| NATIONAL Assessment Ce   | ntre Services            | twel 1 Jamos M                      |  |   |   |
|--|--------------------------|-------------------------------------|--|---|---|
| Date In: 11/12 - 13=7~   | Jeb description          |                                     | Date &Time Completed   | Done  | py.                                     |
| Ref No: 4/14 (2000 0093/24   | SAS e-filing             |                                     | i  |   |   |
| Veh No: 513448936  | E-mail (within           | Shrs, AIC 2hrs)                     |  |   | •                                       |
| D.O.A: 30/14/19-20:00  | i-Motor Clair            | m Form                              | M71078255-001  | 2/1/20 17                                   | 150                                     |
|  | i-Motor W/O              | (Within: OD 2hr                     |  |   |   |
| OD : TP) ! Reporting Only  | i-Photo Uplo             | aded                                |  |   |   |
| Thi  | Assessment/Su            | rvey Report                         |  |   |   |
| TP Insurer:  | Ass't Report b           | y <u>Fax / Hand</u> t               | o Owner/Wksp   |   |   |
| Preferred Wksp / INC Assign Wksp / QW:   | (                        |                                     | Tel:   | Fax:  | )                                       |
| TP Particulars: Veh No:  | SUMGOGZX.                | , INC (                             | )/Non-INC( )   |   | 1982 3 - 2                              |
| Owner / Driver: (  |                          |                                     | Tel:   | )   |   |
| Policy No: ( )   | Period: (                | )                                   | Cover Type: (  | )   |   |
| Confirmed by : (   |                          | Date:                               | Time:  | )   |   |
| Insured/Driver Liability: ( %  | %) [Note-Est Status (V   | VO): N: 0-2                         | 0%; P: 21-79%. P: 80-  | 100%]                                       |   |
| Year of Registration: (  | ) Warranty: YES (        | )/NO(                               | )  |   |   |
| Excess: (\$ ) Loading:   | \$1,000 ( )/\$2,000      | ( )                                 |  |   |   |
| General Remarks;-  |                          |                                     |  |   |   |
| ( ) Walk-In Customer: Customer's   | information strictly Cor | nfidential & St                     | rictly NO refer of repairer.   |   |   |
| ( ) Total Loss Case : to e-mail In   | surer URGENTLY.          | . 1                                 |  |   |   |
| Drive-In ( )/ Towed-in ( ); Inv  | voice: YES ( ) / N       | IO( );T                             | owing Co: (  |   | )                                       |
| Remarks: (INC hotline: 6788 661  | 6)                       |                                     | Date&Time Completed  | Done  | by                                      |
| The state of the s | ) / Courtesy Car (       | )                                   |  | 80-147-1-1-1                                |   |
| 2) QC Check / Post Repair Inspection   | ( )                      | ,                                   | The state of the s |   |   |
| 3) Upload Resurvey Photo [Repair Cost  | > \$3000] (              | )                                   |  |   |   |
|  |                          |                                     |  |   |   |
| Injury:  |                          |                                     | •  | C276 10 10 10 10 10 10 10 10 10 10 10 10 10 | N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Date/Time Actions  |                          | 100                                 |  | WEST OF THE                                 |   |
|  | *                        |                                     |  |   |   |
|  |                          |                                     |  |   |   |
| THE STATE OF THE S |                          |                                     |  |   |   |
|  |                          |                                     |  |   |   |
|  |                          |                                     |  | Anit (S)                                    | Amt (1)                                 |
| 11A7000 189  | *                        | Invoice Pre                         | paration Checklist   | fst Bill                                    | Add Bill                                |
| laimant's Particulars :-   |                          | 1) AR : Accident                    |  | 580)  | 100                                     |
|  |                          | 3) TF : Towing F                    | ce . S4  | 40/\$45                                     |   |
| river/Owner:   |                          | 4) FT : Follow-T                    | hrough Survey<br>hrough Survey (Resurvey)  | \$120                                       |   |
| ontact No:   |                          | For claiming a                      | eninst INC Only (wef 10 Jan 200  | (5)<br>\$75                                 |   |
| amaged Portion:  |                          | 6) TR : Re-inspe<br>7) N1 : Idao DA |  | \$160                                       |   |
|  | 1                        | 8) NTUC Additi                      |  |   |   |
| C Checked by (Engr-In-Charge):   | ¥.                       | *N5: Courtes)                       | Car / Tpt Allowance  | \$5   |   |
|  |                          | *N6: Repair C                       | o-ordination   | \$10<br>\$25                                |   |
| uditors! Comments :-   |                          |                                     | llect Excess Coordination  | \$5   |   |
| nt. 1:   |                          |                                     | (Non INC) against INC  | 30  |   |
| at. 2 / 3;   |                          | 9) N12: Idea Mo<br>Invoice dated    | Fee Charges  |   | the Jak                                 |
| 11. 213,   |                          | Invoice dated                       | Fee Charges  | SE DA                                       |   |

