NATIONAL Assessment Cen	itre Services	We! 1 Jan'05 MN	IA NOODOSTY		1	
Date In: 11/10-16:15	Jeb description	ayana oswisa.	Date &Time Completed	Done	; by	
Ref No: NA INC 2000007414	SAS e-filing		İ			
Veh No: SV-764X	E-mail (within S	hrs, AIC 2hrs)				
D.O.A: 30/10/19 - 08/100	i-Motor Clain	Form	100-ch8201/LM	1/1/20 14	643	
OD : (TP)! Reporting Only	i-Motor W/O	(Within: OD 2hrs	s, TP 4hrs)			
OD / IP/. Reporting Only	i-Photo Uploa	ded				
TP Insurer:	Assessment/Sur	vey Report				
	Ass't Report by	Fax / Hand t	o Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Fax:)	
TP Particulars: Veh No: J	syytty.	. INC()/Non-INC()			
Owner / Driver: (2-142,K-1900-0-0-	Tel:)		
Policy No: ()	Period: ()	Cover Type: ()		
Confirmed by : (Date:	Time:)		
Insured/Driver Liability: (%)			0%; P: 21-79%. F: 80-	100%]		
Year of Registration: ()	Warranty: YES ()/NO()			
Excess: (\$) Loading: \$	1,000 ()/\$2,000 (Coloning of Carrier	damento de Constanto	সমূপের ক		
General Remarks;-		The second second				
() Walk-In Customer: Customer's i		fidential & St	rictly NO refer of repairer.	S		
() Total Loss Case : to e-mail Ins	urer URGENTLY.					
Drive-In ()/ Towed-In (); Invo	oice: YES () / No	O();T	owing Co: ()	
Remarks;- (INC hotline: 6788 6616)		Date&Time Completed	Done	by	
The state of the s	/ Courtesy Car ()	200000000000000000000000000000000000000			- 0-1-1	
2) QC Check / Post Repair Inspection	()					
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()					
Injury :				-05195-000		
				CENTRAL PROPERTY.	#11 (PS, 27) 3	
Date/Time Actions				PROBABOLES		
	ON PERM	7/11/05/05				
141		Invoice Pre	paration Checklist	Anit (\$)	Amt (\$) -	
NA 1000 191'		1) AR : Accident	Reporting (\$30);	faBill	- Noti Sili	
laimant's Particulars :-		2) DA : Damage	Assessment (\$100); INC (\$80) 40/ \$ 45		
river/Owner:		3) TF : Towing F 4) FT : Follow-T	hrough Survey	\$120		
ontact No:	(4)	5) FT : Follow-T	hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 200	530	 	
		6) TR : Re-inspec	ction	\$75		
amaged Portion:		7) N1 : Idao DA 8) NTUC Additio		\$160		
C Checked by (Engr-In-Charge):		OD.		- 25		
Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10					
uditors' Comments :-		*N7: Fost Rep		\$25		
. I:	CANAL MAD LACTARDARY	TP (N11): TP	(N::n INC) against INC	\$20		
		9) N12: Idea Mo	bile Fee Charges	30	and or Test	
1 2/3:		Invoice dated	Fee Charge	MANAGEM PROPERTY	i	

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 02/01/2020 16:36

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.

atoresaid.	
SMELT WE WANTED TO THE PARTY OF	ACCIDENT STATEMENT
Date Of Report	02/01/2020 16:25
Date Of Accident	30/12/2019 08:00
Exact Location Of Accident	BLK 334 ANCHORVALE CRESCENT DRIVEWAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLF7636X
Insured/Policyholder	
Name Of Registered Owner	VOULEZ CARS
Co Reg No	5XXXX846X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91449265
Alternative Phone No	OFFICE-91449265
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA AXIO HYBRID 1.5G CVT D/AIRBAG
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	YES
Policy Number	5112801747
Cover Note Number	

n	_2	٠.	_	
D	n	ν	е	r

CHAI FUI PING Name of Driver NRIC No SXXXX999D 02/06/1983 Date Of Birth OUTDOOR Occupation 19/03/2007 Date Of Driving Pass 12 YEARS AND 9 MONTHS Driving Experience

FEMALE Gender

Mobile Number (LOCAL) +65-81185396

Fax Number

OFFICE-81185396 Contact Number

EMail Address NOEMAIL

BLK 309C ANCHORVALE ROAD Address

#14-47

Postcode 543309

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

OTHER - HIRER

2

NO

YES

NO

3

General Information of the Accident

Type Of Accident COLLISION - HEAD ON COLLISION

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? YES

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Passenger 1

NAME:

. .

