

NATIONAL Assessment Centre Services.

Just 1 Jan 2005

NA2007271

| | | | |
|---------------------------|------------------------------------------|-----------------------|---------|
| Date In: 25/08/2020 15:04 | Job description | Date & Time Completed | Done by |
| Ref No: NA2007271 | SAS e-Milling | | |
| Veh No: YP 1300 H | E-mail (Sjula Bus, AIC Bus) | | |
| O.O.A: 11/25 | I-Motor Claims Form | NA/110055-001 | |
| OID: TP / Reporting Only | I-Motor W/O (Within OD Bus, TP 4hrs) | | |
| TP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Whan | | |

| | | |
|----------------------------------------------------------------------------------------|-------|-------|
| Preferred Wkep / INC Assign Wkep / QW: (| Tel: | Fax: |
| TP Insult/ly: Vch No: SML 5496C INC () / Non-INC () | | |
| Owner / Driver: (| Tel: | |
| Policy No: () Period: () Cover Type: () | | |
| Confirmed by: (| Date: | Time: |
| Insured/Driver Liability: () % [Note-Est Status (WO): N: 0-20%; P: 21-79% P: 80-100%] | | |
| Year of Registration: () Warranty: YES () / NO () | | |
| Excess: (\$) Loading: \$1,000 () / \$2,000 () | | |

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

| | |
|---------------------------------------------------------|--|
| 1) Apply for Transport Allowance () / Courtesy Car () | |
| 2) QC Check / Post Repair Inspection () | |
| 3) Upload Resurvey Photo (Repair Cost > \$3000) () | |

Injury: _____

Date: _____

NA2004459

| | | |
|---------------------------------|----------------------------------------------|-------------|
| Driver/Owner: | 1) All Accident Reporting (\$30) | |
| Contact No: | 2) DA: Damage Assessment (\$100) INC (\$10) | |
| Damage Portion: | 3) TP: Towing Fee \$40/45 | |
| QC Checked by (Engr-In-Charge): | 4) PT: Follow-Through Survey \$125 | |
| _____ | 5) PT: Follow-Through Survey (Resurvey) \$30 | |
| _____ | 6) TR: Re-inspection \$75 | |
| _____ | 7) NI: 1 Day DA + EMRT Survey \$160 | |
| _____ | 8) NTUC Additional Services: | |
| _____ | ON: | |
| _____ | *NS: Courtesy Car / Tpl Allowance \$3 | |
| _____ | *N6: Repair Coordination \$10 | |
| _____ | *T6: Post Repair Inspection \$25 | |
| _____ | *NS: DV / Collect Excess Coordination \$3 | |
| _____ | TP (NI): TP Fee on INC against BIC \$10 | |
| _____ | 9) NI: 1 Day Mobile \$30 | |
| _____ | Invoice dated | Fee Charged |
| _____ | Invoice dated | Fee Charged |

2/2

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 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.
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.

ACCIDENT STATEMENT

| | |
|----------------------------|-------------------------------------------|
| Date Of Report | 25/08/2020 15:04 |
| Date Of Accident | 18/08/2020 11:25 |
| Exact Location Of Accident | FARRER ROAD EXIT TOWARDS BUKIT TIMAH ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------------|
| Vehicle Registration Number | YP7300H |
| Insured/Policyholder | |
| Name Of Registered Owner | LEA HIN COMPANY (PRIVATE) LTD |
| Co Reg No | 1XXXXX161H |
| Email Address | FARFALLA@LEAHINEA.COM.SG |
| Mobile Phone No | (LOCAL) +65-98508897 |
| Alternative Phone No | OFFICE-98508897 |

Vehicle Particulars

| | |
|------------------------------------------------------------------------------|--------------------|
| Manufacturer | MITSUBISHI |
| Model | CANTER |
| Exact Purpose for which vehicle was being used at time of accident | WORKING PURPOSES |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | REPORTING ONLY |
| Vehicle Category | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|----------------------------------------|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5111180374-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|--------------------------|
| Name of Driver | MOHD KAMIL BIN NAWAM |
| NRIC No | SXXXX193H |
| Date Of Birth | 29/08/1970 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 20/11/1990 |
| Driving Experience | 29 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98508897 |
| Fax Number | |
| Contact Number | OTHERS-98508897 |
| Email Address | FARFALLA@LEAHINEA.COM.SG |

| | |
|-----------------------------------------------------|------------------------------------------|
| Address | BLK 210 JURONG EAST STREET 21 #02-385 |
| Postcode | 600210 |
| Was driver an employee of the Insured's Company | YES |
| 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 - HEAD TO REAR |
| 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? | NO |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 2 |
| Passenger 1 | NAME: : COLLEAGUE GENDER: : MALE |

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

PLEASE REFER TO SKETCH PLAN

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 | SML5496C |
| Vehicle Make/Model/Colour | RENAULT SCENIC |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | ALI |
| NRIC/Passport Number | |
| Contact Number | 81115770 |
| 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**.
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.
5. **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.
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:
 - (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.

Ja Hin Co (Electrical Appliances) P L

293 Alexandra Road, S(159940)

Tel: 6476-4979 6476-6945

Service Dept: 6476-6595

Policyholder's Signature 6471-2154

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

25/8

3pm

Reporting Centre Personnel's Signature

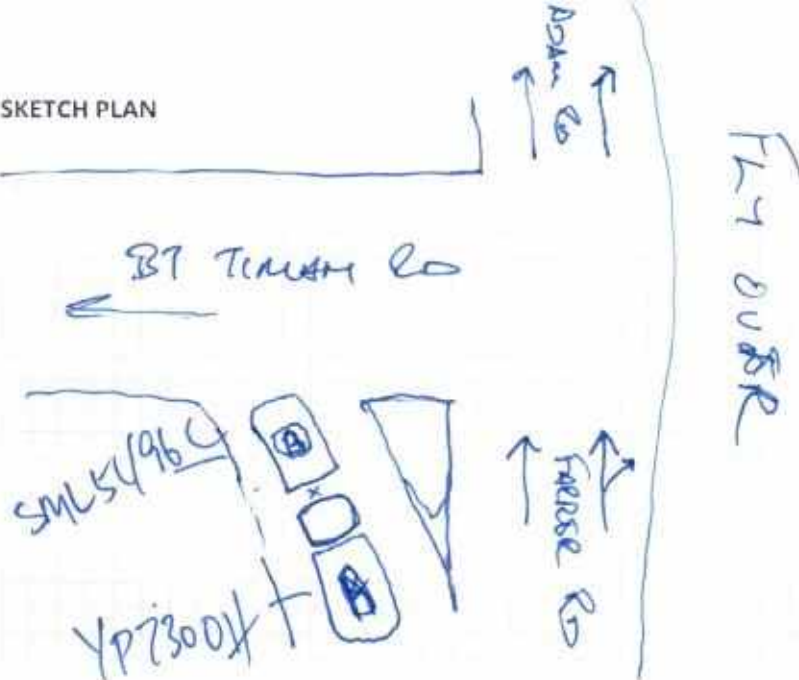
Name:

NRIC/FIN No.:

25/8/2020

Handwritten signature and NRIC/FIN No.

SKETCH PLAN



Page (1)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT FARRER RD EXIT BT TIMAH RD MY LORRY WAS BEHIND THE CAR (SML5496C) WHILE AWAITING FOR INCOMING VEHICLE TO CLEAR FROM BT TIMAH RD. AS THERE'S NO INCOMING VEHICLE THE CAR MOVE AND I ALSO MOVE SLOW AND AT THE SAME TIME I LOOK IS THERE ANY VEHICLE COMING WEATHER I CAN GO OR CANNOT AND IS STILL CLEAR AND INCOMING VEHICLE. AND WHILE TURN LOOK TO THE FRONT BACK THE CAR (SML5496C) STOPPED SUDDENLY AND PRESS BRACE BUT IT'S LATE AND HIT THE CAR AT LOW IMPACT.

I WENT DOWN FROM MY LORRY TO SEE ANY DENTED FROM MY LORRY AND IT IS DENTED AT MY LORRY BUMPER (FRONT) AND THE CAR DRIVER AND ME CHECKED AND CONFIRM THERE'S NO DENTED AT THE CAR (SML5496C) BACK BUMPER. AND THE DRIVER ASK ME THAT WE CAN MAKE THE SETTLEMENT AND WILL CALL THE SAME DAY LATER AS HIS CAR HAS NO DENTED AND HE NEED TO DRIVE FIRST. THERE'S NO INJURY ON ME AND MY ATTENDENT AND ALSO NO INJURY FROM THE CAR DRIVER AND NO PASSENGER INJURED (AS I NEVER NOTICE IS ANY PASSENGER AT HIS CAR) OR CAME DOWN CLAIMING OF AN INJURY TOO. SO I WAITED FOR HIM TO CALL THE WHOLE DAY AND HE NEVER CALL ME UP. BEFORE MOVE UP I AND

DECLARATION THE DRIVER HAD TAKEN A PHOTO AT HIS CAR AND LORRY.
I/We declare the foregoing particulars are true in every respect.

Lee Hin Co (Electrical Appliances) P L

293 Alexandra Road, S(159940)
Tel: 6476-4979 6476-6945
Fax: 6476-4565 6471-2154
Service Dept: 6476-6595

Driver's Signature
(If driver is not the policyholder)
Date & Time: 25/8
3pm

Reporting Centre Personnel's Signature
Name: Keph
NIC/FIN No: 25/08/2020

At 24/08/2020 Around 17.35 I received a call on the car driver behalf and she ask ~~had~~ I already make an accident report about the accident as she claim there's a dent at the bumper back car and a passenger complain there's injury on him/her. And I ask for the photo the dent and he send me the dent photo. As I look there's a different at the time accident happen with no dent with a photo I had taken and ~~as~~ also no passenger claiming of injury at the incident happen too.

I/We declare the foregoing particulars are true in every respect

293 Alexandra Road, S1599401
Tel: 6476-4979 6476-6945
Policyholder's Signature: 6476-6595
Service Dept.
Date & Time:
Fax: 6476-4565 6471-2154

Date & Time: 25/8
3pm

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 18 / 08 / 2020 (DD/MM/YYYY), TIME: 11 : 25 (HH:MM)

LOCATION: FARRER RD EXIT TO BT TIMAH RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YP 7300H
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 511180314-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: MAZDA LORRY
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: DELIVERY
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: LEA HIN CO. (SCT. APPL) P.L (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MOHD KAMIL BIN NAWAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7030193H CONTACT: 98508897
 c) ADDRESS: _____

* d) DATE OF BIRTH: 29 / 08 / 1970 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR) RAINING / OTHERS _____

b) ROAD SURFACE: (DRY) WET / OTHERS _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SML 5496 C MODEL: RENAULT SCENIC
 b) DRIVER'S NAME: ALI
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 81115770

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = farfalla@leahinea.com.sg

VIDEO



INSURED PHOTO



Insured Photo



Inquiry from

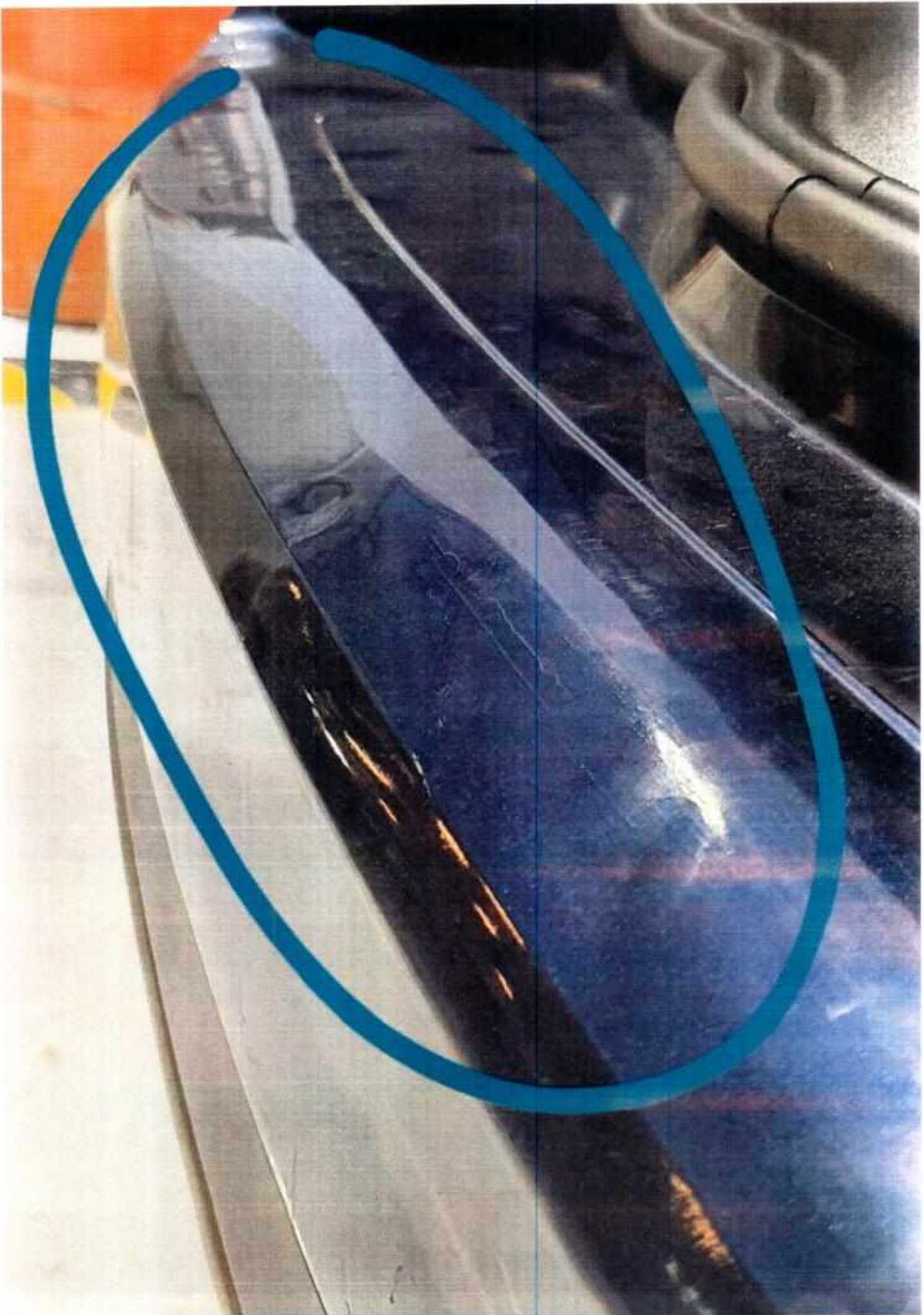


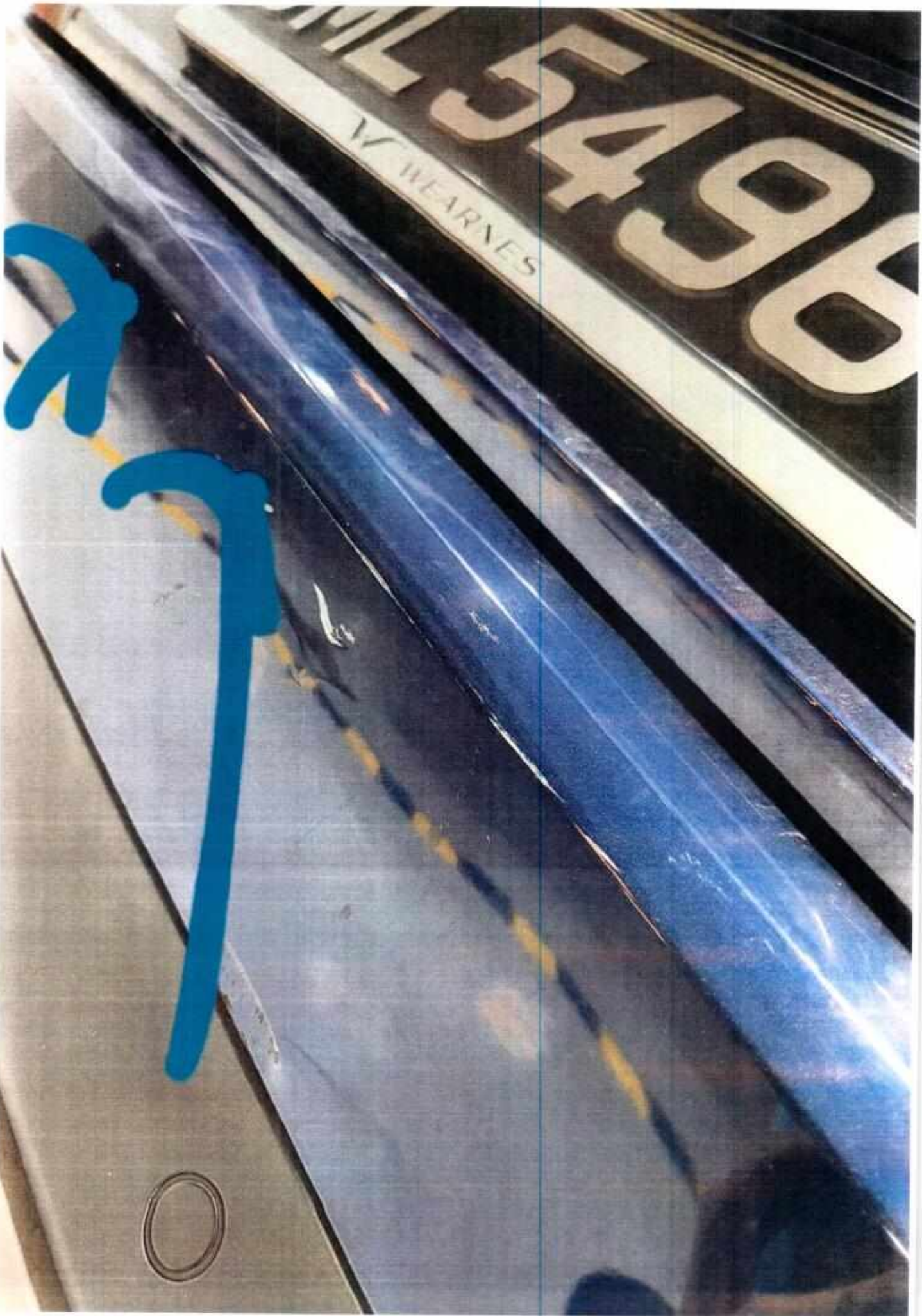
from third party



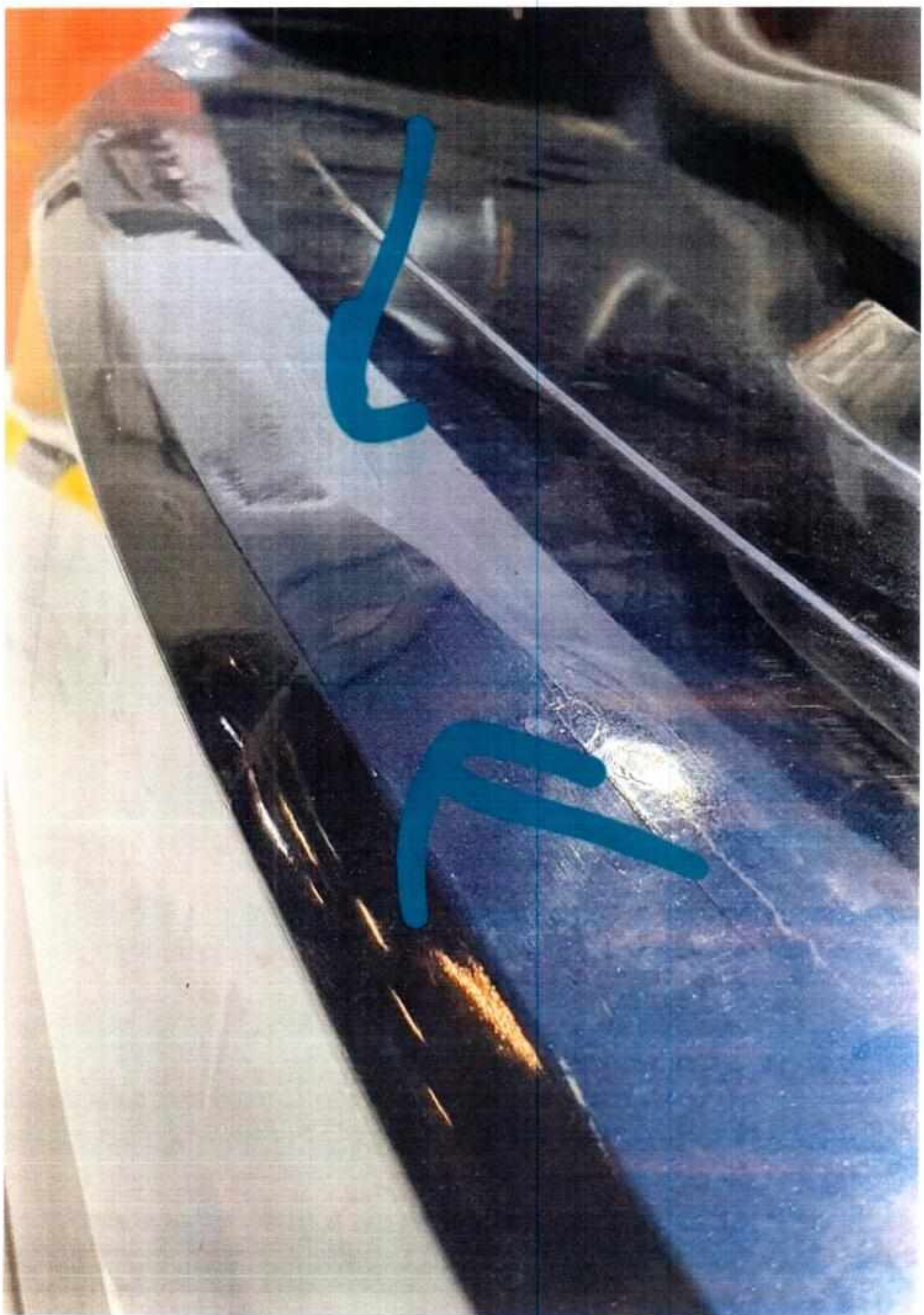
from third party

From Tires Proxy



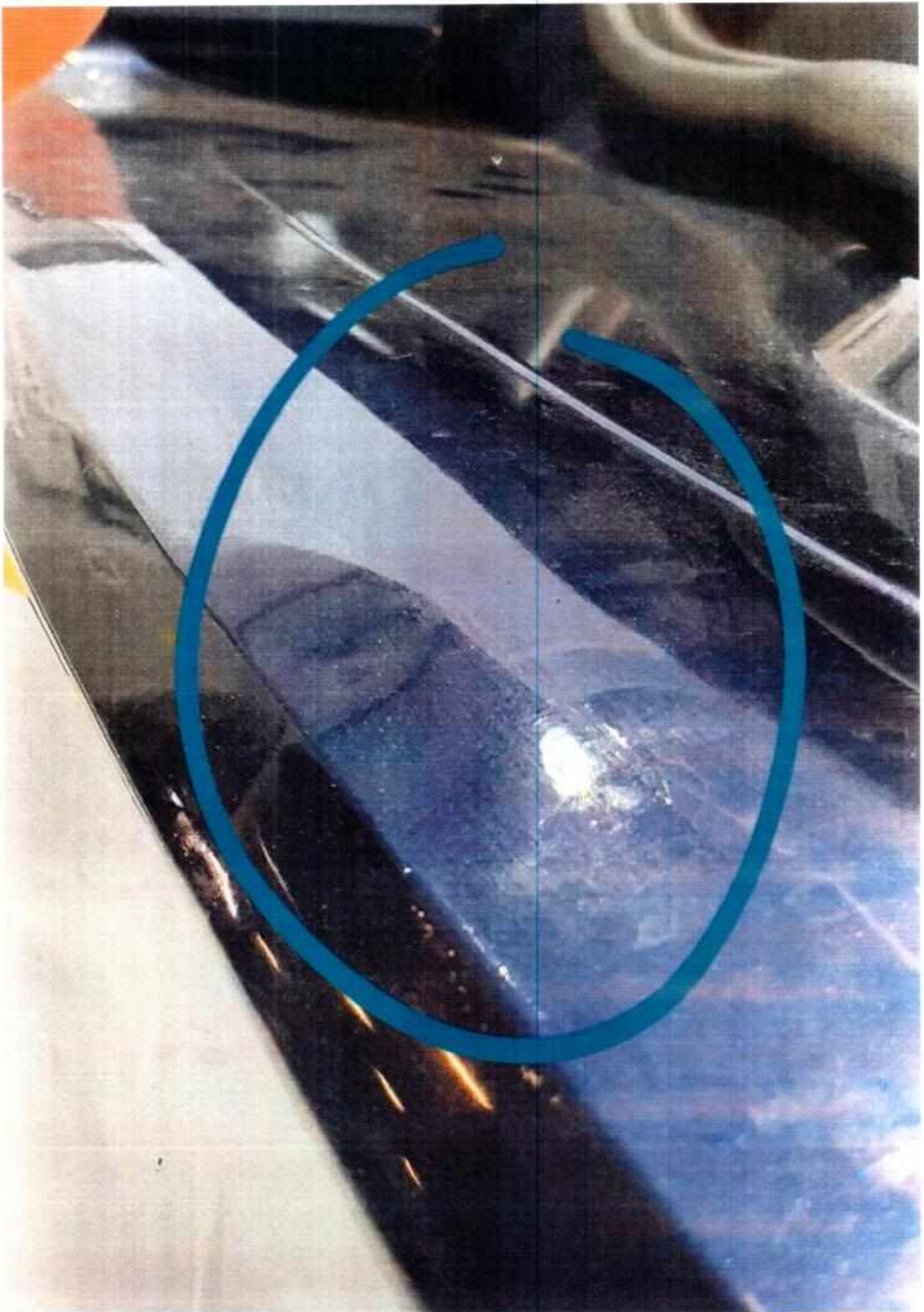


from third party



from the body

From the rocky



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 : 5111180374-01

Cover : Comprehensive

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| 1. Index mark and Registration Number of Vehicle | : YP7300H |
| Chassis Number | : FEB21EA21537 |
| 2. Name of Policyholder | : LEA HIN COMPANY (PRIVATE) LTD |
| 3. Effective Date of Insurance | : 17 Aug 2020 |
| 4. Expiry Date of Insurance | : 16 Aug 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 business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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) | : S\$600 |
| EXCESS (SECTION 2) | : N/A |
| WINDSCREEN EXCESS | : S\$100 |
| INSURE WITH COE | : YES |
| HIRE PURCHASE COMPANY | : N/A |
| 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 : ASSURE PTE. LTD. (00000572842)

Date of Issue : 20 Jul 2020 21:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

rsbm

From: ODsupport <ODsupport@income.com.sg>
Sent: Wednesday, 26 August, 2020 9:17 AM
To: rsbm; ODsupport
Subject: RE: YP7300H MT/1100551

Pse quote this claim nbr when billing MT/1100551-001

Theresa Vimala
Senior Administrator
Operations, Motor and Personal Lines
T +65 6430 7898
www.income.com.sg



From: rsbm [<mailto:rsbm@lkkauto.com>]
Sent: Tuesday, 25 August 2020 3:53 PM
To: ODsupport <ODsupport@income.com.sg>
Subject: YP7300H MT/1100551

[CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you can confirm the sender and know the content is safe.]

Hi the above claim cannot create ebao thanks.

Thanks & Best Regards,
ROSLI WAHAB
NACS Bukit Merah
Tel: 6898 0055
Fax: 6271 8802
Email: rsbm@lkkauto.com



This email has been checked for viruses by AVG antivirus software.
www.avg.com

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