| NATIONAL Assessment Centre S | ervices. puet 1 Jordon . | : SN 0920 CL'00 | |
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| | I-Motor W/O (Within: OD 2hrs | 5 MT (1114481- | 21/12/20 17: |
| | I-Photo Uplonded | 1 | |
| | Assessment/Survey Report | 1 | |
| | \ss't Report by Pax / Hand to | Owner/Wksp | |
| Profured Wksp / INC Assign Wksp / QW: (| THE WILLIAM STREET | - / | ax: |
| TP Particulars: Veh No: SJT | 1757 E . INC(| | |
| Owner / Driver: (| 11376 | Tel: | |
| Palicy No: () Period: (|) | Cover Type: (| |
| Confirmed by : (| Dates | Time: | |
| Insured/Driver Liability: (%) [Note-] | Est. Status (WO): N: 0-209 | | 7 |
| | nty: YES ()/NO() | | |
| Execus: (\$) Londing : \$1 000 (| 1/52 000 / | | ., |
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| () Walk-In Customer : Customer's information | Strictly Confidential & Strice | | CD9 31 |
| () Total Loss Case : to e-mail Insurer UR | CIPN'TT V . | dy NO later of repoller. | |
| Drive-In ()/Towed-In (); Invoice: YES | | * "" " " | |
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| Commerce of the County Commerce of the County of the Count | 1010年到1866年187日 | | Welliams by |
| 1) Apply for Transfort Allowance ()/ Courtes | Car() | | Service de la constante de la |
| 2) QC Check / Post Repair Inspection | .(·). | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] | () [] | 1 | 4.4 |
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| river/Owner: | 2) DA ! Damege Asset | . S40/545 | |
| · · · · · · · · · · · · · · · · · · · | 4) FT : Fellow-Throug | h Survey \$120 | |
| mlact No: | . 5) PT : Pollow-Throug | li Survey (Resurvey) 330 INC Only (well I Jan 2005) | |
| maged Portion: | 6) TR: Re-impection | 573 | |
| | 7) N1 : Idao DA + SM1 | | |
| Checked by (Engr-In-Charge): | 8) NTUC Additional Se | 1[VL004]- | |
| | *NS: Courlesy Car / | | |
| A MARINE SALVEN PAR PROPERTY OF THE PROPERTY OF THE PARTY | *NG: Repair Co-nedi | nation 310 peotion 523 | |
| | NII: DV / Collect E | cuess Coordination 35 | |
| | P (N11): TP (Nan 9) N12: Idao Mobile | INC) against INC \$20 | |
| 27.2: | Invalue dated | . Fee Charged | MANUTE IN |
| | Involen datad | Fee Charged | CHESTERN |

SN0920CL000H / National Assessment Centre Services [408933] ENTRY DATE & TIME: 21/12/2020 16:03 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (21/12/2020 16:03 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.

ACCIDENT STATEMENT

Date of Submission 21/12/2020 16:03 (SGT) Date of Accident 20/12/2020 17:20 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJT8503P

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner PRESTIGE KARZ LEASING PTE. LTD. Company Reg No 2XXXXXX085E Email Address PRESTIGEKARZLEASING@GMAIL.COM Mobile Phone No (Phone) +65-86466661 Alternative Phone No +65-86466661

VEHICLE PARTICULARS

Manufacturer Hyundai Model Avante Variant Exact purpose for which vehicle was being used at time of Employment accident Are you claiming under your own insurance policy for repair to No - Reporting only your vehicle? Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number 5119625576 Cover Note Number

