NATIONAL Assessment Centre Services. [WHI 1 Jan 75] MHA POUVIT Done by Date In: 4/5/20 -10:09 Date & Time Completed Jeb description Res No. Hally Crostor SAS e-filing E-mail (within Shrs, AIC 2hrs) Veh No: SMILIWIE i-Motor Claim Form D.O.A: 70 V/2 08:15 M7/1092/124-001 I-Motor W/O (Within: OD 2hrs, TP 4hrs) OD : P ! Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Fax: Preferred Wksp / INC Assign Wksp / QW: ( Veh No: MAIJ 604 )/Non-INC ( TP Particulars: INC ( ) Owner / Driver: ( Tel: ) Policy No: ( Period: ( Cover Type: ( Time: ) Confirmed by : ( Date: %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: \$0-100%] Insured/Driver Liability: ( Warranty: YES ( )/NO( Year of Registration: ( Excess: (\$ Loading: \$1,000 ( )/\$2,000( General Remarks:-) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. ) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ( )/ Towed-In ( ); Invoice: YES ( ); Towing Co: ( Date&Time Completed Remarks:- (INC hotline: 6788 6616) 1) Apply for Transport Allowance ( ) / Courtesy Car ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Amt (3) Anit (S) Invoice Preparation Checklist Add Bill Marson83 1. 1) AR : Accident Reporting (\$30); Claimant's Particulars :-INC (\$80) 2) DA : Damage Assessment (\$100); \$40/\$45 3) TF : Towing Fee Driver/Owner: 4) FT : Follow-Through Survey \$120 \$30 5) FT : Follow-Through Survey (Resurvey) Contact No: For claiming against INC Only (wef 10 Jan 2005) \$75 6) TR: Re-inspection Damaged Portion: 7) N1 : Idao DA + SMRT Survey \$160 8) NTUC Additional Services :-QC Checked by (Engr-In-Charge): \$5 \* NS: Courtesy Car / Tpt Allowance 510 \*N6: Repair Co-ordination \$25 \*N7: Fost Repair Inspection Auditors' Comments :-\*N8: DV / Collect Excess Coordination \$5 \$20 TP (N11): TP (Non INC) against INC Cat. 1: 9) N12: Idao Mobile Fee Charged Involce dated 2at. 2/3: Fee Charged Invalce dated

5 1 por 44 1 10

# 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.
- 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

<b>建筑设置的设备的</b> 。在1965年,1965年,1965年,1965年	ACCIDENT STATEMENT
Date Of Report	04/05/2020 10:09
Date Of Accident	30/04/2020 08:15
Exact Location Of Accident	BLK 148 BISHAN ST 11 CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SML1452E
Insured/Policyholder	
Name Of Registered Owner	FOCUS RENTALS PTE LTD
Co Reg No	2XXXXX450G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98875600
Alternative Phone No	OFFICE-98875600
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE HYBRID 1.5 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	5113975451
Cover Note Number	
Driver	
Name of Driver	TAN CHIN HENG
NRIC No	SXXXX879I

Date Of Birth 12/06/1968 Occupation OUTDOOR Date Of Driving Pass 01/08/1991 Driving Experience

28 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96357620

Fax Number

Contact Number OFFICE-96357620

EMail Address NOEMAIL

BLK 99A LORONG 2 TOA PAYOH Address

#02-33

Postcode 310099

Was driver an employee of the Insured's Company NO

OTHER - HIRER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

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

NO

2

NAME:

: ALICIA LEONG

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SMA1500H

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

JUSTIN PRAGESH CHRISTOPHER

NRIC/Passport Number

Contact Number

96524245

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### 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.
- 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 aforesaid.
- 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)
  - (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

DB9496810 Reg. No.:

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

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	(R 1147)		
	han Street	11	
	han 134001	<u> </u>	
SCRIBE CIRCUMSTANCES OF THE ACCIDENT			
On 30/04/2020 at ground 08:15	land T	- 6	let den . 4 1
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ECLARATION We declare the foregoing particulars are true in every res	nace 1		
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olicyholder's Signature Driver's Signature (If driver is not the		Reporting	g Centre Person el's Signature

GIARMC SketchPlanForm\_73

Date & Time:

2

NRIC/FIN No.:

# Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 30 / 04/ 2020 (dd/mm/yy)	Time of Accident: 08: 15 (24-HR-FORMAT)
Vehicle No.: SML1452E Vehicle Make 8	& Model: H. Shuttle Hybrid
Exact location of Accident: Swhie Car par	-K, Blk 148 Birker Street 22
Policyholder's Name: Tours Revise Policyholder's Name: Tours Revises Policyholder's Name:	MRIC/FIN/REG No.: 201836450G
Driver's Name: Tan Chin Heng	NRIC/FIN/REG No.: _ \$6821879I
Driver's Contact No.: 96357620	Company Contact No: 9887(600
Date of birth: 12/06/1968	
Driver's Address: RIX 99 A Lorons 2 T	on Payor \$102-33, Singapore 310099
Insurance Company: NTUL Income	3
	ype of Coverage: Comprehesive / Third Party / Third Party, Fire & Theft
	ing / Relative / Employee (Hire) or Others specify:
What do you wish to claim? (Please TICK one on	
o Own Insurance / Other Vehicle (The one you	want to claim against )/ o Reporting (For Record Purpose )
Tyce of Accident o Chain Collision o Head To Rear Side Swipe	o Other
Occupation (nature job) o Indoor / Outdoor	*No. of Passengers / Including Driver):
	Gender: Male Female
*Passanger Name: Alicia Leong *Passanger Name:	Gender: Male / Female
Weather condition & Road conditions? (On the	day of accident)
Clear & Dry / o Raining & Wet / o After-Rain &	
Was there any video captured by your car Car of	The state of the s
	son' Name:
	Injured Person in Which Vehicle:
	Police Station:
	ner Party (S) Details:
1. Driver's Name / IC No: Juctor Progreh	Christopher Vehicle No: SMALTOOH
Driver's Contact No: 96524245	Insurance Company :
	Vehicle No:
Driver's Contact No:	
	Insurance Company
*Independent Witness (If Any):	
	Contact No:



# 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: 5113975451-000096

: SML1452E

Cover : Third Party

1. Index mark and Registration Number of Vehicle Chassis Number

: GP72009063

2. Name of Policyholder

: FOCUS RENTALS PTE. LTD.

3. Effective Date of Insurance

: 26 Dec 2019

4. Expiry Date of Insurance

: 25 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

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 : DBS BANK LTD

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

: TIMES INS BROKERS (MOTOR BUSINESS) (00000690643)

Date of Issue

: 21 Dec 2019 15:32 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

TIMES INSURANCE

<b>eBao</b> Tech					Sign					Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						Change	Language	• Chan	ge Password	+ Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.	511397	5113975451			Date of Accident		30/04/2020 08:15		
	Vehicle No.(For Motor)		SML1452E			Certificate Number					
					0	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5113975451	5113975451- 000096	FOCUS RENTALS PTE. LTD.	201836450G	GFM	Third Party	SML1452E	SML1452E	26/12/2019	25/12/2020
				7,007	C	ontinue					

Policy No.	5113975451	Policyholder Name	FOCUS RI	ENTALS PTE. LTD.	Policyholder NRIC	201836450G	
Certificate No.	5113975451-000096						
Address	26 SIN MING LANE #05-114 MI	IDVIEW CITY S	INGAPORE	573971			
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	21/12/2019	Effective Date	26/12/20	19 00:00	Expiry Date	25/12/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0	
Additional Excess	0	OS Premium	117175.3	7			
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
	TIMES INS BROKERS (MOTOR I	Annet Tal	62528888	3	GST Flag	Y	
Agent	TINES INS DROKERS (NOTON)	o Agent Tel.	02320000	•	GST Flag	(3E-5)	
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Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1	No nolder Mailing Address	Addre			CITY		SINGAPORE 573971 573971
Co- insurance Flag Open Policy Info Certificate Info	No nolder Mailing Address	Addre:	ss 2 ss Type od Policy	#05-114 MIDVIEW	CITY	Address 3	
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Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	No nolder Mailing Address 26 SIN MING LANE 03-02 d Object: 5113975451-00009	Addre: Addre: Relate Numb	ss 2 ss Type od Policy	#05-114 MIDVIEW Singapore address	CITY	Address 3	
Co- Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insuree	nolder Mailing Address  26 SIN MING LANE  03-02 d Object: 5113975451-00009	Addre: Addre: Relate Numb	ss 2 ss Type od Policy er	#05-114 MIDVIEW Singapore address	CITY	Address 3	
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insured Endors Sequen	nolder Mailing Address  26 SIN MING LANE  03-02 d Object: 5113975451-00009	Addre: Addre: Relate Numb:	ss 2 ss Type od Policy er	#05-114 MIDVIEW Singapore address 5113975451	CITY	Address 3 Post Code	573971