## 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.
- 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   | 02/01/2020 17:32                       |
| Date Of Accident   | 30/12/2019 22:00                       |
| Exact Location Of Accident   | CTE (SLE) AFTER MOULMEIN RD EXIT       |
| Country/State of Loss  | SINGAPORE                              |
| distribution of the second of the second of                                  | DETAILS OF OWN VEHICLE                 |
| Vehicle Registration Number  | SBG4893C                               |
| Insured/Policyholder   |  |
| Name Of Registered Owner   | L.K AUTO LEASING PTE LTD               |
| Co Reg No  | 2XXXXX694W                             |
| Email Address  | NOEMAIL                                |
| Mobile Phone No  |  |
| Alternative Phone No   | OFFICE-89999999                        |
| Vehicle Particulars  |  |
| Manufacturer   | KIA                                    |
| Model  | CERATO FORTE 1.6SX AT ABS D/AB 2WD 4DR |
| 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  | 5111775364                             |
| Cover Note Number  |  |

| -                     |   | ۰ |    |   |   |   |
|-----------------------|---|---|----|---|---|---|
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| $\boldsymbol{\omega}$ |   | ı | v  | , | ㄷ | 8 |
|                       |   |   |    |   |   |   |

Name of Driver THIRANRAJ S/O RAJA
NRIC No SXXXX282C

 Date Of Birth
 19/11/1998

 Occupation
 OUTDOOR

 Date Of Driving Pass
 18/07/2017

Driving Experience 2 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90298086

Fax Number

Contact Number OFFICE-90298086

EMail Address NOEMAIL

BLK 265 BUKIT BATOK EAST AVENUE 4 Address

#06-393

650265 Postcode

NO Was driver an employee of the Insured's Company

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

CHAIN COLLISION Type Of Accident

CLEAR Weather Conditions Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

YES Was any other material or property damaged?

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

NO 3

Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER:

: FEMALE

Passenger 2

NAME:

GENDER:

: FEMALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191231/7021

Attachment(s)

YES Are accident photos available for attachment? NO Was there any video captured by Car Camera?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Was there any audio recorded?

SGM9093X

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SHF1023B

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

# **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number SLP8016B

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)

2

# **DETAILS OF INJURED PERSON 1**

Name THIRANRAJ S/O RAJA

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SBG4893C

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

### 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
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding 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.
- 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.
- 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 the report being made available aforesaid.
- 8 Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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.

