LALATIZIATAT A	and Complete	i spe d	
NATIONAL Assessment Cen		(A)	Dans by
Date In: 14 9/9-15:58	Jeb description	Date & Time Completed	Done by
Ref No: NA INC 15016263/24	SAS e-filing		
Veh No: 573 8631 E	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 19/9-08/15	i-Motor Claim Form	M7/1062477-001	14/4/19 16:10
OD / TP Reporting Only	i-Motor W/O (Within: OD 2hr	s, TP 4hrs)	
OD : (1) reporting only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
IF Insurer:	Ass't Report by Fax / Hand t	o Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fa	ix:
TP Particulars: Veh No: 🕠	02408k INC()/Non-INC()	7
Owner / Driver: (Tel:)
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:)
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-20	0%; P: 21-79%. F: 80-10	00%]
Year of Registration: ()	Warranty: YES ()/NO ()	
Excess: (\$) Loading: \$1			
General Remarks:-			Con Million
() Walk-In Customer: Customer's in	formation strictly Confidential & Str	ictly NO refer of repairer.	
() Total Loss Case : to e-mail Insu	irer URGENTLY.	1000	
Drive-In ()/ Towed-In (); Invoi	ice: YES() / NO(); To	owing Co: ()
			22-3-9-9-2-1
	2. Tel. 1909; March 2009; Annual Control of the	and mediation of the contract of the property of the contract	Andrew of the same and have
	Market Committee and Administration of the Committee of t	Date&Time Completed	Done by
Apply for Transport Allowance ()/	/ Courtesy Car ()	Date&Tarris Comptered	Done by
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection	/ Courtesy Car ()	Date&Tarris Comptered	Bone by
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection	/ Courtesy Car ()	Date&Tarris Completed	Bone by
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1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	Courtesy Car (Paration Checklist Reporting (530); Assessment (5100); INC (580 Established Savey (Saurvey) Reinst INC Only (wef 10 Jan 2005) tion SMRT Survey S nal Services: Cor / Tpt Allowance Condination our Inspection lect Excess Coordination (Non INC) against INC	Anit (5) Amit (5) Tip Bill Add Bill 0) 545 120 530 575 160 55 510 525 53

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- Please report <u>correctly</u> 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 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.	
SECOND CONTRACTOR OF SECOND CO	ACCIDENT STATEMENT
Date Of Report	14/09/2019 15:58
Date Of Accident	13/09/2019 08:15
Exact Location Of Accident	WOODLANDS AVE 4
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJJ8631E
Insured/Policyholder	
Name Of Registered Owner	WHEELS EXPRESS RENTAL & LEASING PTE LTD
Co Reg No	201810594C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90663343
Alternative Phone No	OFFICE-90663343
Vehicle Particulars	
Manufacturer	тоуота
Model	ALLION 1.5 A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	5108705465
Cover Note Number	
Driver	
Name of Driver	MUNAWWAR ANDULLAH
NRIC No	S9446630Z
Date Of Birth	14/12/1994
Occupation	OUTDOOR
Date Of Driving Pass	07/04/2014
Driving Experience	5 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81032343
Fax Number	
Contact Number	OFFICE-81032343

NOEMAIL

BLK 482 JURONG WEST STREET 41 Address

#04-262

640482 Postcode

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 - HEAD TO REAR 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

2

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

Number of Passengers (Including Driver)

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Passenger 1

NO

2

NAME:

GENDER: : MALE

. .

Details of Police Action

Was the accident reported to the police?

NO

NO

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SDU2908K

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

NEO KOK KWONG

NRIC/Passport Number

S1499153J

Contact Number

94500025

Address

Postcode

Insurance Company Name

Page 2 of 18

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 NAME:

2

GENDER:

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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 vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - 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")
- 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/iaw 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

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

NRIC/FIN No.:

SKETCH PLAN		
woodhand AVE 4	14	32.1 8931
wood Land Tive 1	1-14-17	
-> (BDAD)	В	804290
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT		
On the date of 13th septem	lar at	
around 8-15 am in the mor	ning. 1	
was diving my vehicle SIS 86	31 VE au	long
woodlands I menne 4, towards	woodlan	ets
industrial schore the junction of	woodle	anels
Industrial 69, the vericle in	Anny of	nie
Slowcel down and Stopped So 1	Slowly	
Stopped and the vehicle SI	142908 K	
hit me from the near.		
H I d. C. a sol	1. 0041	1000 1
the wanted for a price	of 6 PM	neng .
but on 13th september above he messaged me for a	x Insuras	ne
claim.	7	
2018		
DECLARATION		
We declare the following particulars are true in every respect.	\sim 1	
For OP		

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Reporting Centre Personnel's Signature