GENDER:

: MALE

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?

NO

NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT ALONG THE STATED VENUE. SUDDENLY VEHICLE B CAME OUT FROM MULTISTORY CARPARK EXIT AND HIT ONTO MY VEHICLE FRONT RIGHT PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJS4455B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

FADZIL BIN SULTAN

NRIC/Passport Number

SXXXX654H

Contact Number

Page 2 of 15

Address

Postcode

Name

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1
CHAI FUI PING

Approximate Age

imate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLF7636X

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

1

ambulance?

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

Name:

NRIC/FIN No.:

SKETCH PLAN A:SLF7636X B: SJS4455B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

the parties of the state of the second state o	SE TORE CHEMICAL SECURE	
Refer to statement	a ^y	
		-1000

DECLARATION

I/We declare the foregoing particulars are true in eyery 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.:

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						Change	Languag	c Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									15
Notice of Loss	Policy N	io.	511280	1747		Date o	f Accident	1	30/12/2019 (08:00	
	Vehicle No.(For Motor)		SLF763	SLF7636X		Certificate Number		1			
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5112801747	5112801747- 000016	VOULEZ CARS	53350846X	GFM	drivo CLASSIC	5LF7636X	SLF7636X	25/09/2019	24/09/2020
					(Continue					

Policy No.	5112801747	Policyholder Name	VOULEZ C	ARS	Policyholder	53350846X	
Certificate No.	5112801747-000016	T. Control			NRIC	State and the state of the stat	
Address	BLK 102 #09-908 SIMEI STREE	T 1 SINGAPOR	E 520102				
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	20/09/2019	Effective Date	25/09/201	9 00:00	Salte Till	24/09/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	1500		Windscreen Excess	100	
Additional Excess	0	OS Premium	24468.67				
Outside Singapore OD Excess	1500	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Agent	ANIKA INS BROKERS & CONSUL	Agent Tel.	66729988		GST Flag	Y	
Co-							
nsurance	No						
nsurance Flag Open	No:						
Insurance Flag Open Policy Info Certificate	No						
insurance Flag Open Policy Info Certificate Info	No older Mailing Address						
Insurance Flag Open Policy Info Certificate Info Policyh		Addres	s 2	SIMEI STREET 1	A	ddress 3	SINGAPORE 520102
insurance Flag Open Policy Info Certificate Info Policyh Address 1	older Mailing Address	Addres Addres	EVIOLET I	SIMEI STREET 1 Singapore address		ddress 3 ost Code	SINGAPORE 520102 520102
insurance Flag Open Policy Info Certificate Info	older Mailing Address	100	s Type Policy				11 School and Company of the Party
Insurance Flag Dpen Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address BLK 102 #09-908	Addres. Related	s Type Policy	Singapore address			11 September 2000 September 2000
Insurance Flag Dpen Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	Older Mailing Address BLK 102 #09-908 09-908 5 Object: 5112801747-000016	Addres. Related	s Type Policy	Singapore address			11 September 2000 September 2000
nsurance Flag Dpen Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	00lder Mailing Address BLK 102 #09-908 09-908 0 Object: 5112801747-000016	Addres. Related	s Type Policy	Singapore address	Р	ost Code	520102
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Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5112801747-000016 Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle : SLF7636X

Chassis Number : NKE1657135328
2. Name of Policyholder : VOULEZ CARS
3. Effective Date of Insurance : 25 Sep 2019