PITTO

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel

ignature

NRIC/FIN No.:

CTE(SLE), after MOUINNEW. Vehicle A: SB9 4893C vehicle B: SGM 9093X venicle c: SHF 10238 vehicle D: SLP 8016B

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

|      | poler   | to Police                  | Report - |   |
|------|---------|----------------------------|----------|---|
|      | - Refer | to refice                  | regult - |   |
|      |         |                            |          |   |
|      |         |                            |          | 200007/01/                              |
|      |         |                            |          |   |
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|      |         |                            |          |   |
|      |         |                            |          |   |

DECLARATION

I/We declare the Could be 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

NRIC/FIN No.1

# ACCIDENT STATEMENT

| ACCIDENT DATE: (30 / 12 / 2019)(DD/MM/YYYY), TIME: ( 12: 00 HHH:MM)                                 |
|---|
| LOCATION: CTECSLE), after Moulmein Exit.  |
| 7. DETAILS OF VEHICLE SBG 4893C   |
| b)INSURANCE COMPANY:NTU C   |
| CIPOLICY NUMBER:  |
| @ MAKE & MODEL: LIA CEVATO , Forte.   |
| FITYPE (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS)                                   |
| g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: WOYE |
| I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)   |
| IF NO, PLEASE STATE (THIRD PARTY CHAIM / REPORTING ONLY)  |
| 2. INSURED / POLICY HOLDER A) NAME: L.K. AUTO LEGISING PTE. LTd. (MALE / FEMALE)                    |
| b) NRIC/FIN/PASSPORT: 201920694W CONTACT:   |
| CIADDRESS: 18 UD Rd 4 #02-11 (408616)   |
| * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  |
| Sala BRIVER   |
|   |
| claddress: 269 BT Bator Fast AVE 4, 400-375   |
| 12 female passinger (d) Date of BIRTH: (19 / 11 / 1991) (DD/MM/YYY)                                 |
| e)OCCUPATION: (INDOOR / OUTDOOR)  |
| 1) YEARS OF DRIVING EXPRERIENCE:  |
| IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:   |
| 5. a) WEATHER CONDITION: YCLEAR / RAINING / OTHERS  |
| 6. WAS ANYBODY INJURED ( ES / NO)   |
| 7. a) REPORTED TO POLICE (YES/ NO)  |
| IF YES, PLEASE STATE WHICH POLICE STATION:  |
| the of passenger a) VEHICLE NUMBER: SAM 9093X MODEL:  |
| male driver adding driver b) DRIVER'S NAME:   |
| Semale passenger 9. THIRD PARTY VEHICLE   |
| WODEL   |
| (Including driver) (I NRIC/FIN/PASSPORT: CONTACT:   |
| (Including driver)   NRIC/FIN/PASSPORT: CONTACT:  |
| SLP80168> male driver   |
| SLP80168> male driver temple passenger  |
| email =   |
| 0   |





1 of 3

Report No. T/20191231/7021

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

## REPORT OF A TRAFFIC ACCIDENT

| Date/Tin<br>31/12/20                     | Date/Time Report Made:<br>11/12/2019 15:50 |                           | Vide Report No.:  | Station Diary No.:         |  |
|--|--|---------------------------|---|----------------------------|--|
| Informa                                  | nt's Partic                                | ulars                     |   |                            |  |
|  | Informant:<br>RAJ S/O R                    |                           | Address:<br>APT BLK 265 BUKIT BATOK EAST AVENUE 4 #06-393<br>SINGAPORE 650265 |                            |  |
| ID Type / ID No.:<br>NRIC NO / S9839282C |  |                           | Contact No.:<br>Home/Office: Mobile: 90298086                                 |                            |  |
| National<br>SINGAP                       | ity:<br>ORE CITIZ                          | EN                        | Email:<br>thirannn1911@gmail.com  |                            |  |
| Sex:<br>Male                             | Age:<br>21                                 | Date of Birth: 19/11/1998 | Type of Informant:<br>Driver  |                            |  |
| Race:<br>Indian                          |  | 3                         | Language:<br>English  | Institution / School Name: |  |
| Occupation:<br>Grab Driver               |  |                           | Driving Licence Information: Class: Date of Expiry:                           |                            |  |

