NATIONAL Assessment Centre	Sarvicas	ref i Janvini	MUALIBRIET	09	
1 0 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Job description	1 1 14 15 15 1	Date & Time Completed	Done l	N.
Ref No NEAT JUCK 0/07/01/	SAS e-filing				
Veh No. F9003 @	E-mail (within 8	hrs, AIC 2hrs)			1
DOA (6109/201 61:35	i-Motor Clain	n Form	mr/10/0331-001	o le lo	1/206
- Care Heero as 25	i-Motor W/O	(Within: QD 2hr	r. TP 4hrs)	12:50	1
OD The Reporting Only	i-Photo Uplonded			3550h): II	
- CONTROL OF THE CONT	Assessment/Sur	rvey Report			
TP Insurer: Ass't Report by		Fax / Hand	o Owner/Wksp		Contract State
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: SJE	3187E	. INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Perio	od: ()	Cover Type: ()	
Confirmed by : (Date:	Times	"	
Insured/Driver Liability: (%) [No	ote-Est. Status (W	7O): N: 0-2	0%; P: 21-79%. F: 80-	100%]	
Year of Registration: () W	arranty: YES ()/NO()		
Excess: (\$) Loading: \$1,000)()/\$2,000	()		****	
General Remarks;-	GS (h) Helike		And Brode State	1, 1,00	
() Walk-In Customer : Customer's inform		nfidential & S	trictly NO refer of repairer	<u> </u>	
() Total Loss Case : to e-mail Insurer	URGENTLY.				
Drive-In () / Towed-In (); Invoice:	YES () / N	io();	Yowing Co: (
Remarks:- (INC horline: 6788 6616)			Date&Time Completed	Done	by
1) Apply for Transport Allowance ()/ Co	urtesy Car ()	CONTRACTOR CONTRACTOR CONTRACTOR	In-	
2) QC Check / Post Repair Inspection	()		The second second second		
3) Upload Resurvey Photo [Repair Cost > \$30	00] ()			
Injury:					
			er grande vertige van de	S. 1020	-
Date/Time Actions	1.0			PROBLEM STREET OF	
X/1/80x60c/		Invoice Pr	eparation Checklist	Anit (\$)	Add Bill
NAGIOUSURY		1) AR : Accide	nt Reporting (\$30);	A STATE OF THE STA	7,000
Claimant's Particulars :-	Proceedings of	2) DA : Damas	e Assessment (\$100); INC	(\$80) \$40/\$45	
Driver/Owner:		3) TF : Towing 4) FT : Fellow	Through Survey	\$120	Ly-in
Contact No:		5) FT : Follow For claiming	Through Survey (Resurvey) ragainst INC Only (wef 10 Jan 2	\$30	
Damaged Portion:	6) TR : Re-ins	pection	\$75 \$160		
Damaged Fordon.	5	8) NTUC Add	A + SMRT Survey		
QC Checked by (Engr-In-Charge):		OD.	esy Car / Tpt Allowance	\$5	
		*N6: Repai	Co-ordination	\$10 \$25	
Auditors! Comments :-	345181 3750		epair Inspection Collect Excess Coordination	\$5	
Cat 1:	A STATE OF THE PARTY OF THE PAR	TP (N11):	TP (Non INC) against INC	30	12
		9) N12: Idec I Invoice dated	Company of the Compan	ged	V 10 7
Cat. 2 / 3;		Involve dated	Fee Charg	ged 3150	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

EMail Address

Fax Number Contact Number

Gender

- 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 witholding 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.
- 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

