VATIONAL Assessment Centre		1 Jan'03) .	: MMA 4191	00,00		
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001. 21/12/19 09:55.	1-Motor W/O (W			- Calpanes		:
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TP insurer:	Ass't Report by P	nx/Hand to	Owner/Wksp			MILTON
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	56 1752.0.	INC ()/Non-INC()		
Owner / Driver: (367 173 2.0		Tcl:	·)	
	iod: (.)	Cover Type: ()	
Confirmed by : (Dates,	Times)	
	Note-Est Status (WC): N: 0-20	%; P: 21-79%.	P: 80-100%]		
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3) Upload Resurvey Photo [Repair Cost>\$	3000] ()	<u></u>	J			-
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Date Pipe Action International Action river/Owner: ontact No: arnaged Portion:		2) DA : Demag 3) TP: Towing 4) PT: Follow- For claiming 6) TR: Re-lary 7) NI: Idea D. 1) NTUC Addi OD! NS: Courte NG: Repair NG: Repair NG: Repair NG: Courte NG: Courte	Fee Through Survey Through Survey (Resurve ateinst INC Only (Waf aseilon 4 + SMRT Survey Honal Sorvices: iy Cer/Tpt Allowanus Co-ardination collect Excess Coordination TP (Non INC) equins IN	\$40/\$43 \$120 \$7) \$30 10 Jin 200) \$75 \$160 \$32 \$60 \$32 \$32	3	Onits dilibil
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SINGAPORE ACCIDENT STATEMENT

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 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.

	ACCIDENT STATEMENT
Date Of Report	23/12/2019 10:35
Date Of Accident	21/12/2019 09:55
Exact Location Of Accident	BUKIT GOMBAK TAXI STAND
Country/State of Loss	SINGAPORE
DESCRIPTION OF THE PROPERTY OF	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJP1902M
Insured/Policyholder	
Name Of Registered Owner	CARCHOPE
Co Reg No	5XXXX915X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66512600
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
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
Fleet Policy	NO
Policy Number	5107303770
Cover Note Number	
Driver	
Name of Driver	QUAH LYE SENG
NRIC No	SXXXX609J
Date Of Birth	14/09/1957
Occupation	OUTDOOR
Date Of Driving Pass	05/02/1979
Driving Experience	40 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88304483
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address

BLK 419 CLEMENTI AVE 1 #12-241

Postcode

120419

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

COLLISION - OPENING DOOR OF VEHICLE

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

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

: UNKNOWN

GENDER:

: FEMALE

Passenger 2

NAME:

: UNKNOWN

GENDER:

: FEMALE

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

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

SG1752U

Vehicle Make/Model/Colour

Details Of Properties Vehicle Category

BUS

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

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

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.

CARCHOPE REG.NO. 53358915X 316 TANGLIN ROAD #02-01 SINGAPORE 247978

Policyholder's Signature

Date & Time:

Driver's Signature

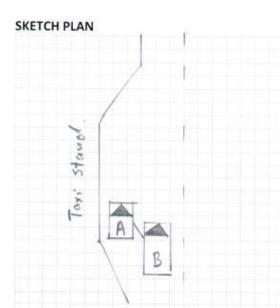
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



A = SJP 1902 M B = 5G 1752 U

Bukit Somboik taxi stand

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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Gour ball	+ " x ;	stand.	When	my	veh :	Stop at	the
tqx:	Stand.	suelden	ly my	pas	Senger	open	the
right	back	door,	causing	О	passby	, bus	hit
onto	my h	ght back	door.				

