| NATIONAL Assessment Centre | Services. | (well Lantos) . | : MMA 11915 | 8131 | |
|--|--|----------------------------------|---|--|-------------|
| Date in: 3-111/19 15:27 | Jeb description | | Date &Time Complete | |)Ž. |
| 30111111 13.2T | SAS c-filing | | 1 | | |
| MAI (ME 19021133711 | E-mail (within | Shis, AIC 2his) | - E | | |
| 25K 4408 H | I-Motor Clai | | MT/107374400 | 30/11/19 | 16:20 |
| | I-Motor W/C |) (Within: OD 2hu, | | | : |
| (11) * @ ! Reporting Only | I-Photo Uplo | aded | | | |
| | Assessment/St | nvey Report | | | |
| TP Insurer: | | | Owner/Wksu | | - |
| Proform Wksp / INC Assign Wksp / QW: (| Personal Property of the Party | NO. COLUMN SCHOOL STATE | Tol: | Fix: |) |
| TP Particulius: Veh No: S | GA 8428 | J., INC(| .)/Non-INC() | | |
| Owner / Driver: (| | | Tel: |) | |
| Policy No: () Perio | nd: (|) | Cover Type: (|) | |
| Confirmed by : (| 2010 | Date: | Tlma: |) | |
| Insured/Driver Liability: (%) [No | ote-Est. Status (| WO): N: 0-20 | %; P: 21-79%. P: 80 | 0-100%] | |
| Year of Registration: () W | arranty: YES (|)/NO(|) | | |
| Excess: (\$) Loading: \$1,000 |)()/\$2,000 | () | was and the real and | Caldidate liderations | |
| Concollation bases of passing the second | continue of the second | Clear Dynamics | K sztránykánykásta k | 33 (CON . P) | |
| () Walk-In Customer : Gustomor's Inform | nation strictly Co | ntidential & Str | city NO refer of repolit | <u> </u> | |
| () Total Loss Case : to e-mail Insurer | URGENTLY. | | | | |
| Enive-In ()/ Towed-In (); Invoice: | YES()/I | (); To | owing Co: (| CONTRACTOR AND ADDRESS OF THE PARTY OF THE P | - Massacrit |
| uranners vietanė manneraupia anse. | | | Hatter Minneson Hasts | Managh Managh | ý·· |
| The state of the s | ntesy Car (|) | · · · · · · | | |
| 2) QC Check / Post Repair Inspection | (} |)= | | | |
| 3) Upload Resurvey Photo [Repair Cost > \$300 | 00] (|) : : | <u> </u> | | |
| Injury: | | | | | |
| TO STAN AND DESCRIPTION OF THE PROPERTY OF THE | | HATTIME AND SANTAN | | | CANTALLAS |
| DubyE6662 CAEGO STANDARD | Manual and the Control of the Contro | SANTANIA SAN | PANNESS REPORTANTES AND ASSESSED. | A DESTRUCTION OF THE | |
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| | 909013 | lavoige (Fra | arabatelle (Ulife) | | ladipin |
| the contract of the contract o | SANTANIAN PROPERTY | 1) All I Academt | Reporting (530); | (30.00 | |
| Hammung Particulars By 1788 | | 3) TF Towing Pe | | 340/345 | |
| Priver/Owner: | | 4) PT : Pollow-Th | rough Survey (Resurvey) | \$120 \$30 | ******* |
| Contact 150: | | Per glaining at | ainst INC Only twee IV Janta | 003) 373 | |
| anaged Portion: | | 7) NL : Idan DA + | SMRT Survey | 2160 | |
| | | 8) NTUC Addison | AAl Services:- | | |
| C Checked by (Engr-In-Charge): | 1 1 | *N5: Courlesy | Cef / Tpt Allowenge | \$3 \$10 | |
| TO SERVE OF THE CASE AND ASSESSED FOR A SHEET AND ASSESSED ASSESSED AND ASSESSED ASSESSED AND ASSESSED ASSESSED AND ASSESSED ASSESSEDANCE AS | viewanias | *NG: Repair Co *NT: Post Repa | ir Inspection | 325 | |
| arditors Comments); | 是國家的層別的 | TP (NILL) TP | out Expess Coordination (Even HVC) against INC | \$20 | - |
| u.l. | | 9) N12: Idao Mob | le Fee Chory | 30 | MENTAN |
| 2/3: | CONTRACTOR OF THE | Involve dated | Fee Charg | AMARON SAISAN | |

1 . p. 1 1 1 . 70°

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.

