NATIONAL Assessment Centre	Services pur samon	MMA 12008446	}
Date In. 25/6/20 16:10	Jeb description	Date & Time Completed	Done by
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VCD NO SMJ 4672C	E-mail (within this, AIC this		
(10) A 2216120 16:35	I-Motor Claim Form	MT/1095326001	25/6/20 16:5
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TP Insurer:	Ass't Report by Fax / Han	id to Owner/Wksn	
Proform Wksp / NC Assign Wksp / QW: (Tol:	Facx:
TP Particulars: Yeh No: YN	6465 . INC	()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: () Perio	d: () Cover Type: ()
Confirmed by : (Dater	Tlinei)
Insured/Driver Liability: (%) [No	te-Est. Status (WO): N: 0)-20%; P: 21-79%. P: 80-	100%]
Year of Registration; () Wa	rranty: YES ()/NO ()	
Execus: (\$) Londing: \$1,000			
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() Walk-In Customar's Customer's Information			
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Drive-in ()/ Towed-in (); Invoice: Y	/ES()/NO()	Towing Co: ('	.)
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2) QC Check / Post (Cepsir Inspection	.()		
Upload Resurvey Photo [Repair Cost > \$300]	0] () .		
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Privor/Owner:	3) TF : Towin	g Fee . 54 -Through Survey	5120
Contact No:	5) PT : Follow	-Through Survey (Heaurvey)	530
	For claimin	g against ING Only (wor 10 Jan 200) position	\$73
Pamäged Portion:	7) 7-11 : Idao D	A + SMICT Survey	5160
	8) NTUC Add QD.2	Honal Services:-	
C Checked by (Engr-In-Charge):	*NS: Court	nay Car / Tpt Allowanes	53
	· NG: Repai	r Co-redination Repair Inspection	310 323
aditors Comments:	統約名於Jassettal ・NII: DV /	Collect Excess Coordination	55
1.11	TP (N11): 9) N12: Idao I	TP (Non INC) against INC	30
	Involve dated		MANUAL TARK
	Involve dated	Fee Charged	MEGEN

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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.

aforesaid.	
他们是是一个人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的	ACCIDENT STATEMENT
Date Of Report	25/06/2020 16:10
Date Of Accident	22/06/2020 16:35
Exact Location Of Accident	ALONG 421 TAGORE IND AVE STOREY 2
Country/State of Loss	SINGAPORE
BEAUTION OF SERVICE THE PROPERTY OF C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMJ4672C
Insured/Policyholder	
Name Of Registered Owner	SG CAR RENTAL & SALES PTE, LTD.
Co Reg No	2XXXXX693D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92252463
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	ATTRAGE 1.2 CVT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	NO
Policy Number	5109395196-01
Cover Note Number	
Driver	
Name of Driver	WONG SHU MIN CASSANDRA
NRIC No	SXXXX795E
Date Of Birth	25/12/1991
Occupation	OUTDOOR
Date Of Driving Pass	28/01/2011
Driving Experience	9 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92252463
Fax Number	
Control North Con	

NOEMAIL

Address BLK 155 YISHUN ST 11 #12-102

Postcode 760155

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 Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

NO

NO

YES

NO

KENNY

Number of Passengers (Including Driver)

0

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera? NO

Was there any audio recorded?

Phone Number 98334449

Email Address

Name

Details of Witness 1

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YN646S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver LEE KHENG NIEN

NRIC/Passport Number

Contact Number 96169168

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesald.
- 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.

Policyholder's Signature Date & Time:

2

Driver's/signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

(If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No.:

Date & Time



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: 5109395196-01-000007

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SMJ4672C

Chassis Number

: MM8STA13AFH018514

2. Name of Policyholder

: SG CAR RENTAL & SALES PTE, LTD.

3. Effective Date of Insurance

: 08 May 2020

4. Expiry Date of Insurance

: 07 May 2021

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.