DECLARATION

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

CARCHOPE

REG.NO. 53358915X

316 TANGLIN ROAD #02-01 SINGAPORE'S 247978° Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

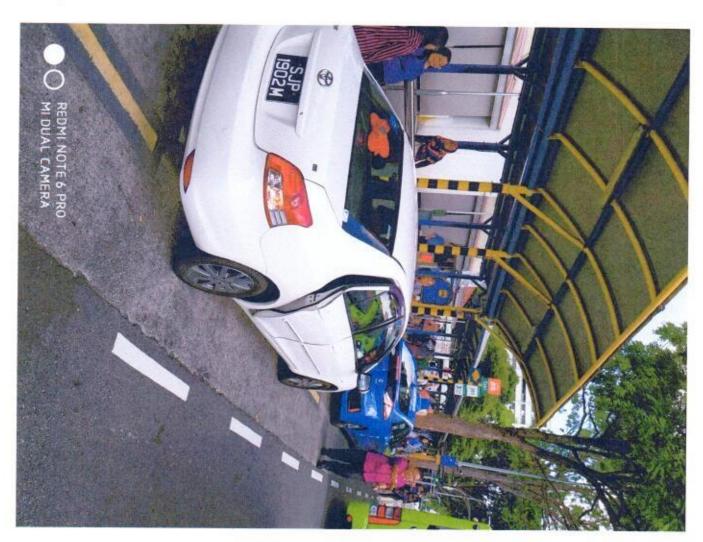
	LOCATION: Bullit Gombak tax:	Storiel.
	1. DETAILS OF VEHICLE	
	a) VEHICLE NUMBER: 5JP 19 02	M
	b) INSURANCE COMPANY: I IM C	
	c)POLICY NUMBER:	
	d)POLICY TYPE: (COMPREHENSIVE / THIRD P	PARTY / THIRD PARTY FIRE & THEET)
	e)MAKE & MODEL:	
	f)TYPE: (SALOON / COUPE / MPV /VAN / LOF	
	g) VEHICLE CATEGORY: (PRIVATE / COMMER	RCIAL / MOTORCYCLE)
	h) PURPOSE OF USING AT ACCIDENT TIME:	
2 F	i) ARE YOU CLAIMING UNDER YOUR OWN IN	
7.1	IF NO, PLEASE STATE (THIRD PARTY CLAIM /	
(3)	2. INSURED / POLICY HOLDER	
2	A)NAME: Carchope	(MALE / FEMALE)
NUMBER OF	b)NRIC/FIN/PASSPORT:	
PASSANGER	c) ADDRESS:	
INCLUDING DELURAL		
Court Delaute	* CONTINUE TO 3.d IF DRIVER ALSO POLICY I	HOLDER
- 100 - 100	3. DRIVER	
		(MALE / FEMALE)
8	b)NRIC/FIN/PASSPORT:	CONTACT: 8830 448
	c)ADDRESS:	
	*d) DATE OF BIRTH: (/) (DD	D/MM/YYYY)
	e)OCCUPATION: (INDOOR / OUTDOOR)	
	FIDATE OF DRIVING PASS :	
	4. WAS DRIVER AN EMPLOYEE OF THE INSU	
	IF NO, RELATIONSHIP OF THE DRIVER W	
	5. a) WEATHER CONDITION: (CLEAR / RAINING	
989	b)ROAD SURFACE: (DRY / WET / OTHERS6. WAS ANYBODY INJURED (YES / NO)	
	7. a) REPORTED TO POLICE (YES / NO)	
	IF YES, PLEASE STATE WHICH POLICE STATIO	NAI:
	8. THIRD PARTY VEHICLE	
()	a) VEHICLE NUMBER: SG 1752 U	MODEL:
N. I.	b) DRIVER'S NAME:	WODEL
	c) NRIC/FIN/PASSPORT:	CONTACT
NUMBER OF	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	CONIACI
PASSAUGIER		
PASSAUGIER	9. THIRD PARTY VEHICLE	MODEL:
PASSANGER NCLUDING DRIVER	9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: 9) DRIVER'S NAME:	
PASSANGER NCLUDING DRIVER	9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: 9) DRIVER'S NAME:	
PASSANGTER NCLUDING DRIVER ()	9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: e) DRIVER'S NAME: f) NRIC/FIN/PASSPORT:	
PASSANGER NCLUDING DRIVER	9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: 9) DRIVER'S NAME:	

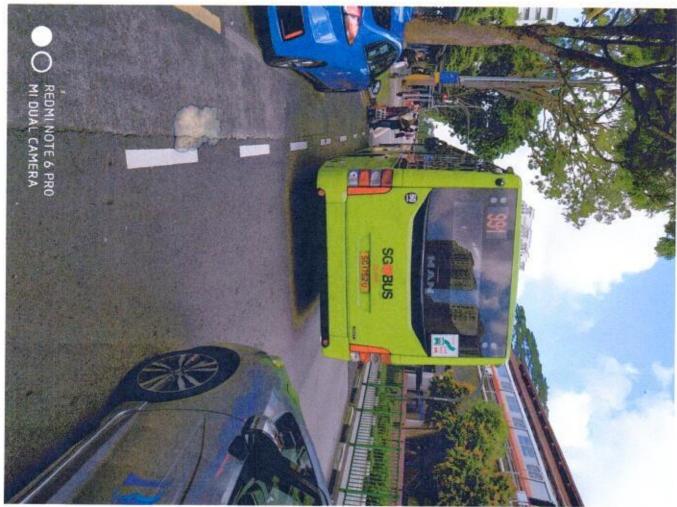
i) EMAIL: John quah 1957 @g mail. com
>) VIDEO: No.



