

NATIONAL Assessment Centre Services

(VAT 1211000)

NA1801327

Date In: 28/02/2018 12:05	Job description	Date & Time Completed	Done by
Ref No: X/BA/11000029321	SAS e-tilting		
Veh No: 2105145B	E-mail (within 3hrs, A1021hrs)		
D.O.A: 28/02/2018 09:25	1-Motor Claim Form	11/09/2018	28/02/2018
OD: TP / Reporting Only	1-Motor W/O (within 3hrs, TP 3hrs)		19/14
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Particulars	Yell No: 21588039	INC () / Non-INC ()
Owner / Driver:	Tel:	
Policy No:	Period:	Cover Type:
Confirmed by:	Date:	Time:
Insured/Driver Liability: () % (Note: BSL Status (WO): NI 0-20%; PI 21-79%; PI 80-100%)		
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Rem:

() 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: 1) Apply for Transition Allowance () / Courtesy Car ()	Date & Time Completed	Done by
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo (Repair Cost > \$3000) ()		

Injury: _____

On-site Actions: _____

NA1801327	Invoice Breakdown	Bill	Adp. Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$30)	
Damaged Portion:	3) TP: Towing Fee (\$10/\$12)		
	4) FT: Follow-Through Survey (\$120)		
	5) PT: Follow-Through Survey (Resurvey) (\$10)		
	Excludes apply to INC Only (w/ 10 Jan 2018)		
	6) TR: Re-inspection (\$15)		
	7) NI: 140 DA + SMRT Survey (\$160)		
	8) NTUC Additional Services		
	9) NI: Courtesy Car / Tpl Allowance (\$1)		
	10) NI: Repair Coordination (\$10)		
	11) NI: Post Repair Inspection (\$15)		
	12) NI: DV / Collect Excess Coordination (\$1)		
	TP (NI) / TP (Non INC) against INC (\$20)		
	13) NI: 140 DA (\$10)		
	Invoice dated	Not Charged	
	Invoice dated	Not 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 ability.
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	28/02/2018 12:05
Date Of Accident	28/02/2018 09:25
Exact Location Of Accident	TELOK BLANGAH WAY TURN LEFT TO TELOK BLANGAH CRES
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ5145B
Insured/Policyholder	
Name Of Registered Owner	KARZ-TA LEASING
Co Reg No	53318368E
Email Address	KARZTALEASING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94508445
Alternative Phone No	OFFICE-84533933

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 E (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5084904286-01
Cover Note Number	

Driver

Name of Driver	LEE TIAN SIONG
NRIC No	S6921051A
Date Of Birth	15/06/1969
Occupation	OUTDOOR
Date Of Driving Pass	23/04/2001
Driving Experience	16 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94508445
Fax Number	
Contact Number	OTHERS-84533933
Email Address	KARZTALEASING@GMAIL.COM

Address	BLK 11 YORK HILL #12-120
Postcode	162011
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	4
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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?	YES
If Yes, Please state which Police Station	
Police Station Name	KIM SENG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 5 BEO CRESCENT , POSTCODE: 169981 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2718999 - FAX NO: 63772527
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20180228/2098

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	SLS3863P
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJG7622D
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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJD206J
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)

DETAILS OF INJURED PERSON 1

Name LEE TIAN SIONG
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SLQ5145B
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode



**SINGAPORE
POLICE FORCE**



T/20180228/2098

Police Station Of Origin:
Kim Seng NPP
5 Beo Crescent SINGAPORE 169981
Tel No: 1800-2718999

1 of 3

Report No. T/20180228/2098

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/02/2018 16:49		Vide Report No.:		Station Diary No.: 25	
Informant's Particulars					
Name of Informant: LEE TIAN SIONG			Address: APT BLK 11 YORK HILL #12-120 SINGAPORE 162011		
ID Type / ID No.: NRIC NO / S6921051A			Contact No.: Home/Office: Mobile: 84533933		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 15/06/1969	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/02/2018 09:25	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 TELOK BLANGAH WAY TELOK BLANGAH CRESCENT At the X junction of Telok Blangah Way and Telok Blangah Crescent.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJD206J	Car				Seriously Damaged	0
SJG7622D	Car				Slightly Damaged	0
SLQ5145B	Car				Slightly Damaged	0
SLS3863P	Car				Slightly Damaged	0



Police Station Of Origin:
Kim Seng NPP
5 Beo Crescent SINGAPORE 169981
Tel No: 1800-2718999

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Report No. T/20180228/2098

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE TIAN SIONG	ID No.	S6921051A
Related Vehicle	SLQ5145B (Car)	Contact No.	84533933
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/02/2018	Date Discharge	28/02/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 28/02/2018 at about 0925hrs I was driving along Telok Blangah Way towards Bukit Purmei Avenue and a minor accident occurred at the Junction of Telok Blangah Way and Telok Blangah Crescent.