: \$\$2,000 EXCESS (SECTION 1) : \$\$1,500 EXCESS (SECTION 2) · S\$100 WINDSCREEN EXCESS : N/A ADDITIONAL EXCESS PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS : NO REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER : N/A : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY

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)

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

Agency

: KHC HOLDINGS PTE LTD (00000613934)

Date of Issue

SUM INSURED

: 05 May 2020 09:31 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

· Enquire Vehicle Information

Enquire Vehicle Information Vehicle No.	
Vehicle No. : Vehicle Details	SMJ4672C
Vehicle Type :	Private Hire (Chauffeur) Motor Car
Vehicle Attachment 1:	No Attachment
Make / Model :	MITSUBISHI / ATTRAGE 1.2 CVT
Primary Colour :	White
Year of Manufacture :	2015
Maximum Laden Weight:	1335 kg
Unladen Weight:	940 kg
No. Of Axles :	2
Engine No. ;	3A92UCT3090
Chassis No.:	MMBSTA13AFH018514
Engine Capacity:	1193 cc
Maximum Power Output:	57.0 kW (76 bhp)
IU Label No. :	1126166552
Propellant:	Petrol
Passenger Capacity:	4
Original Registration Date :	29 Dec 2015
First Registration Date :	29 Dec 2015
Open Market Value :	\$12.640.00
Additional Registration Fee Rate :	First \$12,640.00 (100%)
Actual ARF Paid :	\$5,000.00
PARF Eligibility:	Yes
Minimum PARF Benefit :	\$2,500.00
PARF Eligibility Expiry Date:	28 Dec 2025
COENo.:	20160101010101677R
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Expiry Date :	28 Dec 2025
Quota Premium (QP) :	\$56,989.00
QP Paid:	\$56,989.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise :	\$56,989.00
Private Hire Vehicle Decal No.:	A105093 (Issued on 10 Apr 2019)
CO2 Emission:	113.00 (g/km)
CEV/VES Rebate Utilised Amount:	\$7,640.00
CO Emission:	**
HC Emission:	
NOx Emission:	**
PM Emission:	***

Previous

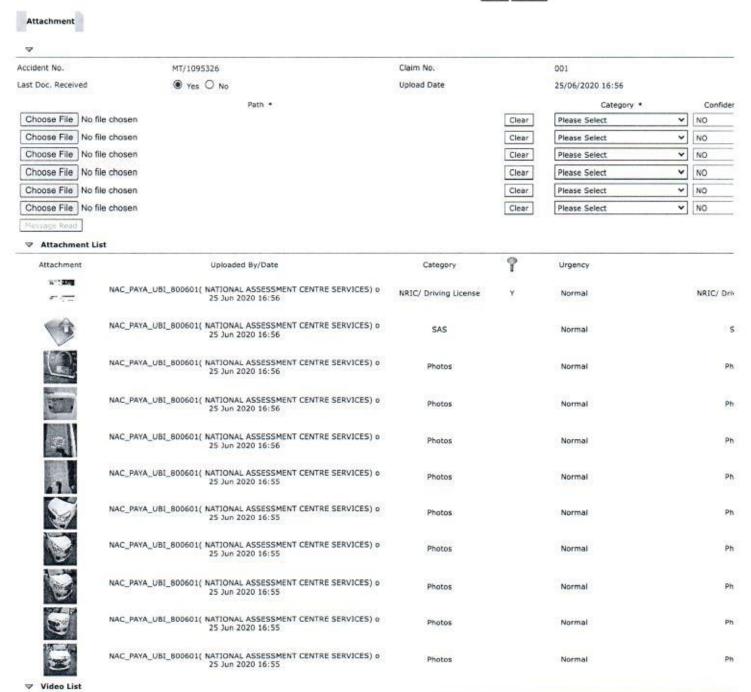
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Vehicle No.	SMJ 4672C Model/Make mitsubishi Attrage
Date of Accident	32 612020
Time of Accident	1635 HRS
Location of Accident	Along A21 Tagore Industrial Avenue Storey 2
Exact purpose use during acci	
Name of Owner	SG Car Rental & Sales Pte Utd
Telephone No.	H/P: Home: Office:
NRIC	2015096930
Address	66 Townery Lane #01-057 Sindo Industrial Building
Claim type	OD THIRD PARTY REPORTING ONLY S (347-805)
Insurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5109395196-01-00007
Name of Driver	As Above If No, Wong Shu Min Cassandra
NRIC	S9147795E Any Passengers:
Date of birth	25 12/1991
Occupation	Outdoor / Indoor
Driving License Pass Date	1100/1180
Gender	Male / Female
Contact No.	H/P: 97252463 Home: Office:
Address	BLK 155 Yishun Greet 11 #12-102 S(76015L)
Driver have any own vehicle	No. If yes, Reg No.
Relationship	Employee, If no, state Hirer
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No. If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	No. If Yes, Where?
Vehicle B No.	YN 646 S Any Passengers : -
Name of Driver	Lee Kheng Nien Contact No.: 9616 9168
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Kenny Witness Contact: 9833 4449
Accident Portion	Front portion
Camera Recorder	Yes / No
Email Address	imcassandraaa@gmail.com
	N EL A Januaria - OL LIVI
PARTICULAR WORKSHOP	N-51 Automotive Pte Uol
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Brandon
FAX NO	6741 0510
WORKSHOP EMAIL APDRESS	sales @ n51 · com · sg

