NATIONAL Assessment Cen	tre Services. purt i sand	STOCOPILATION IN	
Date In: 5h/19-15:20	Jeb description	Date & Time Completed	Done by
Res No: NA INC. 5004034/24	SAS e-filing		
Veh No: on 64641 H	E-mail (within Shrs, AIC 2	hrs)	
D.O.A: 5/3/19-13-15	i-Motor Claim Form	M1/10348420=1	Jh/19 15:32.
	i-Motor W/O (Within: 0	DD 2hrs, TP 4hrs)	
OD / (TP)/ Reporting Only	i-Photo Uploaded		± 1
TD I	Assessment/Survey Rep	port	
TP Insurer:	Ass't Report by Fax / F	land to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax: )
TP Particulars: Veh No: (1)	C8549E II	NC( )/Non-INC( )	
Owner / Driver: (		Tel:	)
Policy No: ( )	Period: (	) Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N	l: 0-20%; P: 21-79%. P: 80	-100%]
Year of Registration: ( )	Warranty: YES ( )/NC	)( )	
	,000 ( )/\$2,000 ( )		
General Remarks:-			Silver St. Co.
( ) Walk-In Customer : Customer's in		& Strictly NO refer of repaire	
( ) Total Loss Case : to e-mail Insu	irer URGENTLY.	*	
	ice: YES ( ) / NO (	); Towing Co: (	: )
		3	HANKSON ACT.
Remarks:- (INC hotline: 6788 6616)		Date&Timb Completed	Doneby
1) Apply for Transport Allowance ( )	Courtesy Car ( )		
2) QC Check / Post Repair Inspection	( )		
3) Upload Resurvey Photo [Repair Cost>	\$3000] ( )		
Injury:	and the same of th		
,		e to Astan	
Date/Time Actions		Contract of the Contract of th	Prisedon Principal
		Manual Control of the	
	The second secon		CANNERS OF SALSSHALVER, GA.
Malgoray.	Inveic	Preparation Checklist	Amt (5) Amt (5)  fit Bill Add Bill
laimant's Particulars :-	125.7 (EURO) 1 CONTROL (SOUTH 1 CONTROL OF THE TOTAL CONTROL OF THE TOTA	ccident Reporting (\$30);	
	2) DA : D 3) TF : Te	amage Assessment (\$100); INC	\$80) 40/\$45
Driver/Owner:	4) FT : Fo	llow-Through Survey	\$120
Contact No:	5) FT : Fo	llow-Through Survey (Resurvey) ming against INC Only (wef 10 Jan 20	\$30
Namaged Postion		inspection	\$75
amaged Portion:		ac DA + SMRT Survey Additional Services:-	\$160
	OD.		
C Checked by (Engr-In-Charge):		ourlesy Car / Tpt Allowance	\$5 \$10
	•N7: P	epair Co-ordination ost Repair Inspection	\$25
Auditors! Comments :-	•N8: D	V / Collect Excess Coordination 1): TP (Non INC) against INC	\$20
at. 1:		Inc Mobile	30
at. 2/3;	Invoice de		MARKET PROPERTY
	Invoice de	ited Fee Charge	resident

Figure 1 1 Tr

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 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.
- 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.
- Any false reporting may be referred to the Police for investigation.
   This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

	ACCIDENT STATEMENT
Date Of Report	05/03/2019 15:20
Date Of Accident	05/03/2019 13:15
Exact Location Of Accident	JALAN BERSEH
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMG4641H
Insured/Policyholder	
Name Of Registered Owner	AHB LEASING
Co Reg No	53389006C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93679993
Alternative Phone No	OFFICE-93679993
Vehicle Particulars	
Manufacturer	HONDA
Model	FREED 1.5G HYBRID AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO

Policy Number 5106273728

Cover Note Number

### Driver

Name of Driver ANG HUA BENG NRIC No S6945936F Date Of Birth 21/09/1969 Occupation OUTDOOR Date Of Driving Pass 21/11/2006

Driving Experience 12 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93679993

Fax Number

Contact Number OFFICE-93679993

EMail Address NOEMAIL Address BLK 20 TEBAN GARDENS ROAD

#40-103

Postcode 600020

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

.

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

YES

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)

**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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SGK8899E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

Page 2 of 19

Name

Approximate Age Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode ANG HUA BENG

BODY

SMG4641H

YES

NO

## SKETCH PLAN

## MPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Pollcyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful</u> and <u>eccurate as possible</u>. Any wilful misrapresentation or withautigns of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the dark of the insurance companies.
- 1. 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 aforeseid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurence 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 Monstery 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 desiting 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 occident 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
- (a) thy Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (relucing their lawyers/law firms), which may be sited outside of Singaporo, 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 freud detection, investigation and management in present and all future claims.
- (a) the information so collected under (d) above may be shared / disclosed:
  - to all insurers end/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.

