NATIONAL Assessment Ce	ntre Services	wef 1 Jan'05 M	VAI CEUDVIAN		
Date In: 9/20-16:19	Jeb description	n .	Date & Time Completed	Don	ie by
Res No: Ma INCHONOR 63/14	SAS e-filing				
Veh No: 5mg 4686 k	E-mail (within	Shrs, AIC 2hrs)			
D.O.A : 36/2- 17:15	i-Motor Cla	im Form	m) 1087460-001	91420 11	6:31
programme and controls of the control	i-Motor W/6	O (Within: OD 2hr	A DESCRIPTION OF THE PARTY OF T		
OD : TP)' Reporting Only	i-Photo Uple	oaded			
TP Insurer:	Assessment/S	urvey Report			
IF insurer.	Ass't Report	by <u>Fax / Hand</u> (to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(dw-cms-s wy	Tel:	Fax:)
TP Particulars: Veh Nou	nl 49484.	. INC()/Non-INC()	10	
Owner / Driver: (100 - 100 -	Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	6) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-	100%]	14
	Warranty: YES ()/NO()		(0)
	\$1,000 ()/\$2,000	Committee of the Commit		100 m	
General Remarks:			Tall Householder (2019	<u>, i, i, </u>
() Walk-In Customer: Customer's	information strictly Co	nfidential & St	rictly NO refer of repairer.		
() Total Loss Case : to e-mail In	surer URGENTLY.		· · · · · · · · · · · · · · · · · · ·		
Drive-In ()/ Towed-In (); Inv	oice: YES () / I	NO();T	owing Co: ()
Remarks:- (INC hodline: 6788 6610	3.		Date&Time Completed	Don	obv ·
1) Apply for Transport Allowance ()		Salar Lacian	
2) QC Check / Post Repair Inspection)			
3) Upload Resurvey Photo [Repair Cost)			
			y we want		
Injurý:					
Date/Time Actions	44.0		7.7	TEST COLUM	
		(-		Dillo Ville	
•				Crement May 100 100	TENESS C25
Manager	4	Invoice Pre	paration Checklist	Ant (\$) fit Bill	Amt (3)
MM2010TV		1) AR : Accident			
aimant's Particulars :-		2) DA : Damege . 3) TF : Towing F	Assessment (\$100); INC (\$	0/\$45	
river/Owner:		4) FT : Follow-Ti	hrough Survey	\$120	
ontact No:		5) FT : Follow-Ti	hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 200	530	
mond Doubles		6) TR: Re-inspec	The state of the s	\$75	
maged Portion:		7) N1 : Idao DA - 8) NTUC Additio		\$160	
		OD*	nai Services:-		
Checked by (Engr-In-Charge):	1	*NS: Courtesy	Cer / Tpt Allowance	\$5 510	
NACTOR MATERIAL AND ACTION OF THE PARTY.		*N6: Repair Co *N7: Post Repair	nir Inspection	\$25	
uditors' Comments :-			lect Excess Coordination	\$20 \$20	-
.1:	¥2:	TP (N11): TP 9) N12: Idao Mol	(N·n INC) against INC	30	
2/3:		Invoice dated	Fee Charged	MAKERING SPECIAL	动作的了对位
(m) m		Invoice dated	Fee Charged	MA IN	

3 - pot at 1 /200

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.	FOR THE STATE OF T
AND THE STATE OF THE PARTY OF	ACCIDENT STATEMENT
Date Of Report	09/03/2020 16:19
Date Of Accident	07/03/2020 17:15
Exact Location Of Accident	TAMPINES AVE 10 TWDS PASIR RIS
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMA4686K
Insured/Policyholder	
Name Of Registered Owner	AURORA CAR RENTAL & LEASING SINGAPORE PTE LTD
Co Reg No	2XXXXX185K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90672582
Alternative Phone No	OFFICE-90672582
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS 1.6 AUTO
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	YES
Policy Number	5110029694
Cover Note Number	
Driver	
	MOUR WATER BIN MANAGERIA

