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12/11/19 17:50.	I-Motor Claim Form	MT [107122900]	13/11/19 16:21
	I-Motor W/O (Wilda: OD 2	htt, TP *htt)	
The The Report Only	I-Photo Uploaded		
	Assessment/Survey Report		
TP homes:	Ass't Report by Fax / Hans	to Owner/Wkap	
Professed Wkap / INC Assign Wksp / QW: (	The state of the s	Tel:	Fax:
Tr Particulars: Veh No: S	MP 9633 B. INC	( )/Non-INC( )	
Owner/ Driver (		Tel:	)
Policy No. ( ) Peri	od: (	Cover Typs: (	
Confirmed by : (	Date:	Time:	10000
	ote-Est. Status (WO): N: 0	-20%; P: 21-79%. P: 80-	100%
	/arranty: YES ( )/NO (		**
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	ourtesy Car ( )		1
2) QC Check / Post Repair Inspection	( ,)=		
3) Upload Resurvey Photo [Repair Cost > \$3	000) ( )		
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# 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.

- 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
- 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.

THE REPORT OF THE PARTY OF THE	ACCIDENT STATEMENT
Date Of Report	13/11/2019 15:23
Date Of Accident	12/11/2019 17:50
Exact Location Of Accident	ECP TWDS CITY
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMM1740T
Insured/Policyholder	
Name Of Registered Owner	PSP LIMO PRIVATE LIMITED
Co Reg No	201905221D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90016182
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALPHARD
Model  Exact Purpose for which vehicle was being used at	
time of accident	COMMERCIAL
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	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	5110691510
Cover Note Number	
Driver	
Name of Driver	MOHAMAD ALFIAN BIN SULAIMAN
NRIC No	S7423545Z
Date Of Birth	02/08/1974
Occupation	OUTDOOR
Date Of Driving Pass	01/12/2015
Driving Experience	3 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98732852
Fax Number	X0 (5)
Contact Number	
	NOEMAII

NOEMAIL

BLK 232C SUMANG LANE #04-351 Address

823232 Postcode

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

COLLISION - HEAD TO REAR Type Of Accident

AFTER RAINED Weather Conditions

WET Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident

2

YES Was any body injured in the Accident?

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)

NO

soliciting/offering accident claims assistance.

3

Number of Passengers (Including Driver)

: UNKNOWN NAME:

GENDER: MALE

Passenger 2

Passenger 1

: UNKNOWN NAME:

GENDER: : MALE

**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 ALONG ECP TWDS CITY ON THE FIRST LANE, SUDDENLY VEH B WHICH WAS INFRONT OF ME JAMMED BRAKE, I MANAGE TO STOP BUT CANNOT STOP IN TIME. AS THE RESULT, MY VEH HIT ONTO VEH B REAR PORTION.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMP9633B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# Name MOHAMAD ALFIAN BIN SULAIMAN Approximate Age Injuries Sustain BACK PAIN Injured person in which vehicle? SMM1740T Were seat belts worn? YES Was this injured conveyed to hospital by ambulance? Address

### 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.
- 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.
- 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) 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/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.
- 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:

501802551D DEM

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

Reporting Centre Personnel's Signature

NRIC/FIN No .:

SKETCH PLAN	
	A = SMM 1740T
+ + + + + + + + + + + + + + + + + + + +	
	B = SMP 96338
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ESCRIBE CIRCUMSTANCES OF THE ACCIDENT	No contract of the contract of
Refer to	Statement
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CLARATION	27
Ve declare the foregoing particulars are true in every res	
10 * PSO NOVI	
S (DISSOCIOS)	
icyholder's signature e & Time: Driver's Signature (If driver is not the	Reporting Centre Personnel's Signature
Date & Time:	policyholder) Name: NRIC/FIN No.:

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# 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: 5110691510

Cover : Third Party, Fire & Theft : SMM1740T

1. Index mark and Registration Number of Vehicle

: JTEGD21H3C8174838

Chassis Number

: PSP LIMO PRIVATE LIMITED

2. Name of Policyholder

3. Effective Date of Insurance

: 02 Jul 2019

4. Expiry Date of Insurance

: 11 Jul 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.