Folicyholder's Signature

Date & Time:

Oriver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

KETCH PLAN		Along	JALAN	BESI	AR ROAC	)			
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ECLARATION			- 51						
We declare the fores	submed galog	ers are true in every	respect.				_	71	

Policyholder's Signature Date & Time:

Oriver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Contre Personnel's Signature

Name: NRIC/FIN No-i

Date of Accident	05/03/19 Accident Time: 1315 (24-HR-Format)
Accident Place	: JAIW BERSEH
Vehicle Reg. No. (Car Plate No.)	: SMG 4641H
Vehicle Make/Model	HONDA PRED PREED
Insurance Company	N76C Policy No. 5106273728
Owner or Company Name /IC No.	: ANG HUA BENG 36945936-
Owner or Company Contact No.	:Owner's Hp 936 79993 Company Tel
DRIVER'S Name / IC No.	: ANG HUP BELYG 36945936-E
DRIVER'S Date Of Birth	: 21/09/ 1969 DRIVER'S License Pass Date 21/11/06
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner.
DRIVER'S Address	: 20 Teban Gardens Road 40#103 spore 600020
DRIVER'S Contact No./ Alt No.	:1) 93679993 2)
DRIVER'S Occupation	: INDOOR \OUTDOOR (e.g. working inside or outside office)
Email Address	: PLATINUM WERKZ @ GMAIL. COM
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	Priver):O
Was there any video Captured by c Exact purpose for which vehicle wa	
Other	Party Driver's Particular (if any)
Vehicle Reg. No: SGK 88°	79 E Vehicle Reg. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	
IC No. Driver:	
Driver's Contact & Add:	Driver's Contact & Add:



Date: 05/03/2019

## INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

## Business Profile (Business) of AHB LEASING (53389006C)

The Following Are Th	ne Brief Particulars of :				
Name of Business	:	AHB LEASING			
Former Name(s) if any					
Date of Change of Nan	ne :				
Registration No.	1	53389006C			
Registration Date	4	23/10/2018			
Commencement Date	3	23/10/2018			
Status of Business		Live			
Status Date	4	23/10/2018			
Renewal Date	3				
Expiry Date		23/10/2019			
Renewal via GIRO		NO			
Constitution of Busines	ss ;	Sole-Proprietor			
Principal Place of Busin	ness ;	20 TEBAN GARI #40-103 TEBAN VISTA SINGAPORE (60	2000		
Date of Change of Add	ress :	25/10/2018			
Principal Activities					
Activities (I)		PASSENGER LA	AND TRANSPORT N.E.C. (EG	PRIVATE CARS FOR HIRE	WITH OPERATOR
Description	\$				
Activities (II)	1	RENTING AND L	EASING OF PRIVATE CARS	WITHOUT OPERATOR (77	101)
Description	:				57305 VA-
Particulars of Authori	ised Representative(s)				
Name	ID	Nationality	Address	Address Source	Date of Appointment

Authentication No.: Q19145472U



# INFORMATION RESOURCES

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# Business Profile (Business) of AHB LEASING (53389006C)

Date: 05/03/2019

Existing Sole-Proprieto	or(s) / Partner(s)				
Name	ID	Nationality/Place of incorporation/Origin	Address	Address	Date of Entry
		modiporation origin		Source	Position
ANG HUA BENG	S6945936F	SINGAPORE	20 TEBAN GARDENS ROAD #40-103	ACRA	23/10/2018
		OTTLEN	TEBAN VISTA SINGAPORE (600020)		Owner

Withdrawn Partn	ner(s)					
Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry	Date of Withdrawal
					Position	TTIMIGICATION

#### Abbreviation

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

## Note:

- The information contained in this Business Profile is extracted from lodgements filed by this entity with ACRA.
- The list of officers for this entity is available for online authentication within 30 days from the date of purchase of this Business Profile, Please scan the QR code available on the last page of this profile to access the authentication page. For more information, please visit <a href="https://www.acra.gov.sg">www.acra.gov.sg</a>.

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES SINGAPORE

RECEIPT NO.

: ACRA190305186626

DATE

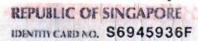
: 05/03/2019

This is computer generated. Hence no signature required.



Authentication No.: Q19145472U

Page 2 of 2







ANG HUA BENG

洪华明

CHINESE

21-09-1969 M

Coursy of Earth

SINGAPORE











## Certificate of Insurance

Cover : drivo CLASSIC SMG4641H

GB71073755

: AHB LEASING

: 20 Dec 2018

: 19 Dec 2019

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: 5106273728

1. Index mark and Registration Number of Vehicle Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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.

