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D.O.A: 0/102/2019 /8,86	I-Motor W/O		TP 4hrs)		19	112
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TP Insurer:	Assessment by		Owner/Wksr			******
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Owner / Driver: (	1010.	-:	Tel:		)	E Bloomer
	d. (	)	Cover Type:	(	)	
Policy No: ( ) Period  Confirmed by: (	,	Date:	Th		)	
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contacts: (ING Housing 6788 6076)			A Pilite and its	Shiple sal	STATE OF THE	neby · ·
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(INGUIORINE 6788 6616 18)  Apply for Transport Allowance ( )/Court  Of Check / Post Repair Inspection  Of Upload Resurvey Photo [Repair Cost > \$300  Injury:  Onto Time Actions  infrant's particulars of the control of	irtesy Car ( )	1) AR: Acciden 2) DA: Damey 3) TF: Follow- For elaiming 6) TR: Re-jarp 7) NI: Idag DA 8) NTUC Addit OD' *NS: Courles e NG: Remain	In all On Grant Reporting (330 Assessment (510 Proceedings) Burvey (Regular Lincough Burvey) (Regular L	saurvey) (wollo Jan 200	\$30) \$10/\$45 \$120 \$30 \$75 \$160	New Madin
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#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.

<ol><li>By the lodgement of this report to the insurers, you hereby consaforesaid.</li></ol>	sent to the archiving of this report at the centre and to copies of the report being made available
Security of Comments of the Security States	ACCIDENT STATEMENT
Date Of Report	07/02/2019 18:36
Date Of Accident	06/02/2019 19:20
Exact Location Of Accident	KRANJI WAY TOWARDS KRANJI LOOP B/F THE KRANJI DAM
Country/State of Loss	SINGAPORE
a a supply the participation and their transfer that	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMH428D
Insured/Policyholder	
Name Of Registered Owner	KARZ-TA LEASING
Co Reg No	53318368E
Email Address	KARZTALEASING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94508445
Alternative Phone No	OFFICE-81116544
Vehicle Particulars	
Manufacturer	тоуота
Model	ISIS
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5083195710-02

Policy Number 5083195710-02

Cover Note Number

#### Driver

Name of Driver TAN WAH CHOON

NRIC No S1717782F 11/07/1965 Date Of Birth Occupation INDOOR Date Of Driving Pass 25/03/1983

**Driving Experience** 35 YEARS AND 10 MONTHS

MALE Gender

(LOCAL) +65-94508445 Mobile Number

Fax Number

Contact Number OTHERS-81116544

**EMail Address** FRANCIS65TAN@GMAIL.COM

BLK 174A EDGEDALE PLAINS Address

#08-153

Postcode 821174

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

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? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

ambulance?

YES

YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 5

Number of Passengers (Including Driver)

Passenger 1

NAME:

: SOH POH SUAN

GENDER:

: FEMALE

Passenger 2

NAME:

: CHUA PEI SHAN

GENDER:

: FEMALE

Passenger 3

NAME:

: TAN JIALE GERALD

GENDER:

: MALE

Passenger 4

NAME:

: TAN YONGJIE CLEFF

GENDER:

: MALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

Police Station Address

TIONG BAHRU NEIGHBOURHOOD POLICE POST

ROAD: BLK 128 KIM TIAN ROAD #01-123/ 125 , POSTCODE: 160128 ,

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-2739999 - FAX NO: 62785651

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190207/2065 AND T/20190208/2052

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

XD6767B

Vehicle Make/Model/Colour

MITSUBISHI FV51JJD4RDEA

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

UNKNOWN

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF INJURED PERSON 1**

Name

TAN WAH CHOON

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SMH428D

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

### **DETAILS OF INJURED PERSON 2**

Name

SOH POH SUAN

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SMH428D

Were seat belts worn?

YES

Was this injured conveyed to hospital by

YES

ambulance?

Address Postcode

### **DETAILS OF INJURED PERSON 3**

Name

TAN JIALE GERALD

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLIGHT INJURY SMH428D

Were seat belts worn?

YES

Was this injured conveyed to hospital by

IES

ambulance?

