

| | | | |
|-------------------------------------|--|-----------------------|-------------|
| NATIONAL Assessment Centre Services | | | |
| Date In: 06/06/2019 15:08 | Job description | Date & Time Completed | Done by |
| Ref No: NBA/INC19009975/KK | SAS e-filing | | |
| Veh No: SKZ 7928K | E-mail (within Mins, AIC 2hrs) | | |
| D.O.A: 04/06/2019 18:10 | i-Motor Claim Form | MT/1047928-001 | 7/6/19 1038 |
| OD: TP: Reporting Only | i-Motor W/O (Within: OD 2hrs TP 4hrs) | | |
| | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | | |
|--|--|-----------------------|------|
| Preferred Wksp / INC Assign Wksp / QW: (| | Tel: | Fax: |
| TP Particulars: | Veh No: SGW 232T | 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%; F: 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 repairer.

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

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

| | | |
|---|-----------------------|---------|
| Remarks: (INC hotline: 6788 6616) | Date & Time Completed | Done by |
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury: _____

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | | | |
|---------------------------------|--|---|-------------|----------------------|-------------------------|
| NA1904093 | | Invoice Preparation Checklist | | Am't (\$) In Bill | Am't (\$) Add'l Bill |
| Claimant's Particulars: | | 1) AR: Accident Reporting (\$30) | | | |
| Driver/Owner: | | 2) DA: Damage Assessment (\$100) | INC (\$80) | | |
| Contact No: | | 3) TP: Towing Fee | \$40/\$45 | | |
| Damaged Portion: | | 4) FT: Follow-Through Survey | \$120 | | |
| QC Checked by (Engr-In-Charge): | | 5) PT: Follow-Through Survey (Resurvey) | \$30 | | |
| Auditors' Comments: | | For claiming against INC Only (wef 10 Jan 2019) | | | |
| Cal. 1: | | 6) TR: Re-inspection | \$75 | | |
| Cal. 2/3: | | 7) N1: Idno DA + SMRT Survey | \$160 | | |
| | | 8) NTUC Additional Services: | | | |
| | | (21) | | | |
| | | * N3: Courtesy Car / Tpt Allowance | \$5 | | |
| | | * N6: Repair Co-ordination | \$10 | | |
| | | * N7: Post Repair Inspection | \$25 | | |
| | | * N8: DV / Collect Excess Coordination | \$5 | | |
| | | TP (N11): TP (N-in INC) against INC | \$20 | | |
| | | 9) N12: Idno Mobile | \$0 | | |
| | | Invoice dated | Pen Charged | | |
| | | Invoice dated | Fee Charged | | |

07-MAY-2019 16:39

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 | 06/06/2019 15:08 |
| Date Of Accident | 04/06/2019 18:10 |
| Exact Location Of Accident | JUNC OF TAN TOCK SENG LINK |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SKZ7928K |
| Insured/Policyholder | |
| Name Of Registered Owner | KARZ-TA LEASING |
| Co Reg No | 53318368E |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-94508445 |
| Alternative Phone No | OFFICE-94508445 |
| Vehicle Particulars | |
| Manufacturer | TOYOTA |
| Model | - |
| Exact Purpose for which vehicle was being used at time of accident | WORK |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | REPORTING ONLY |
| Vehicle Category | PRIVATE HIRE |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | 5083195710-02 |
| Cover Note Number | |
| Driver | |
| Name of Driver | CHEOK PENG YAM |
| NRIC No | S7835633B |
| Date Of Birth | 06/12/1978 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 17/12/1998 |
| Driving Experience | 20 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97665724 |
| Fax Number | |
| Contact Number | OTHERS-97665724 |
| Email Address | NOEMAIL |

| | |
|---|--|
| Address | BLK 417 ANG MO KIO AVENUE 10 #04-1031 |
| Postcode | 560417 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - HIRER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|--------------------------|
| Type Of Accident | COLLISION - 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? | NO |
| 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) | 1 |

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

PLS REFER TO THE ATTACHED 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 | SGW232T |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | S8523640G |
| Contact Number | 85882277 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

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.

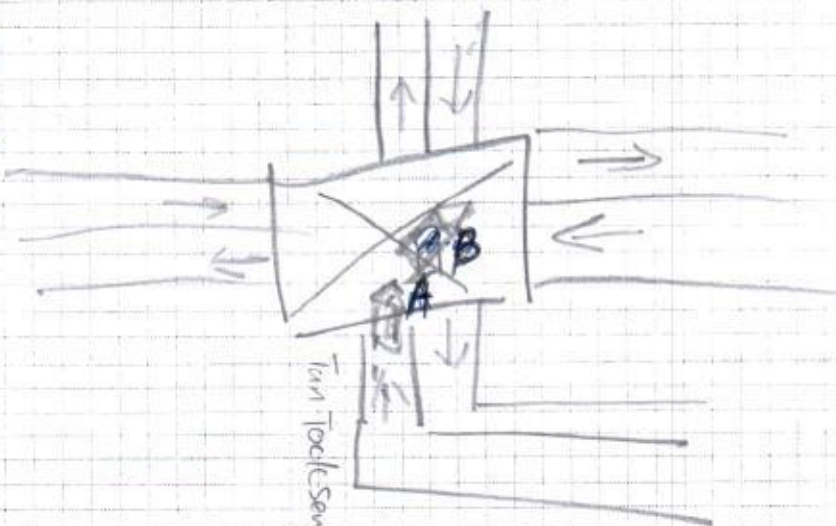

Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

B: SGW232T
A: SKZ7928K.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

the Traffic light turn Green and every car move off the
right suddenly SGW232T suddenly stop so I E-Broke but
was not in time so I hit hit his left side back. veh B
And Front bumper dented Veh A

DECLARATION

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



Policyholder's Signature
Date & Time:

Bin

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

6/6/2019

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

200

21

200 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

200 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

Annex

Transaction ref 20190321131453780943

Please check that the owner and vehicle details are correct:

| | |
|--|--|
| 1. Name | : KARZ-TA LEASING |
| 2. Identification No. Type | : Business |
| 3. Identification No. | : 53318368E |
| 4. Country/Region | : - |
| 5. Vehicle Registration No. | : SKZ7928K |
| 6. Previous Vehicle Registration No. | : - |
| 7. Effective Date of Ownership | : 21 Mar 2019 |
| 8. Original Registration Date | : 15 Feb 2006 |
| 9. First Registration Date | : 15 Feb 2006 |
| 10. Vehicle Type | : Z10 - Private Hire (Chauffeur) Motor Car |
| 11. Vehicle Scheme | : Normal |
| 12. Attachment 1 | : No Attachment |
| 13. Attachment 2 | : - |
| 14. Attachment 3 | : - |
| 15. Vehicle Make | : TOYOTA |
| 16. Vehicle Model | : COROLLA 1.6 |
| 17. Year of Manufacture | : 2006 |
| 18. Primary Colour | : Silver |
| 19. Secondary Colour | : - |
| 20. Passenger Capacity | : 4 |
| 21. Chassis/Trailer Chassis No. | : MR053ZEC107112809 / - |
| 22. Propellant | : Petrol |
| 23. Engine No./Motor No. | : 3ZZ4544353 / - |
| 24. Engine Capacity(cc)/Power Rating(kW) | : 1598 / - |
| 25. Maximum Power Output(kW/bhp) | : 81.0 / 108 |
| 26. Unladen Weight(kg) | : 1115 |
| 27. Maximum Laden Weight(kg) | : 1600 |
| 28. Open Market Value | : \$16,950.00 |
| 29. PARF Eligibility | : Forfeited |
| 30. PARF Eligibility Expiry Date | : - |
| 31. Minimum PARF Benefit | : \$0.00 |
| 32. No. of Transfers | : 4 |

Reported on 6/6/2019
@ 1345 HRS.

ACCIDENT STATEMENT

ACCIDENT DATE: (04/06/2019) (DD/MM/YYYY), TIME: (18:10) (HH:MM)
Jm of LOCATION: Tan Tock Seng Link.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKZ 7928 K ✓
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5083195710-02
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Altis
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Hire
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) ✓

2. INSURED / POLICY HOLDER

- A) NAME: Karata Leasing (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 53318368 E CONTACT: 94508445
c) ADDRESS: 317 Outram Road #B1-03 Concorde
Shopping Centre (Holiday Inn S(169075))

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHEOK PENG YAM (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7835633D CONTACT: 9766 5724 ✓
c) ADDRESS: Blk 417 Ang Mo Kio Ave 10 #04-1031
S(560417)

* d) DATE OF BIRTH: (06/12/1978) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 17/12/1998

