NATIONAL Assessment Centre Services. WET I James MILL MAN 1905832 Date In: Jcb description Done by Date & Time Completed 8/3/19-14:55 Ref No: NA JINIC 192048 12/24 SAS e-filing Veli No: 8TX 7V19X E-mail (within Shrs, AIC 2hrs) D.O.A : i-Motor Claim Form 16/3/9-18:00 18/2/10 m. 2. M 1 1036448-001 i-Motor W/O (Within: OD 2hrs, TP 4hrs) OD TPY Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax: TP Particulars: Veh No:s KW9774P. INC ()/Non-INC (Owner / Driver: (Tcl: Policy No: (Period: (Cover Type: () Confirmed by : (Date: Time:) Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Year of Registration: (Warranty: YES ()/NO(Excess: (\$ Loading: \$1,000 ()/\$2,000 (General Remarks;) 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 (); Towing Co: (Remarks:- (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Invoice Preparation Checklist NOISOIGHT. 1) AR : Accident Reporting (\$30); Claimant's Particulars :-2) DA: Damage Assessment (\$100); INC (\$80) \$40/\$45 Driver/Owner: 3) TF : Towing Fee 4) FT : Follow-Through Survey \$120 5) FT : Follow-Through Survey (Resurvey) Contact No: For claiming against INC Only (wef 10 Jan 2005) \$75 Damaged Portion: 6) TR: Re-inspection 7) N1 : Idao DA + SMRT Survey \$160 8) NTUC Additional Services:-OD. QC Checked by (Engr-In-Charge): \$5 *N5: Couriesy Car / Tpt Allowance *N6: Repair Co-ordination 510 Auditors' Comments :-*N7: Fost Repair Inspection \$25 *N8: DV / Collect Excess Coordination 55 at. 1: TP (N11): TP (Non INC) against INC \$20 9) N12: Idac Mobile 2at 2/3; drift Total Invoice dated Pee Charged 经的特别 Invoice dated Fee Charged

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number

EMail Address

- 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.
- 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	18/03/2019 14:55
Date Of Accident	16/03/2019 18:00
Exact Location Of Accident	JUNC RIVER VALLEY RD & ZION RD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJX7219X
Insured/Policyholder	
Name Of Registered Owner	CARWAY LEASING & RENTAL
Co Reg No	53264813K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67440777
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	YES
Policy Number	5069958322-04
Cover Note Number	
Driver	
Name of Driver	LEE CHOON CHEW VICTOR
NRIC No	S1804412I
Date Of Birth	17/02/1967
Occupation	OUTDOOR
Date Of Driving Pass	10/06/2006
Driving Experience	12 YEARS AND 9 MONTHS

MALE

NOEMAIL

(LOCAL) +65-96974877

OFFICE-96974877

BLK 1B CONTONMENT ROAD Address

#37-19

Postcode 085201

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

3

NO

3

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 (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

: -

GENDER: : MALE

Passenger 2

NAME:

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO NO

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

SKW9774P

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LEE KIM SENG

NRIC/Passport Number

S1159667C

Contact Number

Address

Page 2 of 20

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJR4372L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver NG KOK LEONG
NRIC/Passport Number S1454597B

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 3 of 20

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 <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:

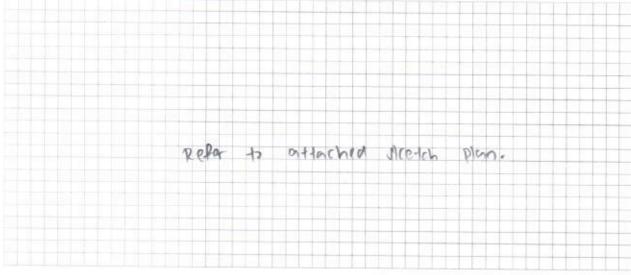
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Slut		
NATU 1) 3 101-	impo).	
		_
TARATION		