| Type of<br>Accident: | Injury<br>Others | Drink<br>Drive:<br>No              | Date/Time of<br>Accident:<br>30/12/2019 22:00 | Type of Location<br>Straight Road |  |
|----------------------|------------------|------------------------------------|---|-----------------------------------|--|
| CENTRAL EX           | PRESSWAY         | Road Surface:<br>Dry               |   | Road Speed Limit:                 |  |
| Traffic Flow: Traf   |                  | Traffic Control:<br>Not Controlled |   | Traffic Volume:<br>Moderate       |  |
| One Way              |                  |                                    |   |                                   |  |

| Details of Vehicle Involved |      |      |        |       |                      |                 |  |  |  |
|-----------------------------|------|------|--------|-------|----------------------|-----------------|--|--|--|
| Vehicle No.                 | Туре | Make | Model  | Color | Condition            | No of Passenger |  |  |  |
| SBG4893C                    | Car  | KIA  | CERATO |       | Slightly<br>Damaged  | 2               |  |  |  |
| SGM9093X                    | Car  |      |        |       | Seriously<br>Damaged | 1               |  |  |  |
| SHF1023B                    | Car  |      |        |       | Seriously<br>Damaged | 1               |  |  |  |
| SLP8016B                    | Car  |      |        |       | Seriously<br>Damaged | 1               |  |  |  |





2 of 3

Report No. T/20191231/7021

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

### CONTINUATION OF REPORT

| <b>Details of Perso</b> | n Involved                           |            | SES STATE              |                                     |           |                                   |
|-------------------------|--------------------------------------|------------|------------------------|-------------------------------------|-----------|-----------------------------------|
| Any Pedestrian In       | nvolved: No                          |            | (3)                    |                                     |           |                                   |
| No. of Pedestrian       | s Injured: NIL                       | Use of Ped | edestrian Crossing: NA |                                     |           |                                   |
| Driver                  |                                      |            |                        |                                     |           |                                   |
| Name                    | THIRANRAJ S/O RAJA                   |            |                        |                                     |           | S9839282C                         |
| Related Vehicle         | SBG4893C (Car)                       |            |                        | Conta                               | ct No.    | 90298086                          |
| Hospital/Clinic         | KHOO TECK PUAT HOSPITAL              |            |                        | Class<br>Drivin<br>Licent<br>Expiry | g<br>ce & | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment          | 31/12/2019 Date Disc                 |            |                        |                                     | 31/12     | 2/2019                            |
| No. of Days gran        | No. of Days granted Medical Leave 04 |            |                        | Degree of Injury Serious            |           | us                                |

### Brief Details.

ON 30/12/2019 AT ABOUT 22:00HR, I WAS DRIVING MY VEHICLE - SBG4893C, ALONG CTE(SLE) WITH 2 FEMALE PASSENGERS IN MY VEHICLE. AS THERE WAS AN ACCIDENT AHEAD, FRONT VEHICLE CAME TO A STOP. I IMMEDIATELY BRAKE AS WELL. ALMOST IMMEDIATELY, I FELT AN IMPACT ON MY STATIONARY VEHICLE'S REAR PORTION. AND SHORTLY FOLLOWED BY A SECOND IMPACT. I THEN REALISED THAT I WAS INVOLVED IN A CHAIN COLLISION OF 4 VEHICLES.

1ST VEHICLE - SBG4893C 2ND VEHICLE - SGM9093X 3RD VEHICLE - SHF1023B 4TH VEHICLE - SLP8016B

I THEN SEEK MEDICAL ATTENTION AT KHOO TECK PUAT HOSPITAL AND WAS GIVEN 4DAYS





3 of 3

Report No. T/20191231/7021

# Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

## CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

| Signature Of Officer Recording The Report:<br>Not applicable                        | Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. |
|---|---|
| Signature Of Interpreter:<br>Not applicable   | Date/Time:<br>31/12/2019 15:50  |
| Officer In Charge Of Case:<br>TP / TPHQ /<br>WONG SIEU LUI<br>Contact No.: 65476151 | Classification Of Case:   |

Authentication Stamp

NP168



# 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)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5111775364-000019

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SJT7580Y

Chassis Number

: KNAFU411MA5138046

2. Name of Policyholder

: L.K AUTO LEASING PTE, LTD.

