this policy has not been collected.

Accident MT/1029818

| | | | | | |
|---------------------|-----------------|---------------------|---------------|----------------------|-----------|
| Policy No. | 5084904286-02 | Vehicle No. | 5M43542Z | GST Registration No. | |
| Certificate No. | | | | Policyholder NRIC | S3318388E |
| Policyholder Name | KARZ-TA LEASING | Cover Type | drive CLASSIC | Loading | 0 |
| Product Code | FLEET INSURANCE | Contact No.(Office) | | Contact No.(Home) | |
| Contact No.(Mobile) | 97217739 | Special Remark | | eCode | No |
| Email Address | | TCA | + No - Yes | eCode Reason | |
| KPK | + No - Yes | NCD Entitlement(%) | 0 | Private Hire | Yes |
| NCD Protection | No | | | | |

Accident Details

| | | | | | |
|-------------------|---------------------------------------------------|-------------------------------|-------|---------------------|------------|
| Report Date | 28/01/2019 18:33 | Accident Report Within 24 hrs | Yes | Accident Type | Side Swipe |
| Date of Accident | 25/01/2019 | Time of Accident hh:mm | 18:15 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | JUNCTION OF CENTRAL BOULEVARD/MARINA GARDEN DRIVE | | | | |

Excess

| | | | | | |
|-----------------------|----------|-----------------------------|----------|-------------------|--------|
| Own Damage Excess | 1,500.00 | Additional Excess | 0 | Windscreen Excess | 100.00 |
| Unnamed Driver Excess | | Outside Singapore OD Excess | 1,500.00 | | |
| Third Party Excess | 1,000.00 | Outside Singapore TP Excess | 1,000.00 | | |

Benefits

GST Registered Information

| | | | |
|----------------------|----|-----------------------|-----|
| GST Registered | No | GST Registration Date | |
| GST Registration No. | | GST Status Verified | Yes |
| Modification History | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|-----------------|-----------------------|----------------------------|-----------|------------------|
| Address 1 | 317 OUTRAM ROAD | Address 2 | #B1-03 CONCORDE SHOPPING I | Address 3 | SINGAPORE 169075 |
| Address 4 | | Address Type | Singapore address | Post Code | 169075 |
| Unit No. | B1-03 | Related Policy Number | 508395710-02 | | |

01 Driver Info

| | | | | | |
|-----------------------------------------|------------------|---------------------|--------------------|------------------------|--------------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | 13/06/1958 |
| Unnamed driver Name | NG AH WAH | Driver NRIC | S2160502P | Driving Experience | 41 |
| Register Date of Driver License | 02/08/1977 | Driver Age | 62 | Contact No.(Home) | |
| Contact No.(Mobile) | 97217739 | Contact No.(Office) | | Address 1 | FERNVALE LEA |
| Address 1 | BLK 459B #12-616 | Address 2 | SHANGKANG WEST WAY | Post Code | 792469 |
| Address 4 | SINGAPORE 793469 | Address Type | Foreign address | | |
| Unit No. | 12-616 | | | | |
| Does he own a Singapore Registered car? | Yes + No | Driver Vehicle No. | 5M43542Z | Driver Insurer Company | NTUC |

Declaration

| | | | |
|-------------------------------------|------|-------------|----------|
| Breathalyzer or Blood Test Reading? | 0 mg | Any Injury? | Yes + No |
|-------------------------------------|------|-------------|----------|

Modification History

Claim 001 **New**

Claim Handling

The premium on this policy has not been collected.

