NATIONAL Assessment Centre	Samlage	([Suret 1]	31/0H21170	002		
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Owner / Driver: (2.11 12121	,	Tel:	1)	
	lod: ()	Cover Type:	(.).	
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1) Apply for Transport Allowance ()/C	Courtesy Car ()			, W	1	
2) QC Check / Post Requir Inspection	(,)			-		
3) Upload Resurvey Photo [Repuir Cost> \$3	000] ()	<u> </u>		***************************************		
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SN08211I0003 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 18/01/2021 13:18 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (18/01/2021 13:18 (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.

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 18/01/2021 13:18 (SGT) Date of Accident 16/01/2021 11:18 (SGT) **Exact Location of Accident** Near Unnamed Road, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

SLX1032H

+65-98280773

INSURED/POLICYHOLDER Is company? Yes Name Of Registered Owner MICRO CREDIT (CAR LEASING) PTE LTD Company Reg No 2XXXXX504E Email Address danielucas83@gmail.com Mobile Phone No (Phone) +65-98280773 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Vehicle Registration Number

Honda Model Shuttle Variant Exact purpose for which vehicle was being used at time of accident Employment Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5117122054 Cover Note Number

DRIVER

Name of Driver CHEN CAIFA NRIC No SXXXX809Z

Date Of Driving Pass Driving experience *Gender Mobile Number	18/08/2017 3 YEARS AND 5 MONTHS Male
-Alt. Phone Number	(Phone) +65-98280773
Email Address	terencechencf@gmail.com
Address complement	BLK 162 YISHUN STREET 11 #15-252
Address complement Postcode	- 760162
Is the driver the policyholder?	No No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	No
ADDITION OF THE PROPERTY OF TH	-
Insurance Company of Other Vehicle Owned by Driver	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged? Number of Passengers (Including Driver)	Yes
Has the driver been approached by unknown person(s)	3
soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	UNKNOWN
Gender	Female
PASSENGER 2	
Name	UNKNOWN DAUGHTER
Gender	Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Yes
Police Station Name	Central Division Headquarters
Police Station Phone No	(Phone) +65-18002240000
Alt. Police Station Phone No Police Station Address	(Fax) +65-62200877
	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given? If yes, against whom?	No -
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO POLICE REPORT A/20210116/7062	
ATTACHMENT(S)	
Are accident photos available for attachment?	V
Was there any video captured by Car Camera?	Yes No
Was there any audio recorded?	No

venicle Registration Number	GBH1345H
*Vehicle Manufacturer	GB11343H
Vehicle Model	-
TO SHARE THE PARTY OF THE PARTY	-
-Vehicle Variant	-1
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	Commercial venicle
Contact Number	-
Address	.=
The state of the s	-
Address complement	-
Postcode	_
Insurance Company Name	
Nature Of Damage	-
Details of property damaged in accident	-
	: =
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

CHEN CAIFA
-
900
-
_
SLIGHT INJURY
SLX1032H
Yes
No

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material
 facts may allow insurance companies to repudiate policy liability.
- 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:
 - (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 : Date & Time: Driver's Signature

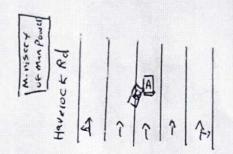
(If driver is not the policyholder)

Date & Time:

Reporting Centre Persannel's Signature

Name:

NRIC/FIN No.:



Vehicle A SK1032H Vehicle B GBh 1345H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	Reper to police report No:
	A / 20210 116 / 7062
ARATION	

going particulars are true in every espect.

Policyholde Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Date of Accident	: 16/01/21 Accident Time: 1118 (24-HR-Format)
Accident Place	Harelock food Outside of mithistry of
Vehicle. No. (Car Plate No.)	SLX 1032H Make Model: Handa Shullle
Insurace Company	NTUC Policy No. 5117122054
Owner or Company Name AC No	Micro Could (cor leasing) Ple Ltd
Owner or Company Contact No.	Owner's Hp Company Tel
DRIVER'S Name / IC No.	Chen Cas For 1586168092
DRIVER'S Date Of Birth	: 16/06/86 DRIVER'S License Pass Date 18/08/17
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Uve
DRIVER'S Address	162 Yishum Street 11 #15-252
DRIVER'S Contact No./ Alt No.	1) 9828 0773 2)
DRIVER'S Occupation	: INDOOR \OUTDOOR (e.g. working inside or outside office)
Email Address	: DANIKLUCAS 836) yman long
Weather & Road Surface	: CLEAR & DR \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including	Driver): 3 (2 FEMAILE)
Was there any video Captured by of Exact purpose for which vehicle was Any Injury (If YES, PIs state):	ear camera: YES \ NO as being used at the time of accident: Private use \ Work purpose
Other	Party Driver's Particular (if any)
Vehicle. No:	Vehicle, No: GBH 1345 H
Vehicle Make Model:	Vehicle Make Model:
Name Driver:	Name Driver;
C No. Driver/Contact:	IC No. Driver Contact:

* NEW - Passenger's name & gender:





1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Central Division HQ A 391 New Bridge Road #03-112 Police Cantonment Complex SINGAPORE 088762 Tel No:1800-2240000 Report No. A/20210116/7062

Date/Time Report Made	Vide Rep	oort No.		Station Diary No.			
16/01/2021 23:23							
Name Of Informant	Address						
CHEN CAIFA	162 YISI	HUN STRE	ET 11 #15-252 SI	NGAPORE 760162			
ID Type / ID No.	Contact	No.					
NRIC NO / S8616809Z	Home/Office: Mobile:						
	98280773						
Nationality	Email Address						
SINGAPORE CITIZEN	terencechencf@gmail.com						
Occupation	Sex	Age	Date of Birth	Race			
Taxi driver	Male	34	16/06/1986	Chinese			
Institution/School Name	Language English						
Date/Time Of Incident	Location	Of Inciden	t				
16/01/2021 11:20 - 16/01/2021 11:20	HAVELO	OCK ROAD					
Priof datails							

Brief details.

On the above mentioned date and time i was driving vehicle SLX1032H with 2 passengers on board.

All of us were belted.

I was traveling straight along havelock road before the junction of new market road. I was on the third lane from the right and there was a lorry in front of me and he cut to the left lane.

Afterwards, i continue driving straight as there was no vehicle in front of me anymore but suddenly when

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this
Not applicable	report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 16/01/2021 23:23
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20210116/7062

almost half of my vehicle had already passed by the said lorry, suddenly i felt a impact from my vehicle left portion.

I alighted to realise that vehicle GBH1345H tried to avoid the cyclist in front of him as such sway his vehicle to the right and collided on to the left portion of my vehicle.

Later in the afternoon, i started feeling soreness on my right arm, right knee, neck and chest areas so i went to central 24 hour clinic yishun to seek treatment and was given 3 days mc.

Victim			
Person Name	CHEN CAIFA		
ID Type	NRIC NO	ID No	S8616809Z
Gender	Male	Age	34
Race	Chinese	Language	English
Occupation	Taxi driver	Address	162 YISHUN STREET 11 #15
			252 SINGAPORE 760162
Mobile No	98280773	Is Informant A	Yes
		Victim?	
Person Name	CHEN CAIFA (Informa	ant)	

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this
Not applicable	report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 16/01/2021 23:23
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

MICRO CREDIT (CAR LEASING) PTE LTD 101 Kitchener Road #03-03 Jalan Besar Plaza Singapore 208511 VHA

VHA No: 1378

HIRER'S PARTI	2112 0			Vehicle I	70 /-	X103	1		lace Veh	No:	131
Name: (as in I/C	,	(ALEA	16800	Mileage				Mile	age Out:		
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- 415-7		60162		OUT: Da		or L	2/3/	11	Tme: / C	2.40p-	EANILA PAR
Name & Address	of Employer:			HIRE/PE	RIOD EXP	PIRY	6	mfr	7		
				NON-WA	AIVER EXC	CESS:\$	20	00/2.	000	21 00	4
Occupation:		Driving	Exp: 7411 +					-1-	1	ed 9s	7-
Driving Licence	the I want to be a series	D/L Type: Lac	al / International			CHARG	Ee		-		1
Issue Date:	到08 1201十	Date of Birth:	1666 1086			CHARG					
Tel: (O)	(R)	HP/	PG 45/8047	Daily	@\$	To Folly	per	day			
ADDITIONAL DI	RIVER'S PARTICU	JLARS		Weekly	@\$		per	week		1/400	351
Name: (as in I/C)				Monthly	@\$	1650	per	month		9/680	
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Address (Res):		101,		Others	@\$	1	1	0574		45	
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Driving Licence	No:	D/L Type: Lo	ocal / International		@\$			day/mo	Times .	2	
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Occupation:			ng Exp:	Delivery S	Service		100000000000000000000000000000000000000				
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STD Tools	s Jac	ck	Hub Caps								
Radio / C				Addition	Driver's	Signatu	re				
nadio / C	ass CD		Cartidges						-		
I be considered to	ee to the terms & yable under this ago have been made his Agreement is tr	on the charge	both sides of this for parking and tr e/credit card youch	er. All informa	ation I hav	e given N	a chan d to the	ge/crec at acco	dit card fount and r	or payment, ny signature LEASING) Pi	l agr
IPORTANT	rigioennojit is (r	ue. Ay	grat trum	brenows	Courte	-1-	米加	SLAKA	he o		2
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IRER WHO OVERLOOK ON	MAINTAINING THE ENGIN	E OIL & COOLANT TH	HAT CAUSES DAMAGE TO T	HE ENGINE SHALL E	BEAR THE REP	AIR COST.	ICHO CRE	DIT (CAR L	LEASING) PTE	LTD.	1
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DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS				1000	4		

