SUTTONIA -	- ()	well Jarross MAR	119021346	* ***	
NATIONAL Assessment Centre		1	Time Completed	Done	by
Date In: 2016/2015 15:04	Jeb description	Date	eTimo Completeo	Done	-
ROT NOX/BO/MC190/1038/Y	SAS e-filing	<u> </u>	i	<u> </u>	
Veh No. SKT 6005U	E-mall'(didia 81	irs, AIC 2hrs)	1 2 2 2 2 2 2	:1,1	10015
001 20626 10:30.	i-Motor Claim	Form 6 M	1050113-001	22/06	2011
00 (0) (0)	I-Motor W/O	(Within: OD 2hrs, TP 4hrs)		15	.22
(I) (TP)! Reporting Only	I-Photo Uploa	ded			
	Assessment/Sur	vey Report			
TP Insurer:		Pax/Hand to Owner	/Wksn		
Proferred Wksp / INC Assign Wksp / QW: (Tol:		w:	
TP Particulars: Veh No: YP	875611	INC()/N	on-INC().		
Owner / Driver: (V 13011.	Tel:	•.)	
Policy No: () Per	riod: () Cover	Type: ().	
Confirmed by : (Date:	Times)	
	Note-Est. Status (W	O): N: 0-20%; P:	21-79%. P: 80-1	00%]	,
	Warranty: YES ()/NO()			
Вжеекs: (\$) Loading: \$1,00	00 ()/52,000 (()		**********	-
General/Reinheres & Com /// materies	ANALYSIA MARKATANIA		16.45 (1.25)	Con .	<u> </u>
() Walk-In Customer : Customer's Infor	mation strictly Con	Idential & Strictly NO	refer of repalter.		
() Total Loss Case : to e-mail Insure			, ,	• •	
Drive-In ()/ Towed-In (); Invoice	YES()/N	O(); Towing (Co: (·	<u> </u>	
Comparis Average and Mesoceration in			TO THE STATE OF TH		Бу
	ourtesy Car ()				
2) QC Check / Post Repair Inspection	(·)			•	
3) Upload Resurvey Photo [Repair Cost> \$3	0001 ()				
Injury:			THE WASHINGTON	SPO CHAIN	And and a second
Politicina ZAgodijas iz 1926. iš 1970.			ARTOTOMARKS ROM	RPGREETS IN	-
AIN IASKALK			Nei e formas e		tantiti
NA1908615	·	1) AR 1 Accident Reporting	(230);		
kiinintis väitleutavis (1952–1964). Vait		2) DA I Damage Assessment 3) TF 1 Towing Pee	1 (2100) INC (22	/\$45	
river/Owner:	13 1	A) PT . Pollow-Threat b Su		\$30	
ontact No:		5) PT : Follow-Through Su. For plaining against INC	Only (wef 10 Jan 200)		
rnaged Portion:		6) TR: Re-laspeellon 7) NI: Idao DA + SMRT S		\$160	
maget rordon.		8) NTUC Additional Service	051-		
Checked by (Engr-In-Charge):		On: •NS: Courlesy Cor/Tpt		23	
. Checken by (bulgi-th-Charge).		. No Banels Co-ordination	on	\$10 \$23	
uditors Communistry		*NI: Post Repair Inspect	& Coordination	\$3	
		TP (NLI): TP (Nan INC) against INC	30	SIMPLE OF
12/3		Involve dated	Fee Charged	MANIE	
		Involce dated			

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.
- 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.

AC		П		T STA		1
AL	u	ы	100	0	N EIV	EN I

Date Of Report

22/06/2019 15:04

Date Of Accident

22/06/2019 10:30

Exact Location Of Accident

ALONG JALAN PERMATA

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKT6805U

Insured/Policyholder

Name Of Registered Owner

TWINCAR RENTAL

Co Reg No

53092815M

Email Address

NOEMAIL

Mobile Phone No

(LOCAL) +65-98575300

Alternative Phone No

OFFICE-68420051

Vehicle Particulars

Manufacturer

TOYOTA

Model

COROLLA ALTIS-1.6 CLASSIC CVT (A)

Exact Purpose for which vehicle was being used at

time of accident

WORKING PURPOSES

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

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5072323011-04

Cover Note Number

Driver

Name of Driver

CHEW KHOON MUN

NRIC No

S7382441I

Date Of Birth

30/09/1973

Occupation

OUTDOOR

Date Of Driving Pass

14/08/2009

Driving Experience

9 YEARS AND 10 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-90087678

Fax Number

Contact Number

OFFICE-68420051

EMail Address

NOEMAIL

Address

BLK 580 HOUGANG AVENUE 4

#09-616

Postcode

530580 NO

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

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

NO

ambulance?

