Date In: 77/7/0-17:40	Jeb description	2	Date & Time Completed	Done	o.
D. CNI.	SAS e-filing	M-4.00 (164, 114, 114, 114, 114, 114, 114)			
H4] 4C P307131 W	E-mail (within t	Shrs, AIC 2hrs)			
004774	i-Motor Clair		M7/1098061 -001	77/2/20	12:49
D.O.A: 17/9/2-17:75	i-Motor W/O		- C	11/15	Indania /
OD (TP) Reporting Only	i-Photo Uplo				
	Assessment/Su				
TP Insurer:			to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: JH		. INC()/Non-INC()	¥8	4-1 m/24m/
Owner / Driver: (Tel:)	
	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
) [Note-Est. Status (V	VO): N: 0-2	20%; P: 21-79%. F: 80-	100%]	** 1
Year of Registration: ())/NO()		TE E SOFTEN
Excess: (\$) Loading: \$		()			
General Remarks;-		V XXVXX	Aces as a second	MEST TO	
() Walk-In Customer : Customer's i		A STATE OF THE PERSON NAMED IN COLUMN			
	THE RESERVE AND ADDRESS OF LABOUR PARTY.	indential & S	anday 110 Total distribution		
() Total Loss Case : to e-mail Ins		10/ \.7	Favring Co. (,
Drive-In ()/ Towed-In (); Invo	oice: YES () / N	(0 (); 1	Towing Co: (
Remarks:- (INC horline: 6788 6616)		Date&Time Completed	Done	by -
1) Apply for Transport Allowance ()	/ Courtesy Car ()		Secondary Company	
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost>	\$30001 ()			
Injury:					
Date/Time Actions		of the second		NEBROATUR.	
	12				
				5217W. 2.5	
		Invoice Pro	eparation Checklist	Anit (S)	Amt (3
VA1207880 :	······································	1) AR : Acciden	\$1000 A \$100 A \$	fit Bill	Add Bi
laimant's Particulars:	2) DA : Damage	Assessment (\$100); INC (Andread Printers and Publishers and		
river/Owner:	3) TF : Towing 4) FT : Follow-	1.00	\$120		
		5) FT : Follow-	Through Survey (Resurvey)	\$30	
ontact No:		For claiming 6) TR: Re-insp	against JNC Only (wef 10 Jan 20)	\$75	
amaged Portion:			ection		
amaged Portion:			+ SMRT Survey	\$160	
amaged Portion:	3	7) N1 : Idac DA 8) NTUC Addit	+ SMRT Survey	\$160	
		7) N1 : Idae DA 8) NTUC Addit OD	+ SMRT Survey ional Services	\$160	
		7) N1 : Idac DA 8) NTUC Addit OD. *N5: Courtes *N6: Repair	sy Car / Tpt Allowance Co-ordination	\$5 \$10	
C Checked by (Engr-In-Charge):		7) N1 : Idae DA 8) NTUC Addit OD* *N5: Courtes *N6: Repair *N7: Fost Re	+ SMRT Survey ional Services by Car / Tpt Allowanie Co-ordination pair Inspection	\$5	
C Checked by (Engr-In-Charge):		7) N1 : Idae DA 8) NTUC Addit OD.* *N5: Courles *N6: Repair *N7: Fost Re *N8: DV / Co TP (N11) : T	y Car / Tpt Allowance Co-ordination pair Inspection ollect Excess Coordination P (Non INC) against INC	\$5 510 525 53 \$20	
amaged Portion: C Checked by (Engr-In-Charge): uditors! Comments:-		7) N1 : Idae DA 8) NTUC Addit OD* *N5: Courtes *N6: Repair *N7: Fost Re *N8: DV / Co	y Car / Tpt Allowance Co-ordination pair Inspection ollect Excess Coordination P (Non INC) against INC	\$5 510 525 55	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

Gender

- 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.

	ACCIDENT STATEMENT
Date Of Report	27/07/2020 17:40
Date Of Accident	27/07/2020 13:35
Exact Location Of Accident	AYE TWDS JURONG BEFORE CLEMENTI RD EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJA1195R
Insured/Policyholder	
Name Of Registered Owner	SENSES LIVING
Co Reg No	5XXXX431C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90071488
Alternative Phone No	OFFICE-90071488
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA AXIO 1.5X A
Exact Purpose for which vehicle was being used at ime of accident	COMMERCIAL USE
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	PRIVATE HIRE
nsurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096003301-02
Cover Note Number	
Driver	
Name of Driver	SIM JUN HAO ALAN
NRIC No	SXXXX335E
Date Of Birth	21/04/1970
Occupation	OUTDOOR
Date Of Driving Pass	22/04/1995

25 YEARS AND 3 MONTHS

(LOCAL) +65-90071488

OFFICE-90071488

NOEMAIL

Address BLK 37 BEDOK SOUTH AVENUE 2

#07-445

Postcode 460037

Was driver an employee of the Insured's Company NC

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

37

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? YES

Was any injured conveyed to hospital by

NO

YES

Was any other material or property damaged?