- 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 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.

| atoresaid. | A COLD THE OTHER LINE |
|--|---|
| 地域的方面,可是是更多的特別。 | ACCIDENT STATEMENT |
| Date Of Report | 30/11/2019 15:27 |
| Date Of Accident | 29/11/2019 18:40 |
| Exact Location Of Accident | MAXWELL RD TWDS SHENTON WAY |
| Country/State of Loss | SINGAPORE |
| Andrews Theory There are D | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SLK9708H |
| Insured/Policyholder | |
| Name Of Registered Owner | AURORA CAR RENTAL & LEASING SINGAPORE PTE LTD |
| Co Reg No | 201914185K |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-92312226 |
| Vehicle Particulars | |
| Manufacturer | MAZDA |
| Model | MAZDA 3 |
| 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 | 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 | NO |
| Policy Number | 5109971212 |
| Cover Note Number | |
| Driver | |
| Name of Driver | MOHAMAD FAUZI BIN NOOR HALIPAH |
| NRIC No | S8335760F |
| Date Of Birth | 08/11/1983 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 04/11/2009 |
| Driving Experience | 10 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-92312226 |
| Fax Number | |
| | |

NOEMAIL

Address BLK 433A SENGKANG WEST WAY #14-513

Postcode 791433

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHE

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

0

Insurance Company of Driver's Own Vehicle

1

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions DRIZZLING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

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

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged?

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?

YES

If Yes, Please state which Police Station

Police Station Name

MARINA BAY N.P.C

Police Station Address

ROAD: 1 PRINCE EDWARD LINK, POSTCODE: 078872, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT T/20191129/2186.

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 Witness 1

Name PAUL APOSTOLIS

Phone Number 92366314

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

SGA8428J

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Page 2 of 19

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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
- 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
- 8. Consent under the Personal Data Protection Act (PDPA)

) 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)
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
 - (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, involces, 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
- (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 freud detection,
- (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.

UEN: 1914185K

Date & Tim

Oriver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

| ATE OF ACCIDENT | 29 / 11 / 2019 |
|----------------------------------|--|
| TME OF ACCIDENT | 6 40 AM (M) |
| OCATION OF ACCIDENT | maximal mad Towards to grover may |
| exact Purpose use during accide | and the second s |
| | |
| IAME OF OWNER | Aurora car rustal & Leasing Singapere Ple Ho |
| ELP NO | |
| NRIC | OD THIRD PARTY / Reporting Only |
| CLAIM TYPE | |
| PRIVATE HIRE | VES /NO ? |
| NSURANCE CO. | NTUC Incom |
| TYPE OF CAVERAGE | Comprehensive (Third Party) / Third Party Fire & Theft |
| POLICY NO. | 51099712 |
| NAME OF DRIVER | As above / If No: Mahamad Fauzi Bin Neur Halipah |
| VRIC | S 8335740F Any passengers: |
| DATE OF BIRTH | 08 / 11 / 1983 |
| OCCUPATION | Outdoor / Indoor |
| DATE OF DRIVING PASS | 04 / 11 / 3009 |
| GENDER | Male / Female |
| CONTAC NO. | 931 200 Office: Home: |
| ADDRESS | BIK 433A Singkam weet may # 14-513 (C) 791433 |
| DRIVER HAVE ANY OWN Veh | |
| RELATIONSHIP | Employee / If No: |
| WEATHER CONDITION | Clear / Raining / Other: |
| ROAD SURFACE | Dry Wet Other: |
| ANY INJURIES | No / If yes: Who? |
| CONTAC NO. | |
| POLICE REPORT | No / If yes: Where? |
| VEHICLE B NO. | SGA QUOR) Any Passenger: |
| NAME | |
| CONTAC NO. | |
| VEHICLE C NO. | Any Passenger : |
| VEHICLE D NO. | Any Passenger: |
| VEHICLE E NO. | Any Passenger: |
| VEHICLE F NO. | Any Passenger : |
| ANY WITNESS | |
| WITNESS CONTACT NO. | |
| Have you been approach by un | nknown person soliciting (s) / YES / NO |
| offering accident claims assists | ance? YES/NO |
| | |
| | De 144 |
| PARTICULAR WORKSHOP | Sme Motor Pte Ltd 6 Speed Autowerkz Pte Ltd |
| TELP NO | 1 ValsiAultit atte 6 #112=15 |
| CONTACT PERSON | Autobay & kaki bukit #02-05 ARK @ KB, Singapore 417896 Singapore 417883 Tel: 6384 7037 Fax: 6384 7039 |
| EAVNO | Singarore 417883 Email: 6speedautowerkz@gmail.com |

