ASS, REG. BY:		
ASSI	GNMENT	
From: Date: — Estimated Cost:	Veh No: SMS/539 C Yr Regn: 2020, Feb. Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /	
OD / TP / WS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No:	Make: Opel Zafira c.c 1364	
at Workshop m/s	Colour Black A/C: Insured / Std / NI / NA	
of	Sp.Reading /8536 T/Radio: Insured / Std / NI / NA	
Insured:	Eng/No:	
Policy No.	C/No: WOVPE9E9J1095618	
Claims No.	Gen. Cond Good / Fair / Poor / Burnt	
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or	
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or	
Make of Veh:	Modi: Nil / S/Rim STD A/Rim or	
	Tyre Size: F: 225/50 R17.	
(Policy Condition)	R: 225/50R17	
Remark: The veh had commenced its N/S O/S	BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /	
repair at the time of inspection.	TOYO/YOKO or	
Bal. or Market Value:	Front Rear	
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. Ob mm / R/Bal. ob mm	
GIA / PR Seen: Consistent?: Yes or No	L/Balmm L/Balmm	
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 06 01 21	
Lum Sum: % 3 Val.: Yes or No	Survey held at	
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Real / O/S / N/S / U/C / Rooftop or	
Vehicle: IN / OUT	The Lorentz of the Lorentz of the standard by the collision	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.	
Date / Time Action / Instruction	•	
HAID.	drocest nat provinces seems to manage	
m∨ :		
PV ;		
Nett:	STOPHINE STOP	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:	
1) : Final Report	Resurvey No. of Trip: Survey Fee:	
Date/Time, File Return to?	Transportation:	
2) Add Fe		
	: Interview (\$) Photos	
Report Format :	: Tech. Invs (3) Others	
Lump Sum / I.B.J; (\$:Weelfend (* 1	
	TOTAL	

SA1F21150002 / ALPINE MOTORS PTE LTD ENTRY DATE & TIME: 05/01/2021 11:42 (SGT) SUBMITTED BY: Sim Ek Gee Vincent VERSION: 1 (05/01/2021 11:42 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 05/01/2021 11:42 (SGT) Date of Accident 05/01/2021 08:40 (SGT) **Exact Location of Accident** Sin Ming Rd, Singapore Additional Location Information SIN MING AVE AND SIN MING DRIVE /BRIGHT HILL TEMPLE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMS1539C

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner ALPINE CAR RENTAL PTE LTD Company Reg No 1XXXXX483E **Email Address** claims@alpinecarrental.sg Mobile Phone No. (Phone) +65-65532122 Alternative Phone No (Office) +65-65532122

VEHICLE PARTICULARS

Manufacturer Opel Model Zafira Variant Exact purpose for which vehicle was being used at time of Private hire

Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party

Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Yes Policy Number 5112296399 Cover Note Number

DRIVER

Name of Driver LIM ENG CHEONG NRIC No SXXXX442A Date Of Birth 07/12/1964 Occupation Indoor

Date Of Driving Pass Driving experience

Gender Mobile Number

Alt. Phone Number Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

PASSENGER 1

Name

Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

STOP FOR TRAFFIC LIGHT AND WAS HIT FROM BEHIND - FRONT VEHICLE NOT AFFECTED

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

Yes

Yes

05/07/1985

Male

575571

No

No

Hirer

Clear

Dry

No

No

Yes

2

No

LIM YI MING

Female

No

No

2

35 YEARS AND 6 MONTHS

(Phone) +65-83287636

engcheong.lim@gm.com

22 SIN MING WALK

Collision - Head to Rear

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer Vehicle Model

Vehicle Variant

Vehicle Colour Vehicle Category Name of Driver

Contact Number

SMW554T

Nissan

Latio

Blue

Private hire

-25

Accident report SA1F21150002

Page 2 of 23

Address	
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

ILZOULANT WOLICE

- 1 Please report correctly the cetar's of the accretent to spend up the claim, 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 hability.
- 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.
- By the ladgment 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)

Funderstand, 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.
- (c) 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.

Policiploter Signature
Date & There:

(If driver is not the policylinider)

Oate & Time:

5 Jan 2021

Reporting Centre Personnel's Signature

WILL YELL NO.

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: 5112296399-01-000340

Cover : drivo PREMIUM : SMS1539C

1. Index mark and Registration Number of Vehicle

Chassis Number

* : W0VPE9EC9J1095618

2. Name of Policyholder

: ALPINE CAR RENTAL PTE LTD

3. Effective Date of Insurance

: 01 Sep 2020

4. Expiry Date of Insurance

: 31 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 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) : S\$1,400 **EXCESS (SECTION 2)** : S\$1,400 : \$\$100 WINDSCREEN EXCESS : N/A ADDITIONAL EXCESS

: PLEASE REFER OVERLEAF LINNAMED DRIVER EXCESS

· YES REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COF : YES · NO NCD PROTECTION TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A : N/A NAMED DRIVER (2) HIRE PURCHASE COMPANY : DBS BANK LTD

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

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

: ALPINE FINANCIAL PTE. LTD. (00000615424)

Date of Issue

: 08 Sep 2020 16:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

REPUBLIC OF

Number S1633442A

PORE DRIVING LICENCE

LIM ENG CHEONG

Motor Cars and Motor Tractors the weight of Heavy Motor Cars and Motor Tractors the which unladen does not exceed 2500 kilograms 05 Jul 1985

Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms weight of which unladen exceeds 2500 kilograms

Class 4 Class 3

30 May 1987

20 Jul 1987

NP 428A



6436727

NRIC No. S 1633442A

15-06-2020

#08-03 SINGAPORE 575571

IDENTITY CARD NO. \$1633442A REPUBLIC OF SINGAPORE

001147701C

Issue Date: 03 Mar 2004

Birth Date: 07 Dec 1964



LIM ENG CHEONG



07-12-1964 Date of birth CHINESE

SINGAPORE

Country/Place of birth

≤ Sex