NATIONAL Assessment Control	Services						
Date In 18/11/19	Job description	Date & Lune Completed	Don	e by			
Rel No NA/INC/9020376/12	SAS e-filing						
Vch No 5/11/84294	E-mail (wides Shrs. AIC 2hrs,	T T					
DOA 12/11/19 1510		i-Motor Claim Form MT/1071904-001					
	i-Motor W/O (Within: OD 2hrs. TP 4hrs)						
OD (1P)' P.eporting Only	i-Photo Uploaded						
TP Insurer	Assessment/Survey Report						
	Ass't Report by Fax / Hand t	o Owner/Wksp		0 (5)			
Preferred Wksp / INC Assign Wksp / QW: (ASIA MOTOR	Tel: Fax	:				
TP Particulars: Veh No: S	993195 INC()/Non-INC()					
Owner / Driver: (Tel:)				
Policy No: () Peri	od: ()	Cover Type: ()				
Confirmed by : (Date:	Time:)				
	ote-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-100	1%]				
	arranty: YES () / NO ()					
	0 () / \$2,000 ()						
General Remarks:-	Shirt State of the	Managaran .	N				
() Walk-In Customer: Customer's inform	nation strictly Confidential & Str	rictly NO refer of repairer.					
() Total Loss Case : to e-mail Insurer	The second secon						
Drive-In () / Towed-In (); Invoice:		owing Co. (
	7, 1,0 (),1	owing co. (
Remarks:- (INC horline: 6788 6616)		Date&Time Completed	Done	by			
	urtesy Car ()						
2) QC Check / Post Repair Inspection	()						
3) Upload Resurvey Photo [Repair Cost > \$30	00] ()		_				
Injury:				-			
Date/Time Actions			2				
- Actions	the state of the state of		<u> </u>	27. 35			
			Amt (\$)	Anıt (
NA7908670	Invoice Prep	aration Checklist	1st Bill	Add B			
laimant's Particulars :-	1) AR : Accident I	Reporting (\$30); Assessment (\$100); INC (\$80)					
river/Owner:	3) TF: Towing Fe	e \$40/\$45					
ontact No:	4) FT : Follow-Th 5) FT : Follow-Th	rough Survey \$120 rough Survey (Resurvey) \$30	+				
	For claiming ag 6) TR : Re-inspect	ninst INC Only (wcf 10 Jan 2005) ion \$75	8.00=118203				
maged Portion:	7) N1 : Idae DA +	SMRT Survey \$160	A				
Checked by Warm I Chan	8) NTUC Addition	iii] Services					
Checked by (Engr-In-Charge):	*N5: Courtesy C	Car / Tpt Allowance \$5					
aditors' Comments :-	*N6: Repair Co *N7: Post Repair	to the same of the	the comment of the				
1:	Commence of the Commence of th	ect Excess Coordination \$5					
	9) N12: Idae Mohi	Non INC) against INC \$20 le 30	i				
. 2 / 3;	Invoice dated	i'ee Charged		AT PROD			
	Involve dated		地震市场	CONTRACTOR OF THE PARK			

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.

- 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

ACCIDENT STATEMENT

Date Of Report 18/11/2019 13:16 Date Of Accident 17/11/2019 15:10

Exact Location Of Accident JALAN LINGKARAN DALAM TWDS JB CUSTOM

Country/State of Loss MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJM8429H

Insured/Policyholder

Name Of Registered Owner LEVIN RENTAL PTE. LTD.

Co Reg No 201935555D Email Address NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-88121318

Vehicle Particulars

Manufacturer TOYOTA Model VIOS Exact Purpose for which vehicle was being used at GRAB time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

If No. Please state action to be taken THIRD PARTY PRIVATE HIRE

Vehicle Category Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy YES

Policy Number 5106982642

Cover Note Number

Driver

Name of Driver TEO BOON SEONG

NRIC No S0151328A Date Of Birth 09/10/1952 Occupation OUTDOOR Date Of Driving Pass 19/09/1972

Driving Experience 47 YEARS AND 1 MONTH

Gender

Mobile Number (LOCAL) +65-92332921

Fax Number Contact Number

EMail Address NOEMAIL

Page 1 of 19

BLK 108 BUKIT PURMEI RD Address

#11-117

Postcode 090108

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by NO

ambulance?

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) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

MY VEH WAS STATIONARY AT JALAN LINGKARAN DALAM TWDS JB CUSTOM ON THE EXTREME RIGHT LANE.SUDDENLY VEH B CAME FROM BEHIND AND HIT ONTO MY REAR PORTION OF MY VEH.

NO

NO

NO

Attachment(s)

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

Remarks/ Reasons: HAVEN'T RETRIEVE

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGQ319J

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)

Page 2 of 19

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:
 - (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.

-0.

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

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls	refu	60	the	statem	ent.		
	0						
		~ -					
		7-1117-11-					
					V 1111-1-1-1-1-1		

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:

NRIC/FIN No.:

新山的 923321318

P106/17:1 P106/17:1 S5M S5M SH29 H

JALAN LINGKARAN BALAM.