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

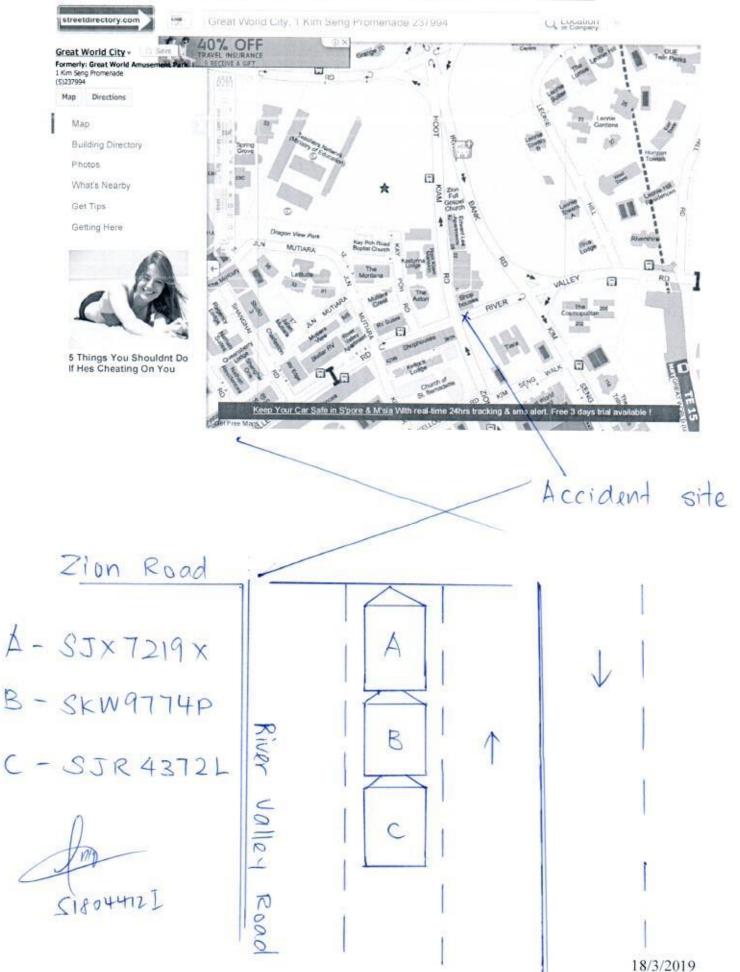
Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:





Accident Statement

On 16th of March 2019 around 1800Hrs, My vehicle (SLX7219X) was stationary at the junction of River Valley Road and Zion Road. While waiting for the traffic light to turn green, suddenly a vehicle (SKW9774P) hit onto my vehicle rear. There was a third vehicle (SJR4372L) involved in this chain collision. I'm making a third party claim.

Name: Lee Choon Chew Victor

I/C: S1804412I

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S18044121



LEE CHOON CHEW VICTOR

春秋

CHINESE

17-02-1967 M SINGAPORE

41934412

REPUBLIC OF SINGAPORE DRIVING LICENCE Demok Names: S 1 8 0 4 4 1 2 1 LEE CHOON CHEW VICTOR Bet Date: 17 Feb 1967 Marie Date 26 Feb 2011

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Class 3A Motor cars without clutch podals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch podals =< 2500kg

Licence No: 518044121

NEW NO. 518044121

17-07-2010 APT BLK 18 CANTONMENT ROAD #37-19 SINGAPORE 085201

NRIC No: \$18044121

Date: 29/05/2016



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: 5069958322-04 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SJX7219X

Chassis Number : JTDKN36U205100934
2. Name of Policyholder : CARWAY LEASING & RENTAL

Effective Date of Insurance
 Expiry Date of Insurance
 30 Sep 2019

- 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)
 : \$\$2,000

 EXCESS (SECTION 2)
 : \$\$1,500

 WINDSCREEN EXCESS
 : \$\$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 **FXCESS WAIVER** : NO PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

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 : INSMART (INSURANCE) AGENCY PTE LTD (00000615165)

Date of Issue : 27 Jun 2018 17:00 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech									0	eneralC	laim
Hello, NAC_PAYA_UBI_80	0601						· Change Lan	guage	Change Pa	assword	Log Out
My Desktop Notice of Loss	Poli	cy Query									
	Policy N	io.				Date of	Accident	16/0	3/2019 18:00		
	Vehicle	No.(For Motor)	SJX7219	х		Certifica	ite Number				
					Se	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5069958322- 04		CARWAY LEASING & RENTAL	53264813K	GFT	drivo CLASSIC	SJX7219X	S3X7219X	01/10/2018	
					Cor	ntinue					