Accident MT/1029818

| | | | | | |
|---------------------|-----------------|---------------------|---------------|----------------------|-----------|
| Policy No. | 5084904286-02 | Vehicle No. | 5M43542Z | GST Registration No. | |
| Certificate No. | | | | Policyholder NRIC | S3318388E |
| Policyholder Name | KARZ-TA LEASING | Cover Type | drive CLASSIC | Loading | 0 |
| Product Code | FLEET INSURANCE | Contact No.(Office) | | Contact No.(Home) | |
| Contact No.(Mobile) | 97217739 | Special Remark | | eCode | No |
| Email Address | | TCA | + No - Yes | eCode Reason | |
| KPK | + No - Yes | NCD Entitlement(%) | 0 | Private Hire | Yes |
| NCD Protection | No | | | | |

Accident Details

| | | | | | |
|-------------------|---------------------------------------------------|-------------------------------|-------|---------------------|------------|
| Report Date | 28/01/2019 18:33 | Accident Report Within 24 hrs | Yes | Accident Type | Side Swipe |
| Date of Accident | 25/01/2019 | Time of Accident hh:mm | 18:15 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | JUNCTION OF CENTRAL BOULEVARD/MARINA GARDEN DRIVE | | | | |

Excess

| | | | | | |
|--------------------------------|----------|-----------------------------|----------|-------------------|--------|
| Total Excess Applicable | | | | | |
| Own Damage Excess | 1,500.00 | Additional Excess | 0 | Windscreen Excess | 100.00 |
| Unnamed Driver Excess | | Outside Singapore OD Excess | 1,500.00 | | |
| Third Party Excess | 1,000.00 | Outside Singapore TP Excess | 1,000.00 | | |
| Excess Type | | Windscreen Excess | 100.00 | | |

All Claims Excess

| | | | |
|-----------------------------------|------|----------------------------|--------------------|
| YIED All Claim Excess | | Driver is Covered? | |
| Total All Claim Excess Applicable | | | |
| OD Standard Excess | | TP Standard Excess | |
| YIED OD Excess | | YIED TP Excess | Driver is Covered? |
| Additional Excess | 0.00 | | |
| Total OD Excess Applicable | | Total TP Excess Applicable | |

Benefits

GST Registered Information

| | | | |
|----------------------|----|-----------------------|-----|
| GST Registered | No | GST Registration Date | |
| GST Registration No. | | GST Status Verified | Yes |
| Modification History | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|-----------------|-----------------------|----------------------------|-----------|------------------|
| Address 1 | 317 OUTRAM ROAD | Address 2 | #B1-03 CONCORDE SHOPPING I | Address 3 | SINGAPORE 169075 |
| Address 4 | | Address Type | Singapore address | Post Code | 169075 |
| Unit No. | B1-03 | Related Policy Number | 508395710-02 | | |

01 Driver Info

| | | | | | |
|---------------------------------|----------------|-------------|----------------|--------------------|------------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | 13/06/1958 |
| Unnamed driver Name | NG AH WAH | Driver NRIC | S2160502P | Driving Experience | 41 |
| Register Date of Driver License | 02/08/1977 | Driver Age | 62 | | |

| | | | | | |
|-----------------------------------------|---------------------------------------------------------------------|---------------------|-------------------|------------------------|--------------|
| Contact No.(Mobile) | 8721739 | Contact No.(Office) | | Contact No.(Home) | |
| Address 1 | BLK 858B #12-61A | Address 2 | SENGKANG WEST WAY | Address 3 | EDENVALE LGA |
| Address 4 | SINGAPORE 792469 | Address Type | Foreign address | Post Code | 792469 |
| Unit No. | 12-61B | Driver Vehicle No. | 5MA3542Z | Driver Insurer Company | NTUC |
| Does he own a Singapore registered car? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |

Declaration

Breathalyser or Blood Test Reading? 0 mg Any injury? Yes No

Modification History

Claim 001 DD-MX **NEW**

| | | | | | | |
|-------------------------|-----------------------------------|-------------------------|----------------------------------|----------------------|----------------------------|--|
| Claim Type * | DD-MX | Insured Name | KARZ-TA LEARNING | Insured NRIC | S3319388E | |
| Contact No.(Mobile) | 8321212 | Contact No. (Home) | | Contact No. (Office) | N/A | |
| Email Address | | Vehicle Number | 5MA3542Z | Vehicle Number | 8VU7347 | |
| Claim Description | 5MA3542Z / 8VU7347 ON 28 Jan 2019 | | | | Name of Preferred Workshop | |
| Preferred Workshop | | Insured Liability | Non at Fault | GIA report | Received | |
| Report No. Finalisation | Yes | Insured Report Option | Preferred Workshop, Name unknown | Claim Close Date | 28/01/2019 16:37 | |
| Date Registered | | Workshop Repairer | ROSLI WAHAB | Date Received | 28/01/2019 00:00 | |
| Report Taken By | | Total Loss but Repaired | | | | |