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

NO

2

Number of Passengers (Including Driver)

Passenger 1

ambulance?

NAME:

: NG LAY SEE CAROL

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?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC4738T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver ADRIAN

NRIC/Passport Number

Contact Number 93620908

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SIM JUN HAO ALAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJA1195R

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name NG LAY SEE CAROL

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJA1195R

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

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 aforesaid.
- 8. 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) 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

for complying with requirements under any regulations, laws or court orders.

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 .:

SKETCH PLAN		
	C	A) 87A 1195 R.
		회공교 사이지 공개에 공원하게 되는 그 이 가지요
	6	37 stc 4738 T
n x model m		
	-> DDD	
	-	D D D
AYE toward	Road exit.	Roud work In Progress
DESCRIBE CIRCUMSTANCES O	OF THE ACCIDENT	
On .	27/07/2020 at @ 13	35 hrs. I was towelling
in my vehicle (/ / / / / / /	AYE towards Tuns before
Clemente Road	exit on the 2	
There were		Le extrene reght lane.
The vehicle		stopped and I slow
	topped too Sudden	
from behand	11 11 1	
vehicle .	wilder onto m	al rear partion of my
vehicle		
		'
- main		
DECLARATION	Λ Λ	
declare the foregoing particul	ars are true in every respect.	100 <u>-</u> 100
26		
Policyholder's Signature	Driver's Signature	Reporting Centre Percental Control
Pate & Time:	(If driver is not the policyholder)	Reporting Centre Personnal's Signature

NRIC/FIN No.:

Date & Time:

Vehicle No.	SJA H95 R Model/Make Toyota Axzo.
Date of Accident	27/07/2020
Time of Accident	//3 3 S HRS
Location of Accident	AYZ towards Jivang before Clementi Road Go
Exact purpose use during accid	
Name of Owner	Senses Living.
Telephone No.	H/P: 9007 148 & Home: Office:
NRIC	53191431C.
Address	38, Julan Peminpen #04-03 Spire 177178.
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTUC:
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5096003301-02.
Name of Driver	As Above If No, Sem Jun Hao, Alan
NRIC	37012335E . Any Passengers: 01 (F)
Date of birth	Any russengers .
	Outdoor Indoor
Occupation C	1.00
Driving License Pass Date	
Gender	
Contact No.	
Address	
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	Sim Jun Hao, Alan (4/P. 9007 1488)
Name And Contact No.	My Lay See Carol (4/19: 8186 3421)
Police Report	No, If Yes, Where?
Vehicle B No.	St C 47 38 T . Any Passengers: Not Swe - Contact No.: 9362 0908 -
Name of Driver	
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	M-A . Witness Contact : N-A .
Accident Portion	Recur partion.
Camera Recorder	Yes / No
Email Address	sensestiving @ gmail-con.
PARTICULAR WORKSHOP	Twincor
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	JOSEPH TAN.
FAX NO	6741 0510
WORKSHOP EMAIL ADDRESS	sales @ n51· com·s9



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)

Ce	rtificate Number: 5096003301-02	Cover : drivo CLASS
1.	Index mark and Registration Number of Vehicle	: SJA1195R
	Chassis Number	: NZE1416052556
2.	Name of Policyholder	: SENSES LIVING
3.	Effective Date of Insurance	: 28 Nov 2019
4.	Expiry Date of Insurance	: 27 Nov 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.

EVERSE (SECTION 1)	: \$\$2,000
EXCESS (SECTION 1)	
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	; N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	; NO
EXCESS WAIVER	; NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	; HONG LEONG FINANCE LIMITED
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	: AUTOSHIELD PTE. LTD. (00000573469)	
Date of Issue	: 22 Nov 2019 13:25 hrs	

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

Countersigned By:

Authorised Officer



Sequen	ce Date of Endorsement	E	ndorsemen	Туре	Endorsement	Status	Endorsement Content
♥ Endors	ements						
▶ Insured	Object: SJA1195R						
Jnit No.	#07-445	Related Number	d Policy er	5096003301-02			
Address 4	SINGAPORE 460037		s Type	Singapore address		Post Code	460037
Address 1	BLK 37 ##07-445	Addres	s 2	BEDOK SOUTH AVE	NUE 2	Address 3	BEDOK SOUTH PARKVIEW
	older Mailing Address						
Certificate Info							
Open Policy Info							
Co- nsurance Flag	No						
Agent	AUTOSHIELD PTE. LTD.	Agent Tel.	63850777		GST Flag	Y	
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Excess Type	Per Accident	All Claims Excess					
Policy Issue Date	22/11/2019	Effective Date	28/11/201	9 00:00	Expiry Date	27/11/2020 2	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	31 SUNGEI KADUT STREET 2 SU	NGEI KADUT	INDUSTRIA	L ESTATE SINGAPOR	E 729243		
Certificate No.					14/14/2		
Policy No.	5096003301-02	Policyholder Name	SENSES L	VING	Policyholder NRIC	53191431C	