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENS	
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENS	SATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (I	
Certificate Number: 5107303770	Cover : Third Party
 Index mark and Registration Number of Vehicle 	SJP1902IM
Chassis Number	: MR053HY9305103598
2. Name of Policyholder	: CARCHOPE
3. Effective Date of Insurance	30 Jan 2019
Expiry Date of Insurance	29 Jan 2020
5. Persons or Classes of Persons entitled to drive#	
(a) The Policyholder.	
(b) Any other person who is driving on the Policyh	
the Motor Vehicle or has been so permitted an	n accordance with the ilcensing or other laws or regulations to drive and is not disqualified by order of a Court of Law or by reason of any
enactment or regulation in that behalf from dr	lving the Motor Venicle.
Limitations as to Use# (a) Use for social domestic and pleasure purposes	and in connection with the Policyholder's or Hirer's business.
	and in connection with the rollcyholder's or hirer's business.
This Policy does not cover	Control or all Asturated Actions
(a) Use for racing, pace-making, reliability trial or :	
 (b) Use for the carriage of goods (other than samp (c) Use for any purpose in connection with the Mo 	
**************************************	of the Motor Vehicle (Third Party Risks and Compensation)
	fransport Act, 1987 (Malaysia), are not to be included under these
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
	1.140
//We hereby Certify that the Policy to which this Certif	ficate relates is issued in accordance with the provisions of the Motor lapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)
I/We hereby Certify that the Policy to which this Certif Vehicles (Third Party Risks and Compensation) Act (Ch	apter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)
//We hereby Certify that the Policy to which this Certif Vehicles (Third Party Risks and Compensation) Act (Ch Agency : ASSURE PTE, LTD, (0000057284	apter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)
I/We hereby Certify that the Policy to which this Certif Vehicles (Third Party Risks and Compensation) Act (Ch	apter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)
I/We hereby Certify that the Policy to which this Certif Vehicles (Third Party Risks and Compensation) Act (Ch Agency : ASSURE PTE, LTD, (0000057284	apter 189) and Part IV of the Road Transport Act. 1987 (Malaysia)
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//We hereby Certify that the Policy to which this Certif Vehicles (Third Party Risks and Compensation) Act (Ch Agency : ASSURE PTE, LTD, (0000057284	apter 189) and Part IV of the Road Transport Act. 1987 (Malaysia) 2)
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cident MT/1076926							+ E
Sey No.	5107303770	Vehicle No.	SJP1902M		GST Registration No.		
etificate No.		(C. 100 - 100)	0.01002.00		do) regarison ne.		
icyholder Name	CARCHOPE				Policyholder NRJC	53358915X	
duct Code	PRIVATE CAR INSURANCE	Cover Type	Third Party		Looding	0	
rtact No.(Mobile)	66512600	Contact No.(DMce)			Contact No.(Home)		
ail Address		Special Remark			eCode	No *	
		TCA	+ No Yes		eCode Reason		
Accident Details	No	NCD Entitlement(%)	a.		Private Hire	Yes	
ort Date	25112-15014-14-44	Antiday Second Winter 24 hours	NA.		Annual Vision		
e of Accident		Accident Report Within 24 hrs Time of Accident Nh.mm	Ves 09:55		Accident Type Country of Accident	Others Singapore	
orting Centre		Grange Force	92/32		ICH No.	prigapore	
dent Location	BUKIT GOMBAK TAXI STANO						
Total Excess Applicable	Y						
евя Туре	Per Accident	Windscreen Excess		0.00			
Standard Excess	0.00	TP Standard Excess		1,500.00			