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH WORKSHOP

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

YP8756U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

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.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
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- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
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 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 aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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:
 - 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:
 - 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

Page 140 Hill 11

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN 6805 Jalan Pelatina DESCRIBE CIRCUMSTANCES OF THE ACCIDENT 22/06/19 1015 WE, porked vehecle (SKT 6805 U Taman Permerta along and to neet Al 1030 WS customer when back to come that 756 U had reversed Cas collided onto the vehecle and rest The admit he driver came down and to that me colleded LAR onto cas. DECLARATION I/We declare the foregoing particulars are true in every respect. Peporting Centre Personnel's Signature
Name:
NRIC/FIN No.: Policyholder's Signe Driver's Signature Date & Time: (If driver is not the policyholder)

Date & Time:

Claim Handling Accident MT/1050113

Accident MT/1050113						
Policy No.	5072323011-04	Vehicle No.	SKT6805U		GST Regist	ration No.
Certificate No.						
Policyholder Name	TWINCAR RENTAL				Policyholde	r NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading	
Contact No.(Mobile)	98575300	Contact No.(Office)	68420051		Contact No	.(Home)
Email Address		Special Remark			eCode	
KFK	No Yes	TCA	No Yes		eCode Rea	son
NCD Protection	Yes	NCD Entitlement(%)	50		Private Him	e
→ Accident Details						
Report Date	22/06/2019 15:15	Accident Report Within 24 hrs	Yes		Accident Ty	ype
Date of Accident	22/06/2019	Time of Accident hh:mm	10:30		Country of	
Reporting Centre		Orange Force			ICM No.	
Accident Location	ALONG JALAN PERMATA				827/11/202	
▼ Total Excess Applicable						
Excess Type	Per Accident	Windscreen Excess		100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,	500.00		
YIED OD Excess	500.00	YIED TP Excess		0.00	Driver is C	overed?
Additional Excess	0					
Total OD Excess Applicable	2500.00	Total TP Excess Applicable	1,	500.00		
♥ Benefits						
GST Registered Informat	tion					
GST Registered	No		GST Registration	Date		
GST Registration No.			GST Status Verif	ied	1	Yes:
Modification History	22/06/2019 15:18:39 Syste	em changed GST Status Verified from No	to Yes			
Policyholder Mailing Add	ress					
Address 1	52 JALAN SENANG	Address 2	SINGAPORE 418343		Address 3	
Address 4		Address Type	Singapore address		Post Code	
Unit No.		Related Policy Number	5110084266			
OI Driver Info						
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Unnamed driver Name	CHEW KHOON MUN	Driver NRIC	573824411		Driver DOB	3
Register Date of Driver License	14/08/2009	Driver Age 45			Driving Exp	perience
Contact No.(Mobile)	90087678	Contact No.(Office)			Contact No	(Home)
Address 1	BLK 580 #09-616	Address 2	HOUGANG AVENUE 4		Address 3	
Address 4		Address Type	Foreign address		Post Code	
Unit No.	09-616		,			
Does he own a Singapore Registered car?	Yes » No	Driver Vehicle No.	SKT6805U	Driver Insurer Com		irer Comp
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes • No			
Modification History						
Claim 001 New						
Claim Type *			Гор	p-MX	Insured Name	TWINCAR
Contact No.(Mobile)			968	68628	Contact	NIL
Email Address					_ 01	SKT68051
Claim Description			SKT	16805U / YP8756U ON 22 J	100000000000000000000000000000000000000	
			PA	THE STATE OF THE S		
Preferred Workshop	Insured Liability Not at Fau					
Sequest No. Yes	Repair Preferred Workshop, N	lame unknown GIA report Received	7		Cinim	
Date Registered	Sprint	- Million	22/	06/2019 15:22	Claim	
	27 Page 10 1945/1 6000/000 Da 1 49				Date	
tos://giclaim income.com.s	en/acs/icm/eclaim/registrationSave do					96.00

