NATIONAL Assessment Centre Services. puer 1 Jamos MAIN 163461 Done by Date & Time Completed Jeb description Date In: MM9-11:57 Res No: HA INCIG 228972 SAS e-filing E-mail (within Shrs, AIC 2hrs) Veh No: 966937 i-Motor Claim Form M7 1075407-001 D.O.A: 11/12/9-16/50 i-Motor W/O (Within: OD 2hrs, TP 4hrs) ' Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Fax: Preferred Wksp / INC Assign Wksp / QW: ()/Non-INC (INC (Veh No: Sky 422NL TP Particulars:) Tel: Owner / Driver: (Cover Type: (Period: (7 Policy No: (Time: Confirmed by : (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 30-100%] Insured/Driver Liability: (Warranty: YES ()/NO(Year of Registration: (Loading: \$1,000 ()/\$2,000 (Excess: (\$ General Remarks:-) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY.); Invoice: YES () / NO (); Towing Co: (Drive-In ()/ Towed-In (Date&Time Completed Done by Remarks:- (INC hotline: 6788 6616)) / Courtesy Car (1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Anit (S) Amt (1) Invoice Preparation Checklist Add Bill fit Bill HAIGO9744 1) AR : Accident Reporting (\$30); Claimant's Particulars :-DA: Damage Assessment (\$100); INC (\$80) \$40/\$45 3) TF : Towing Fee Driver/Owner: 4) FT : Follow-Through Survey 5) FT : Follow-Through Survey (Resurvey) Contact No: For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection Damaged Portion: 7) N1 : Idao DA + SMRT Survey 8) NTUC Additional Services .-QC Checked by (Engr-In-Charge): *N5: Courtesy Car / Tpt Allowance \$5 510 *N6: Repair Co-ordination \$25 *N7: Fost Repair Inspection Auditors! Comments :-*N8: DV / Collect Excess Coordination \$5 520 TP (N11): TP (Non INC) against INC Cat. 1: 9) N12: Idne Mobile Fee Charged Invoice dated 2at 2/3; 编出的 Fee Charged Invoice dated

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number Fax Number

Contact Number

EMail Address

- 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.
- 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

美国人民共和国的	ACCIDENT STATEMENT
Date Of Report	12/12/2019 11:37
	11/12/2019 16:50
Exact Location Of Accident	SCOTTS RD
Country/State of Loss	SINGAPORE
DI	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLL843D
Insured/Policyholder	
Name Of Registered Owner	JEN LEASING
Co Reg No	53355803D
- T	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	SSANGYONG
Model	TIVOLI XLV 1.6G 6AT 2WD ABS E4 SR
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088974408-02
Cover Note Number	
Driver	
Name of Driver	LIAW THIAM HUAT (LIAO TIANFA)
NRIC No	S7311041F
Date Of Birth	27/03/1973
Occupation	OUTDOOR
Date Of Driving Pass	03/02/1995
	CALLED AND AS MONTHS
Driving Experience	24 YEARS AND 10 MONTHS

(LOCAL) +65-88088340

OFFICE-88088340

NOEMAIL

BLK 327B SUMANG WALK Address

#18-922

822327 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 - CHANGE/CROSS LANE Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

3

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

Passenger 1

NAME: ! -

> : FEMALE GENDER:

Passenger 2 NAME:

> GENDER: : FEMALE

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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

NO

NO

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKG4772L

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

KWOK CHONG SEE Name of Driver

NRIC/Passport Number

98396607 Contact Number

Address

Postcode

Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME:

GENDER:

SKETCH PLAN

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.
- 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.

(S V 3 S

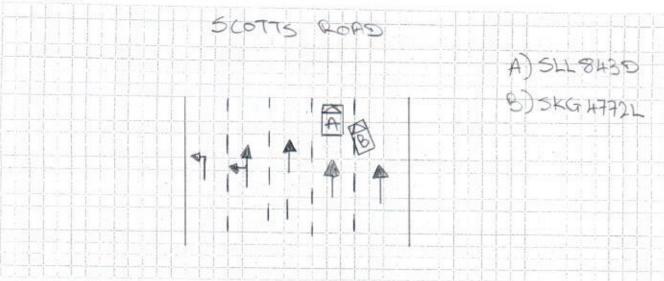
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