DRIVER

Name of Driver HO SHUXIAN (HE SHUXIAN) NRIC No SXXXX096J Date Of Rirth 07/10/1083

| Date Of Driving Pass | 18/12/2004 |
|--|------------------------------|
| Driving experience | 16 YEARS |
| Gender | Male |
| Mobile Number | 1200745 |
| | (Phone) +65-98430108 |
| Alt. Phone Number | |
| Email Address | rickyho.sx@gmail.com |
| Address | BLK 941 HOUGANG ST 92 #14-07 |
| Address complement | • |
| Postcode | 530941 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Hirer |
| Does Driver Own Other Vehicles? | No |
| | NO |
| Vehicle Registration Number of Other Vehicle Owned by Driver | (20) |
| Insurance Company of Other Vehicle Owned by Driver | 1778 |
| insurance company of Other Vehicle Owned by Driver | 3.00 |
| GENERAL INFORMATION OF THE ACCIDENT | |
| Tons of Assidant | 0.111. |
| Type of Accident | Collision - Head to Rear |
| Weather Conditions | DRIZZLING |
| Road Surface | Dry |
| | |
| OTHER INFORMATION | |
| | 19225 |
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | (=1) |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| | 3.0 |
| Has the driver been approached by unknown person(s) | Me |
| soliciting/offering accident claims assistance? | No |
| DETAILS OF POLICE ACTION | |
| | |
| Was the accident reported to the police? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | 140 |
| ii yes, agailist wildin: | 5 |
| CIRCUMSTANCES OF ACCIDENT | |
| onto the contract of Addition | |
| REFER TO STATEMENT. | |
| | |
| ATTACHMENT(S) | |
| Are applicant photos quallable for attaches and | V |
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | No |
| Was there any audio recorded? | No |
| DETAIL OF OTHER | AVELUOLE PROPERTY 4 |
| DETAILS OF OTHER | R VEHICLE PROPERTY 1 |
| Vehicle Registration Number | SJT7757E |
| Vehicle Manufacturer | SULL TO TE |
| | • |
| Vehicle Model | * |
| Vehicle Variant | * |
| Vehicle Colour | |
| Vehicle Category | Private car |
| Name of Driver | Œ |
| Contact Number | (* |
| Address | |
| Address complement | * |
| Postcode | ·· |
| * * * | 577 |
| | |

Nature Of Damage

Details of property damaged in accident

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.
- 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 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.
- 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' law yers/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")

950

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

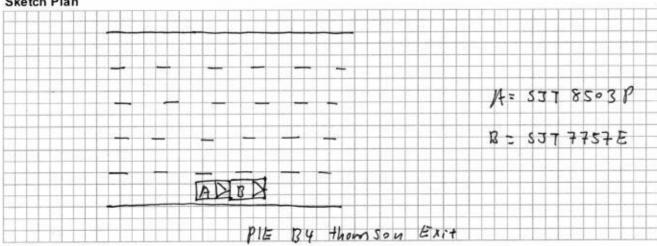
Policyholder's Signature / Date & D

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Time



Describe Circumstances of the Accident

| 1 | was | travel | lling | along | PIE | Bef | 010 | thows. | on l | exit | |
|------|-------|---------|-------|-------|--------|-----|------|----------|------|------|---|
| on | the | first | ane. | veh | B WI | rch | was | in-front | 2 f | me | 2 |
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Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

A

Witnessed by Reporting Centre Personnel

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$8331096J





HO SHUXIAN (HE SHUXIAN)



书

CHINESE Date of birth 07-10-1983

Sex M

Country/Place of birth SINGAPORE

5348830



Date of issue 04-09-2014

APT BLK 941 HOUGANG STREET 92 #14-07 SINGAPORE 530941

| eBao Tech | | | | | | | | | | Genera | alClaim | |
|------------------------------|----------|-------------------------------|-----------------------|--|----------------------|--|------------------------------|----------------|-------------------|------------------|-------------|--|
| Hello, NAC_PAYA_UBI_80 | 0601 | | | | | | • Change | Language | e • Chan | ge Password | · Log Out | |
| My Desktop Notice of Loss | Poli | Policy Query | | | | | | | | | | |
| | Policy I | Policy No. | | | Date of Accident | | | | 21/12/2020 | | | |
| | Vehicle | Vehicle No.(For Motor) SJT850 | |)3P | | Certificate Number | | | | | | |
| | | | | | | Search | | | | | | |
| | Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRJC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date | |
| | 0 | 5119625576 | 5119625576- 000005 | PRESTIGE KARZ LEASING PTE. LTD. | 201917085E | GFM | Third Party, Fire & Theft | SJT8503P | SJT8503P | 27/10/2020 | 26/10/2021 | |
| | | | | | ma | STATE OF THE PARTY | 7 | | | | | |