3197

TWOS 18 CUSTOM

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Company) of LEVIN RENTAL PTE. LTD. (201935555D)

Date: 24/07/2019

The Following Are The Brief Particulars of :

Registration No.

201935555D

Company Name.

LEVIN RENTAL PTE. LTD.

Former Name If any

Incorporation Date.

03/01/2019

Company Type

EXEMPT PRIVATE COMPANY LIMITED BY SHARES

Status

Live Company

Status Date

03/01/2019

Principal Activities

Activities (I)

PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE WITH OPERATOR

AND TRISHAWS) (49219)

Description

Activities (II)

RENTING AND LEASING OF PRIVATE CARS WITHOUT OPERATOR (77101)

Description

Capital

Issued Share Capital Number of Shares * Currency Share Type

(AMOUNT)

10000

SINGAPORE, DOLLARS

* Number of Shares includes number of Treasury Shares

Paid-Up Capital

Number of Shares

Currency

Share Type

ORDINARY

(AMOUNT)

10000

SINGAPORE, DOLLARS

ORDINARY

COMPANY HAS THE FOLLOWING ORDINARY SHARES HELD AS TREASURY SHARES

Number Of Shares

Currency

Authentication No. . T19530357P

Page 1 of 3



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Business Profile (Company) of LEVIN RENTAL PTE. LTD. (201935555D)

Date: 24/07/2019

Registered Office Address

18 KAKI BUKIT ROAD 3

#03-15 ENTREPRENEUR BUSINESS

CENTRE

SINGAPORE (415978)

Date of Address

03/01/2019

Date of Last AGM

Date of Last AR

FYE As At Date of Last AR

Audit Firms

NAME

Charges

Charge No.

Date Registered

Currency

Amount Secured

Chargee(s)

Officers/Authorised Representative(s)

Name

ID

Nationality

Position Held

Date of Appointment

Address

WONG OLKAL

S8335012A

SINGAPORE CITIZEN

ACRA

Source of

Address

03/01/2019

533 JURONG WEST STREET 52

Address

#11-443 SINGAPORE (640533)

Shareholder(s)

Name

WONG OI KAI

ID

Nationality/Place of incorporation/Origin

Director

Source of Address

Address Changed

533 JURONG WEST STREET 52

SINGAPORE (640533)

Ordinary(Number)

S8335012A

SINGAPORE CITIZEN

ACRA

SINGAPORE, DOLLARS

Authentication No. T19530357P

Page 2 of 3



WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Company) of LEVIN RENTAL PTE. LTD. (201935555D)

Date: 24/07/2019

Abbreviation

UL - Local Entity not registered with ACRA

UF - Foreign Entity not registered with ACRA

AR - Annual Return

AGM - Annual General Meeting

FS - Financial Statements

FYE - Financial Year End

OSCARS - One Stop Change of Address Reporting Service by Immigration & Checkpoint Authority.

Note:

- The information contained in this Business Profile is extracted from lodgements filed by this entity with ACRA.

- The list of officers for this entity is available for online authentication within 30 days from the date of purchase of this Business Profile. Please scan the QR code available on the last page of this profile to access the authentication page. For more information, please visit

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES SINGAPORE

RECEIPT NO.

: ACRA190724136170

DATE

: 24/07/2019

This is computer generated. Hence no signature required.



Authentication No. . T19530357P

Page 3 of 3



Certificate of Insurance

: SJM8429H

: 11 Jan 2019

; 10 Jan 2020

Cover : drivo CLASSIC

: MR053HY9305097798

: LEVIN RENTAL PTE. LTD.

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: 5106982642

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.

- 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: STAR CAPITAL 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

: VV INSURANCE AGENCY PTE. LTD. (00000614878)

