NATIONAL Assessment Centre	Services. 14	e! 1 Jan'05] [W	9260004		1	
Date In: 111/23-11:38	Jeb description		Date & Time Comp	leted	Done py	
Ref No: UN INCAUSSOS IN	SAS e-filing					
Veh No: 074 6200	E-mail (within Shr	s, AIC 2hrs)				4
D.O.A: 3/12/2-08:30	i-Motor Claim	Form	m/1112779-	201 8/1	12 11:13	
	i-Motor W/O	Within: OD 2hrs,	7'P 4hrs)			
OD / TP/ Reporting Only	i-Photo Upload	led				
	Assessment/Surv	ey Report				
TP Insurer:	Ass't Report by	Fax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (And the second s		Tel:	Fax:)
TP Particulars: Veh No: JN 916	soy.	. INC()/Non-INC()		
Owner / Driver: (Tel:			
Policy No: () Perio	od: ()	Cover Type: (
Confirmed by: (Date:	Time:			
Insured/Driver Liability: (%) [No	ote-Est. Status (Wo	O): N: 0-20)%; P: 21-79%. I	2: 80-100%	<u> </u>	
Year of Registration: () W:	arranty: YES ()/NO()			
Excess: (\$) Loading: \$1,000)()/\$2,000()				
General Remarks:-				\$7655		<u>:</u>
() Walk-In Customer: Customer's inform	ation strictly Confi	idential & Str	ictly NO refer of rep	pairer.		
() Total Loss Case : to e-mail Insurer	URGENTLY.	•		·		
Drive-In () / Towed-In (); Invoice:	YES()/NO) () ; To	owing Co: (*)
Remarks: (INC hotline: 6788 6616)			Date&Time Comp	e'34	Done by	٠.,
	urtesy Car ()			À.		
2) QC Check / Post Repair Inspection	()					
3) Upload Resurvey Photo [Repair Cost > \$300	00] ()	- · ·				
Injury:						
				SS 18 18 18 18 18 18 18 18 18 18 18 18 18	Moscus.	·
Date/Time Actions						
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	3					
•					6.62012948848757	Amt (\$)
KA 400019		Invoice Pre	paration Checklis		1 W. S. W. W. S	dd Bill
Claimant's Particulars:		1) AR : Accident	Reporting (\$30); Assessment (\$100);	INC (\$80)		
		3) TF : Towing F	· .	\$40/\$45 \$120		
Driver/Owner:		4) FT : Follow-T	hrough Survey (Resurve)	330		
Contact No:		For claiming a	gainst INC Only (wef IC	Jan 2005) \$75		
Darmaged Portion:		7) N1 : Idac DA	+ SMRT Survey	. \$160		
3		8) NTUC Additi	onal Services:-			
C Checked by (Engr-In-Charge):		*NS: Courtes)	Car / Tpt Allowance	\$5		
		*N6: Repair C	Co-ordination onir Inspection	\$10		
Auditors' Comments ::	· · · · · · · · · · · · · · · · · · ·	+N8: DV / Co	llect Excess Coordination	S20		
at. 1:		TP (N11): TF 9) N12: Idae Mo		3(0	
at. 2/3;		Invoice dated		Charged Charged	50 110 EST	物質學
	j	Invoice dated	ree	Charge		

3 . jor at 1.700

SN0920C8000A / National Assessment Centre Services [408933] ENTRY DATE & TIME: 08/12/2020 11:08 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (08/12/2020 11:08 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.
 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 Submission 08/12/2020 11:08 (SGT) Date of Accident 07/12/2020 08:30 (SGT) Exact Location of Accident Yio Chu Kang Rd, Singapore Additional Location Information JUNCTION WITH SERANGOON NORTH AVE 5 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number S.JY6200A

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner WPLD Company Reg No 5XXXX259D Email Address wengdave55@gmail.com Mobile Phone No (Phone) +65-97536513 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model City Variant Exact purpose for which vehicle was being used at time of Private hire accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

No - Claiming third party Private hire

Honda

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5112022139-01 Cover Note Number

DRIVER

Name of Driver LOO PAI WENG NRIC No SXXXX423E Date Of Birth 05/12/1955 Occupation Outdoor

Date Of Driving Pass 31/05/1977 Driving experience 43 YEARS AND 7 MONTHS Gender Male Mobile Number (Phone) +65-97536513 Alt. Phone Number Email Address wengdave55@gmail.com Address **BLK 109 LENGKONG TIGA** Address complement #10-277 Postcode 410109 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured Other Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver 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 the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) 2 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? No 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 Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SJN9160U Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Contact Number

Address	_
Address complement	_
ostcode	_
nsurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	
No. Of Passenger (Including Driver)	1-0

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>.
- 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.
- 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:
 - 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;

WPIT

- (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 .:

Soverngeum North AM 5

15	1	1	1	P	
KA KO			To Ow Keny Rel		

VehB: SJY 6200A VehB: SJN9160U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A(SJY 6200A)
traveling along You Chu Kong Road touds Thomson on Afth lane of 9
5-lanes, road. My vehicle was stationery while waiting to turn left
to Serangoun North Avenue 5. Out of sudden, vehicle B (SJN9160U)
came from rear and 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: STY 6200A	MAKE & MODEL: Handa City (AUTO) MANUAL
DATE OF ACCIDENT:	7/12/2020 cc: 1.5
TIME OF ACCIDENT: 0830 HRS	Wartion: Along You Chy Kang Road / Strangon North Are
EXACT PURPOSE USED AT TIME OF ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE
NAME OF OWNER:	WPLD
TEL NO:	H/P: 97536513 OFFICE: HOME:
NRIC:	533612590
ADDRESS:	109 Lengtong Tigg #10-277 S(410109)
EMAIL:	wengdave 55@ gmail.com
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY
FLEET POLICY:	YES (NO)
NSURANCE COMPANY:	NTUC
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO:	5112022139-01
NAME OF DRIVER:	AS ABOVE / IF NO: LOO Pai Word
NRIC:	S1173423E ANY PASSENGER: 1 (M)
DATE OF BIRTH:	5/12/1955
OCCUPATION:	OUTDOOR / INDOOR
GENDER:	MALE / FEMALE
CONTACT NO:	H/P: 97536513 OFFICE: HOME:
ADDRESS:	BLK 109 Lengkary Tigor #10-277 S(410109)
EMAIL:	wengdaue 55 @ gmail.com
DOES DRIVER OWNED ANY VEHICLE:	NO IF YES, REG NO: INSURER:
RELATIONSI SHIP:	Owner
WEATHER CONDITION N:	CLEAR / RAINING / OTHERS:
ROAD SURFACE:	DRY / WET / OTHER:
ANY INJURIES:	NO / IF YES, WHO?
NAME & CONTACT:	
NAME & CONTACT:	
POLICE REPORT:	NO) IF YES, WHERE?
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?
VEHICLE B REG NO:	STN9160U ANY PASSENGERS:
NAME OF DRIVER:	CONTACT NO:
VEHICLE C REĢ NO:	ANY PASSENGERS:
VEHICLE D REG NO:	ANY PASSENGERS:
VEHICLE E REG NO:	ANY PASSENGERS:
VEHICLE F REG NO:	ANY PASSENGERS:
VEHICLE G REG NO:	ANY PASSENGERS:
ANY WITNESS? IF YES, NAME:	WITNESS CONTACT:
WAS THERE ANY VIDEO CAPTURE?	YES / NO
WAS THERE ANY AUDIO RECORDED?	YES /NO
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO
ACCIDENT PORTION;	Rear portron
WORKSHOP PARTICULAR:	N-II Automotive Pte Ltd
CONTACT NO:	68420051 / 67440510
CONTACT PERSON:	Brandon
FAX NO:	67410510
WORKSHOP EMAIL:	sales@n51.com.sg



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: 5112022139-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SJY6200A

Chassis Number

: MRHGM6660KT000484

2. Name of Policyholder

: WPLD

3. Effective Date of Insurance

: 30 Nov 2020

4. Expiry Date of Insurance

: 29 Nov 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)
 : \$\$2,000

 EXCESS (SECTION 2)
 : \$\$1,500

 WINDSCREEN EXCESS
 : \$\$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 : 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

: CASA MERAKI PTE. LTD. (00000573856)

Date of Issue

: 30 Oct 2020 12:56 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

1 miles

Chief Executive

eBao Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	• Chan	ge Password	› Log Out
My Desktop	Policy (Query									
Notice of Loss	Policy No.					Date o	f Accident	O	7/12/2020 0	8:30	
	Vehicle No.(Vehicle No.(For Motor)			00A Certificate Number						
						Search					
	Select Po	olicy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 511	2022139- 01		WPLD	53361259D	GPC	drivo CLASSIC	SJY6200A	SJY6200A	30/11/2020	29/11/2021
					C	Continue				11.70	

Policy No.	5112022139-01	Policyhold Name	ler WPLD	WPLD Poli		53361259D		
Certificate								
Address	BLK 109 #10-277 LENGKONG	TIGA SINGA	PORE 410109					
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Policy ssue Date	30/10/2020	Effective Date	30/11/202	0 00:00	Expiry Date	29/11/2021 2	3:59	
Excess Type	Per Accident	All Claims Excess						
Third Party Excess	1500	Own damage Excess	2000	2000		n 100		
Additional Excess	0	OS Premium	0					
Outside Singapore OD Excess	2000	Outside Singapore TP Excess				Young	g/Inexperience Driver Excess	
Agent	CASA MERAKI PTE. LTD.	Agent Tel	69085028		GST Flag	Y		
Co- insurance Flag	No							
Open Policy Info								
Certificate Info								
	older Mailing Address							
Address 1	BLK 109 #10-277	Ad	dress 2	LENGKONG TIGA		Address 3	SINGAPORE 410109	
Address 4		Ad	dress Type	Singapore address		Post Code	410109	
Unit No.	10-277		lated Policy Imber	5112022139-01				
▶ Insure	d Object: SJY6200A							
▽ Endors	ements							
	nce Date of Endorseme	Date of Endorsement		Endorsement Type		t Status	Endorsement Content	