YES

Address Postcode

### **DETAILS OF INJURED PERSON 4**

Name

CHUA PEI SHAN

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SMH428D

Were seat belts worn?

Was this injured conveyed to hospital by

YES

ambulance?

YES

Address

Page 3 of 56

### Postcode

### **DETAILS OF INJURED PERSON 5**

Name

TAN YONGJIE CLEFF

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SLIGHT INJURY

SMH428D

YES

NO

### SKETCH PLAN

### **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.
- 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.

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

102/2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:





Report No. T/20190207/2065

Police Station Of Origin: Tiong Bahru NPP 128 Kim Tian Road #01-123 SINGAPORE 160128

Tel No: 1800-2739999

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 19 13:30	lade:	Vide Report No.: L/20190206/0142	Station Diary No.: 19
Informa	nt's Particu	ulars		THE RESERVE OF THE RESERVE OF
	Informant: H CHOON		Address: APT BLK 174A EDGEDALE F 821174	PLAINS #08-153 SINGAPORE
ID Type NRIC NO	/ ID No.: D / S171778	32F	Contact No.: Home/Office:	Mobile: 81116544
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age: 53	Date of Birth: 11/07/1965	Type of Informant: Driver	
Race: Chinese	**		Language:	Institution / School Name:
Occupation: FARM OWNER			Driving Licence Information: Class: 2B,3	Date of Expiry:

	nation of the Accident	I D. Cali	Deta/Time of	Type of Location
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/02/2019 19:20	Straight Road
Location: Along Road 1 KRANJI WAY		anii Loop before th	e Kranji Dam.	
Weather:	on ready vvay torraido ras	Road Surface: Dry	1	toad Speed Limit: 0 Km/h
Traffic Flow: Traffic Control:		27.	raffic Volume: ight	
Two Way		140L OUTLI OHOU		

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHC8719Y	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue		0
SMH428D	Car	TOYOTA	ISIS 1.8LX A	Black	Totally Damaged	4
XD6767B	Lorry	MITSUBISHI	FV51JJD4R DEA	Orange	Slightly Damaged	0





Report No. T/20190207/2065

Police Station Of Origin: Tiong Bahru NPP 128 Kim Tian Road #01-123 SINGAPORE

Tel No: 1800-2739999

CONTINUATION OF REPORT

<b>Details of Perso</b>	n involved					
Any Pedestrian Ir	rvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Ped	destriar	Cross	sing: NA
Driver						
Name	TAN WAH CHOON	All Colors and the Co		ID No		S1717782F
Related Vehicle	NIL			Conta	ct No.	81116544
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g	Class: 2B,3 Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

### Brief Details.

On 6th January 2019 at about 7.20pm, I was driving my car (SMH428D) on Kranji Way, a 2-way road, towards Kraji Loop before the Kranji Dam bridge when I observed a heavy Tipper Truck (XD6767B) which was travelling on the opposite direction of the 2-way road suddenly cut into our lane about 5 meters in front of us and mounted the curb on our left. Due to this, I slowed my car to about 20km/h and attempted to avoid the collision with the truck by evading to the right. However, the said truck came right for us and hit the left -front door of my car and dragged our car into the opposite lane causing it to mount the curb on the right. The truck reversed and moved forward to hit the left-rear door of my car again before fleeing the accident scene without stopping. My car sustained total damage where its front and left side was seriously smashed, and the engine and all four tires were totally damaged. The windscreen and left front and rear windows of my car were smashed and the entire front bumper fell off. They are about 20 to 30 Bangladesh foreign workers at the area who witnessed this accident. Two of them (Sarker: 86536087 and Shahin: 84176280) took photographs of the entire accident scene and the truck fleeing. There was a car (Florence: 84997609) behind the said lorry installed with a Dashboard Camera which recorded the footages of the entire accident. The photographs and video recordings were obtained from the both of them. An ambulance arrived about 20 minutes later while another arrived soon after. The ambulances attended to the injuries sustained by myself and 4 passengers in the car before the 4 us were conveyed to Khoo Teck Puat Hospital for medical treatment. My son, Cleff, who was one of my passengers sustained the least injury stayed behind to wait for the Traffic Police to arrive. The skid marks on the road created by the truck and my car were obtained by us and the Traffic Police as well. I would like to mention that a blue Comfort taxi (SHC8719Y) behind us might have captured the video footages of the entire accident with its Dashboard Camera but did not stop to assist us. The photographs and 3 Dashboard Camera footages were given to the Traffic Police as well. There were cameras by the side of the road which might have recorded the footages of the said truck, our car and the accident.