e . .





T/20191129/2186

Police Station Of Origin: Marina Bay N.P.C

70 Marina View SINGAPORE 018962

Tel No: 1800-2229999

1 of 3 Report No. T/20191129/2186

REPORT OF A TRAFFIC ACCIDENT

| Date/Tir 29/11/2 | me Report I 019 21:44 | Made: | Vide Report No.: A/20191129/0110 | Station Diary No.: 36 |
|-------------------------------------|--------------------------|---------------------------|---|------------------------------------|
| Informa | nt's Partic | ulars | | |
| MOHAN HALIPA ID Type | | BIN NOOR | Address: APT BLK 433A SENGKANG SINGAPORE 791433 Contact No.: Home/Office: | WEST WAY #14-513 Mobile: 92312226 |
| National | - | | Email: | WODIIe. 92312226 |
| Sex: Male | Age: 36 | Date of Birth: 08/11/1983 | Type of Informant: Vehicle Owner | |
| Race: Malay | | | Language: | Institution / School Name: |
| Occupation: WAREHOUSE ASSISTANCE | | SISTANCE | Driving Licence Information: Class: | Date of Expiry: |

| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 29/11/2019 18:40 | Type of Location Straight Road | |
|---|--|-----------------------|---|-----------------------------------|--|
| MAXWELL R SHENTON W Driving along Weather: | | s and open up to 4 la | nes road. | Road Speed Limit: | |
| Drizzling Wet | | | | 50 Km/h | |
| | Traffic Flow: Traffic Control: One Way Traffic Light - Working | | | Traffic Volume: Heavy | |
| Traffic Flow: | | | rking | | |

| Details of V | ehicle Invo | lved | | | | |
|--------------|-------------|--------|--------|-------|---------------------|----------------|
| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenge |
| SGA8428J | Car | NISSAN | SUNNY | Gold | Slightly Damaged | 0 |
| SLK9708H | Car | MAZDA | MAZDA3 | Black | Slightly Damaged | 0 |

| Details of Vehicle Insurance | | | | | |
|------------------------------|--|--------------|-----------|-------------|--|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date | |
| SLK9708H | NTUC Income Insurance Co-Operative Limited | | Liicolive | Expiry Date | |





Police Station Of Origin: Marina Bay N.P.C 70 Marina View SINGAPORE 018962 Tel No: 1800-2229999

2 of 3 Report No. T/20191129/2186

CONTINUATION OF REPORT

| Details of Perso | n Involved | | | | | |
|-------------------|--------------------------------|-----|-------------------------------------|-----------|---------------------------------|----------|
| Any Pedestrian II | nvolved: No | | | | | |
| No. of Pedestrian | ns Injured: NIL | | Use of P | edestriar | Cross | ing: NA |
| Driver | | | | | | |
| Name | MOHAMAD FAUZI BIN NOOR HALIPAH | | ID No | | S8335760F | |
| Related Vehicle | SLK9708H (Car) | | | Conta | ct No. | 92312226 |
| Hospital/Clinic | NIL | | Class Drivin Licend Expiry | g | Class: 3 Date of Expiry: NIL | |
| Date Treatment | NIL | | Date Di | scharge | NIL | |
| No. of Days gran | ted Medical Leave | NIL | | of Injury | Slight | |

Brief Details.