Claim Handling Accident MT/1112779 SJY6200A GST Registration No. 5112022139-01 Policy No. Certificate No Policyholder NRIC 53361259D Policyholder Name WPLD 0 Cover Type drivo CLASSIC Loading PRIVATE CAR INSURANCE Product Code Contact No.(Home) Contact No.(Office) Contact No.(Mobile) 97536513 Nc V Special Remark eCode Email Address ● No ○ Yes eCode Reason No Yes KFK Private Hire 40 NCD Protection NCD Entitlement(%) Accident Details Accident Type Collision - Head to Rear Accident Report Within 24 hrs 08/12/2020 11:10 Report Date Country of Accident Singapore 07/12/2020 Date of Accident Orange Force Reporting Centre Accident Location Yio Chu Kang Rd ▼ Total Excess Applicable Windscreen Excess Excess Type Per Accident 1,500.00 2 000 00 TP Standard Excess Driver is Covered? YIED TP Excess 0.00 YIED OD Excess Additional Excess 0 Total OD Excess Applicable 2000.00 Total TP Excess Applicable **▽** Benefits **♥** GST Registered Information GST Registration Date Yes **GST Status Verified** Modification History 08/12/2020 11:11:47 System changed GST Status Verified from No to Yes Policyholder Mailing Address SINGAPORE 410109 LENGKONG TIGA Address 3 BLK 109 #10-277 Address 1 Post Code 410109 Singapore address Address Type 5112022139-01 Related Policy Number 10-277 Unit No. OI Driver Info Unnamed Driver Driver Type Unnamed Driver 05/12/1955 Driver NRIC S1173423E Driver DOB Unnamed driver Name LOO PAI WENG Driving Experience 43 Driver Age Register Date of Driver License 31/05/1977 Contact No.(Home) 97536513 Contact No.(Office) LENGKONG TIGA Address 3 SINGAPORE 410109 Address 2 Address 1 BLK 109 Post Code Address Type Singapore address 10-277 Unit No. Does he own a Singapore Registered car? Driver Vehicle No. Driver Insurer Company Declaration Breathalyser or Blood Test Reading? Any injury? Modification History Claim 001 New Insured NRIC 53361259D OD-MX Insured Name WPLD Claim Type * 97536513 Contact No.(Home) Contact No.(Office) Contact No.(Mobile) SJN9160U TP Vehicle Number SJY6200A wengdave55@gmail.co OI Vehicle Number V Type of Benefit * Please Select V Claimant Type Claimant Type Claimant NRIC * Claimant Name * >> Claimant Address Claim Description SJY6200A / SJN9160U ON 7 Dec 2020 Preferred Workshop Contact No. Not at Fault Y Insured Liability * Received V Preferred Workshop, Name unknown ✓ GIA report Yes ~ Require Finalisation 08/12/2020 00:00 Date Received 08/12/2020 11:13 Claim Close Date Report Taken By ☑ Print AK letter Save Submit Attachment 001 MT/1112779 Claim No. Upload Date 08/12/2020 11:15 ● Yes ○ No Last Doc. Received Confidential Category * Urgency * Description 1 V Normal Browse... Clear Please Select v NO V ∨ Normal V V NO Browse... Clear Please Select Browse... Clear Please Select V NO V Browse... Clear Please Select V NO ∨ Normal V V Browse... Clear Please Select V NO ∨ Normal V NO ~ ∨ Normal Browse... Clear Please Select

Attachment	Uploade	d By/Date	Category	?	Urgency	Description	Msg Sent? (CO)	
		NAL ASSESSMENT CENTRE SERVI ec 2020 11:15	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-8		
9		NAL ASSESSMENT CENTRE SERVI ec 2020 11:15	SAS		Normal	SAS 2020-12-8		
		NAL ASSESSMENT CENTRE SERVI ec 2020 11:14	Photos		Normal	Photos 2020-12-8		
		NAL ASSESSMENT CENTRE SERVI ec 2020 11:14	Photos		Normal	Photos 2020-12-8		
		NAL ASSESSMENT CENTRE SERVI ec 2020 11:14	Photos		Normal	Photos 2020-12-8		
		NAL ASSESSMENT CENTRE SERVI ec 2020 11:13	Photos		Normal	Photos 2020-12-8		
9		NAL ASSESSMENT CENTRE SERVI ec 2020 11:13	Photos		Normal	Photos 2020-12-8		
a		NAL ASSESSMENT CENTRE SERVI ec 2020 11:13	Photos		Normal	Photos 2020-12-8		
T		NAL ASSESSMENT CENTRE SERVI ec 2020 11:13	Photos		Normal	Photos 2020-12-8		
1		NAL ASSESSMENT CENTRE SERVI ec 2020 11:13	Photos		Normal	Photos 2020-12-8		
		NAL ASSESSMENT CENTRE SERVI ec 2020 11:13	Photos		Normal	Photos 2020-12-8		
Video List						? Source		