Umitations 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.

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 (PRIVATE) LIMITED
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)

Leency

: TAJ THONG LEE TRADING PTE LTD (00000612744)

Date of Issue

: 02 Jul 2019 11:34 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive

### Claim Handling

olicy No.	5110691510	Vehicle No.	SMM1740T	GST Registration No.	
ertificate No.					
olicyholder Name	PSP LIMO PRIVATE LIMITED			Palicyholder NRIC	2019052210
roduct Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
ontact No.(Mobile)	90016182	Contact No.(Office)		Contact No.(Home)	
mail Address		Special Remark		eCode	No. T
FK.	- No Yes	TCA	- No Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details				10000000000	Martin Control of Party
eport Date	13/11/2019 16:15	Accident Report Within 24 hrs.	Yes	Accident Type	Colleion - Head to Rear
ate of Accident	12/11/2019	Time of Accident hh:mm	17:50	Country of Accident	Singapore
eporting Centre		Orange Force		3CM No.	
ocident Location	ECP TWDS CITY				
▼ Total Excess Applicable					
scess Type	Per Accident	Windscreen Excess	0.00		
O Standard Excess	0.00	TP Standard Excess	1,500.00		
IED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
dditional Excess	2.00				
otal GD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00		
♥ Benefits	10000				
GST Registered Informat	ion				
ST Registered	No		GST Registration Date		
ST Registration No.	CVX		GST Status Verified	Yes	
odification History	13/11/2019 16:18:42 Sys	tem changed GST Status Verified from No	to Yes		
<ul> <li>Policyholder Mailing Add</li> </ul>	ress			5,000,000	
ddress 1	25 KAKI BUKIT ROAD 4	Address 2	#06-30 SYNERGY @ KB	Address 3	SINGAPORE 417800
ddress 4		Address Type	Singapore address	Post Code	417800
Init No.	06-30	Related Policy Number	511375643B		
OI Driver Info		200200	William William		
Iriver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOS	02/08/1974
Innamed driver Name	MOHAMAD ALFIAN BIN SULASME	Oriver NRIC Driver Age	57423545Z 45	Driving Experience	3
egister Date of Driver License	01/12/2015 98732852	Contact No.(Office)		Contact No.(Home)	
ontact No.(Mobile) ddress 1	BLK 232C #04-351	Address 2	SUMANG LANE	Address 3	MATILOA COURT
	BFW 5357 +D4-751	Hadrica &	Singapore address		623232
	SINGARORE 923232	Address Type		Post Code	
Address 4	SINGAPORE 823232	Address Type	angapon acures	Post Code	
Address 4 Unit No.	04-351		angapore acureos		
Address 4		Address Type  Driver Vehicle No.	Singapore adultion	Driver Insurer Company	
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Apdress 4 Unit No. Does he own a Singapore Registered cer? declaration Broathalyser or Blood Test	04-351 Yes = No	Driver Vehicle No.			
Address 4 Unit No. Does he own a Singapore Registered car? Peclaration Breathalyser or Blood Test Reading?	04-351 Yes = No	Driver Vehicle No.			
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Address 4  Jinit No.  Does he own a Singapore Registered car?  Irectaration  Breathalyser or Blood Test Reading?  Claim 001 New  Claim Type *	04-351 Yes = No	Driver Vehicle No.	. Yes No	Insured PSP LIMO PRIVA Contact No. (Home)	TE LIMITED Insured 201 Contact No., (Office)