On 29/11/2019 at about 1810hrs, I dropped off my girlfriend at tras st for work and left. I was heading towards lavender to meet my friend and was driving along Maxwell rd towards Shenton way and came across a vehicle (SGA8428J) that collided into my vehicle (SLK9708H).

I alighted the vehicle and proceeded to talk to the driver. My intention was to exchange particulars with him. However he tried to drive off and I stopped him. He tried to private settlement with me by handing over SGD\$150/- to me but I refused to accept. The driver then drove off and hit my leg. I called for the police assistance. While waiting for the police, I moved my vehicle aside to prevent congesting the road.

My vehicle (SLK9708H) rear passenger door to the end of the car was scratch and dented due to the accident. The other car (SGA8428J) collided his car from the driver side.

The accident was a head to rear accident, SGA8428J driver front collided with SLK9708H passenger rear door.

I have yet to assess my car but was advised to lodge a police report first and then send my car to the workshop to assess the damage.

I would like to indicate that after the accident, I came straight to the police station to lodge a report. I have yet to see the doc to examine my injuries. I do not feel any pain right now.

I would like to state that I saw the driver and had spoken to him. He refused to stop his vehicle and drove off the vehicle.

There is a witness for my accident where he saw me stopping the car and the car hit my leg. The witness left me his name car and left. I do not have his full particulars.

Name: Paul Apostolis Mobile: 92366314

That is all.





Police Station Of Origin: Marina Bay N.P.C 70 Marina View SINGAPORE 018962 Tel No: 1800-2229999

3 of 3 Report No. T/20191129/2186

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

| Signature Of Officer Recording The Report: | Signature Of Informant: |
|--|-------------------------|
| Sgt 2 NG ZHI MIN, JOEY | A |
| Signature Of Interpreter: | Date/Time: |
| Not applicable | 29/11/2019 21:44 |
| Officer In Charge Of Case: TP / HRT / | Classification Of Case: |
| Contact No.: 65476148 | |
| outhentication Stamp | |
| lian | |
| 101 | |



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: 5109971212

Cover : Third Party

1. Index mark and Registration Number of Vehicle

Chassis Number

SLK9708H

2. Name of Policyholder

: JM68N22A8H0138577

: AURORA CAR RENTAL & LEASING SINGAPORE PTE LTD

Effective Date of Insurance

: 30 May 2019

4. Expiry Date of Insurance

: 29 May 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.

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 | 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

: ALPINE FINANCIAL PTE, LTD. (00000610144)

Date of Issue

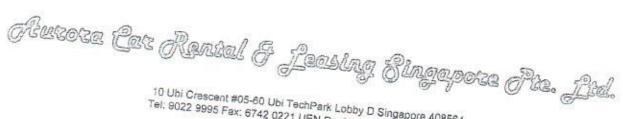
: 30 May 2019 15:15 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



10 Ubi Crescent #05-60 Ubi TechPark Lobby D Singapore 408564 Tel: 9022 9995 Fax: 6742 0221 UEN Registration No.: 201914185K

| DATE: | No.: 201914185K |
|---|--|
| | Vehicle Rental Agreement No : |
| Hirer Particula | Car Rental Agreement |
| Name (as per NRI | 76UF Date of Birth: CS 11 Jac 3 |
| NRIC : _ S 8335 | 76UF Driving Pass Date: 04 W 200 |
| Address: BLK 4 | Date of Birth: |
| Tel Number : | 7 17733 |
| Vehicle Description | Mobile Number: 9 231 222 (|
| Make / Model | |
| Date of Collection | : |
| Time of Collection | 24 12 12 13 14 16 4M |
| Contract Period | |
| Fuel % | Insurance Excess: \$3,000 + \$3,000 (SG) \$3,500 + \$3,500 (Malaysia) |
| | \$3,500 + \$3,500 (Malaysia) |
| Payment | |
| Rental Amount: | |
| Deposit : | (Per Week) Start FromTo |
| Return Of Deposit To Hire | er: |
| every day of late payment, we | ek rental is to be made on every (Hirer Signature & Date) will repossess the vehicles after 5days of default payment. |
| ** Driver are room | Defore 2359 hours and penalty of SGD san and penalty of SGD san and penalty of SGD san are sent to the sent to the same of the |
| sand, pet hair and pet odour sme | oefore 2359 hours and penalty of SGD \$20 will be imposed for the car in the same condition (or better) than they received it. Please do not leave any trash, excessive dirt, SING SINGAPORE PTE LTD. |
| AURORA CAR RENTAL A | the vehicle. If the vehicle is excessively dirty upon return your |
| AURORA CAR RENTAL & LEAS)BS Current Account: 07 | 2-009680-0. |
| h. | S 2010 LEN: |
| *** | 2019 4185K) 2 |
| rer Signature | |
| | Authorised Staff Signature |

