

NATIONAL Assessment Centre Services

Print & Jarring

MAN 9002811

Date In: 08/08/2019 19:54	Job description	Date & Time Completed	Done by
Ref No: NCA/MT/190/365/4	SAS e-filing		
Veh No: SJT 2295S	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 08/08/2019 20:05	I-Motor Claim Form		
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/Wkap		

Preferred Wkap / MNO Assign Wkap / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMJ 8525J	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: (\$)	Landing: \$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

Claimant's Particulars:	Invoice Preparation Checklist:	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100): INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (waf 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) NI: Idau DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	12) 12		
	* N3: Courtesy Car / Tpl Allowance \$5		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-ia INC) against INC \$20		
	9) N12: Idau Mobile \$0		

QC Checked by (Engr-In-Charge):

Invoice dated: _____

Fee Charged: _____

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	05/08/2019 19:54
Date Of Accident	02/08/2019 20:05
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT (BEFORE EUNOS EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT2395Z
Insured/Policyholder	
Name Of Registered Owner	SHARING WELL PTE.LTD.
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91800392
Alternative Phone No	OFFICE-91800392

Vehicle Particulars

Manufacturer	BMW
Model	325i
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	19-MS002821-R00
Cover Note Number	

Driver

Name of Driver	JARED SIM YU HUI (SHEN YUHUI)
NRIC No	S8945218Z
Date Of Birth	14/12/1989
Occupation	OUTDOOR
Date Of Driving Pass	02/02/2015
Driving Experience	4 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91800392
Fax Number	
Contact Number	OTHERS-91800392
Email Address	NOEMAIL

Address	BLK 216 TAMPINES STREET 23
	#06-39
Postcode	520216
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?	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)	4
Passenger 1	NAME: : SIM KWANG MENG
	GENDER: : MALE
Passenger 2	NAME: : DEWI
	GENDER: : FEMALE
Passenger 3	NAME: : SIM SIHAN
	GENDER: : FEMALE

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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMJ8525T
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	SGT1855H
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)	

SKETCH PLAN

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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/mall 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.



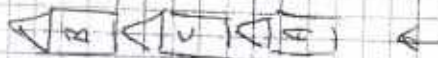
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

P1E > change Bel Ennos Exit



A: SJT2395Z

C: SGJ1855H

B: SMJ852ST

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle A (SJT2395Z) was travelling along stated route. Vehicle B 'SGJ1855H' suddenly jammed brake. I couldn't stop in time and hit onto veh B. Then I realise I was involve in a 3-car chain collision

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.:

Sharing Wealth LLP/ Sharing Well Pte Ltd

25 Kaki Bukit Road 4 #06-30 Singapore 417800

Date:

Rental Agreement

We are pleased to offer Mr/Ms Jared sim yu hui
of NRIC holder S8945218Z -as our independent driver of our company using
Uber Application and Grabcar Application You will be tasked to drive our company's
vehicle SJT2395Z from Monday-Sunday His remuneration shall be
based on commission. Commission based on earning for Uber and Grabcar app will
deduct \$450 per week rental.

Hirer is taking full responsibility of the car and in charge of the payment regardless of relief's
due diligence, payment, accident or whatsoever. The driver hereby indemnifies Sharing Wealth
LLP/ Sharing Well Pte LTD in the case whereby the vehicle is used for purpose other than the
above said. In the event of accident, daily rental is chargeable. Full legal, admin, towing fee is
chargeable, and/or rental payment is due after 3 days. The excess for the insurance is based on
the insurance policy bought, which required driver to make immediate payment.

As an employee of the company, you have to abide to the rules and regulations set by the
Managing Director. Subletting of the vehicle without our company's knowledge is disallowed at
all times. You are to be duly in charge and take care of our company's property at all times. The
vehicle under your car disallowed from driving out of Singapore without the permission of the
company. Driver is required to return the car immediately when payment is default, it will be
reported to the Police. Company has the right to terminate this contract without any
reason at anytime of the contract.

Contract period: 01 months from 04/06/2019

Hirer's commission from Uber and Grab can credited to Sharing Wealth LLP POSB Savings
Account 290096499.

AUTO RE-CONTRACT EVERY 1 MONTHS AFTER ITS EXPIRY DATE STATED Above.

We look forward to your cooperation, and wish you have a safe journey in your employment with
us.



Yours Sincerely

Patrick Kuah/Melvin Chang

Acknowledged by

Driver's Name: Jared sim yu hui

NRIC Number: S8945218Z

Emergency Number: 01444833

Address: 216 Tampines St 23 #06-30 #520216

Deposit: \$500

Handover Time: 1200hrs



Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 02/08/2019 (dd/mm/yy) Time of Accident: 20 : 05 (24-HR-FORMAT)
Vehicle No.: SJT2395Z Vehicle Make & Model: BMW
Exact location of Accident: Pte Changi (Before Euro Exit)
Policyholder's Name / IC No.: Shanling Well Pte Ltd
Driver's Name / IC No.: Jared Sim Yu Hui 58945218Z (As Above) ☐
Driver's Contact No.: 91800392 Company Contact No (Company Veh Only): _____
Driver's Address: Blk 216 Tampines St 23 #06-39 S(520216)
Email address: _____ Insurance Company: Tokio Marine

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: Hirer

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☐ Other Vehicle (The one you want to claim against) / ☒ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☐ Private use / ☐ Work purpose

*No. of Passengers (Including Driver): _____

*Passenger Name: Sim Kwang Mong

*Passenger Name: Dewi

Gender: Male / Female

Gender: Male / Female

Sim Sihan (F)

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☐ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No.: _____ Vehicle No: B: SMJ 8525T

Driver's Contact No.: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: C: SGJ 1855H

Driver's Contact No.: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8945218Z



Name
JARED SIM YU HUI
(SHEN YUHUI)

沈 榆 晖

Race
CHINESE

Date of birth
14-12-1989

Sex
M

Country of birth
SINGAPORE

002292556K

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8945218Z

Name:
JARED SIM YU HUI
(SHEN YUHUI)

Birth Date: 14 Dec 1989

Issue Date: 02 Feb 2015

002292556K



Land Transport Authority



PDVL/TDVL
23 000 00000
263170



VOCATIONAL LICENCE

Licence No: S8945218Z

Name: JARED SIM YU HUI (SHEN
YUHUI)

Please visit www.lta.gov.sg to check
the status of this vocational licence



385334
IND NO: S8945218Z

For LKK/NAC Use Only



Date of issue
28-12-2004

Address

APT BLK 216 TAMPINES STREET 23
#06-39
SINGAPORE 520216

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

EFFECTIVE DATE

Class 3 Motor Cars < 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 02 Feb 2016

For LKK/NAC Use Only



Licence No: S8945218Z

NP 428A

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 576701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	16/05/2018

For LKK/NAC Use Only



Tokio Marine Insurance Singapore Ltd.

(Company Reg. No: 192300014M) (GST Reg No: M2-0000023-4)

20 McCallum Street #09-01 Tokio Marine Centre Singapore 059046

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0995 E: tmis@tokiomarine.com.sg W: www.tokiomarine.com

A member of the
Tokio Marine Group



TOKIO MARINE
INSURANCE GROUP

FORM MXI H

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)

Policy No.: 19-MS002821-R00 (Private Motor Car)

1. **Index Mark and Registration Number of Vehicle** SJT2395Z **Chassis No.:** WBANU52000C228922
2. **Name of Policyholder** SHARING WELL PTE. LTD.
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 08/03/2019
4. **Date of Expiry of Insurance** 07/03/2020
5. **Persons or Class of Persons entitled to drive***
Any person who is driving on the Policyholder's order or with their permission.
The hirer.
Any other person who is driving on the hirer's order or with his/ their 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. **Limitations as to use***
Use for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business.
Use for social domestic and pleasure purpose and business purposes of the Policyholder or of any person to whom the vehicle is hired.
The Policy does not cover:-
 - 1) Use for racing, pace-making, reliability trial or speed-testing.
 - 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (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.

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

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

IMPORTANT NOTICE

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION

Insurance Plan:	Third Party, Fire & Theft	Account: 2324DDA
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Excess-Third Party (Seet II) SGD 2,000	
	Young/Inexperienced Driver SGD 1,500	(In Addition To Own Damage Claims Excess)
Financial Interest:	TAI THONG LEE TRADING PTE LTD	

Tokio Marine Insurance Singapore Ltd.

Authorised Signature