NATIONAL Assessment Ce	ntre Services.	feet I Jamos Mh	V6502001A	10 100	
Date In: 13/4/19-13-17	Jeb description		Date &Time Completed	Doi	ne by
Ref No: HALIUCHOUSS 20124	SAS e-filing				
Yeli No: Vemygg us	E-mail (within	Shrs, AIC 2hrs)		1	
D.O.A: 17/1/19-11:35	i-Motor Clai		m/1040671-301		
	i-Motor W/C	(Within: OD 2hrs,		12 July 1	9:97
OD (TP) Reporting Only	i-Photo Uplo				
TP Insurer:	Assessment/St				
II msuter.	-	y Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:			Tel:	Fax:	
TP Particulars: Veh No: y	W574R	INC (1	
Owner / Driver: (Tel:		- 0.5-21
Policy No: ()	Period: ()	Cover Type: (
Confirmed by : (Date:	Time:		
Insured/Driver Liability: (9/	(V) (Note-Est Status (V	Section of the sectio	%; P: 21-79%. P: 80-	1000/3	
Year of Registration: (76, P. 21-79%. P. 80-	-100%]	
Excess: (\$) Loading:	Warranty: YES ()/NO()		the best bounded a suite	
General Remarks:	\$1,000 () / \$2,000	()		and the state of t	
A COLUMN TO COLU	and the control of			50.00 S	
() Walk-In Customer: Customer's	information strictly Cor	nfidential & Strie	ctly NO refer of repairer.	•	
() Total Loss Case : to e-mail Ins	surer URGENTLY.	See Sunder			*****
Drive-In ()/ Towed-In (); Inve	oice: YES () / N	O(): To:	wing Co: (· ····································	
		0 (),10	wing co. ()
Remarks:- (INC hotline: 6788 6616	TANKS SCOOL CONTROL OF THE CASE OF SAME SAME SAME SAME SAME SAME SAME SAME		Date&Time Comple ad	Done	by
Apply for Transport Allowance ()	/ Courtesy Car ()	. 5		
2) QC Check / Post Repair Inspection	()		*	No. of the Control of	
3) Upload Resurvey Photo [Repair Cost >	> \$30001 ()				
Injury:					
Date/Time Actions		Company J.		Transfer Lee	
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		- Account of the Control of the Cont			-
324				Anit (S)	Amt (
A193788 6 ·		Invoice Prepa	ration Checklist	fit Bill	Add
umant's Particulars :-		1) AR : Accident Re	Contract of the Contract of th		
ver/Owner:		2) DA : Damage As: 3) TF : Towing Fee	The same of the sa	0/\$45	
		4) FT : Follow-Thro		\$120	
ntact No:			ugh Survey (Resurvey)	\$30	
naged Portion:		For claiming againts (i) TR : Re-inspection	nst JNC Only (wef 10 Jan 2005	\$75	
0.0.000		7) N1 : Idao DA + S	MRT Survey	\$160	
Ci		8) NTUC Additional	Services:-		-
Checked by (Engr-In-Charge):					-
		OD*	/ Tot Allowers	2.2	
A STATE OF BUILDING AND SALES OF BUILDING STATE OF SALES		*NS: Courtesy Ca.		\$5 \$10	
litors! Comments :-		*N5: Courtesy Ca *N6: Repair Co-or *N7: Fost Repair 1	dination nspection	\$10 \$25	
\$25 Pro 1 A 190 A COLO DE CONTROL		*N5: Courtesy Ca *N6: Repair Co-o *N7: Fost Repair ! *N8: DV / Collect	dination Inspection Excess Coordination	\$10; \$25 \$3	
1:	The second of th	*N5: Courtesy Ca *N6: Repair Co-6 *N7: Fost Repair *N8: DV / Collect TP (N11): TP (N-9) N12: Idae Mobile	dination nspection	\$10 \$25	
ditors! Comments :- 1: 2/3:	1	*N5: Courtesy Ca *N6: Repair Co-or *N7: Fost Repair *N8: DV / Collect TP (N11): TP (N-	dination Inspection Excess Coordination	\$10; \$25; \$3 \$20 30	STATE OF

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.
- 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.

STATE OF THE PARTY	ACCIDENT STATEMENT
Date Of Report	17/04/2019 17:13
Date Of Accident	17/04/2019 11:35
Exact Location Of Accident	53 UBI AVE 1 #01-25
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SCM4694S
Insured/Policyholder	
Name Of Registered Owner	EAZY RENTALS PTE LTD
Co Reg No	201723629E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83184681
Alternative Phone No	OFFICE-83184681
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE 1.6 AT SX ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	
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	ANG GORDAN
NRIC No	S9136699A
Date Of Birth	14/10/1991
Occupation	OUTDOOR
Date Of Driving Pass	28/01/2010
Driving Experience	9 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98528570
Fax Number	
Contact Number	OFFICE-98528570

NOEMAIL

BLK 940 HOUGANG STREET 92 Address

#14-19

Postcode 530940

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

NO

NO

NO

0

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 2 involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

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 YN574R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver LEE UAN LEONG NRIC/Passport Number S1549247C

Contact Number 88660748

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

MPORTANT NOTICE

- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the cert 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 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 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 sattlement 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) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' (swyers/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 losurers 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 explected 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 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

glying with requirements under any regulations, laws or court orders.

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

NRIC/FIN No.:

vehicle A:5CM 46945 Vehicle B: YN 574R SKETCH PLAN PLATINUM WERKZ WORK SHOP #01-73 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT was parked stationary at 53, Ubi Ave 1 Vehicle #01-25 , Paya Ubi Industrail Park, S408934 Vehicle vehicle A at B (lorry) drove past and hit damage to sie front of car. causing g particulars are true in avery respect.

Policyholder's Signature Date & Time:

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

inte: NRIC/FIN No.;

Reporting Centre Personnel's Signature Name:

Date of Accident	17 April 2019 Accident Time: 11.35 cm (24-HR-Format)
Accident Place	: 53 Ubi Ave 1, #01-25, Paya Ubi Industrail Par 5408934.
Vehicle Reg. No. (Car Plate No.)	5408934. : SCM46945
Vehicle Make/Model	KIA CERATO FORTE
Insurance Company	: NTUC Policy No
Owner or Company Name /IC No.	EAZY RENTALS PTE LTD
Owner or Company Contact No.	: 8318 4681 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: ANG GORDON
DRIVER'S Date Of Birth	: 14/10/1991 DRIVER'S License Pass Date 28 Jan 2010
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Friend
DRIVER'S Address	APT BIK 940 HOUGANG STREET 92 # 14-19
DRIVER'S Contact No./ Alt No.	:1) 9852 8570 2) S 530940
DRIVER'S Occupation	: INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	:_weiguan0312@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	river): O
Was there any video Captured by ca Exact purpose for which vehicle wa	ur camera: YES \NO is being used at the time of accident. Private use \ Work purpose
Other I	Party Driver's Particular (if any)
Vehicle Reg. No: YN 574R	Vehicle Reg. No:
Vehicle Make\Model: LORRY	Vehicle Make\Model:
Name Driver: LEE LIAN LEO	NG Name Driver:
IC No. Driver: S1549 2470	
Driver's Contact & Add: 8866	0748 Driver's Contact & Add:

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$9136699A





Manne

ANG GORDON

洪 国 龙

CHINESE Date of birth 14-10-1991

Gountry of birth

3945366

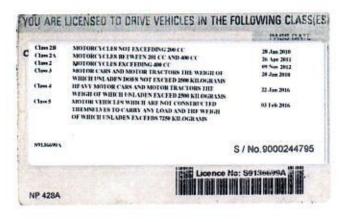


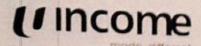
MRIG No. S9136699A

14-10-2006

Additions
APT BLK 940 HOUGANG STREET 92
#14-19
SINGAPORE 530940







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

Cover | drivo CLASSIC

1. Index mark and Registration Number of Vehicle

Chassis Number

KNAFW411MAS114410

2. Name of Policyholder

EAZY RENTALS PTE LTD

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

09 Jan 2019 08 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 headings.

EXCESS (SECTION 1) \$\$2,000 **EXCESS (SECTION 2)** 5\$1,500 WINDSCREEN EXCESS \$\$100 ADDITIONAL EXCESS N/A

PLEASE REFER OVERLEAF

UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP 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 N/A 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 Versicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

5 & M ALLIANCE PTE LTD (00000614373)

Date of Issue 24 Sep 2018 10:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By

Authorised Officer

Chief Executive

eBao Tech		THE REAL PROPERTY.						The Age	G	eneralC	laim
Hello, NAC_PAYA_UBI_80	0601		The state of the s	of beneat of the one of the one		A CONTRACTOR OF THE PARTY OF TH	• Change La	nguage	· Change Pa	ssword	Log Out
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	No. (For Motor)	SCM4694S			Date of Accident Certificate Number		17/0	17/04/2019 11:35		
	10000000		permo	,,,,	s	earch	ate number				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5094576865- 01		EAZY RENTALS PTE LTD	201723629E	GFT	drivo CLASSIC	SCM4694S	SCM4694S	09/01/2019	
					Co	ontinue					

Policy No.	5094576865-01	Policyholder Name	EAZY REM	ITALS PTE LTD	Policyholder NRIC	201723629	
Certificate Io.							
Address	10 BUROH STREET #02-20 W	EST CONNECT B	UILDING S	INGAPORE 627564			
roduct Name Policy	FLEET INSURANCE	Plan			Group Policy Flag	N	
ssue Date	24/09/2018	Effective Date	26/09/20	18 00:00	Expiry Date	25/09/2019	23:59
Excess Type		All Claims Excess					
Third	4500	Own	212400		Windscreen		
arty xcess	1500	damage Excess	2000		Excess	100	
Additional Excess	0	OS Premium	3334.11				
Outside Singapore OD	2000	Outside Singapore	1500			You	ng/Inexperience Driver Excess
xcess		TP Excess					
Agent Co-	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	3	GST Flag	Y	
nsurance Flag Open Policy Info	No						
Certificate Info							
	holder Mailing Address						
ddress 1	10 BUROH STREET	Addre	ss 2	#02-20 WEST CONN	ECT BUILDI	Address 3	SINGAPORE 627564
ddress 4		Addre	ss Type	Singapore address		Post Code	627564
Jnit No.	14	Relate Numb	ed Policy er	5094576865-01			
Insure	ed Object: SCM4694S						
□ Endors	sements						
Sequer	nce Date of Endorsement	Endorseme	nt Type	Endorsement Number	Endorser	nent Status	Endorsement Content Thank you for giving us the opportunity to serve you. We
	26/09/2018 00:00	Basic Informal	tion	000001286908786	Endorseme	nt Take	to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. S.IP1791R 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 ignore this premium payment
	26/09/2018 00:00	Basic Informal Endorsement	tion	000001286908786	Endorseme Effective	nt Take	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

cident MT/1040671	net been collected.				
cy No.	5094576865-01	Vehicle No.	SCM46945	GST Registration No.	
tificate No.				See Hagaines of He	
cyholder Name	EAZY RENTALS PTE LTD			Policyholder NRIC	201723629E
duct Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
react No.(Mobile)	83184681	Contact No.(Office)	0	Contact No. (Home)	0
ali Address		Special Remark		eCode	THE V
C.	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
D Protection	No	NCO Entitlement(%)	0	Private Hire	- Was -
Accident Details		HELD ENGINEERING MEY	*	Private rice	Yes
ort Date	Table Property Co.	Taylor, Statistics of the Control of		Note Andreas	TO A VOST OF THE PROPERTY.
	17/04/2019 19:45	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whist parked
e of Accident	17/04/2019	Time of Accident hh:mm	11:35	Country of Acadent	Singapore
arting Centre		Orange Force		ICM No.	
dent Location	53 UBI AVE 1 #01-25				
Excess					
damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess		Outside Singapore OD Excess	2,000.00		
rd Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits			in Cookie		
GST Registered Informa	rtion				
Registered	No		GST Registration Date		
Registration No.			GST Status Verified	Yes	
fication History					
Policyholder Mailing Ad	dress				
Press I	10 BUROH STREET	Address 2	#02-20 WEST CONNECT BUILDS	Address 3	SINGAPORE 627564
iresa 4		Address Type	Singapore address	Post Code	627564
t No.	14	Related Policy Number	5094576865-01		
OI Driver Info					
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
amed driver Name	ANG GORDAN	Driver NRIC	S9136699A	Driver DOB	14/10/1991
ister Date of Driver License	28/01/2010	Driver Age	27	Driving Experience	9
tact No.(Mobile)	98528570	Contact No.(Office)	0	Contact No.(Home)	ū .
ress 1	BUK 940	Address 2	HOUGANG STREET 92	Address 3	SINGAPORE 530940
ress 4		Address Type	Singapore address	Post Code	530940
t No.	14-19		The Committee Co	1000000000	TTTTCTC
es he own a Singapore	O Yes (€) No	Driver Vehicle No.		120000000000000000000000000000000000000	
istered car?	C 144 (2)14	DIVER VOILLE NO.		Driver Insurer Company	
laration					
ethalyser or Blood Test	0 mg	100000			
ding?	o ma	Any injury?	☐ Yes ® No		
lification History					
laim 001 New					
and the same of					
m Type *	ор-мх	Indured Name	EAZY RENTALS PTE LTD	Insured NRIC	201723629E
tact No.(Mobile)	88694660	Contact No.(Home)		Contact No. (Office)	NIL
iil Address	SHAWN APEXAUTOMOTIVE@GM	Of Vehicle Number	SCM4694S	TP Vehicle Number	YNS74R
mant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		-
mant Name *	22	Claimant NRIC *			
ment Address		- Control Court	TO CO. TO SERVE THE REAL PROPERTY.		
m Description	SCM4694S / YNS74R ON 17 Apr 2019			Name of Oast and Continue	
erred Workshop Contact		120000000 (20000000)		Name of Preferred Workshop	
		Insured Liability *	Not at Fault		
uire Finalisation	Yes .	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
r Registered	17/04/2019 19:47	Claim Close Date		Date Received	17/04/2019 00:00
rt Talcan By	Jackson				
Print AK letter					
		48	town received		
			Save Submit		
ttachment					
	MT/1040671	Claim No.	001		
		I to form of the same	17/04/2019 19:48		
	● Yes ○ No	Upload Date	1//04/2019 19:48		
	● Yes □ No Path *	Opload Date	Category *	Confidential Urgen	by * Description *
		Browse,	Category *	Confidential Urgen	cy * Description *
ident No. t Doc. Received		Browse	Category *	Normal V Normal	9
		**************************************	Category *	200000000000000000000000000000000000000	A STATE OF THE PARTY OF THE PAR