	ACCIDENT STATEMENT		
Date Of Report	06/09/2018 12:15		
Date Of Accident	06/09/2018 08:35		
Exact Location Of Accident	EXIT 7A AYE TOWARDS JURONG (6 1/2KM MARK)		
Country/State of Loss	SINGAPORE		
	ETAILS OF OWN VEHICLE		
Vehicle Registration Number	E9003G		
Insured/Policyholder			
Name Of Registered Owner	TAN CHEE LEONG (CHEN ZHILIANG)		
NRIC No	S7136794J		
Email Address	CHEELEONG@YMAIL,COM		
Mobile Phone No	(LOCAL) +65-90039660		
Alternative Phone No	OTHERS-90039660		
Vehicle Particulars			
Manufacturer	MERCEDES-BENZ		
Model	300SEL-3.0 (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	REPORTING ONLY		
Vehicle Category	PRIVATE CAR		
Insurance Company			
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD		
Type Of Coverage	THIRD PARTY		
Fleet Policy	NO		
Policy Number	5091953771-01		
Cover Note Number			
Driver			
Name of Driver	TAN CHEE LEONG (CHEN ZHILIANG)		
NRIC No	S7136794J		
Date Of Birth	09/10/1971		
Occupation	INDOOR		
Date Of Driving Pass	29/12/1995		

22 YEARS AND 8 MONTHS

CHEELEONG@YMAIL.COM

(LOCAL) +65-90039660

OTHERS-90039660

MALE

Address

19 LORONG N TELOK KURAU

03-06

Postcode

425145

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

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?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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

SJE3187E

Vehicle Make/Model/Colour

TOYOTA COROLLA ALTIS

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

RODNEY CARLOSE

NRIC/Passport Number

S7133896G

Contact Number

98538818

Address

Postcode

Insurance Company Name

Nature Of Damage

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>.
- 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 Signature

Date & Time:

Driver's Signature

(If driver is not the policyhalder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN	A EXIT	YE TOWARD JURONES (62 KM MARK)
A) E 9 0 0 3 G S) SJE 3 1 87 E COMPLETE STOP	DEN !	FITERING OUT
DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT	
(Veh. A) ward AYE toward mark). V complete he for the ve B (SJE 3)	ehicle of he hicles in flower to the right here the the diver to the diverted the d	behind me and the lane on his while filtering, close to mine side of vehille A. sound of the a few times to that he has hit stopped by the expression of the
I saw	that my rea	is rehold bumpe
has be	en suatured	. Mes attached.
DECLARATION I/We declare the foregoing particular	rs are true in every respect.	av 06/09/2018
Policyholder's Signature Date & Time: 18 0955	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personne's Signature Name: NRIC/FIN No.:

Claim Handling Accident MT/1010331 Bolicy bo. 5091953771-01 forthclir No. econsa SST Registration No. Certificate No. **Pullicyholder Name** TAN CHEE LEONG Pullcyhulder NRSC \$71267541 Product Code PRIVATE CAR INSURANCE Loading Cover Type Third Party Contact No. (Mobile) 30039668 Contact No./Office) Contact No.(Home) Email Address Special Remark eCude No * eCode Resson KFK. * No Yes TEA * No: Yes NCO Protection NCS Entitlement(%) Private Hire Report Date 06/09/2016 12/52 Accident Report Within 24 hrs Accident Type Side Swipe Date of Accident 06/09/2016 Time of Accident hn.:mm 09:25 Country of Accident Singapore JCH No. Reporting Centre Orange Force Acodem Location EXIT 7A AVE TOWARDS JURONG 16 1/2KM MARKS Own damage Excess 0.00 Anthiopal Farence Windscreen Excess 0.00 Unnamed Driver Excess Outside Singapore OD Excess 0.00 0.00 Third Party Excess Outside Singapore TP Excess 0:00 0.00 **▽** Benefits GST Registered GST Registration Date GST Registration No. GST Status Verified Yes Modification History → Policyholder Halling Address Address I 19 LORONG N TELOK KURALI #03-06 CALLIDONA VILLE Address 3 STNGAPORE 425145 Address 2 Address 4 Address Type Singapore address Post Code 425145 Related Policy Number 5091953771-01 Unit No. P DI Driver Info TAN CHEE LEONG Driver Type Main Driver Driver Name Driver NASC 571367043 Driver DOS 09/10/1971 Unnamed driver Name 01/01/3000 Register Date of Driver License Onven Age Driving Experience Contact No.(Office) Contact No.(Home) Contact No.(Mutole) 90039660 Address I Address 2 Address 3 19 LORDING IN TELOK KURAU #03-06 CALLIDORA VILLE SINGAPORE 425145 Address + Address Type Singapore socress Post Code 425145 Desir No. Does he xwn a Singapora Registered car? Yes a No Driver Vehicle No. Driver Insurer Company £9003G Breathalyser or Blood Test Reading? Any injury? Yes - No 9 mg Modification History Claim 904 New * Name TAN CHEE LEGIS Claim Type * DD-MK \$7136 Cuntact No.(Mobile) 90019660 62005258 Emeil Address 536318 kheekory@ymail.com E9003G Name of Preferre Clarm: Description E90030 / S3E2187E ON 6 Sept 2018 Professed Workshop floatest No. Yes Finelisetton Ensured Liability | Not at Fault Preferred Workshop, Name un Date Registered D6/09/7018 12:57 Report Taken By ROSLI WAHAB of Print AK letter Save Submit Attachment MT/1010331 Claim No. Accident No. 001 Last Doc. Received * Yes O No Upitied Date 06/09/2016 12:58 Choose File No file chosen * 190 ٠ Clear Choose File No file chosen Clear Page Select + NO * Narmal • Chaose File No file chasen Char Please Select * NO * Normal ٠ Choose File No file chosen * NO • Clear Please Select Chaose File No file chosen * NO Oner Please Select + | NO * Normal * Choose File No file chosen Char Please Select Message Reset

Category

Photos.

Urgency

harmat

Uplnaced By/Date

NAC_BURIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 06 Sep 2018 12:58

P. Attachment List

Photos 2018-9-6



Courtey in New Window Scart and uploading

28		CCIDENT STATEM	IENT~ DOT	52 OF \$2 69
	DENT DATE: (66,09)	2018 (DD/MM/YYYY		(HH:MM)
. 01	SCIT TA	AVE TOWA	RS JURONG	N 63 KM
LOCA	TION: DILL TI	1110 1000		mark
1	DETAILS OF VEHICLE	E 90036	\$ 5	The state of the s
2 1946	a) VEHICLE NUMBER:_	E 9/00301		9.5
	B) INSURANCE COMPA	NY: MICOME	71 01	
*	CIPOLICY NUMBER:	5091953+	TI OF BARTY EIRE	*THEFT)
	d)POLICY TYPE: [COM	PREHENSIVE SHIRD PAR	世里3005€	
	FITYPE ISALOON CO	JPE / MPY /V AN / LORR	Y / MOTORCYCLE / O'	(HERS)
	g) VEHICLE CATEGOR)	PRIVATE L'COMMERC	AL MOTORCYCLE	\$2.
	HIPLIRPOSE OF USING	AT ACCIDENT TIME:	17/01/10	with Top
	I) ARE YOU CLAIMING	UNDER YOUR OWN INSU	EPOPTING ONLY	- MATORILL
	INSURED / POLICY HO	THIRD PARTY CLAIM / R	EF.OKTING ONETY	
2.	ANAME: TAN	PERCHEE LEONIC	(IMALE / FE	MALES a/60
	b) NRIC/FIN/PASSPORT	571367947	CONTACT	# 03-06
	c)ADDRESS:	TOK N TEL	5/425/4	15/
	* CONTINUE TO 3 d IF	DRIVER ALSO POLICY H	OLDER	9
He of passongs		DOMEST CAMPAGE DOME		WATYOTE LEE C
***	a)NAME:	all about	(MALE / FE	MALE)
(Including driver)	DINKIC/FIN/F ASSI ON	<u> </u>	CONTACT:	
(+)	c)ADDRESS:		VIII SCHOOL STATE	
	*d)DATE OF BIRTH: (_C	19/10/197 1100	/MM/YYYY)	*
	e)OCCUPATION: (IND	OOR OUTDOOR	EC 1995	1
200	TIDATES OF DRIVING WAS DRIVER AN EM	FASZ	RED'S COMPANY? (YE	ES (NO)
4.	TE NO. RELATIONSH	IP OF THE DRIVER WI	TH INSURED:	
5.	A)WEATHER CONDITION	IN CLEAR RAINING	OTHERS	
	BIROAD SURFACE: (D	RY/ WET LOTHERS		
6.	WAS ANYBODY INJUR	TE LYES (NO)	NA	E0.
/-	IF YES, PLEASE STATE	WHICH POLICE STATIO	N:	
8.	THIRD PARTY VEHICLE	CTE 3187F.	TOYUTE	t BUILS
of the secondar	a) VEHICLE NUMBER	RODNEY CARL	MODEL: 1	2040
the hadronding of the	D) DRIVER'S NAME:	RODNEY CARL	CONTACT: 98	238810
9.	THIRD PARTY VEHICLE			
Notice of the States	d) VEHICLE NUMBER	R	MODEL:	<u> </u>
The State of the	. O DRIVER'S NAME:		CONTACT:	 6
Party andress establish	f) NRIC/FIN/PASSP	JKI:		*
j.		114		9