Address 4  Init No.  Does he own a Singapore registered cer?  reclaration  Breathalyser or Blood Test reading?  Claim 001 New  Claim Type *  Contact No.(Mobile)	04-351 Yes = No	Driver Vehicle No.	+ Yes No	Insured PSP LIMO PRIVA Contact No (Home) OI Venice Insurer Company	TE LIMITED Insured NATC Contact No. (Office) TP
Address 4  Jinit No. Does he own a Singapore Registered cer?  Inclaration  Breathalyser or Blood Test Reading?  Claim 001 New  Claim Type *  Contact No.(Mobile)	04-351 Yes = No	Driver Vehicle No.	+ Yes No	Insured PSP LIMO PRIVA Contact No. (Home)	TE LIMITED Insured NRIC 201  Confact No. (Office) 179  Vehicle Number
obdress 4  Init No.  Init Address.	04-351 Yes = No	Driver Vehicle No.	• Yes No  OD-MX  90016182	Insured PSP LIMO PRIVA Contact No (Home) OI Venice Insurer Company	TE LIMITED INsured No. Contact No. (Office) 19 Vehicle Number Name of Preferred o
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init No.  Soes he own a Singapore registered cer?  ectaration  dreathalyser or Blood Test reading?  Claim 001 New  Claim 1001 New  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred  Workshop  Standard No.  The Blood Test  In Standard No.  New  Claim Type *  Contact No.(Mobile)  Type Standard No.  Type Stan	04-351 Yes = No  8 mg  Insured Liability   Fully at Repair   Preferred Workshop	Driver Vehicle No.  Any injury?  Fault  GSA  Received	DD-MX  90016182  SMM17461 / SM	Insured PSP LIMO PRIVA Contact No (Home) OI Venide SMM1740T Number IPH6338 GN 12 Nov 2019 Claim Close Date	TE LIMITED INsured No. Contact No. (Office)  TP Vehicle Number Name of Preferred Owerkshop
init No.  Init N	04-351 Yes = No  8 mg  Insured Liability   Fully at Repair   Preferred Workshop	Driver Vehicle No.  Any injury?  Fault  GSA  Received	DD-MX  90016182  SMM17461 / SM	Insured PSP LIMO PRIVA Contact No (Home) OI Venide SMM1740T Number IPH6338 GN 12 Nov 2019 Claim Close Date	TE LIMITED Nisured No. Contact No. (Office) Vehicle Number Name of Preferred Owerkshop
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Address 4  Unit No. Does he own a Singapore. Registered cer?  Preclaration  Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim 001 New  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop  Breathalyser  Finalisation  The Seeklet No.  Accident No.  Last Doc. Received  Choose File No file chosen	Ves No  Insured Liability Fully at Preferred Workshop Option  MT/10/3229  * Yes No  Path *	Fault  Any injury?  GSA  Name unknown  T GSA  Receive	OD-MX  90016182  SMM17461 / SM  13/11/2019 16:21  Catego Clear Please Select	Insured   PSP LIMO PRIVA	TELIMITED Insured NRIC 201  Contact No. (Office) 17P  Vehicle Number Name of Preferred 0 Workshop 13/
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# Claim Handling(accident reporting Claim Task )

/13/2019	Claim Handling(accident reporting Claim Task )						
Attachment	Uploaded	s By/Date	Category	9	urgency	Description	
24 +2 - 12h	NAC_PAYA_UBI_800601( NATIONAL 13 Nov 2	ASSESSMENT CENTRE SERVICES) 0 019 16:21	NRIC/ Driving License	٧	Normal	NR3C/ Driving License 2019-13-13	
	NAC_PAYA_UB3_800601( NATIONAL 13 Nov 2	ASSESSMENT CENTRE SERVICES) o 019 16:21	NRIC/ Driving License	٧	Normal	NRIC/ Driving License 2019-11-13	
5	NAC_PAYA_US1_800603( NATIONAL 13 Nov 2	ASSESSMENT CENTRE SERVICES) o 019 16:21	NRIC/ Driving License	٠	Normal	NRIC/ Driving License 2019-11-13	
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