Report No. T/20190207/2065

Police Station Of Origin: Tiong Bahru NPP 128 Kim Tian Road #01-123 SINGAPORE 160128

Tel No: 1800-2739999

Authentication Stamp

NP168

Sketch Plan
Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: A / Staff Sgt MUHAMMAD TAUFIQ BIN SUHAIM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/02/2019 13:30
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SHAHROL NIZAM BIN SAMARRI Contact No.: 65476904	Classification Of Case:

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have

CONTINUATION OF REPORT



T/20100208/2052

1 of 5

Report No. T/20190208/2052

Police Station Of Origin: Tiong Bahru NPP 128 Kim Tian Road #01-123 SINGAPORE 160128

Tel No: 1800-2739999

REPORT OF A TRAFFIC ACCIDENT

	ate/Time Report Made: 8/02/2019 13:07		Vide Report No.: Station Diary I			
Informa	nt's Particu	ulars	The second of the second of the	ARTHUR DESIGNATION		
Name of	Informant: H CHOON		Address: APT BLK 174A EDGEDALE F 821174	PLAINS #08-153 SINGAPORE		
	/ ID No.: D / S171778	32F	Contact No.: Home/Office:	Mobile: 81116544		
National SINGAP	ity: ORE CITIZ	EN	Email:			
Sex: Male	Age: 53	Date of Birth: 11/07/1965	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: FARM OWNER			Driving Licence Information: Class: 2B,3	Date of Expiry:		

Seneral Inform	mation of the Accident			
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/02/2019 19:20	Type of Location Straight Road
Location: Along Road 1 KRANJI WAY Kranii Way To		e Kranji Dam		
Weather: Clear		Road Surface: Dry	1	Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled	- 12	Traffic Volume: Light
Type of Collis	sion: ving Vehicles - Head To S	Side	*	Anyone conveyed by ambulance: Yes

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC8719Y	Car	HYUNDAI	140	Blue	No Damage	0
SMH428D	Car	TOYOTA	ISIS 1.8	Black	Totally Damaged	4
XD6767B	Lorry			Orange	Slightly Damaged	0





Report No. T/20190208/2052

Police Station Of Origin: Tiong Bahru NPP 128 Kim Tian Road #01-123 SINGAPORE 160128

Tel No: 1800-2739999

CONTINUATION OF REPORT

Any Pedestria	n Involved: No					The state of the s
No. of Pedest	rians Injured: NIL					
Passenger	idno injuled. NIL		Use of	Pedest	rian Cr	ossing: NA
Name	CHUA PEI SHAN		THE PERSONS			essing, IVA
-11	OHOA PEI SHAN	I.		ID	No.	S9108295J
Related Vehic	e SWH439D (O.)			1,00,000		39100295J
	e SMH428D (Car)		1560	Co	ntact N	0. 91156174
Hospital/Clinic	KHOO TECK DU	A T 110				01100174
	KHOO TECK PU	AT HOSPITA	L	Cla	iss of	Class: NIL
					ving	Date of Expiry: NIL
				Lice	ence &	1 2
Date Treatmen	06/02/2019			Exp	piry Dat	e
No. of Days gra	inted Medical Leave	00	Date Di	scharge	9 07/0	02/2019
Passenger	modical Leave	03	Degree	of Injur	y Slig	ht
Name	SOH POH SUAN		THE PERSON			The state of the s
Table of the same	JOHN ON BOAN			IDI	No.	S7139626F
Related Vehicle	SMH428D (Car)					- 1000201
	(Car)			Con	tact No	90089798
Hospital/Clinic	KHOO TECK PUA	THOOPIE				33700700
	THIS TECK FUA	HOSPITAL			s of	Class: NIL
				Drivi	ng	Date of Expiry: NIL
				Licence &		
Date Treatment	06/02/2019		15.	Expi	ry Date	
lo. of Days gran	ted Medical Leave	03	Date Dis	charge	06/02	2/2019
nver	The Paris of the London	100	Degree o	f Injury	Sligh	
lame	TAN WAH CHOON		San Part Parties		War of Street	Marine Land Committee
	0.1001			ID No	).	S1717782F
elated Vehicle	SMH428D (Car)			-		ALCONDA MONORA
	三			Conta	act No.	81116544
ospital/Clinic	KHOO TECK PUAT	HOSPITAL				
		HOOFTIAL		Class		Class: 2B,3
				Drivin	g	Date of Expiry: NIL
				Licenc	e a	
ate Treatment	06/02/2019		Date Dis-	Expiry		
). of Days grante	ed Medical Leave	02	Date Disch	narge	06/02/	2019
			Degree of	injury	Slight	





