Date In: 20/0/19-16-11	Jeb description		Date & Time Completed	Done	0)
Ref No: NA 111 (1920 7396/14	SAS e-filing				-
Veli No: JUHarvoh	E-mail (within	Shrs, AIC 2hrs)			
D.O.A: 19/1/19-13:55	i-Motor Clair	m Form	M7/1033282-001	mlulia	17:09
6	i-Motor W/O	(Within: OD 2hr			275%
OD' P. ! Reporting Only	i-Photo Uplo	aded			
	Assessment/Su				iir =
TP Insurer:			to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(		Tel:	ax:	
	7459520	, INC (	)/Non-INC()		
Owner / Driver: (			Tel:	)	
Policy No: ( )	Period: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: ( 9	6) [Note-Est. Status (V	WO): N: 0-2	0%; P: 21-79%. P: 80-	100%]	1
	) Warranty: YES (	)/NO(	)		
	\$1,000 ( )/\$2,000				
General Remarks:-	1972-2018-2018-2018-2018-2018-2018-2018-201	98393345	April 240 Sec. (7)		
( ) Walk-In Customer : Customer's	Secure Commence	-5-1	High NO rates of rapaires		
Remarks:- (INC hotline: 6788 661		(Control of Control of	Date&Time Completed	Done	-
1) Apply for Transport Allowance (	) / Courtesy Car (	)			
	) / Courtesy Car (	)			
Apply for Transport Allowance (     QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost	(	)			
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost	(	)			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost  Injury:	(	)			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost  Injury:	(			**************************************	
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost  Injury:	(	)			
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury:  Date/Time Actions	(	) ) ) Invoice Pro	eparation Checklist	Ant (5)	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury:  Date/Time: Actions  HA 160 1910	(	Invoice Pr	eparation Checklist.	fú Bill	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury:  Date/Time Actions  HA 190 1910	(	1) AR : Accider 2) DA : Damag	at Reporting (\$30); e Assessment (\$100); INC (	16 Bill (80)	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury:  Date/Time Actions  HA 190 190 Inimant's Particulars:	(	1) AR : Accider 2) DA : Damag 3) TF : Towing 4) FT : Follow-	at Reporting (\$30); c Assessment (\$100), INC (See Survey	180 Bill 880) 40/\$45 \$120	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury:  Date/Time Actions  HA 100 140 Laimant's Particulars:	(	1) AR: Accides 2) DA: Darrag 3) TF: Towing 4) FT: Follow- 5) iT: Follow- For claiming	at Reporting (\$30); c Assessment (\$100); INC (\$100); Fee \$100; Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200)	146 Bill 880) 40/\$45 \$120 \$30 35)	
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury:  Date/Time Actions  Laimant's Particulars: river/Owner:	(	1) AR: Accided 2) DA: Darrag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addi	at Reporting (\$30); c Assessment (\$100), INC (\$100) Fee \$1 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 20) cotion 4 + SMRT Survey	\$80) 40/\$45 \$120 \$30 \$75	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost  Injury:  Date/Time Actions  Laimant's Particulars:  river/Owner:  ontact No:  amaged Portion:	( > \$3000] (	1) AR: Accided 2) DA: Darrag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addi OD*	at Reporting (\$30); c Assessment (\$100), INC (\$100) Fee \$100 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 20) cetion \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$10	\$80) 40/\$45 \$120 \$30 \$75	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost  Injury:  Date/Time Actions  Laimant's Particulars:  river/Owner:  ontact No:  amaged Portion:	( > \$3000] (	1) AR: Accided 2) DA: Darrag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addit OD* *N5: Courter *N6: Repair	at Reporting (\$30); c Assessment (\$100); INC (\$100); Fee \$100; Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 20) cction \$100;	\$50) \$40/\$45 \$120 \$30 \$5) \$75 \$160	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury:  Date/Time Actions  HA 160 196  Plaimant's Particulars: river/Owner: ontact No: amaged Portion:  C Checked by (Engr-In-Charge):	( > \$3000] (	1) AR: Accided 2) DA: Darnag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addi OD* *N5: Courtes *N6: Repair *N7: Fost Re *N8: DV/C	at Reporting (\$30); c Assessment (\$100), INC (\$100); Fee	\$50) \$40/\$45 \$120 \$30 \$5) \$75 \$160 \$5 \$10 \$25 \$5	Add B
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost  Injury:  Date/Time Actions  HA 160 1910  Inimant's Particulars:  river/Owner:  ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):  uditors' Comments::-	( > \$3000] (	1) AR: Accided 2) DA: Darrag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idac DA 8) NTUC Addit OD*  *N5: Courter *N6: Repair *N7: Fost Re *N8: DV / C TP (N11): T	at Reporting (\$30); c Assessment (\$100); INC (\$100); Fee	\$50) \$40/\$45 \$120 \$30 \$5) \$75 \$160 \$5 \$10 \$25	AddB
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury:  Date/Time Actions  Claimant's Particulars: river/Owner: ontact No: amaged Portion:	( > \$3000] (	1) AR: Accided 2) DA: Darnag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addi OD* *N5: Courtes *N6: Repair *N7: Fost Re *N8: DV/C	at Reporting (\$30); c Assessment (\$100); INC (\$100); Fee	\$150   150	AddB

