

NATIONAL Assessment Centre Services. [wef 1 Jan'05] MNA120094300

Date In: 27/1/20 15:06	Job description	Date & Time Completed	Done by
Ref No: 18/142001188724	SAS e-filing		
Veh No: 5JY30044	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 26/1/20 14:15	i-Motor Claim Form	M7/110996-001	27/1/20 15:17
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: 5C85616 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 ()

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 () / NO (); Towing Co: ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QJ*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11): TP (N-in INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cat. 2 / 3:	Invoice dated Fee Charged		
	Invoice dated Fee Charged		

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	27/10/2020 15:06
Date Of Accident	26/10/2020 14:15
Exact Location Of Accident	JUNC SEMBAWANG RD & GAMBAS AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY3004U
Insured/Policyholder	
Name Of Registered Owner	PRIVILEGE LIMOUSINE SERVICES PTE LTD
Co Reg No	2XXXXX851N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81833239
Alternative Phone No	OFFICE-81833239

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 2.0 AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	THIRD PARTY
Fleet Policy	YES
Policy Number	5111566730-01
Cover Note Number	

Driver

Name of Driver	LIM KIEN SHENG
NRIC No	SXXXX502B
Date Of Birth	28/05/1993
Occupation	INDOOR
Date Of Driving Pass	30/01/2012
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93200231
Fax Number	
Contact Number	OFFICE-93200231
EMail Address	NOEMAIL

Address	BLK 52 MARINE TERRACE #10-195
Postcode	440052
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	- - -
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?	
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)	1

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	SLC8561L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

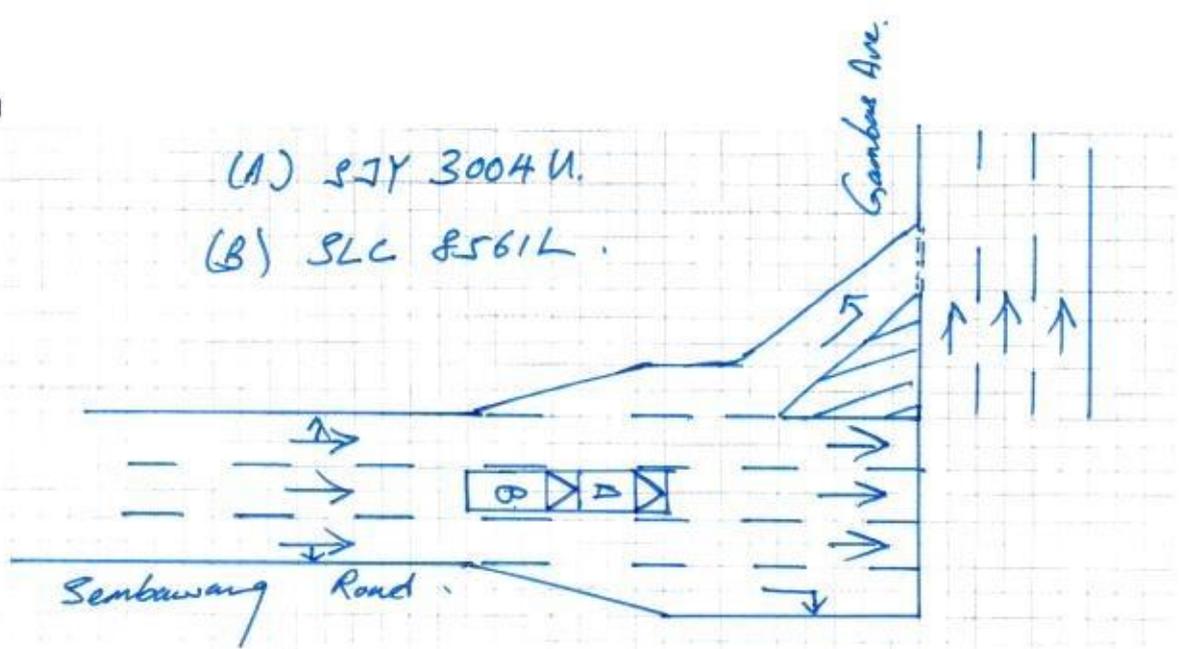


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/10/2020 at @ 1415 hrs, I stopped my vehicle (SJY 3004 U) along Sembawang Road junction Gambas Ave on the 2nd lane from the left due to red light. Suddenly, a car (SLC 8561 L) from behind collided onto the rear portion of my vehicle.

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.:

Vehicle No.	SJY 3004 U - Model / Make Toyota Wash.	
Date of Accident	26 / 10 / 2020 .	
Time of Accident	1415 HRS	
Location of Accident	Sembawang Road junction Gambas Ave .	
Exact purpose use during accident	Private Hire .	
Name of Owner	Privilege Limousine Services Pte Ltd	
Telephone No.	H/P : 8183 3239	Home : Office :
NRIC	201726851 N .	
Address	421 Tagore Industrial Ave #01-20 Tagore 8 (S) 787825 .	
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY	
Insurance Company	NTUC .	
Type of Coverage	Comprehensive <u>Third Party</u> Third Party / Fire / Theft	
Policy No.	511566730-01-000006	
Name of Driver	As Above If No, Lim Kien Sheng.	
NRIC	S 9320502 B	Any Passengers : N.A .
Date of birth	28 / 05 / 1993 .	
Occupation	Outdoor / <u>Indoor</u>	
Driving License Pass Date	30 / 01 / 2012 .	
Gender	<u>Male</u> / Female	
Contact No.	H/P : 9320 0231	Home : Office :
Address	BLIS 52 Marine Terrace #10-195 (S) 440052 .	
Driver have any own vehicle	<u>No,</u> If yes, Reg No.	
Relationship	Employee, If no, state <u>Hires</u> .	
Weather condition	<u>Clear</u> Raining Other	
Road Surface	<u>Dry</u> Wet Other	
Any Injuries	<u>No,</u> If Yes, Who?	
Name And Contact No.		
Name And Contact No.		
Police Report	<u>No,</u> . If Yes, Where?	
Vehicle B No.	SLC 8561 L . Any Passengers :	
Name of Driver	Contact No. :	
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	N.A -	Witness Contact : N.A .
Accident Portion	<u>Rear Portion</u> .	
Camera Recorder	Yes <u>No</u> .	
Email Address	-	
PARTICULAR WORKSHOP	N-51	
CONTACT NO.	6842 0051 / 6744 0510	
CONTACT PERSON	JERRY TAN	
FAX NO	6741 0510	
WORKSHOP EMAIL ADDRESS	sales @ n51 . com . sg	

Privilege Limousine Services Pte. Ltd.

421 Tagore Industrial Ave, #01-20 Tagore 8, Singapore 787805
Tel: 81833239/ 83076428 CO.Registration No. 201726851N

DATE:

22/05/2020

No. _____

Car Rental Agreement

Hirer Particulars		
Name (as per NRIC): Lim Kien Sheng	License Pass Date: 30/01/2012	
NRIC/Driving License: S9320502B	D.O.B (DD/MM/YYYY): 28/05/1993	
*Address: B1K 52 Marine Terrace #10-195 (S) 440052	*Mobile Number: 9320 0231	Home Number:
*Next of Kin: MOTHER	*Email Address: Kien_sheng93@hotmail.com	
*Mobile Number: 97482610		
Vehicle Description		
Make / Model: Toyota Wish	Vehicle Number: SJY 3004U	
Date of Collection: 22/05/2020	Date of Return:	
Time of Collection: 1:55pm	Time of Return:	
Contract Period: 6 months till 21/11/2020	Insurance Excess: \$2000/-	Own Damage: \$2000/-
Remark:		

Security Deposit

Security Deposit of SGD 300/- for vehicle collection on 22/5/2020 (Date).

** The Owner reserves the right to charge a late collection fee of \$70 per day after the collection date or rent out the said vehicle to other Hirers.

Return of Deposit to Hirer: _____ (Hirer Signature & Date)

** The deposit will be refunded after two weeks from the vehicle return date. The Owner reserves the right to use the security deposit to offset damages, fines, or any other related charges incurred by the Hirer during the rental period.

Rental Payment

I Agree that the Rental Amount of SGD 200 (Per Week) to be made on every Friday. I Agree that a penalty of SGD \$30 per day will be applicable for late payment. Incomplete payment, there will be a penalty of SGD \$30 per day.

[Signature] 22/05/2020
Hirer(s) Signature & Date

[Signature]
Authorised Staff Signature & Date



15 Jun 2017

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: 5111566730-01-000006 **Cover :** Third Party

- | | |
|---|--|
| 1. Index mark and Registration Number of Vehicle | : SJY3004U |
| Chassis Number | : JTDGJ20W605002785 |
| 2. Name of Policyholder | : PRIVILEGE LIMOUSINE SERVICES PTE LTD |
| 3. Effective Date of Insurance | : 01 Aug 2020 |
| 4. Expiry Date of Insurance | : 31 Jul 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.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: S\$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	: N/A
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 : CITY INSURANCE AGENCY PTE. LTD. (00000573566)
 Date of Issue : 23 Jul 2020 18:27 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



 Chief Executive