Date In-		Sincin Centil	Services well before		N.12		
NATIONAL Assessment Centre Date In 12/02/19 Ref No NA/INC19003467/13 Veh No SJX 91960			Job description Date & Tune Completed Done by				
			SAS e-filing	10.4	,	iic Uş	
			E-mail (within Shrs, AIC 2hrs)				
DOA 09/02/19 1425		i-Motor Claim Form	m=/				
				7			
OD TP Reporting Only			i-Motor W/O (Within: OD 2hrs, TP 4hrs) i-Photo Uploaded				
TP Insurer:		Assessment/Survey Report					
			Ass't Report by Fax / Hand to Owner/Wksp				
Preferred V	Wksp / INC Assig	n Wksp / QW: (777	Tel: F	ax:		
TP Partice	ulars:	Veh No:	mE53264 INC()/Non-INC()			
Owner /	Driver: (Tel:)	AL PRINCIPAL OF	
Policy No	o: () Perio	d: ()	Cover Type: (
C	onfirmed by: (Date:	Time:			
	Driver Liability:	(%) [No	te-Est. Status (WO): N: 0-20	DOTACON TOTAL	00%1		
Year of I	Registration: (WEG () (NG ()			
Excess: ((\$)	Loading: \$1,000					
General Re	emarks:-	HI TAKAN T	A TEST OF THE STREET	13/24/20 - 7.1 11/21/20		-	
 Apply fo 	or Transport Allo	wance ()/Cou	rtesy Car ()			E - 17.5	
	ck / Post Repair Resurvey Photo	TO THE RESERVE TO THE PERSON OF THE PERSON O	()				
3) Upload R		Inspection	()				
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3) Upload R	Actions	Inspection [Repair Cost > \$300	Invoice Prepa	sporting (\$30);	_lst Bill		
3) Upload R Injury: Date/Time	Actions Articulars:-	Inspection [Repair Cost > \$300	Invoice Preps 1) AR: Accident R 2) DA: Damage As 3) TF: Towing Fee	eporting (\$30); sessment (\$100); INC (\$80) \$40/5	1st Bill		
3) Upload R Injury: Date/Time Claimant's Pa	Actions Articulars:-	Inspection [Repair Cost > \$300	Invoice Preps 1) AR: Accident R 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Three	eporting (\$30); seessment (\$100); INC (\$80) \$40/5 ough Survey \$1	1st Bill		
3) Upload R Injury: Date/Time	Actions Actions	Inspection [Repair Cost > \$300	Invoice Preparation of the state of the stat	porting (\$30); sessment (\$100); INC (\$80) \$40/5 ough Survey \$1 ough Survey (Resurvey) \$ onst INC Only (wef 10 Jan 2005) on \$	1st Bill		
3) Upload R Injury: Date/Time Claimant's Pa Priver/Owner Contact No: amaged Port	Actions Actions:	Inspection [Repair Cost > \$300	Invoice Preparation of the state of the stat	porting (\$30); sessment (\$100); INC (\$80) \$40/5 ough Survey (\$1 ough Survey (Resurvey) \$ ough Survey (Resurvey) \$ ough Survey (wef 10 Jan 2005) on \$ MRT Survey \$1 I Services:-	1st Bill		
3) Upload R Injury: Date/Time Claimant's Pa Priver/Owner Contact No: amaged Port	Actions Actions	Inspection [Repair Cost > \$300	Invoice Preparation of the control o	seporting (\$30); sessment (\$100); INC (\$80) \$40/5 ough Survey (\$1 ough Survey (Resurvey) \$1 ough Survey (Resurvey) \$3 ough Survey (Resurvey) \$3 ough Survey (Resurvey) \$3 ough Survey (\$1 Survey \$1 Survey \$1 Survey \$1 Survey \$1	1st Bill	Amt (
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3) Upload R Injury: Date/Time Claimant's Pa Priver/Owner Contact No: amaged Port	Actions Actions articulars:-	Inspection [Repair Cost > \$300	Invoice Preparation of the control o	Seporting (\$30); Seessment (\$100); INC (\$80)	1st Bill		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 1. Please report correctly 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 truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