VEHICLE NO: SJJ 8631 F Allion MAKE & MODEL: 09/ 2019 13 DATE OF ACCIDENT (AMDPM 0813 TIME OF ACCIDENT WOODLAND LOCATION OF ACCIDENT SENDING PASSENGET Exact Purpose use during accident Leasing P WHEELS EXPRESS Dental NAME OF OWNER TELP NO Reporting Only THIRD PARTY OD. CLAIM TYPE YES) NO ? PRIVATE HIRE NTUC INSURANCE CO. Comprehensive / (Third Party / Third Party Fire & Theft TYPE OF CAVERAGE 5108705465-000018 POLICY NO. MUMAWWAR ABDULLAN As above / If No: NAME OF DRIVER Any passengers: One (male) 59446630Z NRIC 14/12/1994 DATE OF BIRTH Outdoor Indoor OCCUPATION 04/2014 DATE OF DRIVING PASS Female GENDER 8 0323430ffice: Home: 482 Juron q West St H1 \$104-262 (640482 CONTAC NO. ADDRESS DRIVER HAVE ANY OWN Vehicl NO / H yes Reg No. SILL Employee / If No: RELATIONSHIP Other: Raining WEATHER CONDITION Clear Dry / Wet / Other: ROAD SURFACE No / If yes : Who? ANY INJURIES CONTAC NO. No / If yes : Where? POLICE REPORT Any Passenger: SDU 2908K VEHICLE B NO. NEO KOK KWOHG 51499153 NAME 94500025 CONTAC NO. Any Passenger: VEHICLE C NO. Any Passenger: VEHICLE D NO. Any Passenger: VEHICLE E NO. Any Passenger: VEHICLE F NO. front in cur comera ANY WITNESS WITNESS CONTACT NO. Have you been approach by unknown person soliciting (s) / YES / NO offering accident claims assistance? Sme Motor Pto Ltd PARTICULAR WORKSHOP 6 Speed Autowerkz Pte Ltd 1 Kaki bukit avy 6 #02-15 TELP NO 68 Kaki Bukit Avenue 6 Aytobay @ Jaki Kukit #02-05 ARK @ KB, Singapore 417896 CONTACT PERSON Singmory 417883 Tel: 6384 7037 Fax: 6384 7039 PAVAIN needs towerkz@gmail.com 6 Speed Autowerkz Pte Ltd

68 Kaki Bukit Avenue 6

#02-05 ARK @ KB, Singapore 417896 Tel: 9384 7037 Fax: 6384 7039 6 spudoutowerkzægenil com



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: 5108705465-000018 Cover : Third Party

1 Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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.

: SU8631E

: 17 Jul 2019

: 16 Jul 2020

: NZT2603027047

: WHEELS EXPRESS RENTAL & LEASING PTE LTD

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

: BENEFIT AUTO INSURANCE AGENCY (00000573333)

Date of Issue

: 05 Apr 2019 16:47 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech							Page 1			Genera	alClaim	
Hello, NAC_PAYA_UBI_80	0601						• Change	Languag	e + Chan	ge Password	+ Log Ou	
My Desktop	Polic	cy Query										
Notice of Loss	Policy No.			5108705465 SJJ8631E			Date of Accident Certificate Number			13/09/2019 08:15		
					10	Search						
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5108705465	5108705465- 000018	WHEELS EXPRESS RENTAL & LEASING PTE LTD	201810594C	GFM	Third Party	S338631E	SJ38631E	17/07/2019	21/05/2020	

Policy No.	5108705465	Policyholder Name	WHEELS E	XPRESS RENTAL & LE	Policyholder NRIC	201810594C	
Certificate No.	5108705465-000018						
Address	61 UBI AVENUE 2 #05-04 AUTO	MOBILE MEGA	MART SING	APORE 408898			
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N.	
Policy issue Date	05/04/2019	Effective Date	22/05/201	9 00:00	Expiry Date	21/05/2020 23	:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess			Windscreen Excess		
Additional Excess		OS Premium	1761.55				
Outside Singapore OD Excess		Outside Singapore TP Excess	1500			Young/	Inexperience Driver Excess
Agent	BENEFIT AUTO INSURANCE AGE	Agent Tel.	64445313		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Info	older Mailing Address			110			
Info Policyh	older Mailing Address 2 SIMS CLOSE	Addre	is 2	#01-08 GEMINI @ 5	SIMS	Address 3	SINGAPORE 387298
Info Policyh Address 1		0.5.15,000,00	ss 2 ss Type	#01-08 GEMINI @ 9		Address 3 Post Code	SINGAPORE 387298 387298
Certificate Info Policyh Address 1 Address 4 Unit No.		Addres	ss Type d Policy	Committee of the Commit		5000 WARD WAS	
Info Policyh Address 1 Address 4 Unit No.	2 SIMS CLOSE	Addres Relate Numbe	ss Type d Policy	Singapore address		5000 WARD WAS	
Info Policyh Address 1 Address 4 Unit No.	2 SIMS CLOSE 01-08 d Object: 5108705465-000018	Addres Relate Numbe	ss Type d Policy	Singapore address		5000 WARD WAS	
Info Policyh Address 1 Address 4 Unit No.	2 SIMS CLOSE 01-08 d Object: 5108705465-000018 ements	Addres Relate Numbe	ss Type d Policy er	Singapore address		5000 WARD WAS	
Info Policyh Address 1 Address 4 Unit No. Insure Endors Sequen	2 SIMS CLOSE 01-08 d Object: 5108705465-000018 ements	Addres Relate Numb	ss Type d Policy er	Singapore address 5112397506		Post Code	387298

laim Handling										
ne premium on this policy has coldent MT/1062437	nuc seen colectes.									
Hey No.	5108705465	Vehicle No.		S138631E		GST	Registration No			
rtificate No.	5108705465-000018									
licyholder Name	WHEELS EXPRESS RENTAL & LEASING PTE LT	D.				Polic	yholder NRIC		2018	10594C
oduct Code	FLEET MASTER INSURANCE	Cover Type		Third Part		Load	AC ALL COLOR		0	
intact No. (Mobile)	90662343	Contact No.(Office)		0			act No.(Home)			
naii Address		Special Remark				eCoc			The V	
K	® No ○Yes	TCA		® No ○	-		de Reason		1000	
20 Protection	Table and the same of the same			Section 1	100				4335	
	No	NCD Entitlement(%)	0		Priva	ite Hire		Yes	
P Accident Details										
port Date	14/09/2019 16:08	Accident Report Wit	thin 24 hrs	Yes		Accid	tent Type		Collisia	on - Head to Rear
te of Accident	13/09/2019	Time of Accident his	h:mm	08:15		Cour	ntry of Accident		Singap	pore
porting Centre		Orange Force				IOM	No			
cident Location	WOODLANDS AVE 4									
Total Excess Applicable	A CONTRACTOR OF THE PROPERTY O									
cess Type	Per Accident	Windscreen Excess								
Standard Excess		TP Standard Excess			1,500.00					
ED OD Excess	0.00	YIED TP Excess				Drive	er is Covered?			
ditional Excess										
tal OD Excess Applicable	0.00	Total TP Excess App	plicable							
Benefits										
GST Registered Informa	ation									
T Registered	No.			GS	T Registration Date					
T Registration No.				GS	T Status Verified		Yes			
dification History	14/09/2019 16:09:32 System	changed GST Status	Verified from	No to Yes						
Policyholder Mailing Ad	dress									
dress 1	2 SIMS CLOSE	Address 2		#01-08 G	EMINE & SIMS	Addr	ess 3		SING	APORE 387298
dress 4		Address Type	- 13	Singapore	address	Post	Code		38729	20
it No.	01-08	Related Policy Numi		51123975			-		20122	
OI Driver Info	01-00	Research Postery House	are .	21163373						
ver Name	Unnamed Driver	Driver Type	153	Innamed	Deter					
named driver Name	MUNAWWAR ANDULLAH	Driver NRIC		59446630		Davis	er 008		14/12	17004
gister Date of Driver License		Driver Age		24					5	
							ng Experience			
ntact No.(Mobile)	81032343	Contact No. (Office)		0			act No.(Home)		0	
dress 1	BLK 482	Address 2		URONG V	VEST STREET 41	Addr	ess 3		SURO	NG VILLE @ STREET 41
idress 4	SINGAPORE 640482	Address Type	9	Singapore	address	Post	Code		64048	12
it No.	04-262									
oes he own a Singapore egistered car?	○ Yes ® No	Driver Vehicle No.				Drive	er Insurer Comp	pany		
claration										
eathalyser or Blood Test ading?	0 mg	Any injury?		O Yes ®	No					
011000										
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odification History										
Claim 001 New										
51, 10 s 5 s 5 s 5 s 5 s 5 s 5 s 5 s 5 s 5 s										
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ntact No.(Mobile)	90603343	Contact No.(Home)				Cont	act No.(Office)		NIL	
ail Address		Ol Vehicle Number	1	5138631E		TPW	ehicle Number		SDU2	908K
imani Type Claiment Type •	Please Select	Type of Benefit *	- 1	Please Se	ect 🔍					
imant Name *	22	Claimant NR3C *								
mant Address			-12-12		THE STREET, ST					
im Description	S38631E / SDU2908K ON 13 Sept 2019					Nam	e of Preferred V	Varkshap		
ferred Workshop Contact		Insured Liability •	ST	Not at Fai	at V	77.0252			2.24	
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