I was on Telok Blangah Way and was about to turn left into Telok Blangah Crescent. The traffic light was green and the predestrain crossing was on green as well, I was the 2nd vehicle and the 1st vehicle stopped for the predestrain to cross as such I slowed down and eventually came to a halt.

However, right when I came to a stop, the vehicle behind me collided into my vehicle and I collided into the first vehicle in front of me.

It was a chain collision between 4 vehicles and I was the 2nd vehicle. The vehicles order as follow:

- 1st vehicle - SJG7622D
- 2nd vehicle - SLQ5145B
- 3rd Vehicle - SLS3863P
- 4th Vehicle - SJD206J

Nobody was injured. As it was a 2 lane road and we did not want to jam up the road, no particulars were exchanged and all the driver took down photos of the accident and left the area.

After the incident I fell stiffness and numbness in my neck, and right body area as such I went to consult the doctor at Singapore General Hospital and was given 3 days Medical Leave.

I am lodging this report for insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20180228/2098

3 of 3

Police Station Of Origin:
Kim Seng NPP
5 Beo Crescent SINGAPORE 169981
Tel No: 1800-2718999

Report No. T/20180228/2098

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
E /
Sgt 2 TEO TECK CHUAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
28/02/2018 16:49

Officer In Charge Of Case:
TP / AEIT /

SSI 2 SITIMARSITA BINTE BOHARI
Contact No: 65474885


SN 065

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE


	SINGAPORE POLICE FORCE
SN 065	
SIGNATURE	



ORIGINAL

MEDICAL CERTIFICATE

EMD201880779

Name LEE TIAN SIONG		NRIC No. S8921051A
This is to certify that the above-named is unfit for duty for a period of inclusive <u>3</u> days from <u>28-Feb-2018</u> to <u>02-Mar-2018</u>		
Type of medical leave granted :		
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	
Admitted on : _____	<input type="checkbox"/> Maternity Leave,	Delivered on : _____
Discharged on : _____	<input type="checkbox"/> Sterilization Leave,	Operated on : _____
This certificate is not valid for absence from court attendance.		
Diagnosis		Surgical Operation (if applicable)
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Comments : _____		
The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u>		
No medical leave is necessary.		
Hospital/Clinic Emergency Medicine Singapore General Hospital	Ward No. Emergency Department Date 28-Feb-2018	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  TERENCE CHONG KEE LIEM, 62723B



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**.
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. 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.