aruresaru,	ACCIDENT STATEMENT			
Date Of Report	12/02/2019 11:43			
Date Of Accident	09/02/2019 14:25			
Exact Location Of Accident	ALONG JLN BAHAR NEAR FIRE STATION			
Country/State of Loss	SINGAPORE			
	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SJX9396D			
Insured/Policyholder				
Name Of Registered Owner	PRESTIGE LEASING PTE. LTD			
Co Reg No	201723326H			
Email Address	NOEMAIL			
Mobile Phone No				
Alternative Phone No	OFFICE-91449265			
Vehicle Particulars				
Manufacturer	тоуота			
Model	AXIO			
Exact Purpose for which vehicle was being used at time of accident	GRAB			
Are you claiming under your own insurance policy for repair to your vehicle?	NO			
If No, Please state action to be taken	REPORTING ONLY			
Vehicle Category	PRIVATE HIRE			
Insurance Company				
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD			
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT			
Fleet Policy	YES			
Policy Number	5094838100-01			
Cover Note Number				
Driver				
Name of Driver	STANLEY SUDEEP			
NRIC No	S7585107C			
Date Of Birth	27/09/1975			
Occupation	OUTDOOR			
Date Of Driving Pass	05/02/2003			
Driving Experience	16 YEARS AND 0 MONTHS			
Gender	MALE			
Mobile Number	(LOCAL) +65-91380767			
Fax Number	12 1/2			
Contact Number				

SUDEEP.STANLEY@GMAIL.COM

BLK 505 ANG MO KIO AVE 8 Address

#09-2670 560505

Postcode

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 COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

YES

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME: : UNKNOWN

: MALE GENDER:

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

I WAS TRAVELLING ALONG JALAN BAHAR TWDS JURONG WEST AVE 4 ON THE RIGHT TURNING LANE OF A4-LANES RD.WHEN THE FIRE BRIGADE VEH FROM THE STATION ON THE SIREN ,I SWERVED MY VEH TO MY LEFT LANE.SUDDENLY VEH B CAME AND COLLIDED ONTO MY VEH.

Attachment(s)

Are accident photos available for attachment?

YES YES

Was there any video captured by Car Camera?

WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SME5326Y

Vehicle Make/Model/Colour

Details Of Properties

Remarks/ Reasons:

PRIVATE CAR

Vehicle Category Name of Driver

SHIRLEY PAUL

NRIC/Passport Number

S7936517C

Contact Number

98005811

Address

Postcode

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

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <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.
- 5. 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

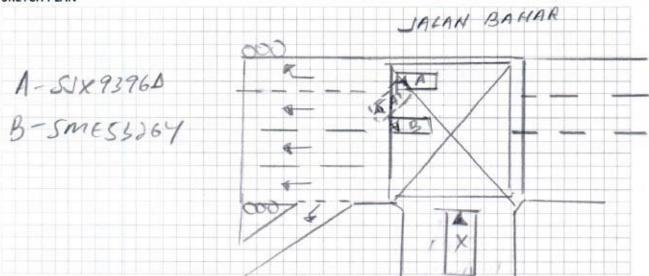
(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

ASIA

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

Name: NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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PIS	refr	to H	e state	ement		
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	155					
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DECLARATION

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

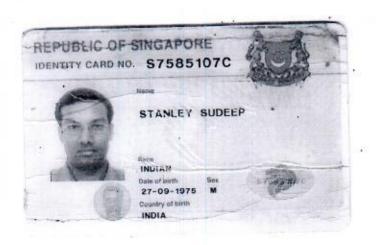
Policyholder's Signature Date & Time:

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

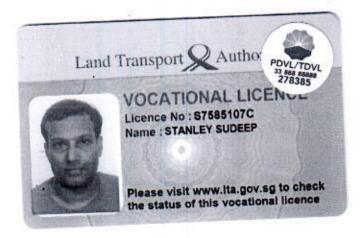
Date & Time:

NRIC/FIN No.:

Reporting Centre Personnel's Signature











This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701,

Description Type

Issue Date

14

PRIVATE HIRE CAR VL

03/08/2018





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: 5094838100-01 Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle : SJX9396D Chassis Number : NZE1416121573

2. Name of Policyholder : PRESTIGE LEASING PTE. LTD

3. Effective Date of Insurance : 05 Oct 2018 4. Expiry Date of Insurance · 04 Oct 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) : N/A EXCESS (SECTION 2) : \$\$1,500 ADDITIONAL EXCESS : N/A UNNAMED DRIVER EXCESS : N/A REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : NO PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : TAI THONG LEE TRADING PTE LTD SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ANIKA INS BROKERS & CONSULTANTS P/L (00000690423) Date of Issue

: 05 Oct 2018 11:04 hrs

Countersigned By:

Authorised Officer Chief Executive

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Claim Handling

The premium on this policy has not been collected.