Claim Handling						
Accident MT/1092124						
Policy No.	5113975451	Vehicle No.	SML145	2E	GST Registration No.	201836450G
Certificate No.	5113975451-000096					
Policyholder Name	FOCUS RENTALS PTE. LTD.				Policyholder NRIC	201836450G
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Pa	rty	Loading	0
Contact No.(Mobile)	98875600	Contact No.(Office)	0		Contact No.(Home)	0
Email Address		Special Remark			eCode	No. V
KFK	® No ○ Yes	TCA	® No ○	)Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0		Private Hire	Yes
Accident Details						
Report Date	04/05/2020 10:23	Accident Report Within 24 h	rrs Yes		Accident Type	Collision - Major Minor Road
Date of Accident	30/04/2020	Time of Accident hh:mm	08:15		Country of Acadent	Singapore
Reporting Centre		Orange Force			ICM No.	
Accident Location	BLK 148 BOSHAN ST 11 CARPARK					
▼ Total Excess Applicable						
Excess Type	Per Accident	Windscreen Excess		0.00		
OD Standard Excess	0.00	TP Standard Excess		1,500,00		
VIED OD Excess	0.00	VIED TP Excess			Driver is Covered?	
Additional Excess	0					
Total OD Excess Applicable	0.00	Total TP Excess Applicable				
♥ Benefits						
♥ GST Registered Informa	ation					
GST Registered	Yes		q	ST Registration Date	01/02/2019	
SST Registration No.	201836450G		G	ST Status Venfied	Yes	
Modification History						
17 Policyholder Hailing Ad						
Address 1	26 SIN MING LANE	Address 2	#05-114	MIDVIEW CITY	Address 3	SINGAPORE 573971
Address 4		Address Type	Singapor	e address	Post Code	573971
une No.	03-02	Related Policy Number	5113975	451		
♥ Of Driver Info						
Driver Name	Unnamed Driver	Driver Type	Unnamed	Driver		
Unnamed driver Name	TAN CHIN HENG	Driver NR3C	SXXXX87	791	Driver DDB	12/06/1968
Register Date of Driver License	01/08/1991	Driver Age	51		Onlying Experience	28
Contact No.(Mobile)	96357620	Contact No. (Office)	0		Contact No.(Home)	0
Address 1	BLK 994	Address 2	LORONG	2 TOA PAYOH	Address 3	SINGAPORE 310099
Address 4		Address Type	Singapon	e address	Post Code	310099
Unit No.	02-33					
Does he own a Singapore Registered car?	O Yes ® No	Driver Vehicle No.			Driver Insurer Company	
and the same of th						
Declaration						
Breathalyser or Blood Test	0 mg	Any injury?	O Yes @	() No		
Reading?						
fodification History						
Claim 001 New						
CHAIN GOT THE						
Daim Type •	00-MX	Insured Name	FOCUS R	ENTALS PTE, LTD.	Insured NRIC	201836450G
Concact No.(Mobile)		Contact No.(Home)			Contact No. (Office)	+
mas Address		O3 Vehicle Number	SML1452	E	TP Vehicle Number	SMA1500H
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please 5	elect 🔻		
Daimant Name •	22	Claiment NRIC *				
Daimant Address			90			
Daim Description	SML1452E / SMA1500H ON 30 Apr 2020				Name of Preferred Workshop	
referred Workshop Contact		Insured Liability *	Not at Fa	suit 🔻		
tequire Finalisation	Ves 🔍	Preferend Repair Option	Preferred	d Workshop, Name unknown	GIA report	Received
Sate Registered	04/05/2020 10:26	Claim Clase Date			Date Received	04/05/2020 00:00
Report Taken By	Jackson		-			-
	Total Control of the					
Print AK letter						
			Save S	ubmit		
Attachment			2300000			
•						
Accident No.	MT/1092124	Claim No.		501		
ast Doc Received	® Yes □ No	Upload Date		04/05/2020 10:28		
	Pach *			Category *	Confidential Urger	ncy * Description *
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	THE RESERVE OF THE PERSON NAMED IN	Brow	Total Control	Please Select	♥ No V Normal	
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