Print AX letter

Save Submit

Attachment

| | | | |
|--------------------|---------------------------------------------------------------------|-------------|------------------|
| Accident No. | MT/1029818 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Upload Date | 28/01/2019 16:38 |

| | | | | | | |
|--------------|----------------|-------|---------------|--------------|-----------|---------------|
| Choose File | No file chosen | Clear | Category * | Confidential | Urgency * | Description * |
| Choose File | No file chosen | Clear | Please Select | NO | Normal | |
| Choose File | No file chosen | Clear | Please Select | NO | Normal | |
| Choose File | No file chosen | Clear | Please Select | NO | Normal | |
| Choose File | No file chosen | Clear | Please Select | NO | Normal | |
| Choose File | No file chosen | Clear | Please Select | NO | Normal | |
| Choose File | No file chosen | Clear | Please Select | NO | Normal | |
| Message Read | | Clear | Please Select | NO | Normal | |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description | Msg Sent? (CO) |
|------------|--------------------------------------------------------------------------------------------------|-----------------------|---------|---------------------------------|----------------|
| | NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2019 16:38 | NRIC/ Driving License | Normal | NRIC/ Driving License 2019-1-28 | |
| | NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2019 16:38 | S&S | Normal | S&S 2019-1-28 | |
| | NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2019 16:38 | Photos | Normal | Photos 2019-1-28 | |
| | NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2019 16:38 | Photos | Normal | Photos 2019-1-28 | |
| | NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2019 16:37 | Photos | Normal | Photos 2019-1-28 | |
| | NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2019 16:37 | Photos | Normal | Photos 2019-1-28 | |
| | NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2019 16:37 | Photos | Normal | Photos 2019-1-28 | |
| | NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2019 16:37 | Photos | Normal | Photos 2019-1-28 | |
| | NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2019 16:37 | Photos | Normal | Photos 2019-1-28 | |
| | NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2019 16:37 | Photos | Normal | Photos 2019-1-28 | |

Video List

| Uploaded By/Date | Folder Date | File Name | Source | Action |
|--------------------------------------------------------------------------------------------------------|-------------|-----------|--------|--------|
| <input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/> | | | | |

ACCIDENT STATEMENT

ACCIDENT DATE: (25, 01, 2019) (DD/MM/YYYY), TIME: (18:15) (HH:MM)

LOCATION: Junction of Central Ave / Marina Goodman Dr

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMA 35422
b) INSURANCE COMPANY: NMC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Driving Car
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: KARZ TA HOSMEH (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S3318368E CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: NG AH WAT (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 97217735
c) ADDRESS: _____

* d) DATE OF BIRTH: (12, 06, 2019) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Sister

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: JAV 7347 MODEL: MOTORCYCLE
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

3-F

1-m

* No of passenger
(including driver)
(5)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

Email =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2160502F



Name
NG AH WAH

黄 亚 华

Race
CHINESE

Date of birth
13-06-1956

Sex
M

Country of birth
MALAYSIA



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S2160502F

Name
NG AH WAH

Birth Date 13 Jun 1956

Issue Date 23 May 2013



0021A3273A



4748864



NRIC No. S2160502F

Date of issue
27-06-2011

APT BLK 489B SENGKANG WEST WAY #12-81B
SINGAPORE 792469
NRIC No. S2180502F Date: 17/10/2018

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

| CLASS | VEHICLE TYPE | EXPIRES DATE |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Class 2B | Motorcycles \leq 200 cc | 04 Oct 1977 |
| Class 2A | Motorcycles between 201 cc and 400 cc | 04 Oct 1977 |
| Class 2 | Motorcycles $>$ 400 cc | 04 Oct 1977 |
| Class 3 | Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg | 02 Aug 1977 |
| Class 4 | *Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight $<$ 7250kg | 10 Jul 1978 |