Figure 1 1 70

### 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 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.
- 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	22/02/2019 16:51
Date Of Accident	19/02/2019 13:55
Exact Location Of Accident	UNPAVED RD BETWEEN BT TIMAH RD & CHANCERY LN
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLN2120H
Insured/Policyholder	
Name Of Registered Owner	METRO CAR LEASING PTE LTD
Co Reg No	201810490D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 SEDAN 1.5 AT EU6
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101761376
Cover Note Number	
Driver	
Name of Driver	TAN CHONG BENG
NRIC No	S1714261E
Date Of Birth	28/09/1965
Occupation	OUTDOOR
Date Of Driving Pass	28/11/2005
Driving Experience	13 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87509662
Fax Number	
Contact Number	OFFICE-87509662
EMail Address	NOEMAIL

Address

BLK 634 YISHUN STREET 61

#04-54

Postcode

760634

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

COLLISION - HEAD ON COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident 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

YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 32 YISHUN ST 81, POSTCODE: 768456, COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-8522999 - FAX NO: 68522239

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190220/2179.

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

SJY5952U

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

Page 2 of 26

## **DETAILS OF INJURED PERSON 1**

Name Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

TAN CHONG BENG

BODY

SLN2120H

YES

NO

#### SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 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
- 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
- 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)

Lunderstand, 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)
  - (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")
- 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.
- 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

ver's Signatu policyholder) (If driver is not/th

Date & Time: L

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Venicle A: SLN2120H AFWER TIMON PG 7. 18 MINIST FEBRUSIA [CHANCERY LANE >]

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	-	Refer	10	Police	Report -
-			_		
			_		
-			570 711		
C 10	Calco-in-				
_					
_					
				_	
		-			
_					
			_		
			¥.		

DECLARATION

I/We declare the town of the

Policyholder's Signat

Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

## ACCIDENT STATEMENT

ACCIDENT DATE: 19/02/2019 JODD/MMMMM, TIME: 13:55 HHEMM)
LOCATION: Unpaved Road between By Timah Rd x chancery land