3. Effective Date of Insurance

: 20 Dec 2019

4. Expiry Date of Insurance

: 19 Dec 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 II

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP : NO

HIRE PURCHASE COMPANY : OMEGA 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)

Agency : ASSURE (SINGAPORE) PTE. LTD. (00000615327)

Date of Issue : 13 Aug 2019 08:46 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive



| Policy No.  | 5111775364   | Policyholder<br>Name                    | L.K AUTO                | LEASING PTE, LTD.                | Policyholder<br>NRIC | 201920694W    |                             |
|---|--|---|-------------------------|----------------------------------|----------------------|---------------|-----------------------------|
| Certificate<br>No.  | 5111775364-000015  | 100000000000000000000000000000000000000 |                         |                                  |                      |               |                             |
| Address   | BLK 231 #15-271 SUMANG LAN                               | E SINGAPORE                             | 820231                  |                                  |                      |               |                             |
| Product<br>Name   | FLEET MASTER INSURANCE                                   | Plan                                    |                         |                                  | Group<br>Policy Flag | N             |                             |
| Policy<br>issue Date  | 13/08/2019   | Effective<br>Date                       | 07/08/20                | 19 00:00                         | Expiry Date          | 06/08/2020 23 | 3:59                        |
| Excess<br>Type  | Per Accident   | All Claims<br>Excess                    |                         |                                  |                      |               |                             |
| Third Party<br>Excess   | 1500   | Own<br>damage<br>Excess                 | 2000                    |                                  | Windscreen<br>Excess | 100           |                             |
| Additional<br>Excess  |  | OS<br>Premium                           | 0                       |                                  |                      |               |                             |
| Outside<br>Singapore<br>OD Excess   | 2000   | Outside<br>Singapore<br>TP Excess       | 1500                    |                                  |                      | Young         | /Inexperience Driver Excess |
| Agent   | ASSURE (SINGAPORE) PTE. LTD                              | Agent Tel.                              | 6803875                 | 1                                | GST Flag             | Y             |                             |
| Co-<br>insurance<br>Flag  | No   |   |                         |                                  |                      |               |                             |
|   |  |   |                         |                                  |                      |               |                             |
|   |  |   |                         |                                  |                      |               |                             |
| Policy Info<br>Certificate  |  |   |                         |                                  |                      |               |                             |
| Policy Info<br>Certificate<br>Info  | older Mailing Address                                    |   |                         |                                  |                      |               |                             |
| Policy Info<br>Certificate<br>Info<br>Policyh                                     | older Mailing Address<br>BLK 231 #15-271                 | Addres                                  | s 2                     | SUMANG LANE                      | ,                    | Address 3     | SINGAPORE 820231            |
| Policy Info Certificate Info Policyh Address 1                                    | 100 mm m                | 150000                                  | s 2<br>s Type           | SUMANG LANE<br>Singapore address |                      | Address 3     | SINGAPORE 820231<br>820231  |
| Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.            | 100 mm m                | Addres                                  | s Type<br>1 Policy      |                                  |                      |               |                             |
| Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.                 | BLK 231 #15-271  | Addres<br>Related<br>Number             | s Type<br>1 Policy      | Singapore address                |                      |               |                             |
| Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.                 | BLK 231 ±15-271<br>15-271<br>d Object: 5111775364-000015 | Addres<br>Related<br>Number             | s Type<br>1 Policy      | Singapore address                |                      |               |                             |
| Policy Info Certificate Info Policyh Address 1 Address 4 Jinit No.                | BLK 231 #15-271<br>15-271<br>d Object: 5111775364-000015 | Addres<br>Related<br>Number             | s Type<br>I Policy<br>r | Singapore address                | f                    |               |                             |
| Policy Info Certificate Info Policyh Address 1 Address 4 Juit No. Insured Sequent | BLK 231 #15-271<br>15-271<br>I Object: 5111775364-000015 | Addres<br>Relate<br>Numbe               | s Type<br>I Policy<br>r | Singapore address<br>5115312658  | f                    | Post Code     | 820231                      |

