NATIONAL Assessment Centre	Services	tel Lado.					
Date In 29/07/19	Jeb description		Date & Time Completed	Done l	o.y.		
Rel No. NA/INC 19013283/13	SAS e-filing	Chipper and a second					
Veh No 51861854	E-mail (within)	das, AIC 2hts)		ANNE CONTRACTOR DE			
DOA 28/07/19 1545	i-Motor Clair	n Form	m5/1055581-00				
^	i-Motor W/O	r W/O (Within: OD 2hrs, TP 4hrs)					
OD (TP) Reporting Only	i-Photo Uploa	aded		emockieskie III			
TP Insurer:	Assessment/Su	rvey Report					
11 tilstict.	Ass't Report by	by Fax / Hand to Owner/Wksp					
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fa	x;			
TP Particulars: Veh No:	54274124	. INC()/Non-INC()				
Owner / Driver: (Tel:)			
Policy No: () Peri	od: ()	Cover Type: ()			
Confirmed by : (Date:	Time:)			
Insured/Driver Liability: (%) [N	ote-Est. Status (V	VO): N: 0-2	20%; P: 21-79%. F: 80-10	20%]			
Year of Registration: () W	arranty: YES ()/NO()				
Excess: (\$) Loading: \$1,00	0 () / \$2,000	()					
General Remarks:-	Sherry Sales	Ket at a	A STREET AND LESS OF THE STREET	i i			
() Walk-In Customer's inform	nation strictly Co	nfidential & S	trictly NO refer of repairer.				
() Total Loss Case : to e-mail Insurer	URGENTLY.						
Drive-In () / Towed-In (); Invoice:	YES () / N	iO();	Towing Co. ()		
Remarks:- (INC hotline: 6788 6616)	Shirth and the		Date&Time Completed	Done	by		
	ourtesy Car ()					
2) QC Check / Post Repair Inspection	()	<u>«</u>					
3) Upload Resurvey Photo [Repair Cost > \$30	0001 ()					
Injury :	-						
Thury:				723612			
Date/Time Actions				Maria de la compansión de			
	THE RESERVE OF THE PARTY OF THE						
		1-235 -0320	and the state of the state of	Ant (\$)	Amt (3)		
NA1905768		Invoice Pr	eparation Checklist	1st Bill	Add Bill		
Claimant's Particulars :-		1) AR : Accide	nt Reporting (\$30); te Assessment (\$100); INC (\$8	0)			
Driver/Owner:	3) TF : Towing	Fee S40	/\$45				
	4) FT : Follow- 5) FT : Follow-	Through Survey (Resurvey)	\$30				
Contact No:	For claiming	against INC Only (wef 10 Jan 2005					
Damaged Portion:	6) TR : Re-inspection \$75 7) N1 : Idac DA + SMRT Survey \$160						
	\$	8) NTUC Addi	itional Services:-				
QC Checked by (Engr-In-Charge):	*N5: Courte	sy Car / Tpt Allowance	\$5				
	*N6: Repair	\$10 \$25					
Auditors' Comments :-	Salah Kabupaté	*N8: DV / Collect Excess Coordination \$5					
at_1;	TP (N11): '9) N12: Idac N	IP (Non INC) against INC	30				
at. 2 /-3;		Invoice dated	Fee Charged		Date of Ta		
		Invoice dated	Fee Charged	是中的省			

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.

- 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.	
all May 200 and the same of th	ACCIDENT STATEMENT
Date Of Report	29/07/2019 14:39
Date Of Accident	28/07/2019 18:45
Exact Location Of Accident	BEACH RD TWDS JAVA RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJR6185Y
Insured/Policyholder	
Name Of Registered Owner	AURORA CAR RENTAL & LEASING SINGAPORE PTE LTD
Co Reg No	201914185K
Email Address	DAVE96156888@YAHOO.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-96156888
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5110029694
Cover Note Number	
Driver	
Name of Driver	NEO SOUN CHEW(LIANG SUNZHOU)
NRIC No	S7730168B

 NRIC No
 \$7730168B

 Date Of Birth
 11/10/1977

 Occupation
 OUTDOOR

 Date Of Driving Pass
 28/10/2002

Driving Experience 16 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81184122

Fax Number Contact Number

EMail Address GAVINNEO77@GMAIL.COM

BLK 259A PUNGGOL FIELD Address

#05-31

821259 Postcode

NO Was driver an employee of the Insured's Company

OTHER - HIRER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CHANGE/CROSS LANE Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

ambulance?

NO YES

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO 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

I WAS TRAVELLING STRAIGHT ALONG BEACH RD TWDS JAVA RD ON THE EXTREME RIGHT LANE. I STOP MY VEH WHEN THE TRAFFIC LIGHT CHANGE RED, SUDDENLY VEH(B) BEARING REG NO SLZ7412U FROM MY LEFT LANE CUT INTO MY LANE AND HIT ONTO MY REAR LEFT SIDE PORTION OF MY VEH.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

FRONT ONLY

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SLZ7412U Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

Contact Number

YEO SUAN KIM

NRIC/Passport Number

S1363141G 98396301

Address

Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name

NEO SOUN CHEW(LIANG SUNZHOU)

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

BACK & NECK

SJR6185Y

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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)
 - (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
- 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.
- 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 Signatur (If driver is not the policyholder)

Date & Time:

Reporting tentre Personnel's Signature

Name: NRIC/FIN No .:

Policyfiolder's Signature Date & Hippay) 198

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:











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

Type

Description

Issue Date

02 TAXI VL

24/11/2014







Certificate of Insurance

MOTOR	VEHICLES	(THIRD	PARTY	RISKS	AND	COMPENSA	TION)	ACT (CHAPTER	189)
MOTOR	VEHICLES	(THIRD	PARTY	RISKS	AND	COMPENSA	TION)	RULES, 1960	
ROAD T	RANSPORT	ACT, 19	987 (M	ALAYS	(Al				

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5110029694-000046

Cover : Third Party

. CII

1. Index mark and Registration Number of Vehicle

: SJR6185Y

Chassis Number

: MR053HY9305117258

2. Name of Policyholder

: AURORA CAR RENTAL & LEASING SINGAPORE PTE LTD

3. Effective Date of Insurance

: 27 Jun 2019

4. Expiry Date of Insurance

4. Expiry Date of insurance

: 26 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 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	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: ALPINE FINANCIAL PTE. LTD. (00000610144)

Date of Issue

: 30 May 2019 17:37 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

· Change Language

Change Password

Log Out

My Desktop Notice of Loss **Policy Query**

5110029694 Policy No. Vehicle No.(For Motor) SJR6185Y

Date of Accident

Certificate Number

28/07/2019 18:45

Search

Certificate Number Policy No.

Policyholder Name AURORA CAR Product Cover Type

Vehicle Insured Object Commence

Expiry Date Date

5110029694-000046 5110029694

RENTAL & LEASING SINGAPORE PTE LTD

201914185K

Policyholder NRIC

GFM Third Party SJR6185Y SJR6185Y

27/06/2019 29/05/2020

Continue

Claim Handling

The premium on this policy has not been collected. Accident MT/1055581 GST Registration No SJR6185Y Vehicle No. 5110029694 Policy No. Certificate No. 5110029694-000046 Policyholder NRIC AURORA CAR RENTAL & LEASING SINGAPORE PTE LTD Policyholder Name Loading Third Party Cover Type Product Code FLEET MASTER INSURANCE Contact No.(Home) n 96156888 Contact No.(Office) Contact No.(Mobile) eCode. Special Remark Email Address eCode Reason » No Yes . No. Yes TCA KEK Private Hire NCD Entitlement(%) 0 NCD Protection No Accident Details Accident Type Accident Report Within 24 hrs Ves Report Date 30/07/2019 10:15 Country of Accident Time of Accident hh:mm 18:45 Date of Accident 28/07/2019 ICM No. Orange Force Reporting Centre BEACH RD TWDS JAVA RD Accident Location ▼ Total Excess Applicable Per Accident Windscreen Excess 0.00 Excess Type 1,500.00 TP Standard Excess **OD Standard Excess** YIED TP Excess 0.00 Driver is Covered? YIED OD Excess Additional Excess Total TP Excess Applicable 1,500.00 Total OD Excess Applicable → Benefits GST Registered Information GST Registration Date **GST** Registered No GST Registration No. **GST Status Verified** Yes Modification History Policyholder Mailing Address TOA PAYOH CENTRAL Address 3 Address 2 Address 1 BLK 798 #29-17 Singapore address Post Code Address 4 SINGAPORE 312079 Address Type Related Policy Number 5110029694 29-17 Unit No. OI Driver Info Unnamed Driver Driver Type Driver Name Unnamed Driver S7730168B Driver DOB Driver NRIC Unnamed driver Name NEO SOUN CHEW (LIANG SUNZ) Driving Experience Register Date of Driver License 28/10/2002 Driver Age 41 Contact No.(Home) Contact No.(Office) 0 Contact No.(Mobile) 81184122 Address 2 PUNGGOL FIELD Address 3 BLK 259A Address 1 Post Code Address Type Singapore address SINGAPORE 821259 Address 4 Unit No. #05-31 Does he own a Singapore Registered car? Driver Vehicle No. Driver Insurer Com Yes = No Declaration Breathalyser or Blood Test Yes No 0 mg Any injury? Reading Modification History Claim 001 OD-MX New Insured Name AUROR OD-MX Claim Type * Contact Contact No.(Mobile) (Home) OI Vehicle SJR618 Email Address Number SJR6185Y / SLZ7412U ON 28 Jul 2019 Claim Description Proferred Insured Liability Not at Fault Workshop Bontakt No. Yes Dag Registered Preferered GIA ▼ GIA report Received Preferred Workshop, Name unknown Claim 30/07/2019 10:24

Report Taken By

Workshop ROSLINDA Repairer

Print AK letter Save Submit Attachment Accident No. MT/1055581 Claim No. Last Doc. Received · Yes No Upload Date 30/07/2019 00:00 Path * Category * Confidential Choose File No file chosen · NO Clear Please Select Choose File No file chosen Clear NO. Please Select Choose File No file chosen Clear Please Select * NO Choose File No file chosen Clear NO Please Select Choose File No file chosen Clear Please Select NO Choose File No file chosen * NO Please Select Clear Message Read Attachment List P Attachment. Uploaded By/Date Category Urgency Des NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on NRIC/ Driving License Normal NRIC/ Driving I 30 Jul 2019 10:24 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on SAS Normal SAS 2 30 Jul 2019 10:24 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jul 2019 10:23 Photos Normal Photos NAC PAYA UBI 800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal Photos 30 Jul 2019 10:23 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal Photos 30 Jul 2019 10:23 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal Photos 30 Jul 2019 10:23 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jul 2019 10:23 Photos Normal Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jul 2019 10:23 Photos Normal Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on **Photos** Normal Photos 30 Jul 2019 10:21 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jul 2019 10:21 Photos Normal Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal Photos 30 Jul 2019 10:21 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal Photos 30 Jul 2019 10:21 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal **Photos** 30 Jul 2019 10:21 Video List

Display in New Window Scan and uploading

File Name

Folder Date

Uploaded By/Date

9