Name of Driver MOHD YAZID BIN JAMALUDDIN

 NRIC No
 SXXXX380F

 Date Of Birth
 13/12/1965

 Occupation
 OUTDOOR

 Date Of Driving Pass
 03/08/1999

Driving Experience 20 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81023734

Fax Number

Contact Number OFFICE-81023734

EMail Address NOEMAIL

BLK 867A TAMPINES STREET 83 Address

#06-283

521867 Postcode

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 - HEAD TO REAR

Weather Conditions RAINING Road Surface WET

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?

Was any injured conveyed to hospital by

ambulance?

NO

YES

NO

2

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)

NAME:

: +

Passenger 1

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SML4948Y

Vehicle Make/Model/Colour

Was there any audio recorded?

Details Of Properties

Vehicle Category PRIVATE CAR

VALIANT KHONG FONG BING Name of Driver

NRIC/Passport Number

Contact Number 89214258

Address

Postcode

Insurance Company Name

Nature Of Damage

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 5. Any faise 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
- 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
- 8. Consent under the Personal Data Protection Act (PDPA)

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)
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
 - (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
- (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 S Date & Time:

& LEASON

UEN:

's Signature is not the po

Reporting Centre Personnel' Name

NRIC/FIN No.:

Tampines AJE 10 towards	Pasir Pis.
B A D D	A SMA 468 B SML HA
On of 3/20 at around 5 was driving Sm4 4686k all Ave 10 towards PASIT RIS. I was at Stationery moderned light. Suddenty vehicle bang my car from be	ord Tampines e cet the cle sml 4948 hind.
DECLARATION We declare the for the particular are true in every respect. A privaries Signature Reporting the Reporting of the policyholder. WEN: 201914185K	ng Centre Personnel & Signature

EHICLE NO: SMA 46 ATE OF ACCIDENT	07 7 1010	
IME OF ACCIDENT		1 2
OCATION OF ACCIDENT	JAMBIAS AVE TO	towards Pasir Ris.
xact Purpose use during accident		
A LANGUAGO CONTRACTOR DO LO DE LA CONTRACTOR DE LA CONTRA	A Con P . stal	L Leasing s'pore PIL
IAME OF OWNER	AUTOTALAR REMINI	- K certained
ELP NO	906 7230 2	•
RIC	OD / CHIRD PARTY /	Panorting Only
CLAIM TYPE		Reporting Only
RIVATE HIRE	YES NO ?	
NSURANCE CO.	Comprehensive / Taird Party	Third Party Fire & Theft
TYPE OF CAVERAGE	Comprehensive laird rary	200163
POLICY NO.	5110029694-01	W 2
NAME OF DRIVER	As above / If No: MOHO	YAZID BIN JAMALUDDI
NRIC	C1722380F	Any passengers:
DATE OF BIRTH	13/12/1965	, I knale.
OCCUPATION	Cutdoor / Indoor	
DATE OF DRIVING PASS	03/08/1999	
GENDER	Mala / Female	
CONTAC NO.	81023B Office:	Home: St 83#06-283 (52186=
ADDRESS	BIK 867A TAMPINES	5483#06-283 (52186
DRIVER HAVE ANY OWN Vehic	KNO If yes : Reg No:	Marking the second of the seco
RELATIONSHIP	Employee / If No: HIRI	E ,
WEATHER CONDITION		her:
ROAD SURFACE	Dry (Wes / Other:	
ANY INJURIES	No / If yes : Who?	*
CONTAC NO.		
POLICE REPORT	No / If yes : Where? HT	
VEHICLE B NO.	RIMI HOURY	Any Passenger: Ore.
NAME	VALIANT KHON	G. FONG BING.
CONTAC NO.	89214258.	
VEHICLE C NO.		Any Passenger:
VEHICLE D NO.		Any Passenger:
VEHICLE E NO.		Any Passenger:
VEHICLE F NO.		Any Passenger:
ANY WITNESS		
WITNESS CONTACT NO.		
Have you been approach by unl	nown person foliciting (s)/	
offering accident claims assistan	rce?	YES / NO
onering accident claims assistan		
	9.2	
PARTICULAR WORKSHOP	Sme Motor Pte Ltd	6 Speed Autowerkz Pte Ltd
	1 Kald bukit ave 6 #02-15	68 Kaki Bukit Avenue 6
TELP NO	Avtobay @ Jaki bukit	#02-05 ARK @ KB, Singapore 417896 Tel: 6384 7037 Fax: 6384 7039
CONTACT PERSON	Ainganory 417883	Email: 6ageedautowarkz@gmail.com