Report No. T/20190208/2052

Police Station Of Origin: Tiong Bahru NPP 128 Kim Tian Road #01-123 SINGAPORE

Tel No: 1800-2739999

### CONTINUATION OF REPORT

Passenger		CAPTAIN TAN				
Name	TAN JIALE GERALD			ID No.		T0238900I
Related Vehicle	SMH428D (Car)			Conta	ct No.	81116544
Hospital/Clinic	KHOO TECK PUAT HOSPITAL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	06/02/2019		Date Disc	harge		2/2019
No. of Days gran	ted Medical Leave	03	Degree of	f Injury	Sligh	t
Passenger		THE CHAR	The Part of the			
Name	TAN YONGJIE CLE	FF		ID No.		S8850132B
Related Vehicle	SMH428D (Car)			Contact No.		82011726
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL	
Date Treatment	06/02/2019		Date Disc	harge	_	2/2019
No. of Days gran	ted Medical Leave	03	Degree of	f Injury	Sligh	t

### Brief Details.

On 6th February 2019 at about 7.20pm, I was driving my car (SMH428D) on Kranji Way, a 2-way road, towards Kraji Loop before the Kranji Dam bridge when I observed a heavy Tipper Truck (XD6767B) which was travelling on the opposite direction of the 2-way road suddenly cut into our lane about 5 meters in front of us and mounted the curb on our left. Due to this, I slowed my car to about 20km/h and attempted to avoid the collision with the truck by evading to the right. However, the said truck came right for us and hit the left -front door of my car and dragged our car into the opposite lane causing it to mount the curb on the right. The truck reversed and moved forward to hit the left-rear door of my car again before fleeing the accident scene without stopping. My car sustained total damage where its front and left side was seriously smashed, and the engine and all four tires were totally damaged. The windscreen and left front and rear windows of my car were smashed and the entire front bumper fell off. They are about 20 to 30 Bangladesh foreign workers at the area who witnessed this accident. Two of them (Sarker: 86536087 and Shahin: 84176280) took photographs of the entire accident scene and the truck fleeing. There was a car (Florence: 84997609) behind the said lorry installed with a Dashboard Camera which recorded the footages of the entire accident. The photographs and video recordings were obtained from the both of them. An ambulance arrived about 20 minutes later while another arrived soon after. The ambulances attended to the injuries sustained by myself and 4 passengers in the car before the 4 us were conveyed to Khoo Teck Puat Hospital for medical treatment. My son, Cleff, who was one of my passengers sustained the least injury stayed behind to wait for the Traffic Police to arrive. The skid marks on the road created by the truck and my car were obtained by us and the Traffic Police as well. I would like to mention that a blue Comfort taxi (SHC8719Y) behind us might have captured the video footages of the entire accident with its Dashboard Camera but did not stop to assist us. The photographs and 3 Dashboard Camera footages were given to the Traffic Police as well. There were cameras by the side of the road which might have recorded the footages of the said truck, our car and the accident.