Claim Handling

95196-01 95196-01-000007 R RENTAL & SALES PTE. LTD. MASTER INSURANCE 463 Yes 72020 16:42 72020 G 421 TAGORE IND AVE STOREY 2 60dent 2,000,00 0.00 0 2000.00 No 25/06/2020 16:54:04 Syste	Vehicle No. Cover Type Contact No.(Office) Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs Time of Accident hh:mm Orange Force Windscreen Excess TP Standard Excess YIED TP Excess Total TP Excess Applicable	SMJ4672C drivo CLASSIC No Yes Ves 16:35 GST Registr GST Status to Yes		Policyhol Loading Contact i eCode eCode Ri Private H Accident Country ICM No.	der N No.{H eason fire Type of Aco
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					Yes
INERY LANE	Address 3				,
INERY LANE	Address 2				
INERY LANE				W. Garage	
	Address 2	#01-03E SINDO INI	DUSTRIAL B	Address :	
	Address Type Related Relicy Number	Singapore address		Post Cod	2
	Related Policy Number	5109395196-01			
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				Driver Of	20
	Control of the Contro	28		10000000	
		MICHINI CYNEST 11			
3 #12-102					
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	246 10000000				
in No	Driver Vehicle No.			Driver In	surer
	Any injury?	Yes S No			
			Ор-мх		so
				Name	
				No.	NI
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			SM34672C / YN646S ON 22 Jun 2020		_
Incured Liability			V		
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			25/06/2020 16:55	Date	L
			LIEW SHAN HUI		
	Repair Preferred Workshop, N	SHU MIN CASSANDRA Driver NRIC Driver Age Contact No. (Office) Address 2 Address Type No Driver Vehicle No. Any injury? Insured Liability Repair Preferred Repair Preferred Workshop, Name unknown V GIA Received	Driver Type Unnamed Driver SHU MIN CASSANDRA Driver NRIC SXXXX795E 2011 Driver Age 28 463 Contact No.(Office) 5 #12-102 Address 2 YISHUN STREET 11 Address Type Singapore address No Driver Vehicle No. Any injury? Yes No Preferrered Workshop, Name unknown Yes GIA Received	Driver Type Unnamed Driver SHU MIN CASSANDRA Driver NRIC SXXXX795E 2011 Driver Age 28 63 Contact No.(Office) Address 2 YISHUN STREET 11 Address Type Singapore address No Driver Vehicle No. Any injury? Yes No OD-MX SMJ4672C / YN646S ON Preferred Workshop, Name unknown Preport Received Repair Option Preferred Workshop, Name unknown Preport Received 25/06/2020 16:55	od Driver SHU MIN CASSANDRA Driver NRIC SXXXX795E Driver DC SXXXXX95C SXXXX795E Driver DC SXXXXX95C SXXXXX95C SXXXXX95C SXXXXX95C SXXXXX95C SXXXXXX95C SXXXXXX95C SXXXXXX95C SXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Save Submit



Folder Date

Display in New Window

File Name

Scan and uploading

Uploaded By/Date

9