The later of the second		
EXCESS (SECTION 1)		: S\$2,000
EXCESS (SECTION 2)		: S\$1,500
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		: TAN WEI CREDIT 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

: DICKSON INSURANCE AGENCY PTE, LTD. (00000573832)

Date of Issue

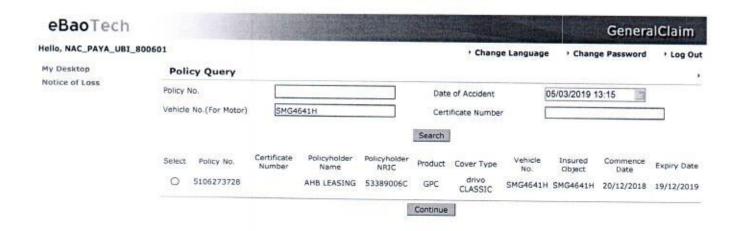
: 20 Dec 2018 10:22 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



Policy No.	5106273728	Policyholder	AHB LEASIN	NG	Policyholder	53389006C	
Certificate		Name		0.71	NRIC	222030000	
Vo.							
Address	BLK 20 #40-130 TEBAN GARDE	NS ROAD TEE	BAN VISTA SIN	NGAPORE 600020			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	20/12/2018	Effective Date	20/12/2018	00:00	Expiry Date	19/12/2019	23:59
xcess ype		All Claims Excess					
hird Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional xcess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667		GST Flag	Υ	
Co- nsurance Flag	No						58
Open Policy Info Certificate							
Policy nfo Certificate nfo							
olicy info ertificate info Policy	holder Mailing Address						
olicy nfo ertificate nfo Policyl ddress 1	holder Mailing Address BLK 20 #40-130	Addr	ess 2	TEBAN GARDENS R	OAD	Address 3	TEBAN VISTA
olicy nfo Certificate nfo Policy!		Addr	ess Type	TEBAN GARDENS R Singapore address		Address 3	TEBAN VISTA 600020
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Policy Info Certificate Info Policy! Address 1 Address 4 Unit No.	BLK 20 #40-130 SINGAPORE 600020 40-130 d Object: SMG4641H	Addr Relat Numi	ess Type ed Policy	Singapore address 5106273728		Post Code	

agure Finelisation ate Registered eport Taken By    Print AK letter  Attachment  Cuident No. IST Doc. Received	MT/1034684 <b>®</b> Yes ○ No	Claim No. Upload Date	Save Submit 001		
e Registered fort Taken By Print AK letter		8	Save Submit		
te Registered port Taken By Print AK letter		8	Save Submit		
te Registered port Taken By Print AK letter		8	Save Submit		
te Registered Fort Taken By					
e Registered ort Taken By					
te Registered	Jackson				
	05/03/2019 15:32	Claim Close Date		Date Received	05/03/2019 00:00
	Yes 🔻	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
	0	Insured Liebility *	Not at Fault		
m Description ferred Workshop Comact	SMG4641H / SGK8899E ON 5 Mar 2019	Accompany person		Name of Preferred Workshop	8
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mant Name *	22	Claimant NR3C *			
mant Type Claimant Type *		Type of Benefit *	Please Select		
all Address	Disage Galace	OI Vehicle Number	SMG4641H	TP Vehicle Number	SGK8899E
ntact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
im Type *	00-MX V	Insured Name	AHB LEASING	Insured NRIC	53389006C
Claim 001 New					
dification History					
1000 B ( )	-21/093	aemorniš2a)			
reathalyser or Blood Test eading?	Omg	Any injury?	® Yes ○ No		
ociaration					
egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
nit No. oes he own a Singapore	40-103				
Idress 4	SINGAPORE 600020	Address Type	Singapore address	Post Code	600020
dress 1	BLK 20	Address 2	TEBAN GARDENS ROAD	Address 3	TEBAN VISTA
ntact No.(Mobile)	93679993	Contact No.(Office)	0	Contact No.(Home)	0
gister Date of Driver License		Driver Age	49	Driving Experience	12
named driver Name	ANG HUA BENG	Driver NRIC	56945936F	Driver DOB	21/09/1969
ver Name	Unnamed Driver	Oriver Type	Unnamed Driver		
OI Driver Info		The second second	1000		
it No.	40-130	Related Policy Number	Singapore address 5106273728	Post Code	600020
10-ess 4	SINGAPORE 600020	Address Type	TEBAN GARDENS ROAD Singapore address	Address 3	TEBAN VISTA
idress 1	BLK 20 #40-130	Address 2	TERAN GARDENS TOATS		11220,000
Policyholder Mailing Ad	dress				
dification History					
ST Registration No.			GST Status Venified	No	
ST Registered	No		GST Registration Date		
GST Registered Inform					
♥ Benefits					
hird Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Innamed Driver Excess		Outside Singapore OD Excess	2,000,00		
wn damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
₩ Excess					
codent Location	JALAN BERSEH				
eporting Centre		Orange Force	33/48/	1CM No.	Singapore
whe of Accident	05/03/2019	Time of Accident hh:mm	13:15	Country of Accident	Collision - Head to Rear
eport Date	05/03/2019 15:30	Acadent Report Within 24 hrs.	Yes	Accident Type	College Hand to B
Accident Details		The state of the s	N. P. C.	Private Hire	Yes
CD Protection	No	NCD Entitlement(%)	© No C Yes	eCode Reason	100
FK	® No ○ Yes	TCA	® No ○Yes	eCode	M. V
mail Address	99079993	Contact No.(Office) Special Remark	0	Contact No.(Home)	0
	93679993	Cover Type	drive CLASSIC	Loading	0
	PRIVATE CAR INSURANCE			Policyholder NR3C	53389006C
Voduct Code Contact No.(Mobile)	AHB LEASING				
		Vehicle No.	SMG4641H	GST Registration No.	