D OD Excess	500.00	VIED TP Excess		0.00	Driver is Covered?	Covered	
thonal Excess							
all OD Excess Applicable	500.00	Total TP Excess Applicable		1,500.00			
Benefits							
GST Registered Informa Registered	No.		OST BANK	tration Date			
Registration No.	(100)		GST Statu		Yes		
Mication History	23/12/2019 19:07:50 System chan	ged GST Status Verified from No	to Yes				
Policyholder Hailing Ad		Address 7	200.00		Address 7	empresses a con-	nsi .
iress 1		Address 2 Address Type	#02-01 Singapore address		Address 3 Post Code	51NGAPORE 24797 247978	
ress +		Address Type Related Policy Number	Singapore address 5312691741		Case month	247378	
OI Driver Info							
ver Name	Unnamed Oriver	Oriver Type	Unnamed Driver				
samed driver Name	QUAH LYE SENS	Oriver NRIG	SXXXX6093		Driver DOB	14/09/1957	
ster Date of Driver License		Driver Age	62		Driving Experience	40	
react No.(Mebile)		Contact No.(Office)			Contact No.[Home]	Sanga Sanga Sanga Sanga	
iress 1		Address 2	CLEMENTI AVENUI		Address 3	CASA CLEMENTS	
iress 4 t No.		Address Type	Singapore address	8	Post Cade	120419	
t No. es he own a Singapore gistered car?	12-241 Yes = No	Driver Vehicle No.			Driver Insurer Company		
denation							
sathalyser or Blood Test ading?	0 mg	Any injury?	Yes - No				
Claim 001 New							
sim Type *				OD-MX	* Insured CARCHOPE	Insured NRJC	53356915X
ritact No.(Mobile)					Contact No.	Contact No. (Office)	MIL
					(Homs)	TP	Parties and the same of the sa
nell Address					Vehicle	Vehicle Number	\$617520
aim Description				SJP1902M / SG1752U ON	21 Dec 2019	Name of Proferred	
eferred orkshop	Insured Liability Partially at Fault	- T				Workshap	
orkshop ewart No. Yes relisation Yes	Resair Preferred Workshop, Name u Option	nknown v GIA Received	d ,	25/12/2019 19:08	Claim	Date Received	23/12/2019 00:00
eport Taken By				SHAN HUI	Date		
Print AK letter							
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Attachment							
The second beautiful to the se	ME 100 00 00 00 00 00 00 00 00 00 00 00 00	Claim No.		563			
cident No. st Dac. Received	MT/1076926 • Yes	Upload Date		001 23/12/2019 19:09			
	Path. *		100	Category *	The second secon	ncy *	Description *
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Choose File No file chose			Clear	Please Select	100	-:-	
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Choose File No file chose			Clear	Please Select	T ND T Normal	-	
Choose File No file chose			Clear	Please Select	* NO * Normal		
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Attachment List			9		_		Mag Sent? Arts
Attachment					Description:		Mag Series Acti
The Party of the P	Uploaded By/Date	Category	2700 CO	Urgency			Cities State
1700	BURIT_MERAH_800676; NATIONAL ASSESSMENT CENTRE 5 (BURIT MERAH)) on 23 Dec 2019 19:09	SERVICE MR3C/ Driving Lice	2700 CO	Normal	NR3C/ Criving License 2015	-12-23	Col.
		SERVICE MR3C/ Driving Lice	2700 CO			-12-23	(co)

	Uploaded By/Date	Folder Date	File	Магти	9	Source	Action
Video List							
	NAC_BUKIY_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Dec 2019 19:08		Photos	Normal	Phot	ce 2019-12-23	Edit
3	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Dec 2019 19:08		Photos	Normal	Normal Photo		Edit
2	NAC_BUKIT_MERAH_NO0676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Dec 2019 19:08		Photos	Normal	Phot	06 2019-12-23	Edi
	NAC_BUKIT_MERAH_800676(NA S (SUKIT MERAH)	TIONAL ASSESSMENT CENTRE SERVICE) on 23 Dec 2019 19:08	Photos	Normal	Phot	ps 2019-12-23	Edit
	NAC_BUKIT_MERAH_BDGG76(NA S (BUKIT MERAH)	TIONAL ASSESSMENT CENTRE SERVICE) on 23 Dec 2019 19:08	Photos	Normal		oe 5019-13-53	Edi
1	NAC_BUKIT_MERAH_800676(NA S (BUKIT MERAH)	TIDNAL ASSESSMENT CENTRE SERVICE) on 23 Dec 2019 19:08	Photos	Normal	Phot	os 2019-12-23	Edit