NATIONAL Assessment Centi	re services.	1 3 a 3) [V]	DALL GOOD ALVE			
Date In: 18/1/70/0.10	Jeb description	ON	Date & Time Comp	leted	Do	ne by
Ref No: Nathanasan happy	SAS e-filing	g	i			
Veh No: SUHyy 877	E-mail (with	ia Shrs, AIC 2hrs)	T T			
D.O.A: 10/1/20 - 11:40	i-Motor Cla		M7/1080679-	202	811/10	1
OD / TP Reporting Only	I-Motor W/	O (Within: OD 2hrs,		00 - 11	01.700	13.01
	i-Photo Upi		1			
TP Insurer:	Assessment/S	Survey Report		-		
The state of the s	Ass't Report	by Fax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax		-
TP Particulars: Veh No: KR	6569L	INC ()/Non-INC()		
Owner / Driver: (Tel:	-)	
Policy No: () Per	riod: ()	Cover Type: (7770
Confirmed by : (Date:	Time:			
Insured/Driver Liability: (%) [1	Note-Est. Status (E CONTRACTOR OF THE PARTY OF TH	%; P: 21-79%. P:	20.100	0/1	Section
	Warranty: YES (20-100	70]	
Excess: (\$) Loading: \$1,00	The second secon	2007/02/2007/03/2007				
General Remarks:	153 Karter San Care Care	· ()				
Drive-In ()/ Towed-In (); Invoice:	YES()/N	NO(); Tov	ving Co: ()
Remarks: (INC hotline: 6788 6616)			ving Co: (Date&Time Complet	id 3	Done) by
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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.
- 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.	
All the later and with the same and the	ACCIDENT STATEMENT
Date Of Report	18/01/2020 10:10
Date Of Accident	17/01/2020 11:40
Exact Location Of Accident	CTE (SLE) BEFORE CLEMENCEAU AVE EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLH4487T
Insured/Policyholder	
Name Of Registered Owner	WATERCOLOURS RENT-A-CAR
Co Reg No	5XXXX234C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA 1.6
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5109312624
Cover Note Number	
Driver	
Name of Balance	ONG LENG KIM AWANG LONG IND

Name of Driver ONG LENG KIM (WANG LONGJIN)
NRIC No SXXXX686H

 NRIC No
 SXXXX686I

 Date Of Birth
 01/09/1979

 Occupation
 OUTDOOR

 Date Of Driving Pass
 29/06/2006

Driving Experience 13 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93633636

Fax Number

Contact Number OFFICE-93633636

EMail Address NOEMAIL

Address

BLK 241 HOUGANG STREET 22

#07-67

Postcode

530241

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

OTHER - HIRER

.

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident

CHAIN 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

4

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

•

NO

YES

NO

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

ambulance?

2

: GRACE

NAME: 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 video captured by Car Car

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Was there any audio recorded?

SKR6569L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

SUASTI DANIEL YOKE KWONG PATANADEJ

NRIC/Passport Number

Contact Number

96926331

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 20

No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJT908H

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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SJC407B

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)

DETAILS OF INJURED PERSON 1

ONG LENG KIM (WANG LONGJIN)

Name

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLH4487T

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name GRACE

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLH4487T

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.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material 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. 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary 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.

Policyholder's Signature Date & Time:

VIRS UEN: 53393234C

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

NRIC/FIN No.:

Reporting Centre Personnel's Signature

SKETCH PLAN Ven A: SLH4487T Veh B: SKR 6569L VehC: SJT 908H Veh D . SJC 407B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (SLH 4487T) traveling along CTE towards SLE on second lane of a 3-lanes, expression Somewhere before Clemenceau Avenue exit, vehicle (SJT908H) ahead slowed down & stopped. As such, I applied brate and stopped completely behind vehicle C. Out of sudden, vehicle B(SKR 6569L) come from rear and collided directly outo the near portion of my vehicle. Due to the impact, my vehicle was surged forward and collided anto the rear portrun of vehicle C. After the accident, I alighted and realised I was involved in a 4 car chain accordent First which D: SJC4078 third behicle A: SLH4487) second vehicle C: SJT908H Fourth vehicle B : SKR 6569L

DECLARATION

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

UEN: 53393234C

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.:

Vehicle No.	SLH448 FT Model/Make Toyota Altic
Date of Accident	17 1 2020
Time of Accident	1140 HRS
Location of Accident	Along CTE twids SLE before Clemenceau Ave Ent
Exact purpose use during accid	
Name of Owner	Watercolours Rent-A-Car
Telephone No.	H/P: Home: Office:
NRIC	53393234C
Address	BLK 61 Ubi Avenue 2 #08-04 S(408898)
Claim type	OD THIRD PARTY REPORTING ONLY
	NTUC
Insurance Company Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5109312624
	La de la Casa Casa
Name of Driver	As Above If No, Ong Llug Cim S7916686H Any Passengers: 1 (F)
NRIC	S7926686H Any Passengers: 1 (F)
Date of birth	THE ACCUMANTAL PROPERTY OF THE
Occupation	Outdoor / Indoor
Driving License Pass Date	29/6/2006
Gender	Male / Female
Contact No.	H/P: 9363 3636 Home: Office:
Address	BLK 241 Hougang Street 22 #07-87 S(53024))
Driver have any own vehicle	No If yes, Reg No.
Relationship	Employee, If no, state Hirtr
Weather condition	Clea Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, (f Yes, Who?
Name And Contact No.	Ong Leng Kim
Name And Contact No.	GRACE 9677 6949
Police Report	No, If Yes, Where?
Vehicle B No.	SKR 6569L Any Passengers:
Name of Driver	Suasti Daniel Yoke Kwong Parsontact No.: 9692 6331
Vehicle C No.	STT908H Any Passengers:
Vehicle D No.	SJ C 407 B Any Passengers:
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact:
Accident Portion	Front & rear portion
Camera Recorder	Yes /(No
Email Address	da 79 ve lag mail. com
PARTICULAR WORKSHOP	N-51 Automotive Pte Ud
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Zi Ting
FAX NO	6741 0510
WORKSHOP EMAIL APDRESS	sales @ n51. com. sg



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: 5109312624

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: SLH4487T

Chassis Number

2. Name of Policyholder

MR053ZEC107103665

3. Effective Date of Insurance

: WATERCOLOURS RENT-A-CAR

: 06 May 2019

4. Expiry Date of Insurance

: 05 May 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.

Limitations as to Use#

(a) Use for social Jamestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cov in

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: \$\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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

: INDEX AGENCY PTE LTD (00000572017)

Date of Issue

: 03 May 2019 17:23 hrs

FOR NEUC INCOME INSURANCE CO-OPERATIVE LIMITED



Authorised Officer

Chief Executive

Countersigned By:

cident MT/1080639					GST Registration A	tia		
icy No.	5109312624	Vehicle No.	SLH4487T	ž.	GST Registration i	Wa.		
rtificate No.								
Ricyholder Name	WATERCOLOURS RENT-A-CAR				Policyholder NRIC		53393234C	
sduct Code	PRIVATE CAR INSURANCE	Cover Type	Third Party		Loading	27	0	
ontact No.(Mobile)	MIL.	Contact No.(Office)			Contact No. (Home	i)		
neil Address		Special Remark	25 757		eCode		11.90	
FK.	® No ○ Yes	TCA:	No ○ Yes	9	eCode Reason			
ID Protection	No	NCD Emittement(%)	ō.	2	Private Hire		Not available	
Accident Details								
port Date	17/01/2020 16:46	Accident Report Within 24 his	Yes	3	Accident Type		Chain Collsio	1
te of Accident	17/01/2020	Time of Accident htt:mm	11:40	3	Country of Accides	m	Singapore	
porting Centre		Orange Force			ICM No.			
cident Location	CTE (SLE) BEFORE MOULMEIN RD EX	Tr Constitution						
Total Excess Applicable								
ess Type	Per Accident	Windspreen Excess	0.00					
Standard Excess	0.00	TP Standard Excess	1,500.00					
D OD Excess		VIED TP Excess			Driver is Covered?		Not Applicable	
ditional Excess	0							
al OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00					
Benefits								
GST Registered Informa	rtion							
Registered	No		GST Registration Date					
Registration No.			GST Status Verified		Yes			
afication History								
Policyholder Mailing Ad								
dress 1	61 UBI AVENUE 2	Address 2	#08-04 AUTOHOBILE MEGAMAF		Address 3		SINGAPORE -	406898
dress 4		Address Type	Singspore address		Post Code			
it No.	05-04	Related Policy Number	5112965317					
OI Driver Info								
ver Name		Driver Type						
named driver Name		Oriver NR3C			Driver DOB			
gater Date of Driver License		Driver Age			Driving Experience	e		
					marie and emberiation			
retracet Mary / Maryle Hart.		Contact No./DMice)				2)		
		Contact No. (Office)			Contact No.(Home	b).		
dress 3		Address 2	Foreign address		Contact No.(Home Address 3	2)		
idress) idress 4			Foreign address		Contact No.(Home	2)		
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