T	WAS	TR	AVEL	Dan	AL	ONG	Sco	STTS	POAD	Go	DING	STRAIGHT
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DECLARATION

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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



HS AUTOMOTIVES PTE LTD

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.
TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotivespl@gmail.com

VEHICLE NO: 51	18430	MAKE/MO	ODEL:	SSANG	YONG	XLV
DATE OF ACCIDENT	U / 12 / 2019	TIME	16	HR 50	MIN	AM(PM)
LOCATION OF ACCIDENT	SC	2770.	BORE			
EXACT PURPOSE USE DU	RING ACCIDENT	, ma	KING			:0
CAR OWNER						
NAME OF CAR OWNER	JEN L	EASIN (ā			
CONTACT NO	-					
NRIC					7	
CLAIM TYPE		OD		THIRD PARTY	REP	ORTING ONLY
INSURANCE COMPANY	NTUC				01.00	
TYPE OF COVERAGE		COMPREH	IENSIVE	THIRD PARTY	THIS	RD PARTY FIRE & THEFT
POLICY NO	5088974409	8-02	_			
ACCIDENT DRIVER		AS ABOVE	Г	IF NOT- KINDL	Y FILL IN BELOV	/
NAME OF DRIVER	LIAW THIA			TIANFA)		
NRIC	573110HF			NO OF PASSENGER	vs 2 F	EMALE
DATE OF BIRTH	27.03.1973			E (9)		
OCCUPATION	DRIVER			OUTDOOR	IND	OOR
DATE OF DRIVING PASS	03/02/1995		- 0			
GENDER			Г	MALE	FEM	ALF
CONTACT NO	88088340					
ADDRESS	BLK 3278 S	DORMUE	WALK	#18-922	5(822	327)
DRIVER OWN ANY VEHIC	NO IF YES- REGISTR	RATION NO				
RELATIONSHIP EMPLOY		inispec Torres				
WEATHER CONDITION	201	/ CLEAR	R	AINING	OTHER:	
ROAD SURFACE	L	DRY	v	VET	OTHER:	
ANY INJURIES		NODIF YES- NA	ME:			
CONTACT NO		122	_			
POLICE REPORT		NO IF YES- LO	CATION:			
VIDEO FOOTAGE		NO/ YES				
3RD PARTY INFO	1 77-					
VEHICLE B NO	SKG4772L			NO OF PASSENGER	/s I F	EMALE
NAME	Company of the State of	CHONG !	SEE			
CONTACT NO	9839660	7				
VEHICLE C NO	-			NO OF PASSENGER	/S	
VEHICLE D NO	-			NO OF PASSENGER	/s	
VEHICLE E NO				NO OF PASSENGER	/S	
VEHICLE F NO				NO OF PASSENGER	/s	
ANY WITNESS						
WITNESS CONTACT NO	92-					



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: 5088974408-02 Cover : drivo PREMIUM

1. Index mark and Registration Number of Vehicle : SLL843D

Chassis Number : KPT36A1VSGP097494

2. Name of Policyholder : JEN LEASING 3. Effective Date of Insurance : 13 Feb 2019

4. Expiry Date of Insurance : 12 Feb 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.

- 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) : \$\$2,000 EXCESS (SECTION 2) : \$\$1,500 WINDSCREEN EXCESS : \$\$100 **ADDITIONAL EXCESS** : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : YES INSURE WITH COE : YES NCD PROTECTION : YES (FREE) TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER : HO POH HWA

NAMED DRIVER (1) : N/A

NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : MOTOR-WAY CREDIT 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)

: SAFE HARBOUR ENSURANCE (00000573456) : 08 Feb 2019 18:20 hrs Date of Issue

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Languag	je - Chai	nge Password	· Log Out
My Desktop	Poli	cy Query									2.5
Notice of Loss	Policy N	Vo.				Date o	f Accident		11/12/2019	16:50	
	Vehicle	No.(For Motor)	SLL843	D		Certific	cate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5088974408- 02		JEN LEASING	53355803D	GPC	drivo PREMIUM	SLL843D	SLL843D	13/02/2019	12/02/2020
					0	Continue					