▼ Video List

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22 Jun 2019 15:22

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Photos

SAS

NRIC/ Driving License

Display in New Window Scan and uploading

Normal

Normal

Normal

Photos 2

SAS 20

NRIC/ Driving Li-

SBT 6805 U. Model/Make Toyota Altes
22 /06 /19 .
1030 HRS
Taman Permenta.
accident Rental -
Twancar Rental.
H/P: 98575360 Home: Office: 68420051
53092815 M.
52, Jalan Senang (S) 4/8343.
OD THIRD PARTY REPORTING ONLY
NINC.
Comprehensive Third Party Third Party / Fire /Theft
5072323011-64
As Above If No, Chew Khoon Mun.
8 738244/ 1. Any Passengers: N.A.
30/09/1973.
Outdoor / Indoor
14 /08 / 17 200 9
Male Female
H/P: 900 8 7678 Home: Office:
BLS 580 Hongang Ave 4 #09-616 (8) 580584
Clear Raining Other Dry Wet Other
No, If Yes, Who?
No, If Yes, Where?
17 8756 U Any Passengers: N-4.
Contact No. :
Any Passengers :
Any Passengers : Any Passengers :
Any Passengers :
Any Passengers :
Witness Contact: N. A.
Yes/No
163 / NO
P
6842 0051 / 6744 0510
29 Ting



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$73824411



CHEW KHOON MUN

CHINESE

S73B2441

Date of birth 30-09-1973 MALAYSIA

OU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

Motor Cars=< 3000kg with =<7 passengers, exclusive 14 of the driver; and other motor vehicles =< 2500kg</p>

NP 428A



09-02-2015

APT BLK 580 HOUGANG AVENUE 4 #09-616 SINGAPORE 530580



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CH	APTER 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: 5072323011-04 Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle : SKT6805U

Chassis Number : MR053REH104534188
2. Name of Policyholder : TWINCAR RENTAL

3. Effective Date of Insurance : 19 Jun 2019
4. Expiry Date of Insurance : 18 Jun 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 the carriage of passengers for reward purposes.

(d) 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.

: NO

 EXCESS (SECTION 1)
 : \$\$2,000

 EXCESS (SECTION 2)
 : \$\$1,500

 WINDSCREEN EXCESS
 : \$\$100

 ADDITIONAL EXCESS
 : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

INSURE WITH COE : YES NCD PROTECTION : YES (FREE) 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 Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Teneres (Time Forty House on personning Act (chapter 200) and Forty of the Hobb Hallsport Act, 1307 (Wa

Agency : GRANDE INSURANCE AGENCY (00000615026)

Date of Issue : 22 May 2019 15:07 hrs

REPAIR AT OWNER'S PREFERRED WORKSHOP

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer Chief Executive



Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport/Company 53092815M

Cert No .:

Owner ID Type:

Business

Owner Name:

TWINCAR RENTAL

Registered Address:

52 JALAN SENANG SINGAPORE 418343

Mailing Address:

Birth Date:

Vehicle Particulars

Vehicle No.:

SKT6805U

Previous Vehicle No.:

Effective Date of Ownership:

19 Jun 2015

Original Regn Date:

19 Jun 2015

Registration Date:

19 Jun 2015

Year of Manufacture:

2015

Vehicle Type:

Private Hire (Self-Drive) Motor Car

Vehicle Scheme:

Vehicle Attachment 1:

Vehicle Attachment 2:

Vehicle Attachment 3:

Vehicle Make:

TOYOTA

No Attachment

Vehicle Model:

COROLLA ALTIS CLASSIC 1.6 CVT

Primary Colour:

Grey

Secondary Colour: Passenger Capacity:

Chassis No.:

MR053REH104534188

Engine No.:

1ZRX515003

Engine Capacity/Power

1598 cc / -

Rating:

Maximum Power Output:

90.0 kW (120 bhp)

Propellant:

Petrol

Max Unladen Weight:

1205 kg

Maximum Laden Weight: 1640 kg

Open Market Value:

\$17,804.00

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

18 Jun 2025

Minimum PARF Benefit:

\$6,402.00

No. of Transfers:

IU Label No .:

1125816108

COE No .:

2015070101000377G

COE Expiry Date:

18 Jun 2025

COE Category:

A - Car (up to 1600cc & 97kW (130bhp)) A - Car (up to 1600cc & 97kW (130bhp))

COE Registration Category:

Quota Premium (QP) /

Prevailing Quota

\$66,000.00 / -

Premium:

Actual QP Paid:

\$66,000.00

QP (Regn Cat):

\$66,000.00

OPC Cash Rebate Eligibility: QP during COE Bidding

Exercise:

No \$66,000.00

Additional Registration Fee Rate:

First \$17,804.00 (100%)

Actual ARF Paid:

\$12,804.00

Vehicle Lifespan Expiry

No Lifespan

CO2 Emission:

151.00 (g/km)

CEVS Rebate Utilised

\$5,000.00

Amount:

Message:

To renew the COE, the Prevailing Quota Premium payable is that of Category A. This is a public service

vehicle.