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: 5110029694-000043

1. Index mark and Registration Number of Vehicle
Chassis Number
2. Name of Policyholder
3. Effective Date of Insurance
Certificate Number: Third Party

SMA4686K

Chassis Number

AURORA CAR RENTAL & LEASING SINGAPORE PTE LTD

19 Jun 2019

Expiry Date of Insurance
 Persons or Classes of Persons entitled to drivell

(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.

: 18 Jun 2020

- 6. Umitations 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)	>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)

Agency : ALPINE FINANCIAL PTE. LTD. (00000610144)

Date of Issue : 30 May 2019 17:37 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Offices

Chief Executive



Policy No.	5110029694	Policyholder Name	AURORA	CAR RENTAL & LEASIN	Policyholder NRIC	201914185K	
Certificate No.	5110029694-000043						
Address	BLK 79B #29-17 TOA PAYOH C	ENTRAL CENTR	AL HORIZO	ON SINGAPORE 312079			
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	30/05/2019	Effective Date	30/05/20	19 00:00	Expiry Date	29/05/2020 23	5:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500			Young,	/Inexperience Driver Excess
Agent	ALPINE FINANCIAL PTE. LTD.	Agent Tel.	65113025	5	GST Flag	Y	
Co- insurance Flag	No						
Open							
Open Policy Info Certificate Info							
Open Policy Info Certificate Info	oolder Mailing Address						
Open Policy Info Certificate Info Policyh	nolder Mailing Address BLK 79B #29-17	Addre	ss 2	TOA PAYOH CENTRA	AL.	Address 3	CENTRAL HORIZON
Open Policy Info Certificate Info		37.77.70	ss 2 ss Type	TOA PAYOH CENTRA Singapore address	100	Address 3	CENTRAL HORIZON 312079
Open Policy Info Certificate Info Policyh Address 1	BLK 79B #29-17	Addre	ss Type		100		THE PARTY OF THE P
Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	BLK 79B #29-17 SINGAPORE 312079	Addre Relate Numb	ss Type	Singapore address	100		THE PARTY OF THE P
Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	BLK 79B #29-17 SINGAPORE 312079 29-17 d Object: 5110029694-00004	Addre Relate Numb	ss Type	Singapore address	100		THE PARTY OF THE P
Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insure	BLK 79B #29-17 SINGAPORE 312079 29-17 d Object: 5110029694-00004 ements	Addre Relate Numb	ss Type od Policy er	Singapore address			THE PARTY OF THE P
Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insure Endors Sequen	BLK 79B #29-17 SINGAPORE 312079 29-17 d Object: 5110029694-00004 ements	Addre Relate Numb	ss Type od Policy er	Singapore address 5110029694		Post Code	312079

