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OD : Reporting Only	i-Photo Uplo	nded			- 12	<u>,</u>
	Assessment/Su	rvey Report				
"H" Insurer:	Ass't Report b	y <u>Fax / Hand</u> to	Owner/Wkin			
Preferred Wkap / INC Assign Wksp / QW: (Linus your market and		Tol: j	Facet		j
TP Particulars: Vch No: 58	L 5833T.	, INC(,)/Non-INC).	4	
Owner / Driver: (19	Tel:)	
Policy No: () Perio	od: (.)	Cover Type: ()	
Confirmed by : (Date:	Time.)	
1	ote-Est. Status (V		%; P: 21-79%	P: 30-1009	<u>[4]</u>	
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1) Apply for Transport Allowance ()/ Co)	,,,,			
2) QC Check / Post Repair Inspection	.(·)					
3) Upload Resurvey Photo [Repair Cost > \$300	10] ()				- 7
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Channants Barriedars as 1975 1975 1975		2) DA : Damage A	sectement (5100);	INC (538)		
Driver/Owner:		3) TF : Towing Fee	ongh Survey	\$40/\$43 \$120		
Contact No:		5) PT : Follow-The	ough Survey (Resur	10 Jan 2005)		
Damaged Portion:		6) TR: Re-Inspecti	on	573 5	-	
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QC Checked by (Engr-In-Charge):	Si.	OD:	or/Tpt Allowance	.53		
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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 aforesaid.

BERKERSEN SERVICE STREET	ACCIDENT STATEMENT
Date Of Report	31/08/2020 17:17
Date Of Accident	28/08/2020 17:50
Exact Location Of Accident	PENANG RD TWDS BUYONG RD
Country/State of Loss	SINGAPORE
英国政治 (1955年) 1950年 (1956年)	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE2917S
Insured/Policyholder	
Name Of Registered Owner	MALCA AMIT SINGAPORE PTE LTD
Co Reg No	2XXXXX616M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67182660
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108152900-02
Cover Note Number	
Driver	
Name of Driver	MUJTABA BIN MUSTAKIM
NRIC No	SXXXX727B
Date Of Birth	05/10/1975
Occupation	OUTDOOR
Date Of Driving Pass	05/08/2004
Driving Experience	16 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87277335
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 240 BUKIT PANJANG RING RD #02-129 Postcode 670240 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 - CHANGE/CROSS LANE Weather Conditions CLEAR Road Surface DRY Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 2 involved in the accident 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) NO soliciting/offering accident claims assistance. 2 Number of Passengers (Including Driver) Passenger 1 NAME: : UNKNOWN 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 REFER TO STATEMENT. Attachment(s) Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES Remarks/ Reasons: WITH DRIVER Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SBL5833T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LIAN EE SHIN

NRIC/Passport Number SXXXX627F

Contact Number

Insurance Company Name Nature Of Damage

Address Postcode

Vehicle Registration Number

No. Of Passenger (Including Driver) Page 3 of 12

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
 - (ii) 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.:

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DECLARATION

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

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.:



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: 5108152900-02-000002

GBE29175

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle

Chassis Number

: JN1MC2E26Z0004726

2. Name of Policyholder

MALCA AMIT SINGAPORE PTE LTD

3. Effective Date of Insurance

: 30 May 2020

4. Expiry Date of Insurance

: 29 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 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) : \$\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : \$\$100 · YES INSURE WITH COE 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

: PRO-LINK INSURANCE AGENCY (00000571869)

Date of Issue

: 04 May 2020 14:49 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

ACCIDENT STATEMENT

ACCI	DENT DATE: 28/ 8/	20 100/	MM/YYYY), TIME:	(17: 5°)(HH:MM)
LOCA	ITION: Penaus	Rd tud	is buyong	Rel
1.	DETAILS OF VEHICLE	GOE 20	7120	848
	a) VEHICLE NUMBER:			
	b)INSURANCE COMPAN	1Y: 1N	C	
69	c)POLICY NUMBER:			
	d)POLICY TYPE: (COMP	REHENSIVE / TI	HIRD PARTY / THÍ	RD PARTY FIRE &THEFT)
	e)MAKE & MODEL:			
	f)TYPE:(SALOON / COUR	PE / MPV /VAI	V / LORRY / MOT	ORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (
	h)PURPOSE OF USING A			
	I) ARE YOU CLAIMING UN		The state of the s	
	IF NO, PLEASE STATE (TH			
2.	INSURED / POLICY HOLD	ER	Le	r/
	A)NAME: MAICA	amit Sing	apore pie	(MALE / FEMALE)
	b)NRIC/FIN/PASSPORT;_		CON	TACT: 6718266
	c)ADDRESS:			
2 2 2	5			
. 1	* CONTINUE TO 3.d IF DR	RIVER ALSO PO	DLICY HOLDER	
the of passengs	DRIVER	14		
(Including driver)	a)NAME:			_(MALE / FEMALE)
(2)	b)NRIC/FIN/PASSPORT:_		CON	TACT: \$727733
	c) ADDRESS:			
J	<u> </u>			
M	*d) DATE OF BIRTH: ((Y)
	e)OCCUPATION: (INDOC		R)	8
ŭ	f) YEARS OF DRIVING EXP	The state of the s		
4.	WAS DRIVER AN EMPLO			
5	IF NO, RELATIONSHIP			Delice Control of the
٥.	b)ROAD SURFACE: (DRY			
6	WAS ANYBODY INJURED			
	a)REPORTED TO POLICE			
	IF YES, PLEASE STATE WI	Control of the second of the s	ST A TIONIT A TO	
8	THIRD PARTY VEHICLE			
Ne of passoner	a) VEHICLE NUMBER:	2BT 283	MOD MOD	FI.
lander described	b) DRIVER'S NAME:	Linn EE	Shin	
500	c) NRIC/FIN/PASSPORT	: 56908	627 F CON	TACT:
() 9.	THIRD PARTY VEHICLE			19109-0019-0 1
are A	d) VEHICLE NUMBER:		MOD	EL:
tho of passenger.	- L DOWEDIC MANGE		200	
Including driver)	f) NRIC/FIN/PASSPORT:		CON	TACT:
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