NATIONAL Assessment Cen	tra Carnings	l s parsi	1 -2 -1	-
Date In: 134)19-14:42	Jeb description	Date & Time Completed	Doi	ne by
Res No: Natine 1906578724	SAS e-filing			
Vch No: 118444	E-mail (within Shrs, AIC 2hrs)			
D.O.A : 9/4/19-16:75	i-Motor Claim Form	Mal gas.	1.0	
		M7/1039645-001	19119	1223
OD TP! Reporting Only	i-Motor W/O (Within: OD 2hr	s, JP 4hrs)		
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	1.0		
Preferred Wksp / INC Assign Wksp / QW: (	Ass t Report by Fax7 Hand			
	P/2d · · · · · · · · · · · · · · · · · · ·		ax:	
Owner / Driver: (	R67704 INC(			100000000
	Period: (	Tel:	)	
Confirmed by : (	Date:	Cover Type: (		
	[Note-Est. Status (WO): N: 0-20	7,53196E3	00%1	
Year of Registration: ( )	Warranty: YES ( )/NO (	)	0070]	
Excess: (\$ ) Loading: \$1				
THE AND ADDRESS OF THE PARTY OF	No. of Contrast of	A SPANSON AND THE PROPERTY OF THE PERSON AND THE PE	<u> १८५५ म</u>	
( ) Walk-In Customer: Customer's in	formation strictly Co-Education Co	Healt College College College	is on Burn	
( ) Total Loss Case : to e-mail Insu	TOTALION STICUY Confidential & Str	ictly NO refer of repairer.		
		<u> </u>		
///		owing Co: (		)
Remarks:- (INC horline: 6788 6616)	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Date&Time Completed	Don	e by
	Courtesy Car ( )	*		
2) QC Check / Post Repair Inspection	( )		2.	
3) Upload Resurvey Photo [Repair Cost > 5	[3000]	4		
Injury:				
Date/Time Actions			1200 E. 2 -	WY C 197
		* I * K P P P P P P P P P P P P P P P P P P	<u>Restions</u>	-
10				
•			72	
MAIGO 2080	Invoice Pren	aration Checklist	Anit (S)	Amt (3)
STATE OF THE PARTY	1) AR : Accident		16 Bill	Add Bil
laimant's Particulars :-	\$ C2000000000000000000000000000000000000	assessment (\$100); INC (\$80	))	
river/Owner:	3) TF : Towing Fe 4) FT : Follow-Th			
ontact No:	5) FT : Follow-Th	rough Survey (Resurvey)	\$30	
amaged Portion:	For claiming age 6) TR: Re-inspect	ainst INC Only (wef 10 Jan 2005)	\$75	
	7) N1 : Idao DA +	SMRT Survey	160	
C Checked by (Engr-In-Charge):	8) NTUC Addition	al Services		
tongr-in-Charge):	*N5; Courtosy C	Cer / Tpt Allowance	\$5	
uditors! Comments :-	*N6: Repair Co- *N7: Fost Repai		\$10	
1:		ct Excess Coordination	\$5	Dinischione
	9) N12: Idna Mobil		30	
2/3:	Invoice dated	Fee Charged		<b>动物的</b>
	Invoice dated	Fee Charged	SHOWER	1000-

#### 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.
- Information provided must be as <u>truthful and accurate</u> 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.
- 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.

aroresaid,	
elife the control of the state of the	ACCIDENT STATEMENT
Date Of Report	10/04/2019 14:45
Date Of Accident	09/04/2019 16:55
Exact Location Of Accident	PIE TWDS TUAS
Country/State of Loss	SINGAPORE
CANCEL MANUFACTURE OF THE LABOR.	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJS849A
Insured/Policyholder	
Name Of Registered Owner	EAZY RENTALS PTE LTD
Co Reg No	201723629E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A
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	YES
Policy Number	5094576865-01
Cover Note Number	
Driver	
Name of Driver	LEE JIN JUN, ANDY
was a reconstruction of the contract of the co	The second of th

 Passport No/FIN
 \$9500841J

 Date Of Birth
 06/01/1995

 Occupation
 OUTDOOR

 Date Of Driving Pass
 07/05/2015

Driving Experience 3 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93253698

Fax Number

Contact Number OFFICE-93253698

EMail Address NOEMAIL

BLK 258 BOON LAY DRIVE Address

#08-511

640258

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

Postcode

CHAIN COLLISION

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

involved in the accident

3

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES.

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

NO 1

Number of Passengers (Including Driver)

**Details of Police Action** 

NO

Was the accident reported to the police? 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?

NO

Was there any audio recorded?

NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SKR6270Y

Vehicle Make/Model/Colour

NISSAN

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

KWEK JOO CHIANG

NRIC/Passport Number

S1323502C

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2** 

Vehicle Registration Number

SLE6731R

Vehicle Make/Model/Colour

VOLKSWAGEN POLO

**Details Of Properties** 

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

TAN YO PING, JASMINE

S8530821A

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

Name LEE JIN JUN, ANDY

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? SJS849A Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address Postcode

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 Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and occurate 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 dark 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 aforessid.
- 8. Consent under the Personal Data Protection Act (PDPA)

t understand, 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 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 low in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) eil insurer(s) who have insured vehicle(s) involved in this occident and the insurers' lawyers/law firms, may/are permitted to exfect, use, disclose and/or process my Personal information for one or more of the above Perposes; and
- (c) thy Personal Information may/can be disclosed by any of the lasurers 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.
- (a) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, Investigation and management in present and all future dalms.
- (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.

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

Name: NRIG/FIN No.:

VEH A - 535 849A VEH B - 5KR 6270Y VEHL-SLE 6731R and Core fon the me. Chain

ALDNO PIE TOWARDS TOAS SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT along PZE 10 v and S was uses vehicle infront COM No BECK Hit Sto vehichle he to hit the back the to troot Vehido vericle Total ISION DECLARATIONEN,

I/We depart the foregang particulars are true in every respect.

Policyholder's S Date & Time:

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

Reporting Centre Pe Name: NRIC/FIN NO.:

annel's Signature

	W
Date of Accident	: 09/04/23/9 Accident Time: 1656 (24-HR-Format)
Accident Place	: PIE Towards TUAS
Vehicle Reg. No. (Car Plate No.)	S-32 849 A SJS 849 A
Vehicle Make/Model	STURVA IROUNTH :
Insurance Company	: NTUL Policy No
Owner or Company Name /IC No.	EAZY RENTAL
Owner or Company Contact No.	:Owner's HpCompany Tel
DRIVER'S Name / IC No.	: LEE JIN JUN ANDY 1595008+1J
DRIVER'S Date Of Birth	. 06/01/1995 DRIVER'S License Pass Date 7/5/15
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: BLK 258 Boon Lay Drive #08-511 5640258
DRIVER'S Contact No./ Alt No.	:1) 93253698 2)
DRIVER'S Occupation	: INDOOR \OU(DOOR) (e.g. working inside or outside office)
Email Address	: 900 y 100 LOG holmail com PLATENLIMWERKZ @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 I	Oriver):
Was there any video Captured by c Exact purpose for which vehicle w	ar camera: YES (NO)' as being used at the time of accident: Private use \ Work purpose
Other	Party Driver's Particular (if any)
Vehicle Reg. No: SKR 6270	Vehicle Reg. No: SLE 6 731 R
Vehicle Make Model: NISSAN	Vehicle Make/Model: * WXWAGEN FOW
Name Driver: KWEK JOO	CHIAM- Name Driver: TAN 70 PING, GOSMINE
IC No. Driver: \$ \323502 C	IC No. Driver: 58530821 A
Driver's Contact & Add:	Driver's Contact & Add:







Name

LEE JIN JUN, ANDY

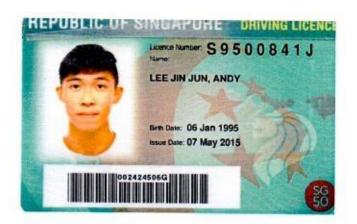
李 金 Race CHINESE

Sex

06-01-1995 Country of birth SINGAPORE







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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 07 May 2015 of the driver; and other motor vehicles =< 2500kg

Licence No: S9500841J

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: 5094576865-01

1. Index mark and Registration Number of Vehicle Chassis Number

2. Name of Policyholder

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

S. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

Cover : drivo CLASSIC

SJS849A

KHMDU41BR9U801513 EAZY RENTALS PTE LTD

30 Oct 2018 29 Oct 2019

- (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) \$\$2,000 EXCESS (SECTION 2) 551,500 WINDSCREEN EXCESS 55100 ADDITIONAL EXCESS N/A UNNAMED DRIVER EXCESS PLEASE REFER OVERLEAF REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE - VES NCD PROTECTION NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** NO PRIMARY DRIVER N/A NAMED DRIVER (1) N/A NAMED DRIVER (2) 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)

N/A

5 & M ALLIANCE PTE LTD (00000614373) Agency

Date of Issue : 24 Sep 2018 10:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

Countersigned By:

HIRE PURCHASE COMPANY

SUM INSURED

**Authorised Officer** 

Chief Executive



Policy No.	5094576865-01	Policyholder Name	EAZY REN		Policyholder NRIC	201723629	
Certificate No.		-1000000000000000000000000000000000000			10,10		
Address	10 BUROH STREET #02-20 WI	EST CONNECT B	UILDING S	SINGAPORE 627564			
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	24/09/2018	Effective Date	26/09/20	18 00:00	Expiry Date	25/09/2019	23:59
xcess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess Dutside	0	OS Premium	1942.97				
Singapore OD Excess	2000	Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	3	GST Flag	Y	
insurance Flag Open Policy Info Certificate	No						
Info							
Policyl	holder Mailing Address						
Address 1	10 BUROH STREET	Addre	ss 2	#02-20 WEST CONN	ECT BUILDI	Address 3	SINGAPORE 627564
Address 4		Addre	ss Type	Singapore address	3	Post Code	627564
Jnit No.	14	Relate Numb	ed Policy er	5094576865-01			
) Insure	d Object: SJS849A						
♥ Endors	and the same of th						
	sements						
Sequen	nce Date of Endorsement	Endorseme		Endorsement Number		nent Status	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJP1791R 26-09-2018 \$1,328.94 In view of this amendment, an additional premiur of \$1,328.94 (inclusive of GST) is payable under your policy Please
Sequen		Endorsemen Basic Informal Endorsement		Endorsement Number	Endorseme Effective		Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJP1791R 26-09-2018 \$1,328.94 In view of this amendment, an additional premium of \$1,328.94 (inclusive of GST) is

ricy No.	5094576865-01	Vehicle No.	535849A	GST Registration No.	
Ricyholder Name	EAZY RENTALS PTE LTD			Policyholder NRIC	2017236298
oduct Code	FLEET INSURANCE	Cover Type	drivo CLASSIC	Leading	0
intact No. (Motive)	0	Contact No. (Office)	0	Contact No.(Home)	0
naii Address		Special Remark		eCode	THEFT
×.	® No ○ Yes	TCA	® No ○Yes	eCode Reason	NAME OF THE OWNER OWNER OF THE OWNER
CD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details				110000000000000000000000000000000000000	10188
part Date	10/04/2019 15:51	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
ite of Accident	09/04/2019	Time of Accident hh:mm	16:55	Country of Accident	Singapore
sporting Centre		Orange Force		ICM No.	anyapore
cident Location	PIE TWDS TUAS	VIDERLAND CONTROL		There was	
Excess					
vn damege Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess		Outside Singapore OD Excess	2,000.00	Tribute Coll College	100.00
and Party Excess	1,500.00	Dutside Singapore TP Excess	1,500.00		
> Senefits					
GST Registered Inform	nation				
T Registered	No		GST Registration Date	2007	
T Registration No. dification History			GST Status Verified	Yes	
2017/2019/2019					
Policyholder Mailing A	ddress				
dress 1	10 BUROH STREET	Address 2	#02-20 WEST CONNECT BUILD!	Editor 2	- Marie Caraco
dress 4	SOUTH AND AND AND A	Address Type	Singapore address	Address 3	SINGAPORE 627564
vit No.	14	Related Policy Number	5094576865-01	Post Code	627564
OI Driver Info		Action Policy Indiana	5094576865-01		
iver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	LEE JIN JUN, ANDY	Driver NRIC	\$95008413	Driver DOB	06/01/1995
gister Date of Driver License	e 07/05/2015	Driver Age	24	Driving Experience	3
ntact No.(Mobile)	93253696	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BFK 528	Address 2	BOON LAY DRIVE	Address 3	BOON LAY CREST
dress 4	SINGAPORE 640258	Address Type	Singapore address	Post Code	640258
it No.	08-511				
es he own a Singapore gistered car?	○ Yes (® No	Driver Vehicle No.		Driver Insurer Company	
deration					
eathalyser or Blood Test ading?	.0 mg	Any injury?	® Yes ○ No		
diffication History					
0.00 B					
laim 001 New					
im Type *	DD-MX	Insured Name	EAZY RENTALS PTE LTD	Insured NRIC	2017236296
ntact No. (Mobile)	88694660	Contact No.(Home)		Contact No. (Office)	NIL
ail Address	SHAWN, APEXAUTOMOTTVE@GM	01 Vehicle Number	SIS849A	TP Vehicle Number	SKR6270Y
Imant Type Claimant Type •	Please Select	Type of Senetic •	Please Select		
imant Name *	22	Claiment NRIC *			
mant Address					
im Description	SJSB49A / SKR6270Y ON 9 Apr 2019		100	Name of Preferred Workshop	
ferred Workshop Contact		Insured Liability *	Not at Fault		
quire Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
te Registered	10/04/2019 15:53	Claim Close Date		Date Received	10/04/2019 00:00
oort Taken By	Jackson				TO 1
Print AK letter					
		9			
Washington			Save Submit		
ttachment					
	MT/1039645	Claim No.	001		
ident No.		110000000000000000000000000000000000000	Control of the Contro		
	₩ Yes □ No	Upload Date	10/04/2019 15:54		
	® Yes □ No Path *	Upload Date	10/04/2019 15:54	Confidence	
			Category *	Confidential Urgens	750 SAN
cident No, It Doc, Received		Browse	Category *	V Normal	v
			Category *		750 SAN