Policy No.	5088974408-02	Policyholder Name	JEN LEASI	NG	Policyholder NRIC	53355803D		
Certificate								
ddress	BLK 446A #12-304 JALAN KAY	U FERNVALE L	ODGE SINGA	PORE 791446				
roduct	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
olicy	08/02/2019	Effective	13/02/201	9 00:00	Expiry Date	12/02/2020	23:59	
ssue Date Excess Type		Date All Claims Excess			1.252-5,41-25.0			
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100		
Additional Excess	0	OS Premium	0					
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess	
Agent	SAFE HARBOUR ENSURANCE	Agent Tel.	63823203		GST Flag	Y		
Co- insurance Flag Open Policy Info Certificate Info	No							
Market Market	nolder Mailing Address	9.501-120	oteo z			with word on w		
Address 1	BLK 446A #12-304	Addre	100 mm	JALAN KAYU		Address 3 Post Code	FERNVALE LODGE 791446	
Address 4 Unit No.	SINGAPORE 791446 12-304	Relat	ess Type ed Policy	Singapore address 5088974408-02		Post Code	05t Code /91446	
	d Object: SLL843D	Numi	ber					
□ Endors								
Sequer	13/02/2019 00:00	Basic	Information reement		Endorsement		Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that from 13 Feb 2019, the following amendment(s) is/ar made to this policy: 1. The Policy is extended to cover use for hire reward. 2. An excess of \$\$2,000.00 is imposed under Section 1 of this Policy. 3. An excess of \$\$1,500.00 is imposed under Section 2 of this Policy. 4. The Policy does not cover any driver who is below 22 years old with less than 2 years driving experience. In view of this amendment, a refund of \$397.85 (inclusive of GST) will be adjusted against the outstanding premium of \$397.85 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days frothe date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment any of our branches by cash, credit card or NETS.	
		Basic	Information	Entry R	ejected		Thank you for giving us the opportunity to serve you. We confirm that from 18 Feb 2019, the following amendment(s) is/a made to this policy: In view of the amendment, an additional premium of \$784.80 (inclusive of GST) is payable under your police.	

ccident MT/1075403								
olicy No.	5088974408-02	Vehicle No.	SUL843D		GST Registration No	į		
ertificate No.								
alcyholder Name	JEN LEASING				Policyholder NRJC		533558030	
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM		Loeding		0	
contact No. (Mobile)	0	Contact No.(Office)	0		Contact No.(Home).		0	
mail Address		Special Remark)	eCode		- V	
PK	® No ○Yes	TCA	® No ○Yes		eCode Reason			
ICO Protection	Yes	NCO Entitlement(%)	50		Private Hire		Yes	
Accident Details								
eport Date	12/12/2019 11:47	Accident Report Within 24 hrs	Yes		Academt Type		Coltision - Ch	range / Cross lane
tate of Accident	11/12/2019	Time of Accident hh:mm	16:50		Country of Academ		Singapore	
eporting Centre		Orange Force			ICM No.			
coldent Location	SCOTTS RD							
₩ Excess								
Iwn damage Excess	2,000.00	Additional Excess	0		Windscreen Excess		100.00	
Innamed Driver Excess		Outside Singapore OD Excess	2,000.00					
hird Party Excess	1.500.00	Outside Singapore TP Excess	2,500.00					
♥ Benefits		U.A. STATE OF THE	at to control					
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odification History	12/12/2019 11:48:14 Syst	em changed GST Status Venfied from						
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ddress 4	SINGAPORE 791446	Address Type	Singapore address		Post Code		791445	
nit Na.	12-304	Related Policy Number	5088974408-02					
OI Driver Info								
nver Name	Unnamed Driver	Oriver Type	Unnamed Driver					
nnamed driver Name	LIAW THIAM HUAT (LIAD TIANS	Driver NRIC	57311041F		Driver DOB		27/03/1973	
egister Date of Driver License	03/02/1995	Driver Age	46		Driving Experience		24	
ontact No.(Mobile)	88088340	Contact No.(Office)	0		Contact No.(Home)		0	
ddress 1	BLX 3276	Address 2	SUMANG WALK		Address 3		PUNGGOL VUE 822327	
			10.00					
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iddress 4	SINGAPORE 822327	Address Type	Singapore address		Post Code		377.55550	
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		Address Type Driver Vehicle No.	singapore address		Post Code Driver Insurer Comp	ramy	3775773	
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