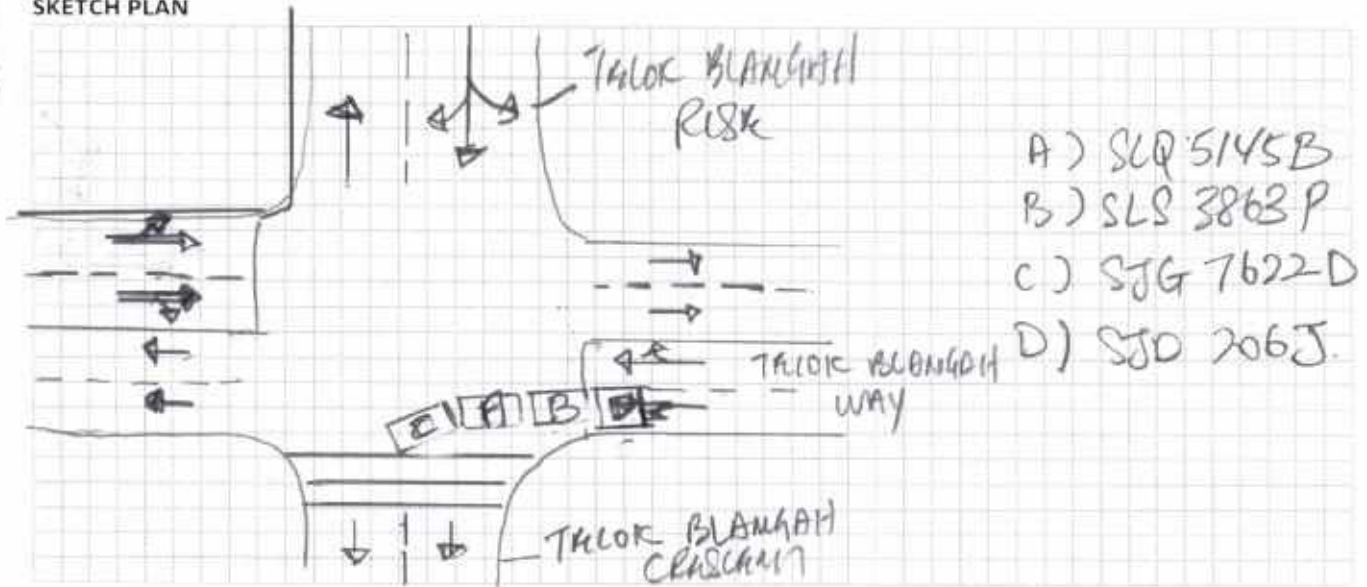


Policyholder's Signature
Date & Time:

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

Traffic light just turn green and just to move off while turning left suddenly pedestrian crossing. SJG 7622D stop and also stop in time then SLS 3863P hit my rear of car. SLQ 5145B. Rear was badly damage

POLICE REPORT T/20080228/2098

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature

Date & Time:

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature]

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Claim Handling

Accident MT/0984140

Policy No.	5084904285-01	Vehicle No.	SLQ5145B	GST Registration No.	
Policyholder Name	KARZ-TA LEASING			Policyholder NRIC	
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	94508445	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFE	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	28/02/2018 19:06	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	28/02/2018	Time of Accident hh:mm	09:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TELOK BLANGAH WAY TURN LEFT TO TELOK BLANGAH CRES				

Benefits

Excess

Own damage Excess	1,500.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	1,500.00		
Third Party Excess	1,000.00	Outside Singapore TP Excess	1,000.00		

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	317 OUTRAM ROAD	Address 2	#B1-03 CONCORDE SHOPPING	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	B1-03	Related Policy Number	5083195710-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LEE TIAN SIONG	Driver NRIC	S6921051A	Driver DOB	
Register Date of Driver License	23/04/2001	Driver Age	48	Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 11 #12-120	Address 2	YORK HILL	Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.	12-120				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SLQ5145B	Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	DD-MX	Insured Name	KARZ-TA LEASING	Insured NRIC	
Contact No.(Mobile)	63223232	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SLQ5145B	TP Vehicle Number	
Claim Description	SLQ5145B / SL53863P ON 28 Feb 2018				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	28/02/2018 19:10	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0984140	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/02/2018 19:14
Path *		Category *	Confidential Urgency
		Browse... Clear Please Select	Normal

<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N/A"/>	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N/A"/>	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N/A"/>	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N/A"/>	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N/A"/>	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 28 Feb 2018 19:14	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 28 Feb 2018 19:14	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 28 Feb 2018 19:14	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 28 Feb 2018 19:12	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 28 Feb 2018 19:12	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 28 Feb 2018 19:12	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 28 Feb 2018 19:12	Photos	Normal	Photo

ACCIDENT STATEMENT

LOCATION: Telok Bkngah Way

0) VEHICLE NUMBER: SLR 514F B

a) VEHICLE NUMBER: 52X 5743 B

b) INSURANCE COMPANY: N7UC
TRV 00000000-01

c) POLICY NUMBER: 5084904286-01

d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)

e) MAKE & MODEL: TOYOTA VIOX

1) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)

g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)

h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE

1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)

IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

INSURED / POLICY HOLDER
A) NAME: KARL TO CAPITAL (MALE / FEMALE)
CONTACT:

A) NAME: JOHN J. JONES CONTACT: JOHN J. JONES

b) NRIC/FIN/PASSPORT: _____ CONTACT: _____

c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER.

