Duta Inc. 14		HA1191357	
Date In: 16 19 19 - 17: 47	Jeb descripțion	Date &Time Completed	Done by
Ref No: 44/14/5/8/4/124	SAS e-filing	i	
Veh No: Grania	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 1410/19-09:30	i-Motor Claim Form	MT11066954-001	15/10/19 17:79
OD (TP): Reporting Only	i-Motor W/O (Within; OD 2h	rs, TP 4hrs)	
OD . It's reporting Only	i-Photo Uploaded	1	
TP Insurer:	Assessment/Survey Report		
ir msurei.	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:
TP Particulars: Veh No: 6	INC ()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 30-1	100%]
Year of Registration: ()	Warranty: YES ()/NO ()	
Excess: (\$) Loading: \$	1,000()/\$2,000()		
General Remarks:-	15 T. 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 .		
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() Total Loss Case : to e-mail Ins		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
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	/ Courtesy Car ()		
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		Comment of the control of the contro	-
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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 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.
- 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.

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The state of the s	ACCIDENT STATEMENT
Date Of Report	15/10/2019 13:47
Date Of Accident	14/10/2019 09:30
Exact Location Of Accident	ALONG BKE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GX9111U
Insured/Policyholder	
Name Of Registered Owner	WONDERFUL MOTOR & ACCESSORIES TRADING
Co Reg No	52808969B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	NISSAN
Model	URVAN
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5108210023
Cover Note Number	
Driver	
Name of Driver	ZHANG YUHUI

 Name of Driver
 ZHANG YUHUI

 NRIC No
 \$8506756G

 Date Of Birth
 21/02/1985

 Occupation
 OUTDOOR

 Date Of Driving Pass
 19/01/2006

 Driving Experience
 13 YEARS AND 8 MONTHS

 Gender
 MALE

 Mobile Number
 (LOCAL) +65-81113994

Fax Number

Contact Number OFFICE-81113994

EMail Address NOEMAIL

BLK 205 MARSILING DRIVE Address

#09-274

Postcode 730205

Was driver an employee of the Insured's Company NO

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

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?

YES

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

REFER TO 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

GBJ7908J

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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKW8132Z

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 INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

ZHANG YUHUI

NECK, BACK & WRIST

GX9111U

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder and/or the authorised driver.
- 3) 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>.
- 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.

STATE OF THE STATE

Policy holder's signature Date / time: Jux.

Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time: SKETCH PLAN

Ven A: GX 9:111 A

Ven B: G1BJ 7908 J

Ven C: SkW8:132 Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| was travelling along BKE on the Stated date and time. My car
was stationary leaving a safe distance between Vehicle C. (SKW81322)

Sucidenty, I felt an impact at the rear portion of My ear.

when I came down I realised that vehicle B (GB)7908J) had

collided onto My vehicle causing my vehicle to thrust forward

and hit onto Vehicle ((SKW81322).

DECLARATION

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

Policy holder's signature Date & time: Driver's signature (if driver is not policy holder) Date & time: reporting centre personne's Signature NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

T NOTICE

Complete and submit this form to the individual insurance authorised reporting centre.

Please report correctly on the details of the accident to speed up the claim process.

This form must be filled up by the policy holder and/or authorised driver.

- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 traffic police department for investigation.

	ACCIDENT DETAILS			
Date of accident	14/10/2019	(DD/MM/YY)		
Time of accident	9:30 am	(HH:MN		
Exact location of accident	Along BKE			

The state of the s	DETAILS OF VEHICLE
Vehicle registration number	GX 9111 U
Vehicle make and model	Nissan Urvan
Type of vehicle	Saloon MPV CRV Van Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes □ No if no, please select: Third part claim □ Reporting only □

新聞的學術學學的學術學學的	INSURANCE IN	FORMATION	
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft □	TP only 🗆

INSURED / POLICY HOLDER							
Name	Wonderful Motor & Accessories Trading Male - Female						
NRIC / Fin / Passport number							
Contact							
Address	BIK 4033 Ang Mio Kio Industrial Park 1 #01-62 Singapore (569640)						

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)					
Name		ale Female				
NRIC / Fin / Passport number	S8506756G					
Contact	8111 3994					
Address	BIK 205 Marsiling Drive \$ 09-274 sing of	pove (730205)				
Email address						
Date of birth	21 05 21 02 1985					
Occupation	Indoor Outdoor					
Driving date pass	19/01/ 2006					

医阿拉克斯特尔多斯特尔	GENERAL	INFORMATION C	F THE ACCIDENT	AND THE PROPERTY OF
Was driver an employee of	Yes 🗆	No,d	22 03	14:V0 V
the insured's company?	If no, rel		river and insured:	Etc Hiver
Accident captured by camera?	Yes 🗆	No.		
Weather condition	Clear,	Raining 🗆	Others:	
Road surface	Dry	Wet 🗆		
No of passenger				(Inclusive of driver
		PASSENGER		
Name				
Gender	Male 🗆	Female		
发生的企业 的人们会是一种企业的工作。		PASSENGER	2	
Name				
Gender	Male □	Female 🗆		
	Alle Control			
图 10 10 10 10 10 10 10 10 10 10 10 10 10		PASSENGER	3	
Name				The second secon
Gender	Male 🗆	Female 🗆		
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Name				
Gender	Male □	Female		
	Try			
MORE PROPERTY AND ASSESSMENT OF STREET	TO WIT	PASSENGER	15	
Name				
Gender	Male 🗆	Female		
		PASSENGER	36	
Name				
Gender	Male 🗆	Female 🗆		

Many Many and State Stat		OTHER INFORM	ATION	以为为1960年的第三人称单
Was anybody injured?	Yes 🗹	No 🗆		
Was other vehicle damaged?	Yes	No 🗆		
MARKET WARRY SERVICE	DETAI	LS OF POLICE STA		
Reported to police?	Yes □	No 🗩 If ye	s, please state which	ch police station.
Police station name				
建场到现在现金运动工具的		WITNESS	1	7.6 1886年3.63 1973年3.17 日本
Name				
#1.7E136E	-			
	阿斯斯斯	WITNESS	2	A TANK DESIGNATION OF THE SECOND OF THE SECO
Name				

	THIRD PARTY VEHICLE 1	No. of the last of
Vehicle registration number	GBJ 7908J	ALCOHOL:
Vehicle registration number	510- 1.000	
Name		
NRIC / Fin / Passport number		
Contact		
Contact		
	THIRD PARTY VEHICLE 2	是接触的企业
Vehicle registration number	SKW 8132Z	OR HES STORY
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
	THIRD PARTY VEHICLE 3	Sales Vanes
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
The Part of the Pa	THIRD PARTY VEHICLE 4	HUNGSANIK
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
能量的學表現然的社会學的	THIRD PARTY VEHICLE	
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
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医外侧线 经现代证明 医神经神经	THIRD PARTY VEHICLE	•
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

· 1000年6月 - 大学工作。1000年1月1日	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

Contact

Carlo de la Carlo de		INJURED PERSON 1
Name	Zhang	Yunui
Injuries sustained	Neck	4 Back, Wrist.
Which vehicle person in?	Drive	
Were seat belts worn?	Yes	No 🗆
Was injured conveyed to	Yes 🗆	No.
hospital by ambulance?	1,000	
AND THE RESIDENCE OF PAGE		INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	100 11	
		INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	103 L	The second secon
nospital by ambalance.		
	计 同类型数	INJURED PERSON 4
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No o
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	1.00.0	
nospital by alliance		
	A STATE OF THE PARTY OF THE PAR	INJURED PERSON 5
Name		
Injuries sustained		
Which vehicle person in?	- 1	
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
	KARANGE AN	INJURED PERSON 6
Name		
Injuries sustained		
Which vehicle nerson in?		
Which vehicle person in?	Yes D	Non
Were seat belts worn?	Yes 🗆	No D
	Yes 🗆	No 🗆



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: 5108210023-000019

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: GX9111U

Chassis Number

2. Name of Policyholder

: JN1MG4E25Z0712012

3. Effective Date of Insurance

: WONDERFUL MOTOR & ACCESSORIES TRADING

: 15 Mar 2019

4. Expiry Date of Insurance

: 14 Mar 2020

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.
- (b) Use for the carriage of passengers or goods 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 whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- # 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)** : \$\$1,500 INSURE WITH COE 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

: JG MOTOR AGENCY (00000613374)

Date of Issue

: 14 Mar 2019 14:04 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

JG MOTOR AGENCY

Changi Road #04-06 Cuntropod @ Changi Singapore 419715

Tel: 6344 7432 Fax: 6344 0727

fello, NAC_PAYA_UBI_8006	01						+ Change	Language	+ Chan	ge Password	• Log Ou
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	lo.	510821	0023		Date o	of Accident	[1	4/10/2019	9:30	
	Vehicle	No.(Far Motor)	GX9111	U		Certific	cate Number				
	Select Policy No.				E	Search					
		Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5108210023	5108210023- 000019	WONDERFUL MOTOR & ACCESSORIES TRADING	52808969B	GFM	Third Party	GX9111U	GX9111U	15/03/2019	14/03/2020

Policy No.	5108210023	Policyholder Name	WONDER	FUL MOTOR & ACCESS	Policyholder NRIC	528089698	
Certificate No.	5108210023-000019						
Address	BLK 311B #11-22 ANCHORVA	LE LANE ANCHO	RVALE VIS	STA SINGAPORE 542311	0		
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	14/03/2019	Effective Date	15/03/20	19 00:00	Expiry Date	14/03/2020	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess			Windscreen Excess		
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				You	ng/Inexperience Driver Excess
Agent	JG MOTOR AGENCY	Agent Tel.	6344072	7	GST Flag	Y	
Agent Co- insurance Flag Open Policy Info	JG MOTOR AGENCY	Agent Tel.	6344072	7	GST Flag	Y	
Co- insurance Flag Open		Agent Tel.	6344072	7	GST Flag	Y	
Co- insurance Flag Open Policy Info Certificate Info		Agent Tel.	6344072	7	GST Flag	Y	
Co- insurance Flag Open Policy Info Certificate Info Policyh	No	Agent Tel.		7 ANCHORVALE LANE	e (Y Address 3	ANCHORVALE VISTA
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1	No nolder Mailing Address	Addre				Address 3 Post Code	ANCHORVALE VISTA 542311
Co- insurance Flag Open Policy Info Certificate Info	nolder Mailing Address BLK 3118 #11-22	Addre Addre	ss 2 ss Type	ANCHORVALE LANE			
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	nolder Mailing Address BLK 3118 #11-22	Addre Addre Relate Numb	ss 2 ss Type	ANCHORVALE LANE Singapore address			
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	nolder Mailing Address BLK 3118 #11-22 SINGAPORE 542311 d Object: 5108210023-0000	Addre Addre Relate Numb	ss 2 ss Type	ANCHORVALE LANE Singapore address			
Co- Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insured	nolder Mailing Address BLK 311B #11-22 SINGAPORE 542311 d Object: 5108210023-0000	Addre Addre Relate Numb	sss 2 ss Type ed Policy er	ANCHORVALE LANE Singapore address	**************************************		
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insured Endors Sequen	nolder Mailing Address BLK 311B #11-22 SINGAPORE 542311 d Object: 5108210023-0000	Addre Addre Relate Numb	sss 2 ss Type ed Policy er	ANCHORVALE LANE Singapore address 5108210023	**************************************	Post Code	542311
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insured Sequen 1	No colder Mailing Address BLK 3118 #11-22 SINGAPORE 542311 d Object: 5108210023-0000 ements ce Date of Endorsement	Addre Addre Relate Numb 19 Endorseme Basic Informa	sss 2 ss Type ed Policy er	ANCHORVALE LANE Singapore address 5108210023 Endorsement Number	Endorse:	Post Code	542311 Endorsement Content

laim Handling					
cident MT/1066954	F109210022	Vahirla No	GX9111U	GST Registration No.	
Rcy No.	5108210023	Vehicle No.	GX91110	GST Registration No.	
ertificate No.	5108210023-000019			The state of the s	F24050400
Ricyholder Name	WONDERPUL MOTOR & ACCESSORIES TRADIN			Policyholder NRIC	528089698
oduct Code	FLEET MASTER INSURANCE	Cover Type	Third Perty	Loading	0
ontact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	N) 🕶
nc :	® No ○Yes	TCA	® No ○Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	0	Private Hire	No
	100			CHISIASS.	
Accident Details					
sport Date	15/10/2019 13:57	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
ate of Accident	14/10/2019	Time of Accident hh:mm	09:30	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
	LI DUE DUE	3.01.00			
cident Location	ALONG BKE				
Total Excess Applicable					
сева Туре	Per Acodem	Windscreen Excess			
			25029402		
D Standard Excess		TP Standard Excess	1,500.00		
ED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Iditional Excess					
cal DO Excess Applicable	0.00	Total TP Excess Applicable			
P Benefits	(4,777,0)				
100000000000000000000000000000000000000	****				
OST Registered Informa					
T Registered	No		GST Registration Date	y	
ST Registration No.			GST Status Verified	Yes	
edification History					
Policyholder Mailing Ad	dress				
ddress 1	BUK 3118 #11-22	Address 2	ANCHORVALE LANE	Address 3	ANCHORVALE VISTA
odress 4	SINGAPORE 542311	Address Type	Singapore address	Post Code	542311
	31100000 34232				
nit No.		Related Policy Number	5108210023		
OI Driver Info					
river Name	Unnamed Driver	Driver Type	Unnamed Driver		
nnamed driver Name	ZHANG YUHUI	Driver NRIC	\$8506756G	Driver DOS	21/02/1985
egister Date of Driver License	19/01/2006	Driver Age	34	Driving Experience	13
ontact No.(Mobile)	81113994	Contact No.(Office)	0	Contact No.(Home)	0
odress 1	BUK 205	Address 2	MARSILING DRIVE	Address 3	SINGAPORE 730205
	BUT 200			Post Code	730205
ddress 4		Address Type	Singapore address	Post Code	730209
nit No.	09-274				
ces he own a Singapore egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
egistereo carr					
eclaration					
reathelyser or Blood Test	L WARREN	Name of the second	® Yes ○ No		
eading?	0 mg	Any injury?	® res One		
odification History					
Claim 001 New					
Control of the second					
					-
aim Type *	00-MX V	Insured Name	WONDERFUL MOTOR & ACCESS	Insured NRIC	528089698
ontact No.(Mobile)	96675263	Contact No.(Home)	NO.	Contact No.(Office)	NIL
mail Address		OI Vehicle Number	GX9111U	TP Vehicle Number	GB379083
	Please Select V	Type of Benefit *	Please Select	A STANDARD CONTRACTOR OF THE PARTY OF THE PA	
aimant Type Claimant Type *	The state of the s		L. cont action		
almant Name *	22	Claimant NRIC *			
aimant Address				To a succession of the success	
aim Description	GX9111U / GBJ7908J ON 14 Oct 2019			Name of Preferred Workshop	
eferred Workshop Contact		Insured Liability *	Not at Fault		
o.	Yes	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
equire Finalisation					And the second s
ate Registered	15/10/2019 13:59	Claim Close Date		Date Received	15/10/2019 00:00
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Print AK letter					
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ocident No.	MT/1066954	Claim No.	001		
est Doc. Received	● Yes ○ No	Upload Date	15/10/2019 14:00		
	Path *		Category *	Confidential Urgen	cy • Descrip
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Attachment	List					
Attachment	Uploaded By/Date	Category	9	urgency	Description	Mag Sent? (CO)
MB eri	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SER CES) on 15 Oct 2019 14:00	/I NR3C/ Driving License	*	Normal	NRIC/ Driving License 2019-10-15	Militale
1	NAC_PAYA_UBI_R00601[NATIONAL ASSESSMENT CENTRE SER CES) on 15 Oct 2019 14:00	ZI SAS		Normal	SAS 2019-10-15	
- B)	NAC_PAYA_UBI_800601{ NATIONAL ASSESSMENT CENTRE SER CES) on 15 Oct 2019 13:59	/I Photos		Normal	Photos 2019-10-15	
	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SER CES) on 15 Oct 2019 13:59	VI Photos		Normal	Photos 2019-10-15	
1	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER CES) on 15 Oct 2019 13:59	VI Photos		Normal	Photos 2019-10-15	
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To.	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SEX CES) on 15 Oct 2019 13:59	V1 Photos		Normal	Photos 2019-10-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER CES) on 15 Oct 2019 13:59	VI Photos		Normal	Photos 2019-10-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER CES) on 15 Oct 2019 13:59	/I Photos		Normal	Photos 2019-10-15	
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SER CES) on 15 Oct 2019 13:59	VI Photos		Normal	#notos 2019-10-15	
1	NAC_PAYA_UB2_800601(NATIONAL ASSESSMENT CENTRS SER CES) on 15 Oct 2019 13:59	VI Photos		Normal	Photos 2019-10-15	
J	NAC_PAYA_UBI_BD0601(NATIONAL ASSESSMENT CENTRE SER CES) on 15 Oct 2019 13:59	VI Photos		Normal	Photos 2019-10-15	
ij	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER CES) on 15 Oct 2019 13:59	v1 Photos		Normal	Photos 2019-10-15	
J .	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER CES) on 15 Oct 2019 13:59	VI Photos		Normal	Photos 2019-10-15	
	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SEX CES) on 15 Oct 2019 13:59	VI Photos		Normal	Photos 2019-10-15	
	NAC_PAYA_UBE_800601(NATIONAL ASSESSMENT CENTRE SEX CES) on 15 Oct 2019 13:59	VI Photos		Normal	Photos 2019-10-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SEX CES) on 15 Oct 2019 13:59	VI Photos		Normal	Photos 2019-10-15	
Video List					Source	