NP 425A



License No: S2160502F

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: 5084904286-02

Cover : drive CLASSIC

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SMA3542Z |
| Chassis Number | : MR2B23F3X01119330 |
| 2. Name of Policyholder | : KARZ-TA LEASING |
| 3. Effective Date of Insurance | : 18 Aug 2018 |
| 4. Expiry Date of Insurance | : 17 Aug 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 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 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.

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) | : S\$1,500 |
| EXCESS (SECTION 2) | : S\$1,000 |
| WINDSCREEN EXCESS | : S\$100 |
| ADDITIONAL EXCESS | : N/A |
| UNNAMED DRIVER EXCESS | : PLEASE REFER OVERLEAF |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : NO |
| INSURE WITH COE | : YES |
| NCD PROTECTION | : NO |
| TRANSPORT ALLOWANCE | : NO |
| EXCESS WAIVER | : NO |
| PRIMARY DRIVER | : N/A |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : MAYBANK |
| 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 (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

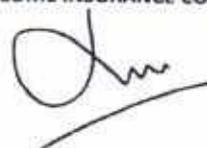
Agency : COWELL INSURANCE (AGENCY) PTE LTD (00000610380)
Date of Issue : 23 Jul 2018 12:05 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Register New Vehicle

Wk/50
b80/014

Register New Vehicle (Acknowledgement)

Vehicle Particulars

| | | | |
|--------------------------|------------------------------------------|-----------------------------------|--------------------------|
| Vehicle No.: | SMA3542Z | Vehicle Scheme: | Normal |
| Vehicle Type: | Z10 - Private Hire (Chauffeur) Motor Car | Vehicle Attachment 3: | - |
| Vehicle Attachment 1: | No Attachment | Vehicle Model: | VIOS E (AUTO) |
| Vehicle Attachment 2: | - | Engine No.: | 2NR5213310 |
| Vehicle Make: | TOYOTA | Trailer Chassis No.: | - |
| Chassis No.: | MR2B23F3X01119330 | Passenger Capacity: | 4 |
| Motor No.: | - | Power Rating: | - |
| Propellant: | Petrol | Maximum Laden Weight: | 1550 kg |
| Engine Capacity: | 1496 cc | Secondary Colour: | - |
| Maximum Power Output: | 79.0 kW (105 bhp) | Original Registration Date: | 04 Jun 2018 |
| Unladen Weight: | 1085 kg | Open Market Value: | \$13,707.00 |
| Primary Colour: | Black | Minimum PARF Benefit: | \$6,853.00 |
| First Registration Date: | 04 Jun 2018 | Additional Registration Fee Rate: | First \$13,707.00 (100%) |
| Manufacturing Year: | 2018 | | |
| PARF Eligibility: | Yes | | |
| No. of Transfers: | 0 | | |
| Actual ARF Paid: | \$13,707.00 | | |

Owner Particulars

Owner Name: KARZ-TA LEASING
Owner ID Type: Business
Owner ID: 53318368E
Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.: 317
Registered Street Name: OUTRAM ROAD
Registered Unit No.: # B1- 03
Registered Building Name: CONCORDE SHOPPING CENTRE
Registered Postal Code: 169075
COE No. / Expiry Date: 2018050101001282R / 02 Jun 2028
COE Bid Category: A - Car up to 1600cc & 97kW (130bhp)
QP Paid: \$37,000.00

Transaction Details

Business Transaction Ref. No.: 20180604095333560316
Business Transaction Date: 04 Jun 2018
Business Transaction Time: 09:53:33

Message

The above vehicle has been successfully registered.
Please note that \$41,268.00 will be deducted from your GIRO account.

OK

Save as PDF