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) ✓

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hire

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS Clear) ✓

b) ROAD SURFACE: (DRY / WET / OTHERS) ✓

6. WAS ANYBODY INJURED (YES / NO) ✓

7. a) REPORTED TO POLICE (YES / NO) ✓

IF YES, PLEASE STATE WHICH POLICE STATION:

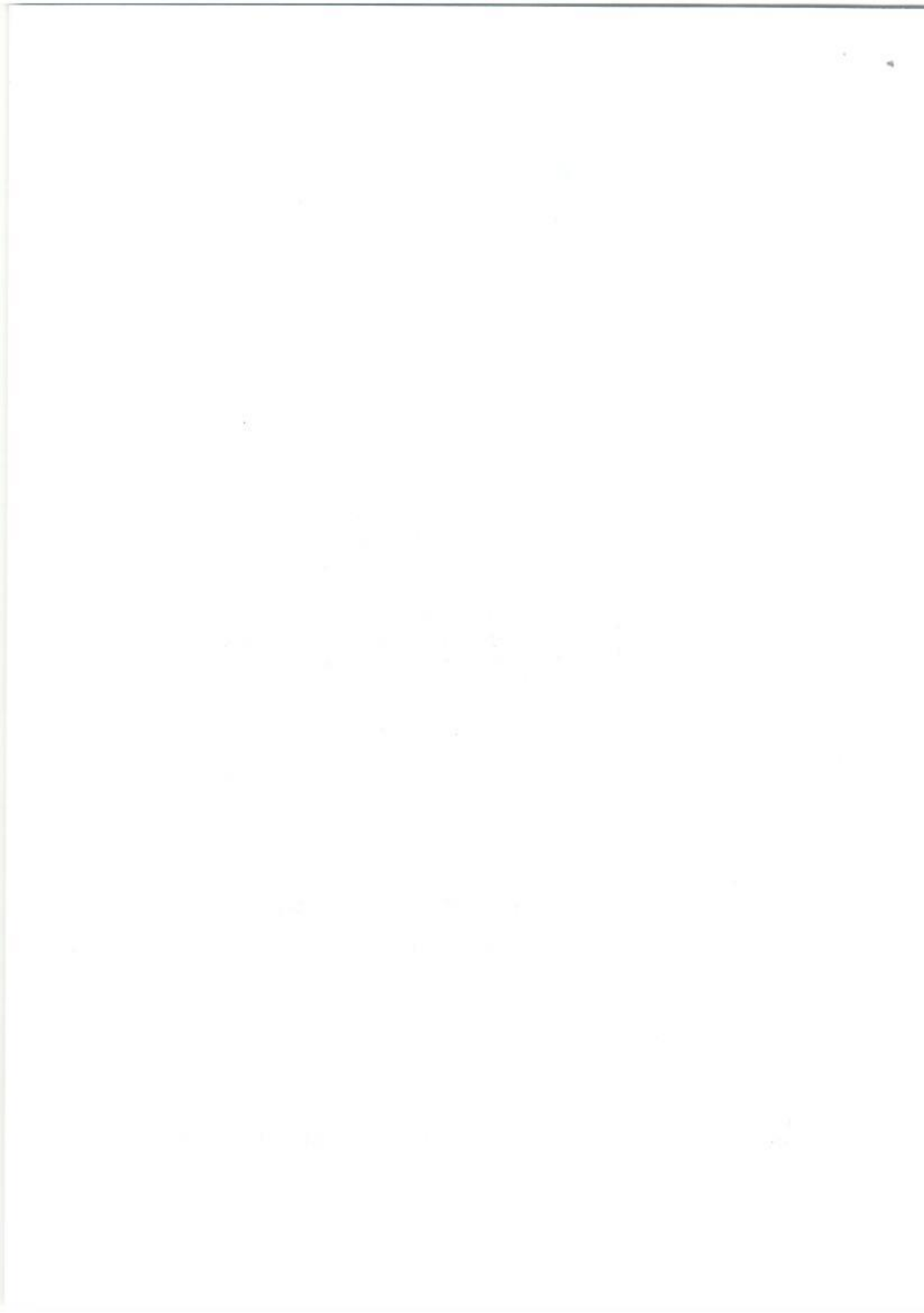
8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGW 232 T ✓ MODEL: Attrage
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: 885236409 CONTACT: 85882277