ccident HT/1087460					
	6-7-00-2017	Arrent Comment	5/45/59/4008		
kcy No.	5110029694	Vehicle No.	SMA4686K	GST Registration No.	
tificace No.	5110029694-000043				
icyholder Name	AURORA CAR RENTAL & LEASING SINGAPORE	PTE LTD		Policyholder NRIC	201914185K
oduct Code	PLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
ntact No.(Mobile)	90672582	Contact No.(Office)	0	Contact No. (Home)	0
ail Address		Special Remark		eCode	N. V
K	® No ○ Yes	TCA	® No ⊜Yes	eCode Reason	
D Protection	No.	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details	11.0	ACD CHESCHOOL (40)		Pringue rive	100
				COMPANY DE LA CAMPANY	
port Date	09/03/2020 16:29	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
ite of Accident	07/03/2020	Time of Accident hhomm	17:15	Country of Accident	Singapore
porting Centire		Orange Force		JCM No.	
cident Location	TAMPINES AVE 10 TWDS PASIR RIS				
P. Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	0.00		
Standard Excess	0.00	TP Standard Excess	1,500.00		
ED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
ditional Excess	0				
		Total TO Econo Assessment			
tal OD Excess Applicable	0.00	Total TP Excess Applicable			
P Benefits					
GST Registered Informa					
T Registered	No		GST Registration Date	and the same of th	
T Registration No.			GST Status Verified	Yes	
dification History					
Policyholder Mailing Ad		TS USWING	200000000000000000000000000000000000000	S500000024	19.00.00pm-0.000
dress 1	BLK 798 #29-17	Address 2	TOA PAYOH CENTRAL	Adovess 3	CENTRAL HORIZON
ddress 4	SINGAPORE 312079	Address Type	Singapore address	Post Code	312079
VE No.	29-17	Related Policy Number	5110029694		
OI Driver Info					
iver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	MOHD YAZID BIN JAMALUDDIN	Driver NRIC	SXXXX380F	Driver DOB	13/12/1965
gister Date of Driver License	03/08/1999	Driver Age	54	Driving Experience	20
ritact No.(Mobile)	81023734	Contact No.(Office)	0	Consact No.(Home)	0
idress 1	BLK 867A	Address 2	TAMPINES STREET 83	Address 3	TAMPINES VISTA
ureas 1	DLA 907A				CHALLTHED ATO IN
	S. C.				220
	SINGAPORE S21867	Address Type	Singapore address	Post Code	521867
nit No.	SINGAPORE 521867 06-283				521867
nit No. oes he own a Singapore					521867
nit No. oes he own a Singapore	06-283	Address Type		Post Code	\$21867
nit No. oes he own a Singapore egistered car? iclaration	06-283	Address Type		Post Code	\$21867
nt No. ses he own a Singagore gistered car? Claration eathalyser or Blaod Test	06-283	Address Type		Post Code	\$21867
nit No. Des he own a Singapore rigistered car? Claration reathalyser or Blood Test	06-283 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore address	Post Code	\$21867
odress 4 nit No. oes he own a Singapore egistered car? rclaration reathwhiser or Blood Test eading?	06-283 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore address	Post Code	\$21867
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nt No. bes he own a Singapore gistered Car? claration eatholyser or Blood Test asing? claim 001 New	06-283 ○ Yea ® No 0 mg	Address Type Driver Vehicle No. Any Injury?	Singapore address ○ Yes No	Post Code Driver Insurer Company	
nt No. bes he own a Singapore gestered car? claration eathelyser or Blood Test eating? clification History Claim 001 New aim Type * intact No.(Mobile)	06-283 ○ Yea ® No 0 mg	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home)	Singapore address Yes ® No AURORA CAR RENTAL & LEASIN	Post Code Driver Insurer Company Insured NRIC Contact No. (Office)	201914185K NJL
nt No. ses he own a Singapore gistered car? claration eathwayer or Blood Test asting? diffication History Claim 001 New aim Type * intact No.(Mobile) nail Address	06-283 () Yes () No 0 mg	Address Type Driver Vehicle No. Any injury? Insured Name Contact No. (Home) Of Vehicle Number	Singapore address Yes ® No ALRORA CAR RENTAL & LEASIN	Post Code Driver Insurer Company Insured NRIC	201914185K
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