4. Expiry Date of Insurance : 24 Sep 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) : \$\$1,500

EXCESS (SECTION 2) : \$\$1,500

WINDSCREEN EXCESS : \$\$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 : TAI THONG LEE TRADING (PRIVATE) LIMITED

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ANIKA INS BROKERS & CONSULTANTS P/L (00000690423)

Date of Issue : 20 Sep 2019 10:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer
Chief Executive

Claim Handling					
Accident MT/1078210					
Policy Na	5112801747	Vehicle No.	SLF7636X	GST Registration No.	
Cartificate No.	5112801747-000016				
Policyholder Name	VOLLEZ CARS			Policyholder NRIC	\$3350846X
Product Code	PLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading	D.
ontact No.(Mobile)	91449265	Correct No. (Office)	o .	Contact No.(Home)	0
mail Address		Special Remark		eCode	11.0
FK	® No ○ Yes	TCA	® No ⊜Yes	eCode Reason	1
CD Protection	No	NCD Entitlement(%)	0		
Accident Details		NCD Endbernent(%)		Private Hire	Yes
epurt Date					
	92/01/2020 16:39	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head on collision
ate of Accident	30/12/2019	Time of Accident hittmm	08:00	Country of Academ	Singapore
eporting Centre		Orange Force		ICM No.	
ccident Location	BUC334 ANCHORVALE CRESCENT DRIVEWAY				
Total Excess Applicable	*				
ковав Туре	Per Accident	Windscreen Excess	100.00		
Standard Excess	1,500.00	TP Standard Excess	1,500.00		
D OD Excess	0.00	VIED TH Excess		Driver is Covered?	
ditional Excess	0				
tal OD Excess Applicable	1500.00	Total TP Excess Applicable			
Benefits					
GST Registered Inform	ation				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Verified	Yes	
Offication History			1000 asstrator (2005)	.586.	
Policyholder Hailing Ad	fdress				
dress 1	BUK 102 #09-908	Address J	SIMEL STREET L	Address 3	GINGARORE
dress 4		Address Type	Singapore address		SINGAPORE \$20102
It No.	09-908			Post Code	\$20102
OI Oriver Info		Related Policy Number	5112801747		
	100 VP 10		70000000000000000000000000000000000000		
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	CHAI FUI PRNG	Dower NRIC	SXXXXXXXXX	Driver DOB	02/06/1983
pater Date of Driver License	19/03/2007	Driver Age	36	Driving Experience	12
ntact No.(Mobile)	41185396	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 309C	Address 2	ANCHORVALE ROAD	Address 3	ANCHORVALE VISTA
dress 4	SINGAPORE \$43309	Address Type	Singapore address	Post Code	
it No.	14-47	COUNTY OF THE PARTY OF THE PART	- September 1	Pust Gode	543309
es he own a Singapore		Carrier State Control			
gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Seretion					
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ading?	0 mg	Any injury?	® Yes ○ No		
dification History					
1.00					
laim 001 New					
m Type +	OD-MX V	Insured Name	MONINEY CARE	Translation and the second	Control of the Contro
hart No.(Mobile)	Taxable Control		VOULEZ CARS	Insured NRIC	53350846x
		Contact No. (Home)	MIL	Contact No.(Office)	
NI Address	for the same of th	Of Vehicle Number	SLF7636X	TP Vehicle Number	5254455B
mant Type Claimant Type •		Type of Benefit *	Please Select		
ment Name *	22	Claimant NRIC *			
mant Address					
m Description	SLP7636X / \$3\$44\$\$8 ON 30 Dec 2019			Name of Preferred Workshop	
erred Workshop Contact		Insured Liability +	Not at Fault		
ure Finelisation				£	
: Registered	Wallet Control of the	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
		Dam Close Date		Date Received	02/01/2020 00:00
ort Taken By	Jackson				
Print AK letter					
		12	early terramon		
		3	Save Submit		
tachment					
tent No.	MT/1078210	Claim No.	001		
Doc. Received	● Yes □ No	Upload Date	02/01/2020 16:43		
	Path •			Confidence	
		Browse	Category *	Confidential Urgeno	
			Linkson propositions	∨ Normal	<u>×</u>
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