Enquire Vehicle Information Vehicle No.

| Vehicle No.: | 5LK9708H | The state of the s |
|---|--|--|
| Vehicle Details | | A STATE OF THE REAL PROPERTY. |
| Vehicle Type: | Private Hire (Chauffeur) Motor Car | 1.2 Complete and interest and the same of the same |
| Vehicle Attachment 1: | With Sun Roof | |
| Make / Model : | MAZDA / MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT | |
| Primary Colour: | Black | |
| Year of Manufacture : | 2016 | |
| Maximum Laden Weight: | 1835 kg | |
| Unladen Weight: | 1310 kg | |
| No. Of Axles : | 2 | |
| Engine No.: | P520425389 | |
| Chassis No. : | JM6BN22A8H0138577 | |
| Engine Capacity: | 1496 cc | |
| Maximum Power Output: | 88.0 kW (118 bhp) | |
| IU Label No. : | 1127290920 | |
| Propellant: | Petrol | |
| Passenger Capacity: | 4 | |
| Original Registration Date: | 09 Feb 2017 | |
| irst Registration Date : | 09 Feb 2017 | |
| Open Market Value : | | |
| Additional Registration Fee Rate : | \$15,985.00 | |
| Actual ARF Paid : | First \$15,985.00 (100%) | |
| PARF Eligibility: | \$10,985,00 | |
| Ainimum PARF Benefit : | Yes | |
| ARF Eligibility Expiry Date : | \$5,492.00 | |
| OE No.: | 08 Feb 2027 | |
| OE Category : | 2017010101001466E | |
| OE Expiry Date : | A - Car up to 1600cc & 97kW (130bhp) | |
| Quota Premium (QP) ; | 08 Feb 2027 | |
| P Paid : | \$48,000,00 | |
| PC Cash Rebate Eligibility : | \$48,000,00 | |
| | No | |
| P during COE Bidding Exercise : O2 Emission: | \$48,000.00 | |
| | 128.00 (g/km) | |
| EV/VES Rebate Utilised Amount: O Emission: | \$5,000.00 | |
| | # | |
| C Emission: | 80 | |
| Ox Emission: M Emission: | 2 | |