| Claim Handling                                |  |  |            |   |              |  |                     |
|---|--|--|------------|---|--------------|--|---------------------|
| Accident MT/1078235                           |  |  |            |   |              |  |                     |
| Policy No.                                    | 5111775364   | vehicle No.  | 58G4893    | C .   | GST          | Registration No.   |                     |
| Certificate No.                               | 5111775364-000015  |  |            |   |              |  |                     |
| Policyholder Name Product Code                | L.K. AUTO LEASING PTE. LTD.  | 0.0  |            |   |              | cyhalder NR3C  | 201920694W          |
| Contact No.(Mobile)                           | PLEET MASTER INSURANCE<br>0  | Cover Type Contact No. (Office)  | drivo CLA  | ASSIC   | Load         |  | 0                   |
| Email Address                                 |  | Special Remark   | 0          |   |              | tact No.(Home)   | 0                   |
| KFK   | ® Nu ○ Yes   | TCA:   | ® No ○     | Yes   | eCo          | oe Reason  | 17. 4               |
| NCD Protection                                | No   | NCD Entitlement(%)   | 0          |   |              | ate Hire   | Yes                 |
| <ul> <li>Accident Details</li> </ul>          |  |  |            |   |              |  |                     |
| Report Date                                   | 02/01/2020 17:48   | Accident Report Within 24 hr   | y Yes      |   | Acri         | dent Type  | Chain Collision     |
| Date of Accident                              | 30/12/2019   | Time of Accident hh;mm   | 22:00      |   | Cou          | ntry of Accident   | Singapore           |
| Reporting Centre                              |  | Orange Force   |            |   | JEM          | No.  |                     |
| Accident Location                             | CTE (SLE) AFTER MOULMEIN RD EXIT   |  |            |   |              |  |                     |
| Total Excess Applicable                       |  |  |            |   |              |  |                     |
| Excess Type                                   | Per Accident   | Windscreen Excess  |            | 100.00  |              |  |                     |
| OD Standard Excess                            | 2,000.00   | TP Standard Excess   |            | 1,500.00  |              |  |                     |
| VIED OD Excess                                | 0.00   | YIED TP Excess   |            | 1,500.00  | Detail       | er is Covered?   |                     |
| Additional Excess                             |  | THE PARTY OF THE P |            |   | De 19        | a covereor   |                     |
| Total OD Excess Applicable                    | 2000.00  | Total TP Excess Applicable   |            |   |              |  |                     |
| ♥ Benefits                                    |  |  |            |   |              |  |                     |
| □ GST Registered Inform                       | ation  |  |            |   |              |  |                     |
| GST Registered<br>GST Registration No.        | No   |  |            | T Registration Date   |              |  |                     |
| Modification History                          |  |  | G:         | ST Status Venfied   |              | Yes  |                     |
|   |  |  |            |   |              |  |                     |
| Policyholder Mailing Ad                       | ddress   |  |            |   |              |  |                     |
| Address 1                                     | BLK 231 #15-271  | Address 2  | SUMANG     | LANE  | Addr         | ess 3  | SINGAPORE 820231    |
| Address 4                                     |  | Address Type   | Singapore  | address   | Post         | Code   | 820231              |
| Unit No.                                      | 15-271   | Related Policy Number  | 51153126   | 150   |              |  |                     |
| □ OI Driver Info                              |  |  |            |   |              |  |                     |
| Driver Name                                   | Unnamed Driver   | Driver Type:   | Unnamed    |   |              |  |                     |
| Unnamed driver Name                           | THIRANRAJ S/O RAJA   | Driver NRIC  | SXXXX28    | 2C  |              | er DOB   | 19/11/1998          |
| Register Date of Driver License               |  | Driver Age   | 21         |   |              | ng Experience  | 2                   |