Policy No.	5069958322-04	Policyholder Name	CARWAY	LEASING & RENTAL	Policyholder NRIC	53264813K	
Certificate No.		Hame			NRIC		
ddress	53 UBJ AVENUE 1 #03-01 PAYA	UBI INDUSTR	IAL PARK	SINGAPORE 408934			
roduct lame	FLEET INSURANCE	Plan			Group Policy Flag	N	
olicy saue Date	27/06/2018	Effective Date	27/06/20	018 00:00	Expiry Date	26/06/2019	23:59
xcess Type		All Claims Excess					
Third	W-100	Own			Windscreen		
arty xcess idditional	1500	damage Excess OS	2000		Excess	100	
xcess	0	Premium	0				
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Singapore OD	2000	Singapore	1500			Your	ng/Inexperience Driver Excess
xcess		TP Excess					
Agent	INSMART (INSURANCE) AGENC	Agent Tel.	6842076	66	GST Flag	Υ	
Co- nsurance Flag Open Policy Info	No						
Certificate info							
	holder Mailing Address						
ddress 1	53 UBI AVENUE 1	Addre	ess 2	#03-01 PAYA UBI IN	NDUSTRIAL I	Address 3	SINGAPORE 408934
ddress 4		Addre	ess Type	Singapore address		Post Code	408934
Jnit No.	03-01	Relati Numb	ed Policy per	5104956108			
1 Insure	d Object: SJX7219X						
	sements						
Sequer	nce Date of Endorsement	Endorseme	Type	Endorsement Number	r Endorser	ment Status	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SKP7162E 28-06-2018 \$1,540.61 In view of this amendment, an additional premium of \$1,540.61 (Inclusive of GST) is payable under your policy. Please
	28/06/2018 00:00	Basic Informa Endorsement	tion	000001286849244	Endorseme Effective	ent Take	ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque favour of "NTUC Income" with you name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by
							cash or NETS.

sticy No.	5069958322-04	Vehicle No.	\$3K7219X	GST Registration No.	
ertificate No.					
Nicyholder Name	CARWAY LEASING & RENTAL			Policyholder NRIC	53264813K
roduct Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
ontact No.(Mobile)	0	Centact No.(Office)	67440777	Comed No.(Home)	0
nali Address		Special Remark		eCode	N. V
×	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	0		I Mari
Accident Details		ACC EMISCHELLIN)		Private Hire	Yes
port Date	18/03/2019 20:06	Accident Report Within 24 hrs	COMPANIE CONTRACTOR OF THE CON	press 2012,000	SCHOOLS SURVEYO
te of Accident				Accident Type	Chain Collision
	16/03/2019	Time of Accident hhimm	18:00	Country of Accident	Singapore
porting Centre		Orange Force		ICH No.	
ident Location	JUNC RIVER VAULEY RD & ZION RD				
Excess					
n damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100,00
named Driver Excess		Outside Singapore OD Excess	2,000.00		
nd Party Excess	1,500,00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Inform	ation				
Registered	No		GST Registration Date		
Registration No.			GST Status VenMed	Yes	
pitication History					
Policyholder Mailing Ad	Idress				
ress 1	53 UBI AVENUE L	Address 2	#03-01 PAYA UBI INDUSTRIAL I	Address 3	SINGAPORE 408934
fress 4	CONTRACTOR CONTRACTOR	Address Type	Singapore address	Post Code	
t No.	03-01	Related Policy Number	5104958108	Post Code	408934
OI Driver Info	,	related Policy Rulliper	3104330109		
er Name	Unnamed Driver	Driver Type	Unnamed Driver		
amed driver Name	LEE CHOON CHEW VICTOR	Driver NR3C	\$18044123	Driver DOB	120201042
Ster Date of Driver License		Driver Age			17/02/1967
tact No.(Mobile)	96974877	CONTRACTOR OF THE PARTY OF THE	52	Driving Expenence	12
ness I	BLK 1B	Contact No.(Office)	0	Contact No.(Home)	0
ress 4		Address 2	CANTONNENT ROAD	Address 3	THE PONNACLE @ DUXTON
	SINGAPORE 085201	Address Type	Singapore address	Post Code	085201
t No. es he own a Singapore	37-19				
gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
		unge-5 r s torrens			
athalyser or Blood Test	0 mg	Any injury?	○ Yes ® No		
eathalyser or Blood Test	0 mg	Any injury?	○ Yes ® No		
claration cathalyser or Blood Test ading? stication History	0 mg	Any injury?	○ Yes ® No		
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