Accident MT/1031591						
Policy No.	5094838100-01	Vehicle No.	SJX9396D		GST Registrat	tion No
Certificate No.						
Policyholder Name	PRESTIGE LEASING PTE, LTD				Policyholder N	VRIC
Product Code	FLEET INSURANCE	Cover Type	Third Party, Fire & The	eft	Loading	
Contact No.(Mobile)	91449265	Contact No.(Office)	0		Contact No.(H	Home)
Email Address		Special Remark			eCode	
KFK	→ No Yes	TCA	No Yes		eCode Reason	n
NCD Protection	No	NCD Entitlement(%)	0		Private Hire	
✓ Accident Details						
Report Date	12/02/2019 12:19	Accident Report Within 24 hrs	Yes		Accident Type	
Date of Accident	09/02/2019	Time of Accident hh:mm	14:25		Country of Ac	ciden
Reporting Centre		Orange Force			ICM No.	
Accident Location	ALONG JLN BAHAR NEAR FIRE STATION					
♥ Excess						
Own damage Excess	0.00	Additional Excess	0		Windscreen E	xcess
Unnamed Driver Excess	0.50	Outside Singapore OD Excess	150	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess		1,500.00		
▽ Benefits	1,300.00			1,500.00		
GST Registered Informat	ion					
GST Registered	No		GST Registra	tion Date		
GST Registration No.	No		GST Status \		Yes	
Modification History			OST States	Cilica	160	
	ress					
Address 1	53 UBI AVENUE 1	Address 2	#05-44 PAYA UBI INC	DUSTRIAL F	Address 3	
Address 4	33.00.710.100	Address Type	Singapore address	7.530 10.5	Post Code	
Unit No.	01.63	Related Policy Number	5094838100-01			
♥ OI Driver Info	01-62	related Folicy Hamber	3094636100-01			
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Unnamed driver Name	STANLEY SUDEEP	Driver NRIC	S7585107C		Driver DOB	
Register Date of Driver License	05/02/2003	Driver Age	43		Driving Exper	rience
Contact No.(Mobile)	91380767	Contact No.(Office)	0		Contact No.()	
Address 1	BLK 505	Address 2	ANG MO KID AVENUE	R	Address 3	
		MARKET AND AND ADDRESS OF THE PARTY OF THE P			Post Code	
Address 4	SINGAPORE 560505	Address Type	Singapore address		rost code	
Unit No. Does he own a Singapore	#09-2670					
Registered car?	Yes No	Driver Vehicle No.			Driver Insure	r Com
Declaration						
Breathalyser or Blood Test	A	A (at2)	□ Vac □ Na			
Reading?	0 mg	Any injury?	Yes No			
Modification History						
Production (natury						
Claim 001 OD-MX New						
Claim Type •		NV	ſ	OD-MX	▼ Insured P	RESTI
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Contact No.(Mobile)			ls.	91449265	No. (Home)	_
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Email Address			,L		Vehicle S Number	JX939
Claim Description				SJX9396D / SME5326Y ON	9 Feb 2019	
Preferred						
Workshop Bonuset No. Yes	Preferered Fully at Fa	GIA				
Finalisation Yes	Repair Preferred Workshop,	Name unknown Teport Received			Claim	
Date Registered	42/2/010		Į2	12/02/2019 12:24	Close	
Across religios revisita			r		Workshop	
Report Taken By			Į	ROSLINDA	Repairer	

Print AK letter

Save Submit Attachment Accident No. MT/1031591 Claim No. 001 Last Doc. Received Yes No Upload Date 12/02/2019 00:00 Path . Category * Confidential Choose File No file chosen * NO Clear Please Select Choose File No file chosen Clear Please Select ٠ NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear NO Please Select Choose File No file chosen Clear Please Select • NO Choose File No file chosen Clear Please Select ▼ NO Message Read Attachment Uploaded By/Date Category Urgency WILL SE NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on NRIC/ Driving License Normal NRIC/ Driving I 12 Feb 2019 12:24 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on SAS Normal SAS 2 12 Feb 2019 12:24 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2019 12:24 Photos Normal Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2019 12:24 Photos Normal Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal 12 Feb 2019 12:24 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal Photos 12 Feb 2019 12:24 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal Photos 12 Feb 2019 12:22 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2019 12:22 Photos Normal Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal Photos 12 Feb 2019 12:22 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2019 12:22 Photos Normal Photos NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal Photos 12 Feb 2019 12:22 Video List Uploaded By/Date Folder Date

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