Police Station Of Origin: Tiong Bahru NPP 128 Kim Tian Road #01-123 SINGAPORE 160128

Tel No: 1800-2739999

4 of 5 Report No. T/20190208/2052

CONTINUATION OF REPORT





Police Station Of Origin: Tiong Bahru NPP 128 Kim Tian Road #01-123 SINGAPORE 160128

Report No. T/20190208/2052

5 of 5

Tel No: 1800-2739999

Authentication Stamp

NP168

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: A / Staff Sgt SURAJDEEP SINGH S/O RAJVENDER SINGH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/02/2019 13:07
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI Contact No.: 65476904	Classification Of Case:

NRIC/FIN No.:

GIARMC SketchPlanForm\_V3



### Leasing Contract of Agreement

This Contract of Agreement is drafted on Date 17th Month Jan Year 2019

#### Between

KARZ-TA LEASING "hereby called The Owner" (Singapore Company Registration No.: 53318368E), A company incorporated in Singapore and having its registered address at 317, OUTRAM ROAD, B1-03 CONCORDE SHOPPING CENTRE, HOLIDAY INN ATRIUM, (169075)

#### And

Tan Wah Choon of NRIC S1717782F, DOB: 11/07/1965, Driving pass Date: 25/03/1983 "hereby called 'The Hirer/Driver" residing at Blk 174A Edgedale Plains #08-153 S(821174).

Relive Driver

N.A

On this lease agreement "The Owner" shall lease the vehicle with the below mentioned details hereinafter named as "The Vehicle" to 'The Hirer/Driver" on the agreed terms and condition as set out by "The Owner" in this agreement contained herein -

#### Description of Vehicle

Make and Model: Toyota ISIS 1.8

SMH428D

Registration No:

Chassis No:

ZNM100059619

Engine No:

1ZZ3198627 Registration Date: 19 Jun 2009

Color:

Black

#### Lease Period

As agreed on a lease period of 6 month with effect from the 17th Day of Jan 2019 to 16rd Day of Jun 2019.

#### Rental Rates

The rate has been hereby agreed between both parties at S\$490/- Week with a refundable security deposit of S\$500.

"The Owner" shall reserve the rights to change or amend any of the clause and rental rates without prior notice to "The Hirer/Driver" or additional driver(s) if any.

1st Driver

Hirer / Driver Signature:

Name:

Tan Wah Choon

Email:

NRIC / Passport No.:

S1717782F

Bank A/C:

Date:

17 Jan 2019

Contact:

81116544

Additional Driver

NA

KARZ-TA LEASING Representative



Signature / Company Stamp:

17 Jan 2019

Claim Handling Accident MT/1030939							
	State Control of the	20030/08000	70.50000000				
Policy No.	5083195710-02	Vehicle No.	5MH4280		GST Registration No.		
Certificate No.	RESIDENT CONTROL						
Policyholder Name	KARZ-TA LEASING				Policyholder NRIC	53318368E	
Foduct Code	FLEET INSURANCE	Cover Type	Third Party		Loading	0	
Contact No.(Mobile)	94508445	Contact No.(Office)			Contact No.(Home)		
mail Address		Special Remark			eCode	No *	
(FK	- No Yes	TCA	w No Yes		eCode Reason	10000000	
VCD Protection	No	NCD Entitlement(%)	0		Private Hire	Yes	
Accident Details							
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			19:20		Country of Accident	Singapore	
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scrident Location	KRANJI WAY TOWARDS KRANJI LOOP B/F THE KRAN	JI DAM					
♥ Excess							
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Innamed Driver Excess		Dutside Singapore OD Excess		0.00			
hird Perty Excess	1,000.00	Dutside Singapore TP Excess		1,000.00			
♥ Benefits				2,400,40			
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ddress 4		Address Type	Singapore addres	18	Post Code	169075	
nit No.	B1-03	Related Policy Number	5083195710-02				
OI Driver Info							
river Name	Unnamed Driver	Driver Type	Unnamed Driver				
Innamed driver Name		Driver NRIC	S17177782F		Driver DOB	11/07/1965	
egister Date of Driver License							
		Driver Age	53		Driving Experience	35	
ontact No.(Mobile)		Contact No.(Office)			Contact No.(Home)		
ddress 1		Address 2	EDGEDALE PLAIN	rS .	Address 3	SINGAPORE 821174	4.7
ddress 4		Address Type	Foreign address		Fost Code	821174	
nit No.	05-153						
oes he own a Singapore	Yes = No	Driver Vehicle No.			Driver Insurer Company		
egistered car?					A THE PERSON NAMED AS A PARTY.		
eclaration							
Claim 001 New							
laim Type *				00-MX	Insured KARZ-TA LEASING	Insured NRIC	53318368E
					Contact	Contact	
ontact No.(Mobile)				83223232	No. (Home)	No.	NIL
				100	01	(Office)	
nail Address					Vehide SMH428D Number	Vehicle	XD67678
200028038050						Number Name of	9
laim Description				SMH428D / XD6767B ON 6	5 Feb 2019	Preferred Workshop	
referred	1 Insured Cability					workshop	
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# ACCIDENT STATEMENT