Claim Handling					
Accident MT/1098061					
Policy No.	5096003301-02	Vehicle No.	53A1195A	GST Registration No.	
Certificate No.					
Policyholder Name	SENSES LIVING			Policyholder NRIC	53191431C
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	D
ontact No.(Mobile)	90071488	Contact No. (Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	- V
FK.	® No ○ Yes	TEA	® No ○ Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	30	Private Hire	yes
Accident Details				(MANYAR-S	277.0
eport Date	27/07/2020 17:47	Accident Report Within 24 hrs	Yes	Accident Type	The second of the second of
					Collision - Head to Rear
ste of Accident	27/07/2020	Time of Accident hh:mm	13:35	Country of Accident	Singapore
parting Centre		Orange Force		ICM No.	
cident Location	AYE TWOS JURGING BEFORE CLEMENTS AS	EKIT			
 Total Excess Applicable 					
cess Type	Per Accident	Windscreen Excess	100.00		
PQ000000000000000000000000000000000000	700000	0.1920.000.000000	9.76009000		
Standard Excess	2,000.00	TP Standard Excess	1,500.00		
D OD Excess	0.00	VIED TP Excess		Driver is Covered?	
ditional Excess	.0				
tal OD Excess Applicable	2000.00	Total TP Excess Applicable			
* Benefits					
GST Registered Inform	ation				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Venfied	Yes	
dification History	27/07/2020 17:49:02 Sys	tem changed GST Status verified from	n No to Yes		
Policyholder Mailing Ad	dress				
dress 1	BLK 37 ##07-445	Address 2	BEDOK SOUTH AVENUE 2	Address 3	BEDOK SOUTH PARKVIEW
dress 4	SINGAPORE 460037	Address Type	Singapore address	Post Code	460037
t No.	#07-445	Related Policy Number	5096003301-02		
OI Driver Info					
ver Name	Denamed Driver	Driver Type	Unnamed Driver		
named driver Name	SIM JUN HAO ALAN	Driver NR3C	57012335E	Driver DOB	21/04/1970
gister Date of Driver License		Driver Age	50	Driving Experience	25
ntact No. (Mobile)	90071468	Contact No. (Office)	0	Contact No.(Home)	0
dress 1	BLK 37	Address 2	BEDOK SOUTH AVENUE 2	Address 3	BEDOK SOUTH PARKVIEW
dress 4	SINGAPORE 460037	Address Type	Singapore address	Post Code	460037
it Na.	07-445				
es ne own a Singapore gistered car?	○ Yes. (No	Driver Vehicle No.		Driver Insurer Company	
claration					
eathalyser or Blood Test admp?	0 mg	Any injury?	® Yes ○ No		
dification History					
arriador ristory					
Claim 001 New					
			1		
im Type *	OD-MX	Insured Name	SENSES LIVING	Insured NRIC	53191431C
stact No.(Mobile)		Contact No. (Hume)		Contact No.(Office)	66666666
ail Address		Of Vehicle Number	SJA1195R	TP Vehicle Number	SHC4738T
mant Type Claimant Type •	Please Select.	Type of Benefit *	Please Select		
mant Name *	22	Claimant NR3C •			
imant Address					
m Description	SJA1195R / SHC4738T ON 27 Jul 2020			Name of Preferred Workshop	
ferred Workshop Contact		420 (1941)	Francis Comp.	The second second	
		Insured Liability *	Not at Fault	III.e	
guire Finalisation	Yes 🔍	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received 💟
e Registered	27/07/2020 17:49	Claim Close Date		Date Received	27/07/2020 00:00
ort Taken By	Jackson				
Print AK letter					
		1	Save Submit		
ttachment					
,					
ident No.	MT/1098061	Claim No.	001		
t Doc, Received	● Yes ○ No	Uplead Date	27/07/2020 17:51		
	Patri +		Category •	Confidential Urgen	cy * Description
	Catal 7.5	Browse	Clear Please Select	Confidential Urger	
		DIUWSE	Person Select	- Inormal	Y
		Transaction of the second	I record for		
		Browse.	Cear Please Select	Normal V Normal	Y
		Browse.	Clear Please Select Clear Please Select	▼ Normal Normal	<u> </u>
		To part you			
		Browse.	Clear Please Select	Normal	<u> </u>