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

✓ email = Karataleasing@gmail.com
VIDEO



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7835633B



Name

CHEOK PENG YAM

石炳炎

Race

CHINESE

Date of birth

06-12-1978

Sex

M

Country of birth

SINGAPORE

S7835633B

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7835633B

Name

CHEOK PENG YAM

Birth Date: 06 Dec 1978

Issue Date: 16 Dec 2002



10000112750



432657

NRIC No. S7835633B



Date of issue

24-12-2008

APT BLK 417 ANG MO KIO AVENUE 10 #04-1031
SINGAPORE 560417

NRIC No: S7835633B

Date: 07/05/2014

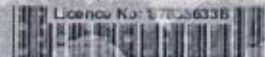
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS D

| | | |
|----------|---|-------------|
| Class 2B | Motorcycles not exceeding 200 cc | 29 Nov 1999 |
| Class 2A | Motorcycles between 201 cc and 400 cc | 22 Apr 2003 |
| Class 3 | Motor cars and Motor Tractors the weight unladen does not exceed 2500 kg | 17 Dec 1998 |

S7835633B

S / No. 9000014215



Licence No: S7835633B

NP 426A

eBaoTech

General Claim

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

| | | | | | | | | | | |
|---|--|--------------------|---|-------------------|---------|-------------|-------------|----------------|---------------|-------------|
| Policy No. | <input type="text" value="5083195710-02"/> | Date of Accident | <input type="text" value="04/06/2019 16:10"/> | | | | | | | |
| Vehicle No.(For Motor) | <input type="text" value="SKZ7928K"/> | Certificate Number | <input type="text"/> | | | | | | | |
| <input type="button" value="Search"/> | | | | | | | | | | |
| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| <input type="radio"/> | 5083195710-02 | | KARZ-TA LEASING | 53316368E | GFT | Third Party | SKZ7928K | SKZ7928K | 22/03/2019 | |
| <input type="button" value="Continue"/> | | | | | | | | | | |

| Policy Information | | | | | |
|------------------------------|--|-------------------------------|--------------------------|----------------------------------|---|
| Policy No. | 5083195710-02 | Policyholder Name | KARZ-TA LEASING | Policyholder NRIC | 53318368E |
| Certificate No. | | | | | |
| Address | 317 OUTRAM ROAD #B1-03 CONCORDE SHOPPING CENTRE SINGAPORE 169075 | | | | |
| Product Name | FLEET INSURANCE | Plan | | Group Policy Flag | N |
| Policy Issue Date | 23/07/2018 | Effective Date | 18/08/2018 00:00 | Expiry Date | 17/08/2019 23:59 |
| Excess Type | | All Claims Excess | | | |
| Third Party Excess | 1000 | Own damage Excess | 0 | Windscreen Excess | 0 |
| Additional Excess | 0 | OS Premium | 242.21 | | |
| Outside Singapore OD Excess | 0 | Outside Singapore TP Excess | 1000 | Young/Inexperience Driver Excess | |
| Agent | COWELL INSURANCE (AGENCY) | Agent Tel. | 63392592 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |
| Policyholder Mailing Address | | | | | |
| Address 1 | 317 OUTRAM ROAD | Address 2 | #B1-03 CONCORDE SHOPPING | Address 3 | SINGAPORE 169075 |
| Address 4 | | Address Type | Singapore address | Post Code | 169075 |
| Unit No. | B1-03 | Related Policy Number | 5083195710-02 | | |
| Insured Object: SKZ7928K | | | | | |
| Endorsements | | | | | |
| Sequence | Date of Endorsement | Endorsement Type | Endorsement Number | Endorsement Status | Endorsement Content |
| 1 | 18/08/2018 00:00 | Basic Information Endorsement | 000001286871504 | Endorsement Take Effective | <p>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. SJP2883C 18-08-2018 \$1,276.94 In view of this amendment, an additional premium of \$1,276.94 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SJJ1538M 18-08-2018 \$1,276.94 In view of this amendment, a refund of \$1,276.94 (inclusive of GST) will be adjusted against the outstanding premium.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SKP4739L 18-08-2018 \$1,276.94 In view of this amendment, a refund of \$1,276.94 (inclusive of GST) will be adjusted against the outstanding premium.</p> <p>Thank you for giving us the</p> |
| 2 | 18/08/2018 00:00 | Basic Information Endorsement | 000001286871761 | Endorsement Take Effective | |
| 3 | 18/08/2018 00:00 | Basic Information Endorsement | 000001286884436 | Endorsement Take Effective | |