ACCIDENT DATE: 06, 02, 200 )(DD/MA	(19. 10 ) (HH:MM)
LOCATION: Kranji 2 sungai Kao	dut DR.
1 DETAILS OF VEHICLE	7 7
a) VEHICLE NUMBER: SMH 428	0
b)INSURANCE COMPANY: NTWC	- 1 × 12 × 10
C)POLICY NUMBER: 5083195710	-02
d)POLICY TYPE: (COMPREHENSIVE ATHIR	
B)MAKE & MODEL: Toyota ISI	DPARTY THIRD PARTY FIRE &THEFT
FITTPE: (SALOON / COUPE /MPV /VAN /	LOPPY / MOTOPCYCLE / OTHERS
.g) VEHICLE CATEGORY: (PRIVATE / COM	MERCIAL V MOTORCYCLEL
INFURPOSE OF USING AT ACCIDENT TIME	HITCH!
SOH POH SUAN (F) IJARE YOU CLAIMING UNDER YOUR OWN	NINSURANCE LYES (NO)
TAN TIALE Gorald (M) IF NO, PLEASE STATE (THIRD PARTY CLASS	M/ REPORTING ONLY)
TAN YONGER CLEER 2. INSURED / POLICY HOLDER	22 - 231 - 22
CHUA PEI Shan (F)	I/VIALE / FEMALE)
DINRIC/FIN/PASSPORT: 533 18368 E	CONTACT: 94508445
CIADDRESS:317 Outram Road	中 B1-03 S1169075)
* CONTINUE TO 2 d IS DEBUTED 4420 DOLLA	
HO of passongs, DRIVER TAN LOOK CHAPTER	CY HOLDER
Children and DINAME: TAN WAH CHOON	
children driver) his processing a second	(MALE) FEMALE)
(5) CIADDRESS: BILL 1744 Edge dale	Plains #08-153 S(82174)
10	
*d) DATE OF BIRTH: (1107/1965)	(DD/MM/YYYY)
e OCCUPATION: (INDOOR / OUTDOOR)	
FIDHTE OF DRIVING PACC 25/	03/1983
4. WAS DRIVER AN EMPLOYEE OF THE IN	SURED'S COMPANY? (YES (NO)
IF NO, RELATIONSHIP OF THE DRIVER	WITH INSURED: HIRER
5. a) WEATHER CONDITION: (CLEAR / RAININ b) ROAD SURFACE: (DRY / WET / OTHERS_	IG / OTHERS
6. WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POLICE (YES / NO)	× 13
IF YES, PLEASE STATE WHICH POLICE STAT	MON. THONG BAHRY
8 THIPD PARTY VEHICLE	
THE of passenger a) VEHICLE NUMBER: XD 6767B	MODEL: LOPPY.
(Including driver) B) DRIVER'S NAME:	
( ) NRIC/FIN/PASSPORT:	CONTACT:
9. THIRD PARTY VEHICLE	
Ho of passanger all Delivers NAME	MODEL:
(Industrial delica) Of DRIVERS NAME:	
( NRIC/FIN/PASSPORT:	CONTACT:::
-	

email = Karztaleasing @ gmail.com VIDED francis 65 tan@ quail.com CLRFK. TAN GI gmall. Com