Previous

ОК

| Claim Handling Accident MT/1073744 | | | | | 200 18 | | | | |
|--|-------------------------------------|--|------------------|--|---|----------------|--------------|----------------------|-----------|
| Policy No. | 5109971212 | Vehicle No. | SLK9708H | | CET B | | | | |
| Certificate No. | | | | | GS1 No | pistration No. | | | |
| Policyholder Name | AURORA CAR RENTAL & LEASING SINGAPO | ORE PTE LTD | | | Stationals | ider NRTC | 5222 | | |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | Third Party | | Loading | | | 914185K | |
| Contact No.(Mobile) | 92312226 | Contact No.(Office) | 11011000000 | | 88000 | No.(Home) | 0 | | |
| Email Address | | Special Remark | | | eCode | NO AMORNO | 120 | 773 | |
| KFK | « No Yes | TCA | - No Yes | | eCode R | 22237 | No | • | |
| NCD Protection | No | NCD Entitlement(%) | 0 | | Private i | | Yes | | |
| Accident Details | | | | | *************************************** | | res | | |
| Report Date | 30/11/2019 16:14 | Accident Report Within 24 hrs | Ves | | Accident | Turne | r. | | |
| Date of Accident | 29/11/2019 | Time of Accident thomas | 18:40 | | | of Accident | | sion - Chang | pe / Cros |
| Reporting Centre | | Orange Force | | | ICM No. | ar , recovery | 3119 | apore | |
| Accident Location | MAXWELL RO TWDS SHENTON WAY | | | | | | | | |
| ▼ Total Excess Applicable | | | | | | | | | |
| Excess Type | Per Accident | Windscreen Excess | | 0.00 | | | | | |
| OD Standard Excess | 0.00 | TP Standard Excess | | 1,500.00 | | | | | |
| YIED OD Excess | 500.00 | YIED TP Excess | | | 2575-50 | 20000000 | | | |
| Additional Excess | | | | 0.00 | Univer is | Covered? | Cove | red | |
| Total OD Excess Applicable | 500.00 | Total TP Excess Applicable | | 1 600 00 | | | | | |
| | | The state of the s | | 1,500.00 | | | | | |
| ■ GST Registered Informa | tion | | | | | | | | |
| GST Registered | Mb. | | OST as | gistration Date | | | | | |
| GST Registration No. | | | GST Str | atus Verified | | Yes | | | |
| Modification History | 30/11/2019 16:17:07 Sys | item changed GST Status Verified from No | to Yes | *************************************** | | 765 | | | |
| Policyholder Mailing Add | iress | | | | | | | | |
| Address 1 | BLK 79B #29-17 | Address 2 | TOA PAYOH CEN | iTRAL | Address | | Compan | RAL HORIZO | nh: |
| Address 4 | SINGAPORE 312079 | Address Type | Singapore addre | 151 | Post Cedi | | 3120 | | 100 |
| Unit No. | 29-17 | Related Policy Number | 5110029694 | | 1000000 | 2 | 3120 | 7.9 | |
| | | | | | | | | | |
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | | | | | | |
| Unnamed driver Name | MOHAMAD FAUZI BIN NOOR HA | Oriver NRIC | 58335760F | | Driver DC | 6 | 000 | 1/1983 | |
| Register Date of Driver License | 04/11/2009 | Driver Age | 36 | | Driving E | | | 1,1200 | |
| Contact No.(Mobile) | 92312226 | Contact No.(Office) | | | Contact N | | 10 | | |
| Address 1 | BLK 433A #14-513 | Address 2 | SENGKANG WES | YAW T | Address 3 | | CEAN | VALE PALMS | |
| Address 4 | SINGAPORE 791433 | Address Type | Singapore addres | | Post Code | | 79143 | | |
| Unit No. | 14-513 | | | | W. 1. 570 STORY | | 1914 | 3.3 | |
| Does he own a Singapore Registered car? | Yes = No | Driver Vehicle No. | | | Driver Ins | urer Company | | | |
| Declaration | | | | | | | | | |
| Breathalyser or Blood Test Reading? | D mg | Any injury? | Yes a No | | | | | | |
| Sodification History | | | | | | | | | |
| | | | | | | | | | |
| Claim Type * | | | | оо-мх | Insured Name | AURORA CAR RE | NTAL & LEAST | N Insures NRIC | 20191 |
| Contact No.(Mobile) | | | | | Contact | | | Contact | |
| | | | | | Ng. (Hame) | | | (Office) | MIL |
| Email Address | | | | War and the same of the same o | OI Vehicle | 5LK9708H | | TP Vehicle | SGA84 |
| | | | | 7 | Number | | | Number | D. Marier |
| Claim Description | | | | SEK9708H / SGA84283 (| ON 29 Nov 2019 | | | Name of Preferred | 0 |
| Preferred Workshop o | Insured Liability Not at Fau | t * | | | | | | Workshop | 2 |
| Bowket No. Yes | Repair Preferred Workshop, N | came unknown . GIA Garahard | - | • | | | | | |
| Date Registered | Option | report report | | | Claim | | | Date | 22111 |
| Report Taken By | | | | 30/11/2019 16:18 LIEW SHAN HUT | Close | | | Received | 30/11/: |
| - L | | | | ELEVI SHIMI HUJ | | | | | |
| Print AK setter | | | | | | | | | |
| Attachment | | | Save Submit | | | | | | |
| | | | | | | | | | |
| locident No. | APPLICATION NO. | 7-220-01-11-14 | | | | | | | |
| ast Doc, Received | MT/1073744 * Yes No | Claim No. Upload Date | | 001 30/11/2019 16:20 | | | | | |
| | Path * | 11.7300.E.17.3300 8 | | | 92010 | 20200 | 193000000 | | |
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| Choose File No file chosen | | | Clear | Please Select | ▼ NO | Norm | | | |
| Choose File No file chosen | | | Clear | Please Select | * NO | * Norma | al Y | | |
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| Choose File No file chosen | | | Clear | Please Select | T NO | ▼ Norma | al v | | |
| Choose File No file chosen | | | Clear | Please Select | • NO | y Norma | al v | | |
| Choose File No file chosen | | | Clear | Please Select | ▼ NO | * Norma | pi v | | |
| Message Read | | | | | | | | | |
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Claim Handling(accident reporting Claim Task)