GIVEHICLE NUMBER: SLN 2/20 H	
Checkylide Collit Will	TUESTI
C) POUCY NUMBER:  C) POUCY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY )  E) MAKE & MODEL: MARKA 3	FIRE & Intri
EJMARE & MODEL: WALL CORPY / MOTORCYCLE	E/OTHERS
GIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYC	LE)
GIVEHICLE CATEGORY: [PRIVATE / COMMENT TIME:	
HIPURPOSE OF USING AT ACCIDENT TIME:    ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)	
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)	
2. INSURED / POLICY HOLDER LOCAL & DIE LTO. IMALE	/ FEMALE)
2. INSURED / POLICY HOLDER LEASING PHE UTO. IMALE AJNAME: MPTHO CAY LEASING PHE UTO. IMALE	// [
binric/fn/Passport:CONTACT	
c/ADDRESS:	
- TO ALSO POLICY HOLDER	
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	
TOWN CHONG DETIG	FEMALE)
A TILITAL CONTOCK	4)
(01) binRIC/FIN/PASSPORT: SIFTY ST 54 S(76063	
9,755,101	
*d) DATE OF BIRTH: ( 38 / 09 / 1965 )(DD/MM/YYYY)	12005
DACCO DALLES DACCO DE LA CONTRA DACCO DA CONTRA DA CON	Troop A
TYEARS OF DRIVING DATE THE INCHRED'S COMPANY	Airor
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	HILL
- INVESTIGE CONDITION: (CLEAR) NO.	
DIROAD SURFACE: (US)	*
WAS ANYBODY INJURED OF THE	**
7. dIREPORTED TO POLICE (YES) / NO.	
IF YES, PLEASE STATE WHICH POLICE STATION:	
B. THIRD PARTY VEHICLE	
B. THIRD PARTY VEHICLE  B. THIRD PARTY VEHICLE  SJY 5952 U MODEL:	10
B. THIRD PARTY VEHICLE  THE ST PASSENGER OF VEHICLE NUMBER: STY 5952 U MODEL:  D DRIVER'S NAME: CONTACT:	
B. THIRD PARTY VEHICLE  Till of passenger of VEHICLE NUMBER: NOT 5952 U MODEL:  (Including driver) b) DRIVER'S NAME:  (O) NRIC/FIN/PASSPORT:	
B. THIRD PARTY VEHICLE  This of passenger of VEHICLE NUMBER: STY 5952 U MODEL:  (Including driver) b) DRIVER'S NAME: CONTACT:  (O1) 9. THIRD PARTY VEHICLE  MODEL:	· · · · · ·
B. THIRD PARTY VEHICLE    This of passenger   O) VEHICLE NUMBER:   (375952 U   MODEL:     (Induding driver)   DRIVER'S NAME:   CONTACT:     (O1)   9. THIRD PARTY VEHICLE   MODEL:     (b) of passenger   O) VEHICLE NUMBER:   CONTACT:     (O1)   Passenger   O) DRIVER'S NAME:   CONTACT:     (ONTACT: CONTACT:   CONTACT:   CONTACT:     (ONTACT: CONTACT:   CONTACT:   CONTACT:     (OTTACT: CONTACT:   CONTACT:   CONTACT:   CONTACT:     (OTTACT: CONTACT:	
B. THIRD PARTY VEHICLE  This of passenger of VEHICLE NUMBER: STY 5952 U MODEL:  (Including driver) b) DRIVER'S NAME: CONTACT:  (O1) 9. THIRD PARTY VEHICLE  MODEL:	·

email =

fax =





Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

1 of 4 Report No. T/20190220/2179

Date/Ti	OF A TRAFFI TIE Report I 019 18:54	C ACCIDENT Made:	Vide Report No.:	Station Diary No.: 98	
Informa	ant's Partic	ulars	1000 1000 1000	MANAGEMENT TO THE PARTY OF THE	
Name o	f Informant: IONG BEN		Address: APT BLK 634 YISHUN STRE 760634	EET 61 #04-54 SINGAPORE	
	/ ID No.: O / S17142	61E	Contact No.: Home/Office: Mobile: 87509662		
Nationa			Email:		
Sex: Male	Age: 53	Date of Birth: 28/09/1965	Type of Informant: Driver		
Race: Chinese	Race:		Language: English	Institution / School Name:	
Occupat	tion:	AR DRIVER	Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/02/2019 13:55	Type of Location:
BUKIT TIMAH	ANF	mah Rd and Chancery L Road Surface:	ane	Road Speed Limit:
Clear		Dry		T Collinson
Traffic Flow:		Traffic Control:		Traffic Volume:
	on:			Anyone conveyed by ambulance:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJY5952U	Car	TOYOTA	ALPHARD AUTO	Gold	Slightly Damaged	0
SLN2120H	Car	MAZDA	MAZDA3 SEDAN 1.5 AT EU6	Grey	Slightly Damaged	0

Details of Person Involved	Company of the Compan
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 4 Report No. T/20190220/2179

Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

#### CONTINUATION OF REPORT

Driver	L CONTRACTOR	CONTRACTOR OF THE PARTY OF THE		STIP IS BU	ACCUSOR OF	CONTRACT DESCRIPTION	
Name	ALLAN CHUA		A CONTRACTOR OF THE PARTY OF TH	ID No.		NIL	
Related Vehicle	SJY5952U (Car)			Contact No.		97690596	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	harge	NIL		
No. of Days gran	ited Medical Leave	NIL	Degree of		NIL		
Driver	5. 中国地名美国西西西	50年1月1日2日	CANADA PARA	MALE WAS	A TOMOR	TOTAL AND LOCAL COLUMN	
Name	TAN CHONG BE	NG		ID No		S1714261E	
Related Vehicle	SLN2120H (Car)			Contact No.		87509662	
Hospital/Clinic	YISHUN POLYCLINIC			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL	
Date Treatment	20/02/2019	- X	Date Disc	harge	20/0	2/2019	
No. of Days grant	ed Medical Leave	06	Degree of	f Injury	Sligh	t	

#### Brief Details.

On 19/02/2019 at around 1356hrs, I was driving my car along Bukit Timah Road. I had then turned left into Chancery Lane and drive into the unpaved road located in between Bukit Timah Rd and Chancery Lane. There is a metal barricade at the said area and it was opened. As such, when I turned in, there is already a few vehicles parked there on the right side. I then noticed an empty space beside a Mercedes car, as such I had put on my hazard light to indicate that I was going to park. I then had moved, getting ready to park my car head in when suddenly, a car had came out from my left side.

As the car had came out of a sudden, I jammed brake and even pull my handbrake to avoid collision. However, the left front bumper of my car had hit onto the right side of the said car. Ater which, both me and the other driver had came out of our vehicle. I then apologies to the driver and check on him. I then told him that since it was a minor accident, we should settle it amicably. There was no dispute between us. The other driver kept asking for a piece of paper to write an agreement however I refused and told him that this things could be solve peacefully. We then exchanged particulars and the said driver drove off.

On the same day, I had message him and volunteer to send his car for repair. I also told him informed me that the payment will be divided between us (70% on me and 30% on him) However he refused as such I volunteer to pay for the full cost. HE then did not response to my messages and eventually he informed me that his car is at the workshop and told me to report to the insurance company.

I wished to state that I have went to the polyclinic to seek medical attention due to the accident. I was given 6 days MC from 20/02/2019 25/02/2019.





T/20190220/2179

Report No. T/20190220/2179:

Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

CONTINUATION OF REPORT





Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

4 of 4 Report No. T/20190220/2179

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: L / Sr Staff Sgt ELRENO BIN SUBARI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/02/2019 18:54
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65472076	Classification Of Case:
Authentication Stamp Signature Singapore Police Force	- 131



# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1714261E





Name

## TAN CHONG BENG

明 陈 宗 Race

CHINESE

Date of birth Sex

М

28-09-1965

Country of birth



## YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING

PASS DATA

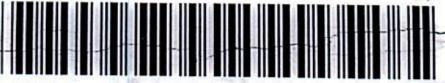
Class 3 Motor Cars=< 3000kg with =<7 passenger, of the driver; and other motor vehicles =< 2500kg

POPT

NP 428A



4937941



NRIC No. S1714261E



Date of Issue 19-02-2013

Address

APT BLK 634 YISHUN STREET 61 #04-54 SINGAPORE 760634

<b>eBao</b> Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	e Language	· Chang	e Password	→ Log Out
My Desktop	Polic	y Query									,
Notice of Loss	Policy N	0.				Date	of Accident	[	19/02/2019 1	3:55	
	Vehicle	No.(For Motor)	SLN21	20H		Certi	ficate Number	]			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5101761376		METRO CAR LEASING PTE LTD	201810490D	GPC	drivo CLASSIC	SLN2120H	SLN2120H	26/05/2018	25/06/2019
					-	Continue					

	icy Information						
Policy No.	5101761376	Policyholder Name	METRO CAR	LEASING PTE LTD	Policyholder NRIC	201810490D	
No.							
Address	210 TURF CLUB ROAD #LOTA8	THE GRANDST	AND SINGAP	ORE 287995			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	26/06/2018	Effective Date	26/06/2018	00:00	Expiry Date	25/06/2019 23	1:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	1500		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	1500	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Agent	TECK WEI CREDIT PTE. LTD.	Agent Tel.	64650020 n	ull	GST Flag	Υ	
Co- insurance Flag	No						
Open							
Info Certificate							
Info Certificate Info	holder Mailing Address						
Info Certificate Info Policy	holder Mailing Address 210 TURF CLUB ROAD	Addre	ess 2	#LOTAS THE GRAN	IDSTAND	Address 3	SINGAPORE 287995
Policy Info Certificate Info Policy Address 1	Security Colors (Security Colors)		ess 2 ess Type	#LOTA8 THE GRAN	IDSTAND	Address 3 Post Code	SINGAPORE 287995 287995
Info Certificate Info Policy Address 1 Address 4	Security Colors (Security Colors)	Addre	ess Type ed Policy		IDSTAND	NAME OF STREET	
Info Certificate Info Policy Address 1 Address 4 Unit No.	210 TURF CLUB ROAD	Addre Relat	ess Type ed Policy	Singapore address	IDSTAND	NAME OF STREET	
Info Certificate Info Policy Address 1 Address 4 Unit No.	210 TURF CLUB ROAD LOTA8 ad Object: SLN2120H	Addre Relat	ess Type ed Policy	Singapore address	IDSTAND	NAME OF STREET	

Marie   Mari	Claim Handling					
Michael Method Call (Addition PT 1-10) michael Call Method Michael Method Call (Addition PT 1-10) michael Call Method Call Method Call (Addition PT 1-10) michael Call Method Call Method Call (Addit	occident MT/1033282					
Method Color   Met	folicy No.	5101761376	Vehicle No.	SUN2120H	GST Registration No.	
Ministry						
Control to   Con					Policyholder NR3C	201810490D
Section   Sec				drive CLASSIC	Loading	0
March   Mar		0	Contact No.(Office)	0	Contact No. (Home)	0
Comment   Comm	mail Address		Special Remark		eCode	NI V
# Accident Sequence   2,002,009   17-00	FK	® No ○ Yes	TCA	No   Yes	eCode Reason	
Marches   2012/2013   1292   Marches Report Repor	CD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
The of Autobard 1802-2019 The of Autobard Norms   13-55   Country of Actionary   Delan	Accident Details					
Compara   Comp	port Date	22/02/2019 17:07	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Head on collision
Committee   Comm	ite of Accident	19/02/2019	Time of Accident hhomm	13:55	Country of Accident	Singapore
Part	porting Centre			-		
## Section   1,000,000   1,00		INDAUED OF BETWEEN BY TIMEH OF S. C.	Constitution		2011/80	
Material Priority   1,500.00		OHTHER AD SETWEEN BY THAN AD & CH	HACERT CA			
Colored Street   Col						
March   1,000,00   Outland Support 19 Bases   1,000,00   Separate   March   Separate   Separate   March   Separate   March   Separate   March   Separate   Separate   Separate   March   Separate		1,500.00			Windscreen Excess	100.00
## Section				1,500.00		
Part properties   No.	ird Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Registration   No.   Color   Septiment   No.   Color   Septiment   No.   Color   Septiment   No.   Color   Septiment   No.   Color   Color   Color   Color   Color   Color   Color	₹ Benefits					
Regulation No.   Color Status Verified   No.   Color Status Ver	GST Registered Informa	ation				
## Participationer Mailling Address    Participationer Mailling Address   210 TUDP CUIS ROD   Address 2   210 TUDP CUIS ROD   Address 3   200 TUDP CUIS ROD   Address 5   210 TUDP CUIS ROD   Address 7 ppt   510 Files   510		No		<b>GST Registration Date</b>		
P Packytholder Malling Address	IT Registration No.			GST Status Verified	No	
215 TLAP CLUB ROAD	diffication History					
215 TLAP CLUB ROAD	Believhelder Hellier 1	Mess				
Address Type			Edday 2	ALONE AND ACCURATION	Water State of the Control of the Co	
April   Contract   C		ANY TORP LEUS RUND				
### OBTIVE TAME    Content Tame   C					Post Code	287995
Content   Cont		LOTAB	Related Policy Number	5107561174		
Married Grover Name   100 CHOKE BRING	OI Driver Info					
Second	iver Name	Unnamed Driver	Onver Type	Unnamed Driver		
### Part No. (Mobile) ### 07509652   Corract No. (Coffice)   D   Contact No. (Mones)   D   ### 0760963   Bit 034   Address 2   YISHAN STREET 61   Address 3   SINGADCRE 700934   ### 0760934   Out-54   ### 0760934   Out-54   ### 0760936   ### 0760936   Out-54   ### 0760936   ### 0760936   Out-54   ### 0760936   #	named driver Name	TAN CHONG BENG	Oriver NRIC	S1714261E	Driver DOB	28/09/1965
Address 3 YISHAN STREET 61 Address 3 SINGLAPCHE 700534  THE NO. OH-54  Address Type Singapore address Police Process  ONE SINGLAPCHE 700534  The No. OH-55  ONE Preserved No. Dever Insurer Company  Orderation  Singapore address Place Test and Singapore address Place Test Singapore District Place Test Singapore Address P	gister Date of Driver License	28/11/2005	Driver Age	53	Driving Expenence	13
Address Type Singspore podress Post Code 760554  In to, Ox 54  Orest Singspore podress Singspore podre	ontact No.(Mobile)	87509662	Contact No. (Office)	0	Contact No.(Home)	0
Service Company  One Service Service Singeror  One One Vehicle No.  Driver Insurer Company  Driver Insurer Company  Orderation  One One Vehicle No.  Driver Insurer Company  One One Vehicle No.  One One Vehicle No.  One One Vehicle No.  One One Vehicle No.  One	tdress 1	BLK 634	Address 2	YISHUN STREET 61	Address 3	SINGAPORE 760634
Driver Insurer Company  Driver Insurer Insurer Company  Driver Insurer Insurer Company  Driver Insurer	Idreas 4		Address Type	Singapore address	Post Code	760634
Official control of the service No.  Orange Version No.  Orange Ve	NO.	04-54				
deration delatables or Blood Test adrops or Blood T	oes he own a Singapore	○ Yes ® No	Driver Vehicle No.		Dower Inturer Company	
Any injury?  Any injury?  Pres No  Indured Name  Indured N	egistered carr	(Table 1750)	8-3 ACC-20 COV.00 W.C.		griver mater company	
Claim 901 Next  Sem Type * GO-HX	cleration					
Claim 00.1 Next  With Type * OD-NX	eathalyser or Blood Test	0 ma	Any intury?	® Ves □ No		
Insured Name    Insured Name	sading?		7.25.284.47.1	0.00		
Insured Name    Insured Name						
Indured Name    CO-NX   Indured Name   METRO CAR LEASING PTE LTD   Insured NRIC   2018104900	odification History					
TRIED NO (Models)  \$119294  Contact No (Hoole)  OI Vehicle Number  SLN2120H  TP Vehicle Number  SLN2120H  TP Vehicle Number  SJY5952U  Type of Banefs * Please Select  Type of Banefs * Please Select  V  Claimant RRIC *  Claimant RRIC *  Claimant RRIC *  Insured Lability * Partially at Fault  Sure Finalisation  Ves  Preferend Repair Option  Preferend Workshop Contact  Insured Lability * Partially at Fault  V  Segrified Sure Finalisation  Ves  Preferend Repair Option  Preferend Workshop Name unknown V  GIA report  Received  2/02/2019 17:09  Oarm Cose Date  Date Received  2/02/2019 00:00   Attachment  Peth * Camen No. 001  Upload Date  Path * Category * Confidencial Urgency * Description * Descri	Claim 001 New					
TREAT NO (Models)  \$119294  Contact No (Hoole)  OI Vehicle Number  SLN2320H  TP Vehicle Number  SLN2320H  TP Vehicle Number  STY5952U  Type of Senefit * Please Select  V Type of Senefit * Vehicle Number  SLN2320H  Name of Preferred Workshop  Name of Preferred Workshop  Name of Preferred Workshop  Series Support  Series Support  Series Support  Attachment  Performance  Path * Caregory * Confidencial Linguity * Description * Please Select  V Type of Senefit * Vehicle Number  Series Support  Series Support  Series Support  Category * Confidencial Linguity * Description * Please Select  V Type of Senefit * Vehicle Number  Series Support  Category * Confidencial Linguity * Description * Series Vehicle Number  Series Support  Se	300000000000000000000000000000000000000					
All Address  Interest No. [Mostles]  Bill 19254  Contact No. [Mostles]  Di Vehicle Number  Sun2120H  TP Vehicle Number  Syry5952U  Type of Benefit * [Mease Select: V]  Name of Preferred Workshop  Insured Lability * [Partially at Fault: V]  Insured Lability * [Partially at Fault: V]  The Finalisation   Yes   [Mease Select: V]  Date Received   22/02/2019 00:00   [Mease Select: V]  The Acceived   22/02/2019 00:00   [Mease Select: V]  The Acceived   Yes   No   Upload Dees   22/02/2019 17:11    The Acceived   Yes   No   Upload Dees   22/02/2019 17:11    The Acceived   Yes   No   Description * [Mease Select: V]  The Acceived   Yes   Normal   V   The Acceived   Path *   Category *   Confidencial   Urgency *   Description * [Mease Select: V]  The Acceived   Yes   Normal   V   The Acc	in Type *	GD-MX TOT	Insured Name	METRO CAR LEASING DTE LTO	Insured NO.C.	2018104900
DI Vehicle Number SLN2120H TP Vehicle Number SLN5952U    Summark Name *				TELLO SON ENGING PIECID		
armant Type Claimant Type * Please Select V Type of Benefit * Please Select V without Address Attachment Type * Please Select V Type of Benefit * Please Select V Without Address Without Addr		TALL PROPERTY.		0.101001		
emant Name *		Observe Salant			TP Vehicle Number	(5775952U
warmant Address  will Description  SLN2120H / S7Y5952U ON 19 Feb 2019  Insured Liability * Partially at Fault V  Preferred Workshop Centact  Insured Liability * Partially at Fault V  Preferred Workshop, Name unknown V GIA report Received V  22/02/2019 17:09  Olarm Close Date  Date Received 22/02/2019 00:00  Print AK letter  Seve Submit  Attachment  Attachment  Print AK letter  Seve Submit  Attachment  Print AK letter  Print AK letter  Seve Submit  Attachment  Print AK letter  Print AK letter  Print AK letter  Print AK letter  Seve Submit  Print AK letter  Pr				prease Select		
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Insured Workshop Contact  Insured Liability * Partially at Fault  Date Preferenced Repair Option Preferred Workshop, Name unknown						
Preference Registered 22/02/2019 17:09 Claim Close Date Date Date Received 22/02/2019 00:00 D	A CONTRACTOR OF THE PARTY OF TH	SLN2120H / SJY5952U ON 19 Feb 2019			Name of Preferred Workshop	
te Registered 22/02/2019 17:09 Claim Close Date Date Date Date Received 22/02/2019 00:00 Date Received 22/02/2019 00:00 Date Received Date Date Date Date Date Date Date Date			Insured Liability *	Portially at Fault		
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Path * Category * Confidencial Urgency * Description *  Browse   Clear   Please Select   V   1/0   V   Normal   V    Browse   Clear   Please Select   V   1/0   V   Normal   V	cident No.	MT/1033282	Claim No.	001		
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