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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc 01 Nov 1985
Class 3 Motor cars with unladen weight =< 3000kg with =< 7 25 Mar 1983
passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A





### 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: 5083195710-02

Cover : Third Party

Index mark and Registration Number of Vehicle

: SMH428D

Chassis Number

: ZNM100059619

2. Name of Policyholder

: KARZ-TA LEASING

3. Effective Date of Insurance

Expiry Date of Insurance

: 11 Jan 2019

: 10 Jan 2020

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

EXCESS (SECTION 1) : N/A EXCESS (SECTION 2) : S\$1,000 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)

Agency

: COWELL INSURANCE (AGENCY) PTE LTD (00000610380)

Date of Issue

: 23 Jul 2018 12:07 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

**Chief Executive** 

**Enquire Vehicle Information** Vehicle No. Vehicle No.: SMH428D Vehicle Details Vehicle Type: Private Hire (Chauffeur) Station Wagon/Jeep/Land Rover Vehicle Attachment 1: No Attachment Make / Model: TOYOTA / ISIS 1.8LX A Primary Colour: Black Year of Manufacture : 2008 Maximum Laden Weight: 1785 kg Unladen Weight: 1400 kg No. Of Axles: 2 Engine No.: 1ZZ3198627 Chassis No.: ZNM100059619 Engine Capacity: 1794 cc Maximum Power Output: 97.0 kW (130 bhp) IU Label No.: 1123121658 Propellant: Petrol Passenger Capacity: 6 Original Registration Date: 19 Jun 2009 First Registration Date: 19 Jun 2009 Open Market Value: \$23,783.00 Additional Registration Fee Rate: 100.00 % Actual ARF Paid: \$23,783.00 PARF Eligibility: Yes Minimum PARF Benefit: \$11,891.00 PARF Eligibility Expiry Date: 18 Jun 2019 COE No.: 2009070107000696Z COE Category: E - Open Category COE Expiry Date: 18 Jun 2019 Quota Premium (QP): \$12,901.00 QP Paid: \$12,901.00 OPC Cash Rebate Eligibility: QP during COE Bidding Exercise: \$12,901.00 Private Hire Vehicle Decal No.: A095670 (Issued on 14 Jan 2019) CO2 Emission: CO Emission: HC Emission:

Previous

NOx Emission: PM Emission:

OK



## GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: \$665500200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report. .:

	ADDENDUM !!
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:
	Original Report No : MAY19017113 Vehicle Registration No: SMH 4280
	Name (as shown in NRIC): TAN WAY OFONNRIC/FIN/Passport No : 5171782 F
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
	Address ;Singapore( )
	10001
	Email Address :
	Date of Accident : 06 07 200 Time of Accident: 19:20
	Place of Accident: Kegury Way Coverios Change Good BIF THE CLANGE DAW
	Insurance Company:
(B)	ADDITIONALINFORMATION AMENDMENTS:
	I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:
100	PAX NAME TO TAM YOUGJIE CLEFFE
	THESERT INJUERO PURSONIN TOM YOUGHE CLEFE
	CUA
	Policyholder / Driver's Signature Reporting Centre Personnel's Signature
	Date: Name: Roll Work of
	Date: (8/0)/209 v.
	20 / 1 / 00 /

ANALYSIS ASSESSMENT OF STREET



### GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: \$665500200 / GST Reg. No.: M400017733

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

		ADD	ENDUM	11	
PARTICULARS OF	PERSON MAK	INGTHEAMEND	MENTS:	€	9
Original Report N	. MALAY	19017113-1	Vahicle Regists	ration No: Sn	14 428D
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Address	:			01.11.000	ingapore(
Contact (Tel)		214/1/25 (0)	Mobile No.:	81116544	
Email Address	:	, ,			
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	iver's Signature		Reporting Name:	Centre Personne	s Signature
Date:			NRIC/FIN N	o: Keydy C	UMTOND

Date:

MARKET SHOPERS