| | Uploaded By/Date | Folder Date | ni ni | e Name | | O Source | |
|------------|------------------------------------|--|-----------------------|--------|---------|----------------------------------|--|
| | | | | | | | |
| | NAC_PAYA_UBI_800601(NATIO 30 N | ONAL ASSESSMENT CENTRE SERVICES) 0 Nov. 2019 16:18 | Photos | | Normal | Photos 2019-11-30 | |
| 7 | NAC_PAYA_UBI_800601(NAT) 30 N | ONAL ASSESSMENT CENTRE SERVICES) o Nov 2019 16:18 | Photos | | Normal | Photosi 2019-11-30 | |
| 1 | NAC_PAYA_UB1_800603(NAT) 30 F | ONAL ASSESSMENT CENTRE SERVICES) o Nov 2019 16:18 | Photos | | Normal | Photos 2019-11-30 | |
| | NAC_PAYA_UBI_800601(NAT) | ONAL ASSESSMENT CENTRE SERVICES) o Nov 2019 16:18 | Photos | | Normal | Photos 2019-11-30 | |
| 1 | NAC_PAYA_UB1_800601(NAT) | IDNAL ASSESSMENT CENTRE SERVICES) D Nov 2019 16:18 | Photos | | Normal | Photos 2019-11-30 | |
| | NAC_PAYA_UBI_800603{ NATI 30 I | IONAL ASSESSMENT CENTRE SERVICES) o Nov 2019 16:18 | Photos | | Normal | Photos 2019-11-30 | |
| | NAC_PAYA_UB1_800601(NAT. 30 | IONAL ASSESSMENT CENTRE SERVICES) o Nov 2019 16:19 | Photos | | Normal | Photos 2019-11-30 | |
| | NAC_PAYA_UBI_BODBO3(NAT 30 | IONAL ASSESSMENT CENTRE SERVICES) o Nov 2019 16:19 | Photos | | Normal | Photos 2019-11-30 | |
| | NAC_PAYA_UBI_800601(NAT 30 | TONAL ASSESSMENT CENTRE SERVICES) o Nov 2019 16:19 | Photos | | Normal | Photos 2019-11-30 | |
| | NAC_PAYA_UBI_600601(NAT 30 | TOWAL ASSESSMENT CENTRE SERVICES) o Nov 2019 16:19 | Photos | | Normal | Photos 2019-11-30 | |
| <u>~</u> | NAC_PAYA_UNI_800601(NAT 30 | TONAL ASSESSMENT CENTRE SERVICES) 0 Nov 2019 15:39 | Photos | | Normal | Photos 2019-11-30 | |
| 100 | NAC_PAYA_UBL_800601(NAT 30 | TIONAL ASSESSMENT CENTRE SERVICES) o Nov 2019 16:19 | SAS | | Normal | SAS 2019-11-30 | |
| -2 | NAC_PAYA_UBI_B00601(NAT 30 | TIONAL ASSESSMENT CENTRE SERVICES) o Nov 2019 16:20 | NRIC/ Driving License | Υ | Normal | MRIC/ Driving License 2019-11-30 | |
| Attachment | U | ploaded By/Date | Category | ? | Urgency | Description | |

Display in New Window | Scan and uploading