

NATIONAL Assessment Centre Services. [sent 1 Jan'05] MWA119063385

| Date In:                   | Job description                          | Date & Time Completed | Done by       |
|----------------------------|--|-----------------------|---------------|
| 15/5/19 17:17              | SAS e-filing                             |                       |               |
| Ref No: MA/ MC1900,8640/h4 | E-mail (within 2hrs, AIC 2hrs)           |                       |               |
| Veh No: SJS 44208          | I-Motor Claim Form                       | MT/1044715 001        | 15/5/19 17:47 |
| DDA: 15/5/19 09:15         | I-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |               |
| OD: TP Reporting Only      | I-Photo Uploaded                         |                       |               |
| TP Insurer:                | Assessment/Survey Report                 |                       |               |
|                            | Ass't Report by Fax / Hand to Owner/Wksn |                       |               |

|  |  |      |      |
|--|--|------|------|
| Preferred Wksp / IHC Assign Wksp / GW: { |  | Tel: | Fax: |
|--|--|------|------|

TP Particulars: Vch No: SKS 6954. INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: Time: ( )

Insured/Driver Liability: (      %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$)                      Loading: \$1,000 (    ) / \$2,000 (    )

General Remarks: \_\_\_\_\_

( ) Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repolar.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Seminar - IN-6098-00000000

|   |                            |                            |
|---|----------------------------|----------------------------|
| 1) Apply for Transport Allowance ( ) / Courtesy Car ( ) | Director, Customs & Excise | Director, Customs & Excise |
|---|----------------------------|----------------------------|

|                                   |     |  |  |
|-----------------------------------|-----|--|--|
| QC Check / Post Repair Inspection | ( ) |  |  |
|-----------------------------------|-----|--|--|

[illegible]

**Injury:** \_\_\_\_\_

Injury:

| Time  | Actions   |
|-------|---|
| 10:00 | Arrived at the office. Checked email and messages.                |
| 10:15 | Met with the marketing team to discuss the new campaign.          |
| 10:30 | Reviewed the budget for the upcoming quarter.                     |
| 11:00 | Attended a meeting with the client to discuss their requirements. |
| 11:30 | Worked on the project plan for the new product launch.            |
| 12:00 | Lunch break.  |
| 12:30 | Continued working on the project plan.                            |
| 13:00 | Received a call from the finance department regarding the budget. |
| 13:30 | Reviewed the call notes and updated the budget accordingly.       |
| 14:00 | Met with the sales team to discuss the new product launch.        |
| 14:30 | Worked on the marketing strategy for the new product.             |
| 15:00 | Reviewed the progress of the project and updated the timeline.    |
| 15:30 | Attended a meeting with the HR department regarding the new hire. |
| 16:00 | Worked on the project plan and updated the budget.                |
| 16:30 | Reviewed the call notes and updated the budget accordingly.       |
| 17:00 | Met with the marketing team to discuss the new campaign.          |
| 17:30 | Worked on the project plan and updated the budget.                |
| 18:00 | Reviewed the call notes and updated the budget accordingly.       |
| 18:30 | Met with the sales team to discuss the new product launch.        |
| 19:00 | Worked on the marketing strategy for the new product.             |
| 19:30 | Reviewed the progress of the project and updated the timeline.    |
| 20:00 | Attended a meeting with the HR department regarding the new hire. |
| 20:30 | Worked on the project plan and updated the budget.                |
| 21:00 | Reviewed the call notes and updated the budget accordingly.       |
| 21:30 | Met with the marketing team to discuss the new campaign.          |
| 22:00 | Worked on the project plan and updated the budget.                |
| 22:30 | Reviewed the call notes and updated the budget accordingly.       |
| 23:00 | Met with the sales team to discuss the new product launch.        |
| 23:30 | Worked on the marketing strategy for the new product.             |
| 24:00 | Reviewed the progress of the project and updated the timeline.    |

1

1

\_\_\_\_\_

1

\_\_\_\_\_

|           |                               |          |          |
|-----------|-------------------------------|----------|----------|
| NA1903526 | Invoice Preparation Checklist | Am (3)   | PAID (3) |
|           |                               | Ind Bill | Ind Bill |

|   |       |
|---|-------|
| 1) AR : Accident Reporting (\$30);            | 30.00 |
| 2) DA : Damage Assessment (\$100); INC (\$30) |       |

|                              |           |
|------------------------------|-----------|
| 3) TP: Towing Fee            | \$40/\$45 |
| 4) FT: Follow-Through Survey | \$120     |

|  |       |
|--|-------|
| 4) F1: Follow-Through Survey             | \$120 |
| 5) LT: Follow-Through Survey (Re-survey) | \$30  |

|               |   |     |
|---------------|---|-----|
| aged Portion: | For Retaining and Testing Only (w/ 10 Jan 2003) |     |
|               | 6) TR: Re-Inspection                            | 373 |

|                               |       |  |  |
|-------------------------------|-------|--|--|
| 7) NI : Idas DA + SMRT Survey | \$160 |  |  |
|-------------------------------|-------|--|--|

|                              |                               |  |  |
|------------------------------|-------------------------------|--|--|
| Checked by (Engr-In-Charge): | 8) NTUC Additional Services:- |  |  |
|                              | ON:                           |  |  |

|                                    |      |
|------------------------------------|------|
| • NS: Courtesy Car / Tpl Allowance | \$3  |
| • NG: Raffle Coordination          | \$10 |

|                             |      |
|-----------------------------|------|
| *N6: Repair Coordination    | \$10 |
| *N7: Post Repair Inspection | \$25 |

|                                      |     |
|--------------------------------------|-----|
| *NI: DV / Collect Bronx Coordination | 33  |
| TP (NI): TP (NI) INC against INC     | 520 |

|    |                    |             |  |
|----|--------------------|-------------|--|
| 13 | 9) N12: Idm Mobile | 30          |  |
|    | Invoice dated      | Fee Charged |  |

|               |             |        |
|---------------|-------------|--------|
| Invoice dated | Fee Charged | STATUS |
|---------------|-------------|--------|



## 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 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 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 aforesaid.

### ACCIDENT STATEMENT

|                            |                                |
|----------------------------|--------------------------------|
| Date Of Report             | 15/05/2019 17:17               |
| Date Of Accident           | 15/05/2019 09:15               |
| Exact Location Of Accident | BKE TWDS PIE NEAR SPEED CAMERA |
| Country/State of Loss      | SINGAPORE                      |

### DETAILS OF OWN VEHICLE

|                             |                          |
|-----------------------------|--------------------------|
| Vehicle Registration Number | SJS4420B                 |
| <b>Insured/Policyholder</b> |                          |
| Name Of Registered Owner    | ACCURATE LEASING PTE LTD |
| Co Reg No                   | 201727451M               |
| Email Address               | NOEMAIL                  |
| Mobile Phone No             |                          |
| Alternative Phone No        | OFFICE-91449265          |

### Vehicle Particulars

|  |              |
|--|--------------|
| Manufacturer   | TOYOTA       |
| Model  | VIOS         |
| Exact Purpose for which vehicle was being used at time of accident           | COMMERCIAL   |
| 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          | THIRD PARTY FIRE AND/OR THEFT          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5094921806-01                          |
| Cover Note Number         | -                                      |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | ZUBAIDAH BINTE HUSSIN |
| NRIC No              | S7323820Z             |
| Date Of Birth        | 15/06/1973            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 28/07/2008            |
| Driving Experience   | 10 YEARS AND 9 MONTHS |
| Gender               | FEMALE                |
| Mobile Number        | (LOCAL) +65-84961254  |
| Fax Number           |                       |
| Contact Number       |                       |
| Email Address        | NOEMAIL               |

|   |  |
|---|--|
| Address   | BLK 435A BUKIT BATOK WEST AVE 5 #07-1020 |
| Postcode  | 651435                                   |
| 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   | CHAIN COLLISION |
| 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                         | 3                                   |
| 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)   | 2                                   |
| Passenger 1   | NAME: : UNKNOWN<br>GENDER: : FEMALE |

#### Details of Police Action

|   |  |
|---|--|
| Was the accident reported to the police?  | YES  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | KAMPONG UBI NEIGHBOURHOOD POLICE POST  |
| Police Station Address                    | ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 ,<br>COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: 1800-7479999 - FAX NO: 67453410  |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT

#### 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 | SKS6956Y    |
| 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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJX4454C  
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

Name ZUBAIDAH BINTE HUSSIN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SJS4420B  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode



## SKETCH PLAN

### 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 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 part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. 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.
7. 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:
  - (i) 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:
  - (i) 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:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

A = SJS 4420 B  
B = SKS 4956 Y  
C = SJX 4454 C

BKE twds PIE near speed camera

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

## 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:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





# SINGAPORE POLICE FORCE



T/20190515/2144

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

1 of 4

Report No. T/20190515/2144

**REPORT OF A TRAFFIC ACCIDENT**

|   |            |  |   |                            |  |
|---|------------|--|---|----------------------------|--|
| Date/Time Report Made:<br>15/05/2019 16:16  |            | Vide Report No.:                                       |   | Station Diary No.:<br>30   |  |
| <b>Informant's Particulars</b>              |            |  |   |                            |  |
| Name of Informant:<br>ZUBAIDAH BINTE HUSSIN |            |  | Address:<br>APT BLK 435A BUKIT BATOK WEST AVENUE 5 #07-1020<br>SINGAPORE 651435 |                            |  |
| ID Type / ID No.:<br>NRIC NO / S7323820Z    |            |  | Contact No.:<br>Home/Office: Mobile: 84961254                                   |                            |  |
| Nationality:<br>SINGAPORE CITIZEN           |            |  | Email:  |                            |  |
| Sex:<br>Female                              | Age:<br>45 | Date of Birth:<br>15/06/1973                           | Type of Informant:<br>Driver  |                            |  |
| Race:<br>Malay                              |            | Language:  |   | Institution / School Name: |  |
| Occupation:<br>GRAB DRIVER                  |            | Driving Licence Information:<br>Class: Date of Expiry: |   |                            |  |

**General Information of the Accident**

|  |                      |                                    |  |                                     |
|--|----------------------|------------------------------------|--|-------------------------------------|
| Type of Accident:  | Non-Injury<br>Others | Drink Drive:<br>No                 | Date/Time of Accident:<br>15/05/2019 09:15 | Type of Location:<br>Straight Road  |
| Location:<br>Along Road 1<br>BUKIT TIMAH EXPRESSWAY<br><br>Towards PIE near the speed camera |                      |                                    |  |                                     |
| Weather:<br>Clear  |                      | Road Surface:<br>Dry               |  | Road Speed Limit:                   |
| Traffic Flow:<br>One Way   |                      | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>Heavy            |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear                                 |                      |                                    |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make   | Model          | Color  | Condition | No of Passenger |
|-------------|------|--------|----------------|--------|-----------|-----------------|
| SJS4420B    |      | TOYOTA | VIOS E<br>AUTO | Yellow |           | 0               |
| SJX4454C    |      |        |                |        |           | 0               |
| SKS6956Y    |      |        |                |        |           | 0               |





# SINGAPORE POLICE FORCE



T/20190515/2144

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

2 of 4

Report No. T/20190515/2144

## CONTINUATION OF REPORT

| Details of Person Involved        |                       |  |                                   |
|-----------------------------------|-----------------------|--|-----------------------------------|
| Any Pedestrian Involved: No       |                       |  |                                   |
| No. of Pedestrians Injured: NIL   |                       | Use of Pedestrian Crossing: NA         |                                   |
| Driver                            |                       |  |                                   |
| Name                              | ZUBAIDAH BINTE HUSSIN | ID No.                                 | S7323820Z                         |
| Related Vehicle                   | SJS4420B              | Contact No.                            | 84961254                          |
| Hospital/Clinic                   | NIL                   | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                   | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                   | Degree of Injury                       | NIL                               |
| Driver                            |                       |  |                                   |
| Name                              | LEE CHENGYI           | ID No.                                 | S2684202F                         |
| Related Vehicle                   | SJX4454C              | Contact No.                            | 85330366                          |
| Hospital/Clinic                   | NIL                   | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                   | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                   | Degree of Injury                       | NIL                               |
| Driver                            |                       |  |                                   |
| Name                              | NOZOMI KANEDA         | ID No.                                 | G5370235Q                         |
| Related Vehicle                   | SKS6956Y              | Contact No.                            | 91083918                          |
| Hospital/Clinic                   | NIL                   | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                   | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                   | Degree of Injury                       | NIL                               |

### Brief Details.

On 15 May 2019 at about 9:15am, I was driving vehicle SJS4420B along BKE towards PIE on lane 1. Due to the heavy traffic, I made an emergency brake and was hit on the rear by vehicle SKS6956Y. Vehicle SKS6956Y was then being hit by vehicle SJX4454C.

After the collision, all 3 drivers exited their vehicles and exchanged particulars. I went to check the rear bumper of my vehicle and discovered that the bumper was dented in due to the collision. After exchanging particulars, all particulars, all parties left the scene.





**SINGAPORE  
POLICE FORCE**



T/20190515/2144

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

3 of 4

Report No. T/20190515/2144

**CONTINUATION OF REPORT**



**SINGAPORE  
POLICE FORCE**



T/20190515/2144

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

4 of 4

Report No. T/20190515/2144

**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:

G /

Sgt 2 CHAN LIP YANG, DEMIAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

15/05/2019 16:16

Classification Of Case:

Authentication Stamp

NP168



**REPUBLIC OF SINGAPORE DRIVING LICENCE**


 Licence Number **S7323820Z**  
 Name **ZUBAIDAH BINTE HUSSIN**  
 Birth Date **15 Jun 1973**  
 Issue Date **28 Jul 2008**

001632222F

**REPUBLIC OF SINGAPORE**  
 IDENTITY CARD NO. **S7323820Z**


 Name **ZUBAIDAH BINTE HUSSIN**  
 Race **MALAY**  
 Date of Birth **15-06-1973** Sex **F**  
 Country of Birth **SINGAPORE**

**Land Transport Authority**

**VOCATIONAL LICENCE**  
 Licence No : **S7323820Z**  
 Name : **ZUBAIDAH BINTE HUSSIN**


 Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!**

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

PASS DATE **28 Jul 2008**

NP 428A

Licence No: **S7323820Z**

2736792

  
 NRIC No **S7323820Z**


 Blood Group **O+** Date of issue **17-11-1995**

APT BLK 435A BUKIT BATOK WEST AVENUE 5 #07-1020  
 SINGAPORE 651435  
 NRIC No: **S7323820Z** Date: **11/04/2019**

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

| Type | Description         | Issue Date |
|------|---------------------|------------|
| 13   | PRIVATE HIRE CAR VL | 02/10/2018 |



## 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:** 5094921806-01

**Cover :** Third Party, Fire & Theft

- |  |   |
|--|---|
| 1. Index mark and Registration Number of Vehicle   | : <b>SJS4420B</b>   |
| Chassis Number   | : MR053HY9305111352   |
| 2. Name of Policyholder  | : ACCURATE LEASING PTE LTD  |
| 3. Effective Date of Insurance   | : 09 Oct 2018   |
| 4. Expiry Date of Insurance  | : 08 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)                   | : S\$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                | : GENIE FINANCIAL SERVICES 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 : 10 Oct 2018 18:23 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

\_\_\_\_\_  
Authorised Officer



\_\_\_\_\_  
Chief Executive



## Claim Handling

The premium on this policy has not been collected.

Accident MT/1044715

|                     |                          |                     |                           |                      |       |
|---------------------|--------------------------|---------------------|---------------------------|----------------------|-------|
| Policy No.          | 5094921806-01            | Vehicle No.         | SJS44208                  | GST Registration No. |       |
| Certificate No.     |                          |                     |                           |                      |       |
| Policyholder Name   | ACCURATE LEASING PTE LTD |                     |                           | Policyholder NRIC    | 20172 |
| Product Code        | FLEET INSURANCE          | Cover Type          | Third Party, Fire & Theft | Loading              | 0     |
| Contact No.(Mobile) | 91449265                 | Contact No.(Office) |                           | Contact No.(Home)    |       |
| Email Address       |                          | Special Remark      |                           | eCode                | No    |
| KFK                 | No Yes                   | TCA                 | No Yes                    | eCode Reason         |       |
| NCD Protection      | No                       | NCD Entitlement(%)  | 0                         | Private Hire         | Yes   |

## Accident Details

|                   |                                |                               |       |                     |        |
|-------------------|--------------------------------|-------------------------------|-------|---------------------|--------|
| Report Date       | 15/05/2019 17:27               | Accident Report Within 24 hrs | Yes   | Accident Type       | Chain  |
| Date of Accident  | 15/05/2019                     | Time of Accident hh:mm        | 09:15 | Country of Accident | Singap |
| Reporting Centre  |                                | Orange Force                  |       | ICM No.             |        |
| Accident Location | BKE TWDS PIE NEAR SPEED CAMERA |                               |       |                     |        |

## Excess

|                       |          |                             |          |                   |      |
|-----------------------|----------|-----------------------------|----------|-------------------|------|
| Own damage Excess     | 0.00     | Additional Excess           | 0        | Windscreen Excess | 0.00 |
| Unnamed Driver Excess |          | Outside Singapore OD Excess | 0.00     |                   |      |
| Third Party Excess    | 1,500.00 | Outside Singapore TP Excess | 1,500.00 |                   |      |

## Benefits

## GST Registered Information

|                      |    |                       |     |
|----------------------|----|-----------------------|-----|
| GST Registered       | No | GST Registration Date |     |
| GST Registration No. |    | GST Status Verified   | Yes |
| Modification History |    |                       |     |

## Policyholder Mailing Address

|           |                 |                       |                              |           |       |
|-----------|-----------------|-----------------------|------------------------------|-----------|-------|
| Address 1 | 53 UBI AVENUE 1 | Address 2             | #01-33 PAYA UBI INDUSTRIAL F | Address 3 | SINGA |
| Address 4 |                 | Address Type          | Singapore address            | Post Code | 40893 |
| Unit No.  | 01-33           | Related Policy Number | 5094921806-01                |           |       |

## OI Driver Info

|   |                       |                     |                           |                        |        |
|---|-----------------------|---------------------|---------------------------|------------------------|--------|
| Driver Name                             | Unnamed Driver        | Driver Type         | Unnamed Driver            |                        |        |
| Unnamed driver Name                     | ZUBAIDAH BINTE HUSSIN | Driver NRIC         | S7323820Z                 | Driver DOB             | 15/06/ |
| Register Date of Driver License         | 28/07/2008            | Driver Age          | 45                        | Driving Experience     | 10     |
| Contact No.(Mobile)                     | 84961254              | Contact No.(Office) |                           | Contact No.(Home)      |        |
| Address 1                               | BLK 435A #07-1020     | Address 2           | BUKIT BATOK WEST AVENUE 5 | Address 3              | SINGA  |
| Address 4                               |                       | Address Type        | Singapore address         | Post Code              | 65143  |
| Unit No.                                | 07-1020               |                     |                           |                        |        |
| Does he own a Singapore Registered car? | Yes No                | Driver Vehicle No.  |                           | Driver Insurer Company |        |

## Declaration

|                                     |      |             |        |
|-------------------------------------|------|-------------|--------|
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | Yes No |
|-------------------------------------|------|-------------|--------|

## Modification History

Claim 001

New

## Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

|                    |     |                         |                                  |            |          |                                    |                          |
|--------------------|-----|-------------------------|----------------------------------|------------|----------|------------------------------------|--------------------------|
| Preferred Workshop | 0   | Insured Liability       | Not at Fault                     | GIA report | Received | Insured Name                       | ACCURATE LEASING PTE LTD |
| Finalisation       | Yes | Preferred Repair Option | Preferred Workshop, Name unknown |            |          | Contact No. (Home)                 |                          |
| Date Registered    |     |                         |                                  |            |          | DI Vehicle Number                  | SJS44208                 |
| Report Taken By    |     |                         |                                  |            |          | SJS44208 / SKS6956Y ON 15 May 2019 |                          |
|                    |     |                         |                                  |            |          | Claim Close Date                   | 15/05/2019 17:46         |
|                    |     |                         |                                  |            |          |                                    | LEW SHAN HUI             |

Print AK letter

Save Submit

## Attachment

Accident No.

Claim No.

MT/1044715

Last Doc. Received

☒ Yes ☐ No

Upload Date

001

15/05/2019 17:47

Path \*

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Category \*

Confidential

Urgency \*

Clear

Please Select ▼

NO ▼

Normal ▼

Clear

Please Select ▼

NO ▼

Normal ▼

Clear

Please Select ▼

NO ▼

Normal ▼

Clear

Please Select ▼

NO ▼

Normal ▼

Clear

Please Select ▼

NO ▼

Normal ▼

Clear

Please Select ▼

NO ▼

Normal ▼


Clear

Please Select ▼

NO ▼

Normal ▼

## Attachment List

| Attachment  | Uploaded By/Date   | Category              | Urgency | Description                     |
|---|--|-----------------------|---------|---------------------------------|
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>15 May 2019 17:47 | NRIC/ Driving License | Normal  | NRIC/ Driving License 2019-5-15 |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>15 May 2019 17:46 | SAS                   | Normal  | SAS 2019-5-15                   |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>15 May 2019 17:46 | Photos                | Normal  | Photos 2019-5-15                |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>15 May 2019 17:46 | Photos                | Normal  | Photos 2019-5-15                |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>15 May 2019 17:46 | Photos                | Normal  | Photos 2019-5-15                |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>15 May 2019 17:46 | Photos                | Normal  | Photos 2019-5-15                |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>15 May 2019 17:46 | Photos                | Normal  | Photos 2019-5-15                |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>15 May 2019 17:46 | Photos                | Normal  | Photos 2019-5-15                |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>15 May 2019 17:46 | Photos                | Normal  | Photos 2019-5-15                |
|   | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>15 May 2019 17:46 | Photos                | Normal  | Photos 2019-5-15                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>15 May 2019 17:46 | Photos                | Normal  | Photos 2019-5-15                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>15 May 2019 17:46 | Photos                | Normal  | Photos 2019-5-15                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>15 May 2019 17:46 | Photos                | Normal  | Photos 2019-5-15                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>15 May 2019 17:46 | Photos                | Normal  | Photos 2019-5-15                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>15 May 2019 17:46 | Photos                | Normal  | Photos 2019-5-15                |

## Video List

| Uploaded By/Date | Folder Date | File Name | Source |
|------------------|-------------|-----------|--------|
|------------------|-------------|-----------|--------|

Display in New Window

Scan and uploading