Claim Handling

Claim Handling					
Accident MT/1117699					
Policy No.	5117122054	Voltate Ne			
Certificate No.		Vehicle No.	SLX1032H		GST Registration
Policyholder Name	MICRO CREDIT (CAR LEASING) PTE LTD				
Product Code	PRIVATE CAR INSURANCE				Policyholder NRIC
Contact No.(Mobile)	98280773	Cover Type	drivo CLASSIC		Loading
Email Address	50200773	Contact No.(Office)			Contact No.(Home
KFK	No Yes	Special Remark			eCode
NCD Protection		TCA	No Yes		eCode Reason
	No	NCD Entitlement(%)	0		Private Hire
Report Date	18/01/2021 13:12	Accident Report Within 24 hrs	Yes		Accident Type
Date of Accident	16/01/2021	Time of Accident hh:mm	11:18		
Reporting Centre		Orange Force	5.5.5.5		Country of Accider
Accident Location	HAVELOCK ROAD POTSIDE MOM BLDG				ICM No.
Total Excess Applicable					*
Excess Type	Per Accident	Windscreen Excess			
		Windscreen Excess		100.00	
OD Standard Excess	2,000.00	TP Standard Excess			
YIED OD Excess	0.00	YIED TP Excess		1,500.00	
Additional Excess	0	THE EXCESS		0.00	Driver is Covered?
Total OD Excess Applicable	2000.00	T. L. (T. F.			
	2000.00	Total TP Excess Applicable		1,500.00	
	ion				
GST Registered					
GST Registration No.	No		GST Regist	ration Date	
Modification History			GST Status	Verified	Yes
riodineación i fiscor y					
Policyholder Mailles Add					
Policyholder Mailing Addi					
Address 1	101 KITCHENER ROAD	Address 2	#03-03 JALAN BES	AR PLAZA	Address 3
Address 4		Address Type	Singapore address		Post Code
Unit No.	12-14	Related Policy Number	5116982038		
♥ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHEN CAIFA	Driver NRIC	S8616809Z		Driver DOB
Register Date of Driver License	18/08/2017	Driver Age	34		
Contact No.(Mobile)	98280773	Contact No.(Office)	5.1		Driving Experience
Address 1	BLK 162 #15-252	Address 2	VICUUM CERCET 4		Contact No.(Home)
Address 4		Address Type	YISHUN STREET 11		Address 3
Unit No.	15-252	Address Type	Foreign address		Post Code
Does he own a Singapore					
Registered car?	Yes No	Driver Vehicle No.	SLX1032H		Driver Insurer Com
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		
lodification History					
loomeacon ristory					
Claim 001 New					
Claim Type *					Toolward .
				OD-MX	V Insured Name MICRO
					Contact No.
Contact No.(Mobile)					
Contact No.(Mobile)					(Home)
					01
Contact No.(Mobile) Email Address					5 62
				SIX1032H / GBH124EH CN	Vehicle Number SLX103
mail Address				SLX1032H / GBH1345H ON	Vehicle Number SLX103
imail Address Claim Description Preferred Vorkshop	Insured Liability Preferered Not at Fault	>		SLX1032H / GBH1345H ON	Vehicle Number SLX103
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mail Address laim Description referred /orkshop	Preferered Not at Fault		~	SLX1032H / GBH1345H ON	Vehicle Number SLX103

ROSLI WAHAB

Print AK letter

Attachment		Save Submit				
⊽						
ccident No.	MT/1117699	Claim No.		001		
st Doc. Received	● Yes ○ No	Upload Date		18/01/2021 13:24		
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Choose File No f	file chosen		Clear	Please Select	v No	
Choose File No f	file chosen		Clear	Please Select	▼ NO	
Choose File No 1	file chosen		Clear	Please Select	▼ NO	
Choose File No f			Clear	Please Select	▼ NO	
Choose File No f			Clear	Please Select	▼ NO	
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jan 2021 13:19

Photos 2

Claim Handling(accident reporting Claim Task)

Video List

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jan 2021 13:19

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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jan 2021 13:19

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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jan 2021 13:19

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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jan 2021 13:19

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Display in New Window Scan and uploading



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: 5117122054

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SLX1032H

Chassis Number

: GP71109548

2. Name of Policyholder

: MICRO CREDIT (CAR LEASING) PTE LTD

3. Effective Date of Insurance

: 10 Apr 2020

4. Expiry Date of Insurance

: 09 Apr 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\$2,000 **EXCESS (SECTION 2)** : \$\$1,500 WINDSCREEN EXCESS : S\$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

: HUANG GUOQING TERRY (00000573375)

Date of Issue

: 08 Apr 2020 14:48 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive