Date In: Mioligalists			119138148				
	Job description		Date & Time Completed	Done	py.		
Res No: No INC 19018404 124	SAS e-filing						
Veh No: JURGEGUA	E-mail (within Shrs,	AIC 2hrs)					
D.O.A: 17/19/19-16:55	i-Motor Claim F	orm	M7/1067414-0>1	18714 19 11:	57		
acros sub Garas across	i-Motor W/O (wit		Control of the Contro				
OD : AP Reporting Only	i-Photo Uploadec	1					
TD Incorpor	Assessment/Survey	Report					
17 hisurer.	Ass't Report by Fa	x/Hand to (Owner/Wksp				
Preferred Wksp / INC Assign Wksp / QW; (Tel:	Fax:)		
TP Particulars: Veh No: 600	171707	INC()/Non-INC()	T.			
Owner / Driver: (Tel:)			
Policy No: () P	Period: () (Cover Type: ()			
Confirmed by : (Di	ate:	Time:)			
Insured/Driver Liability: (%)	[Note-Est. Status (WO):	N: 0-20%	; P: 21-79%. P: 80-	100%]			
Year of Registration: ()	Warranty: YES ()/	NO()					
Excess: (\$) Loading: \$1,	,000 ()/\$2,000 ()	Charles and the second				
General Remarks:							
a new arts on a matrix share car as bodies in a Washingan Shash cauchas an	formation strictly Confide	ntial & Strict	ly NO rafer of repairer.				
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) : Tow	ring Co: ()		
			- 3	PSP-NEWATON	CET THE		
			Date & Time Completed	Done	by		
1) Apply for Transport Allowance ()/	Courtesy Car ()						
				172			
2) QC Check / Post Repair Inspection	()						
	()						
	()						
3) Upload Resurvey Photo [Repair Cost > \$ Injury:	()						
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TP Particulars: Veh No: \(\lambda \) Tel: \)							
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3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions	lny	R: Accident Re	porting (\$30);	he Bill	and the second second		
3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions	Iny 1) A 2) D	R : Accident Re A : Damage Ass	porting (\$30); essment (\$100); INC (\$	he Bill	and the second second		
3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions	1 Inv 11) Av 22) D. 3) TI 4) F3	R: Accident Re A: Damege Ass 7: Towing Fee C: Follow-Throa	porting (\$30); essment (\$100); INC (\$ sgh Survey	5t Bill 80) 0/\$45 \$120	and the second second		
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Fagin di Car

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number

Contact Number EMail Address

- 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.

* A STATE OF THE S	ACCIDENT STATEMENT
Date Of Report	18/10/2019 11:43
Date Of Accident	17/10/2019 16:55
Exact Location Of Accident	WOODLANDS AVE 2 TWDS WOODLANDS AVE 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGR9866G
Insured/Policyholder	
Name Of Registered Owner	SHARING WELL PTE LTD
Co Reg No	201617903C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90016182
Alternative Phone No	OFFICE-90016182
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER 1.6 A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5088106875-02
Cover Note Number	
Driver	
Name of Driver	RENNIE SOH WEE TIONG
NRIC No	S7606223D
Date Of Birth	03/03/1976
Occupation	INDOOR
Date Of Driving Pass	20/10/2000
Driving Experience	18 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96906460

OFFICE-96906460

NOEMAIL

Address BLK 166A TECK WHYE CRESCENT

#12-355

Postcode 681166

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 WET

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

NO

1

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBG2170T

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

GBH4517J

Page 2 of 14

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 INJURED PERSON 1

Name RENNIE SOH WEE TIONG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SGR9866G

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

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 as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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)

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:
 - 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

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Woodlands Avenue 2

Vehicle A: SGR98666 Vehicle B: GBG21707 Vehicle C: GBH 4517J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Wood lands Avenue lanes, waiting the traffic to turn vehicle collided anto my After check rear portion. there was chain collision. Vehicle C collided onto vehicle B rear portion.

DECLARATION

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

Policyholder's Signature's

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnells Signature

Name:

NRIC/FIN No.:

Vehicle No.	SGR98666 Model/Make Mitsubishi Lancer
Date of Accident	17/10/2019
Time of Accident	1655 HRS
Location of Accident	Along Woodlands Avenue 2 tods Woodlands Ave 1
Exact purpose use during acci	
Name of Owner	Shaving Well Pte Utd
Telephone No.	H/P: 9001 6182 Home: Office:
NRIC	201617903C
Address	25 Kaki Bukit Rol 4 #06-30 S(417800)
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft
Policy No.	5088106875-02
Name of Driver	As Above If No, Rennie Soh Wee Trong
NRIC	S7606223D Any Passengers:
Date of birth	3/3/1976
Occupation	Outdoor / Indoor
Driving License Pass Date	20/10/2000
Gender	Male / Female
Contact No.	H/P: 96906460 Home: Office:
Address	BLK 166A Teck Whye Crescent #12-355 S(681166
Driver have any own vehicle	(No,) If yes, Reg No.
Relationship	Employee, If no, state Hirer
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	Rennie Soh Wee Trong 96901460
Name And Contact No.	1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Police Report	No. If Yes, Where?
Vehicle B No.	GBG 2170T Any Passengers: —
Name of Driver	Contact No. :
Vehicle C No.	GBH 4517J Any Passengers:
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	Rear Portion
Camera Recorder	Yes / No
Email Address	hoseinner Egmail-com,
PARTICULAR WORKSHOP	N-51 Automotive Pte Ud
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Zi Ting
FAX NO	6741 0510
WORKSHOP EMAIL ADDRESS	sales @ n51. com. sg



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: 5088106875-02

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

SGR9866G

Chassis Number

: JMYSTCS3A7U009358

Name of Policyholder

: SHARING WELL PTE LTD

3. Effective Date of Insurance

: 28 Feb 2019

4. Expiry Date of Insurance

: 27 Feb 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.