ACCIDENT STATEMENT

| , LOC | ATION: PIE | 77 | - | | <u>20</u>)(HH:MM |
|--|---|-----------------|--------------|--------------|-------------------|
| The state of the s | 7 | 74 74 | ism Sig | GXit | |
| 1 | DETAILS OF VEHICLE | A | W | | |
| | a) VEHICLE NUMBER: | | 8503 P | | 2.0 |
| 80 | b)INSURANCE COMP | ANY: | NC | | |
| | C)POLICY NUMBER: | 17 | - | | |
| | d)POLICY TYPE: (CON | APREHENSIVE / | THIRD PARTY | THIRD PARTY | FIRE &THEFT) |
| | e)MAKE & MODEL: | MYUNDO | 1 Avan | te RS Sp | ort 1.6. |
| | f)TYPE:(SALOON / CO | UPE / MPV /V A | N/LORRY/A | MOTORCYCLE | / OTHERS) |
| | g) VEHICLE CATEGORY | AT A COIDENT | DMMERCIAL / | MOTORCYCL | |
| | h)PURPOSE OF USING i) ARE YOU CLAIMING | AT ACCIDENT I | IME: Pri | vate Use | - |
| | IF NO, PLEASE STATE (| THIRD PARTY C | WN INSURAN | ICE (YES/NO) | |
| 2. | INSURED / POLICY HOL | DER | | _ | |
| | A) NAME: Prest | i's e Kar a | Leasin | 9 /44415/ | EEAAA1E) |
| | b) NRIC/FIN/PASSPORT | J - 1 - 1 | - | CONTACT:_ 8 | GUC GGG |
| | c)ADDRESS: | | | JOHNACH, | 18 600 |
| w n n | <u> </u> | | | | |
| Man A | * CONTINUE TO 3.d IF D | RIVER ALSO PO | DLICY HOLDE | R | |
| ₩ No of passonga | DRIVER | | | | |
| (Including driver) | a)NAME: Ho S | | | (MALE / I | FEMALE) |
| (1) | b)NRIC/FIN/PASSPORT; c)ADDRESS; | | c | ONTACT: 98 | 430108 |
| | CINDDRESS: | | | | |
| | *d)DATE OF BIRTH: (| 1 1 | 1/DD/MM | VVVVI | |
| | e)OCCUPATION: (INDO | OR / OUTDOO | E) | 1111) | 7 |
| | f) YEARS OF DRIVING EX | PRERIENCE: | | 2 | |
| 4. | WAS DRIVER AN EMPL | OYEE OF THE | INSURED'S | COMPANY? (Y | 'ES / NO) |
| | IT NO, KELATIONSHIP | OF THE DRIV | ER WITH INS | SURED. | Hiver |
| 5. | DI WEATHER CONDITION | : (CLEAR / RAIN | VING / OTHER | RS drizzli | ng |
| 2 1 | O)ROAD SURFACE: (DRY | / WET / OTHER | s | | 7 |
| 0. V | WAS ANYBODY INJURED | (YES / NO) | | - | |
| | IF YES, PLEASE STATE W | (YES / NO) | | | |
| , 8. T | HIRD PARTY VEHICLE | HICH POLICES | TATION: | | |
| No of passenger | a) VEHICLE NUMBER: | SJ T 77 4 | STE MC | DEL- | |
| Induding driver) 1 | OL DRIVER 2 NAME: | | | | |
| () | C) NRIC/FIN/PASSPORT | : | cc | ONTACT: | |
| 7. 11 | JIKD PARTY VEHICLE | | | | |
| No of passenger | d) VEHICLE NUMBER: | 114 | мо | DEL: | |
| Induding driver | DRIVER'S NAME: | | | | 38 (6) |
| () | NRIC/FIN/PASSPORT: | | co | NTACT: | |
| () | 8 | | | | * |
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| | | | | | 1355 (8) |

email = Prestige Karz leasing @ gmail. com.

fax =

No.