| Contact No.(Mobile)                           | 90298086<br>BLK 265  | Contact No.(Office)  | 0          |   |              | act No.(Home)  | 0                   |
| Address 4                                     | nex 2mg  | Address Type   | Singapore  | TOR EAST AVENUE 4   |              | ess 3  | SINGAPORE 650265    |
| Unit No.                                      | 06-393   | Color data 7 pps   | anyapine   | euuress :   | FORE         | Code   | 650265              |
| Does he own a Singapore                       | O Yes ® No   | Driver Vehicle No.   |            |   | Drive        | er Insurer Company   |                     |
| Registered car?                               | ATT-ASSET-SES A  | MONTH AND RESERVED.  |            |   | (0)/70       | Tradition Confident  |                     |
| Declaration                                   |  |  |            |   |              |  |                     |
| Breathalyser or Blood Test<br>Reading?        | 0 mg   | Any injury?  | @ Yes 🔾    | No  |              |  |                     |
|   |  |  |            |   |              |  |                     |
| Hodification History                          |  |  |            |   |              |  |                     |
| La virga de Marcolo                           |  |  |            |   |              |  |                     |
| Claim 001 New                                 |  |  |            |   |              |  |                     |
|   |  |  |            |   |              |  |                     |
| Claim Type *                                  | OD-MX  | Insured Name   | L.K. AUTO  | LEASONG PTE, LTD.   | Insur        | red NR3C   | 201920694W          |
| Contact No.(Mobile)                           | MIL  | Contact No.(Home)  |            |   | Conta        | ect No.(Office)  |                     |
| Email Address                                 |  | OI Vehicle Number  | SBG48930   | Acres de la companya  | TP Ve        | shicle Number  | 5GM9093x            |
| Claimant Type Claimant Type * Diaimant Name * | The state of the s | Type of Benefit * Claiment NRIC *  | Please Se  | ect v   |              |  |                     |
| Daimant Address                               | 22   | Clement ARIC.  |            |   |              |  |                     |
| Daim Description                              | 58G4893C / SGM9093x CN 30 Dec 2019   |  |            |   | Name         | e of Preferred Workshop  |                     |
| Preferred Workshop Contact                    |  | Insured Liability +  | Not at Fau | it V  | 1 100        | Transition morkshop  |                     |
| legure Finalisation                           | Yes V  | Preferend Repair Option  |            | Workshop, Name unknown  | ♥ GIA n      | enor   | Received            |
| Date Registered                               | 02/01/2020 17:50   | Claim Close Date   | - rational | The same state of the same of | - W.C        | Received   | 02/01/2020 00:00    |
| Report Taken By                               | Secesion   |  |            |   | 5414         | The state of the s | and the second      |
| Print AK letter                               |  |  |            |   |              |  |                     |
|   |  |  |            |   |              |  |                     |
|   |  |  | Save Sub   | omit  |              |  |                     |
| Attachment                                    |  |  |            |   |              |  |                     |
| w.  |  |  |            |   |              |  |                     |
| Acodem No.                                    | MT/1078235   | Claim No.  |            | 001   |              |  |                     |
| ast Doc. Received                             | ® Yes ○ No   | Upload Date  |            | 02/01/2020 17:50  |              |  |                     |
|   | Pach *   | envitamino   |            | Category •  | c            | onfidential Urger  | ncy * Description * |
|   | 2,030,00   | Browse   | Clear      | Please Select   | - Z          | ∨ [Normal  | ■ Description :     |
|   |  | Browse   |            | Please Sciect   | - V          | √ Normal   | -                   |
|   |  | Browse   |            | Please Select   | <b>V</b> [0] | ✓ Normal   | ⊻                   |
|   |  | Browse   |            | Please Select   | - F          | ∨ Normal   | <u> </u>            |
|   |  | Browse   | 1 mention  | Please Select   | V            | ∨ Normal   | <u> </u>            |
|   |  | 610/636  | i income   |   |              | - (Admin)  |                     |