DRIVER Lee Hui King (MALE) FEMALE

Q) NAME: Lee Tran Song CONTACT: 45339

b) NRIC/FIN/PASSPORT: 43-126 4-28 H/C CONTACT: 143339

ADDRESS: BK 11 #15-120 YORK HILL

*d) DATE OF BIRTH: (18/06/1967) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) 33/04/2001

DATE OF DRIVING PASS 33/09/2001 OF THE INSURED'S COMPANY? (YES/NO)

4. DATE OF DRIVING PASS 12/1/78
WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) YES
IF YES, WAS DRIVER WITH INSURED? YES

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____
 _____ / _____ / _____ / OTHERS _____

g) WEATHER CONDITION: CLEAR / RAINING / OTHERS

b) ROAD SURFACE: DRY / WET / OTHERS _____

WAS ANYBODY INJURED (YES) (NO)

Q REPORTED TO POLICE (YES / NO) _____

IF YES, PLEASE STATE WHICH POLICE STATION: _____

THIRD PARTY VEHICLE PLS 3863 P MODEL: _____

a) VEHICLE NUMBER: SL3 30031 MODEL: _____

b) DRIVER'S NAME: _____ CONTACT: _____

c) NR/C/FIN/PASSPORT: _____ CONTACT: _____

THIRD PARTY VEHICLE STG 7622 D MODEL: _____

d) VEHICLE NUMBER: SSG 1000 MODEL: _____

DRIVER'S NAME: _____ CONTACT: _____

NRIC/FIN/PASSPORT: _____

10) STD 206J

email = karztalesing@gmail.com

$$f_{ax} =$$

✓ 1 ଡ଼ର

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6921051A



Name

LEE TIAN SIONG

李天祥

Race

CHINESE

Date of birth

15-06-1969

Sex

M

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

S6921061A



LEE TIAN SIONG

Issue Date: 16 Jun 1998

Valid Until: 15 Mar 2007



4719902



NRIC No: S6921051A



Date of issue

13-05-2011

Address

APT BLK 11 YORK HILL #12-120
SINGAPORE 162011

NRIC No: S6921051A

Date: 09/11/2012

No: 7138344

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/CLASSES

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

23 Apr 2007



AP 426A

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)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5084904286-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLQ5145B**
 Chassis Number : MHFB29F3802011958
2. Name of Policyholder : KARZ-TA LEASING
3. Effective Date of Insurance : 18 Aug 2017
4. Expiry Date of Insurance : 17 Aug 2018
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\$1,500
EXCESS (SECTION 2)	: S\$1,000
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	: UNITED OVERSEAS BANK LIMITED
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)

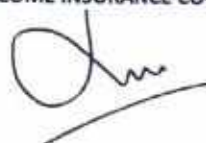
Agency : COWELL INSURANCE (AGENCY) PTE LTD (00000610380)
 Date of Issue : 08 Aug 2017 16:03 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

0% 25% 50% 75% 100%

Text size

01014k

Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:	SLQ5145B		
Vehicle Type:	Z10 - Private Hire (Chauffeur) Motor Car	Vehicle Scheme:	Normal
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	TOYOTA	Vehicle Model:	VIOS 1.8E CVT
Chassis No.:	MHFB29F3802011958	Engine No.:	2NRX159108
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Petrol	Passenger Capacity:	4
Engine Capacity:	1496 cc	Power Rating:	-
Maximum Power Output:	79.0 kW (105 bhp)		
Unladen Weight:	1065 kg	Maximum Laden Weight:	1500 kg
Primary Colour:	Grey	Secondary Colour:	-
First Registration Date:	13 Jul 2017	Original Registration Date:	13 Jul 2017
Manufacturing Year:	2017	Open Market Value:	\$12,771.00
PARF Eligibility:	Yes	Minimum PARF Benefit:	\$3,885.00
No. of Transfers:	0	Additional Registration Fee Rate:	First \$12,771.00 (100%)
Actual ARF Paid:	\$7,771.00		

Owner Particulars

Owner Name:	KARZ-TA LEASING
Owner ID Type:	Business
Owner ID:	53318368E
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.:	317
Registered Street Name:	OUTRAM ROAD
Registered Unit No.:	# B1 - 03
Registered Building Name:	CONCORDE SHOPPING CENTRE
Registered Postal Code:	169075
COE No. / Expiry Date:	2017060101000379K / 12 Jul 2027
COE Bid Category:	A - Car up to 1600cc & 97kW (130bhp)
QP Paid:	\$51,106.00

Transaction Details

Business Transaction Ref. No.:	20170713091929217351
Business Transaction Date:	13 Jul 2017
Business Transaction Time:	09:19:29

Message

The above vehicle has been successfully registered.

Please note that \$49,358.00 will be deducted from your GIRO account.