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)	: \$\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	TAI THONG LEE TRADING PTE LTD
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)

Agency

: AUTOSHIELD PTE. LTD. (00000573469)

Date of Issue

: 25 Feb 2019 15:47 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

fello, NAC_PAYA_UBI_80	0601						• Chanc	ge Languag	e Char	ne Dassword	· Log Oc
My Desktop	Policy Query Change Language Change Password									Log Oc	
Notice of Loss	Policy I	No.				Date	of Accident		17/10/2019	16:55	
	Vehicle No.(For Motor)			GR9866G		Certificate Number					
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5088106875- 02		SHARING WELL PTE LTD	201617903C	GPC	Third Party, Fire & Theft	SGR98660	SGR9866G		27/02/2020

Sequenc	Date of Endorsemen	t E	ndorsemen	t Type	Endorsement	Status	Endorsement Content
♥ Endorse	ements						
Insured	Object: SGR9866G	7250044087					
nit No.	nit No. 06-30		Related Policy Number 50956476				
ddress 4		Addres		Singapore address	5	Post Code	417800
ddress 1	25 KAKI BUKIT ROAD 4	Addres	s 2	#06-30 SYNERGY	@ KB	Address 3	SINGAPORE 417800
	older Mailing Address						
nfo							
olicy Info ertificate							
pen							
o- nsurance lag	No						
gent	AUTOSHIELD PTE, LTD.	Agent Tel.	63850777		GST Flag	Y	
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500			Young/I	nexperience Driver Excess
xcess	0	OS Premium	0				
xcess	1500	damage Excess	0		Windscreen Excess	0	
ype Third Party		Excess Own					
ssue Date Excess	53/02/2013	Date All Claims	28/02/20	19 00:00	Expiry Date	27/02/2020 23:	:59
Policy	25/02/2019	Effective			Policy Flag		
Product Name	PRIVATE CAR INSURANCE	Plan			Group	N	
Address	25 KAKI BUKIT ROAD 4 #06-30	SYNERGY @ K	B SINGAP	ORE 417800			
Certificate No.		2550000			MALE		
Policy No.	5088106875-02	Policyholder Name	SHARING	WELL PTE LTD	Policyholder NRIC	201617903C	

Continue Cancel

Policy No.	5088106875-03	223				
	5088106875-02	Vehicle No.	SCR9866G	GST Registration No.		
Certificate No.						
Policyholder Name	SHARING WELL PTE LTD			Policyholder NRIC	201617903C	
roduct Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0 0 12 Y	
Ornlact No. (Mobile)	90016185	Contact No.(Office)	0	Contact No.(Nome)		
mail Address		Special Remark	5)	Sale Control of the Control		
FK	® No ○ Yes	TCA	® No () Yes	eCode		
CD Protection	No		T. C.	eCode Reason		
Accident Details		NCD Entitlement(%)	20	Private Hire	Yes	
	11 O/E-2006 (80 O/E)					
eport Date	18/10/2019 11:55	Accident Report Wehin 24 hrs	Yes	Accident Type	Chain Collision	
te of Accident 17/10/2019		Time of Accident hh:mm	16:55			
eporting Centre		Orange Force		Country of Acadent	Singapore	
ccident Location	WOODLANDS AVE 2 TWDS WOODLAND			ICM No.		
♥ Excess	The state of the s	DAKET				
en damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00	
nnamed Driver Excess		Outside Singapore OD Excess	0.00			
and Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00			
7 Senefits						
GST Registered Inform	ation					
T Registered	No					
T Registration No.	-		GST Registration Date			
dification History			GST Status Verified	Yes		
Belleyholder trom	9.000 S					
Policyholder Hailing Ad						
dress 1	25 KAKI BUKIT ROAD 4	Address 2	#06-30 SYNTRGY @ KB	Address 3	SINGAPORE 417800	
idress 4		Address Type	Singapore address	Post Code		
it No.	06-30	Related Policy Number		- WH WINE	417800	
OI Driver Info	0.000	Common County Inditions	5095647676-02			
iver Name	page 100 a March 200					
	Unnamed Driver	Oriver Type	Unnamed Driver			
named driver Name	RENNUE SOH WEE TIONG	Driver NR3C	576062230	Driver DOB	03/03/1976	
gister Date of Driver License	20/10/2000	Driver Age	43	Driving Experience	18	
intact No.(Mobile)	96906460	Contact No. (Office)	0	Contact No.(Home)	0	
dress 1	BLK 166A	Address 2	TECK WHYE CRESCENT			
dance of			- CONTRACTOR CONTRACTOR	Address 3	TECK WHYE CREST	
tress 4 SINGAPORE 661166		Address Type	Cinconora addicase			
		Address Type	Singapore address	Post Code	681166	
nt No.	12-355		Singapore address	Post Code	681166	
it No. es he own a Singapore		Address Type Driver Vehicle No.	Singapore address		681166	
et No. les he own a Singapore gistered car?	12-355		Singapore address	Post Code Driver Insurer Company	681166	
it No. es he own a Singapore gistered car? daration	12-355		Singapore address		681166	
et No.	12-355		Singapore address		681166	
at No. es he own a Singapore gistered car? daration nathalysier or Blood Test ading?	12-355 ○ Yes No 0 mg	Driver Vehicle No.	(2) 3,550 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		201617903C 67416668 GBG2170T	
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