Date of Issue

: 11 Jan 2019 17:14 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

Palicy No.						
Certificate No.		Vehicle No.	5JM8429H		GST Re	egistra
Policyholder Name	LEVIN RENTAL PTE, LTD.					
Product Code					Policyh	older
Contact No. (Mobile)	FLEET INNURANCE	Cover Type			Loading	9
Email Address	WH13.13316	Contact No.(Office)			Contac	t No.
KFK	W	Special Remark			eCode	
	No Yes	TCA	- No Yes		eCode l	Reaso
NCD Protection	740	NCD Entitlement(%)			Private	Hire
Accident Details						
Report Date	18/11/3019 18:10	Accident Report Within 24 hrs	Yes		Acciden	it Typ
Date of Accident	17/11/2019	Time of Accident hh:mm	15:10		Country	
Reporting Centre		Drange Force			ICM No.	
Accident Location	JALAN LINGKARAN DALAM TWOS JE-CUSTOM				5053000	
Excess						
Own damage Excess		Additional Excess	0		Windscr	mon i
Unnamed Driver Excess		Outside Singapore OD Excess		2.000.00	. 54 11 14 44 44	een
Third Party Excess		Outside Singapore TP Excess				
Benefits		In a second contract of the second contract of the second contract of				
GST Registered Inform	ation					
GST Registered	No		CET 0			
GST Registration No.				gistration Date tus Verified		
Modification History	18/11/2019 18 12:13 Syste	m changed GST Status Venfied from No		tus vernieu		Yes
		The second secon				
Policyholder Mailing Ad	dress					
Address 1	LE KAKI BEKIT ROAD 3	Address 2	477 17 18 18 19 19	eraceron for an ac-	\$25000	100
Address 4		Address Type	#03-15 ENTREPS		Address	
Unit No.	03-15	Related Policy Number	Singapore addres	15	Post Cod	ie
OI Driver Info		The state of the s	51073n6886			
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Unnamed driver Name	TEO BOON SEONG	Driver NRIC	5015132RA		100	
Register Date of Driver License	19/09/1972	Driver Age			Driver D	
Contact No.(Mobile)	92332931	Contact No.(Office)	57		Driving 8	
Address 1	BUK 108	Address 2	0		Contact	
Address 4	SINGAPORE UNDION	Address Type	BURIT PURMELS		Address	
Unit No.	#11-117	Address Type	Singapore addres	s	Post Cod	le
Does he own a Singapore	Yes No					
Registered car?	165 7 100	Driver Vehicle No.			Driver In	sure
Declaration						
Breathalyser or Blood Test						
Reading?	0 mg	Any injury?	Yes No			
Modification History						
managerouseen kaastisti.						
Claim 001 OD-MX New						
200023						
Claim Type -				OD-MX	 Insured Name 	i,
Contact No.(Mobile)					Contact	
10 x					No, (Home)	
Email Address					01	420
					Vehicle Number	5
Claim Description				SJM8429H / SXGQ3193 (ON 17 Nov 2010	
Preferred				23/10/23/17 0/10/23/33/	DN 17 NOV 2019	
Workshop Reguine to	Insured Liability Not at Fault					
Finalisation 165	 Repair Preferred Workshop, Nar Option 	me unknown GIA Received	•		(33.9)	
Date Registered				18/11/2019 18:14	Claim	
					Date	
leport Taken By				ROSLINDA	Workshop Repairer	1
					nepairer	
Print AK letter						
			Save Submit			

Attachment

https://giclaim.income.com.sg/gcs/icm/eclaim/claimantSave.do

Aldeo Elst								
Video List		BI_800601(NATIONAL AS: 18 Nov 2010	SESSMENT CENTRE SERVICES) on 18:13	Photos		Normal		
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2	NAC_PAYA_U	BI_800601(NATIONAL AS 18 Nov 2019	SESSMENT CENTRE SERVICES) on 18:13	Photos		Normal		
1.90	NAC_PAYA_U	BI_800601(NATIONAL AS 18 Nov 2019	SESSMENT CENTRE SERVICES) on 18:13	Photos		Normal		
	NAC_PAYA_U	BI_800601(NATIONAL AS 18 Nov 2019	SESSMENT CENTRE SERVICES) on 18:13	Photos		Normal		
1	NAC_PAYA_U	BI_800601(NATIONAL AS 18 Nov 2019	SESSMENT CENTRE SERVICES) on 18:13	Photos		Normal		
No. 10	NAC_PAYA_U	BI_800601{ NATIONAL AS 18 Nov 2019	SESSMENT CENTRE SERVICES) on 18:14	Photos		Normal		
	NAC_PAYA_U	BI_800601(NATIONAL AS 18 Nov 2019	SESSMENT CENTRE SERVICES) on 0 18:14	Photos		Normal		
	NAC_PAYA_U	B1_800601(NATIONAL AS 18 Nov 2015	SESSMENT CENTRE SERVICES) on 9 18:14	Photos		Normal		
	NAC_PAYA_U	BI_800601(NATIONAL AS 18 Nov 2019	SESSMENT CENTRE SERVICES) on 18:14	Photos		Normal		
	NAC_PAYA_U	BI_800601(NATIONAL AS 18 Nov 2015	SESSMENT CENTRE SERVICES) on 18:14	Photos		Normal		
9	NAC_PAYA_U	BI_800601(NATIONAL AS 18 Nov 2015	SESSMENT CENTRE SERVICES) on 18:14	NRIC/ Driving License	٧	Normal		NRIC
1. T	NAC_PAYA_U	BI_800601(NATIONAL AS 18 Nov 2019	SESSMENT CENTRE SERVICES) on 0 18:14	NRIC/ Driving License	Y	Normal		NRIC
Attachment		Uploaded B	y/Date	Category		Urgency		
Attachme	nt List							
hoose File	No file chosen				Clear	Please Select	•	NO
	No file chosen				Clear	Please Select	Ψ.	NO
hoose File	No file chosen				Clear	Please Select	٠	NO
	No file chosen				Clear	Please Select		NO
	No file chosen No file chosen				Clear	Please Select	·	NO NO
Server File	No West Day	P	ath +		DESCRIPTION OF THE PERSON OF T	Category *	21	C
t Doc. Receive	ed	* Yes No		Upload Date		18/11/2019 00:00		
				Claim No.		001		

https://giclaim.income.com.sg/gcs/icm/eclaim/claimantSave.do