EMPH. = CHEELEONG @ YMAIL. COM VIOLO = ATTACHED

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7136794J



Name



TAN CHEE LEONG (CHEN ZHILIANG)

陈志良

Race

CHINESE

Date of Birth

Sex

09-10-1971

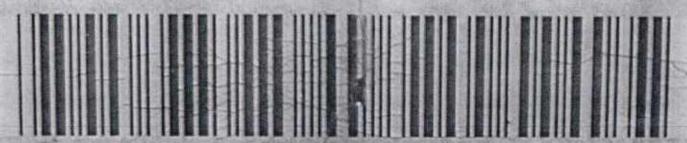
м

Country of Birth

SINGAPORE



0184872





NRIC No. S7136794J

Blood Group

Date of issue

0+

12-12-1991

19 LORONG N TELOK KURAU #03-06 SINGAPORE 425145

NRIC No: \$7136794J

Date: 15/01/2011

No: 6629586



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES:

PASSIATE

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

29 Dec 1995

NF 4284





THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- any Endorsement specified as operative in the Schedule
- 2. the Conditions and General Exclusions of this Policy, and
- the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document. GST Reg No. M4-0003030-8

Policy Number

5091953771-01

The Policyholder

: TAN CHEE LEONG

19 LORONG N TELOK KURAU #03-06 CALLIDORA VILLE SINGAPORE 425145

Period of Insurance

: 30 May 2018 To 29 May 2019

Sum Insured

: N/A

Premium (inclusive GST)

: 55774.62

Interest Insured

Cover Type

: Third Party

Primary Driver

: TAN CHEE LEONG

Named Driver (1) Named Driver (2)

: N/A

Make/Model

: N/A : MERCEDES BENZ/300 SEL

Capacity

: 3000cc

Registration Number

: E9003G

Registration Year : 1989

Chassis Number

: WDB1260252A448515

Off-peak Car

: No

Repair at Owner's Preferred Workshop: No Excess (Section 1)

Insure with COE

: N/A

Excess (Section 2)

: N/A

NCD Entitlement : 50%

Additional Excess

: N/A : N/A

NCD Protection Loyalty Discount : 5%

: Yes(Free)

Unnamed Driver Excess

: N/A

Hire Purchase Company

: N/A

Memo A: Vehicle Model: 300SEL AUTO

Engine Capacity: 2962 cc

Endorsement Operative : M1, M4

: TELESALES-DIRECT MARKETING (00000601661)

Agency Date of Issue

: 14 Mar 2018 12:10 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and falthfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive