			THEY GOY			
VATIONAL Assessment Centr	e Services. 1411 13			11/2	Done	hu
Date In: 11 04 200 11: (6	Job description	1	Date & Time Comp	leted	Done	
101 NO: NBA/JUC/900650/14	SAS c-filling	i				
on No. SIN (2)	E-malf (bjeds this, Ale	C 2hrs)	1 - 840		- , , ,	-10/201
0.0 A: 10/04/2018 00:20	I-Motor Claim For	m ' ()	M1/103984	-90	(((04/200
	1-Motor W/O (With	ot OD 2hrs, Ti	(4hrs):. ;;		16	(Y. :
OD & The Reporting Only	I-Photo Uploaded			24.10	- 1 - 2	
	Assessment/Survey I	Report				
IP Insurer:	Ass't Report by Pax	/Hand to S	Owner/Wksp			MANAGEMENT OF THE
referred Wksp / INC Assign Wksp / QW: (Teli	Fax	ct	
P Runticulars: Veli No: J	2×7611.	INC(.)/Non-MC()	-	
Owner / Driver: (Tel:	•,		
	eriod: () (Cover Type: (·
Confirmed by : (· Da	iter,	Timer)	
	[Note-Est Status (WO):	N: 0-20%	6; P: 21-79%.	P: 80-10	0%)	
Year of Registration: ()	11. 41. 41. 41. 41.	NO()				
Exocs: (\$ ') Loading: \$1,	000()/\$2,000() -	managhar (C. 150 C.C.)	THE ST	धराहर :	- The same of the
	经代据国家连续组织	的法的制度	网络特别的	126777	CAPT PILL	<u> </u>
) Walk-In Customar : Oustomer's Int	ormation strictly Confide	ntial & Stric	NO rater of h	panen		
) Total Loss Case : to e-mail Insu	rer URGENTLY.	7.	, " ' 17	7	 -)
Drive-In ()/ Towed-In (); Invoi	ce: YES() / NO () : To	wing Cor (1		
TO THE RESIDENCE OF THE PROPERTY OF THE PROPER		/ / * * *	wing Co: (CL PERSONS	DEPT SERVICE	HOLEHANNE THE
		WANTE AND THE PROPERTY OF THE			2000年8	urploy
rologike o sologike in sologike	Courtesy Car ()		Steen Miles			uppy
Apply for Transport Allowance ()				De Sare	· · ·	nayy
) Apply for Transport Allowance ()/	Courtesy Car ()			nie Saff	· · ·	noby ·
Apply for Transport Allowance ()/) QC Check / Post Repair Inspection) Upload Resurvey Photo [Repair Cost>	Courtesy Car ()			ide ser	·	nbby ·
Online (Control of the Control of th	Courtesy Car ()			ile sur		naby .
Online (Control of the Control of th	Courtesy Car ()					nbby .
Online (Control of the Control of th	Courtesy Car ()					noby .
Apply for Transport Allowance ()/) QC Check/Post Repair Inspection) Upload Resurvey Photo [Repair Cost>	Courtesy Car ()					noby .
Online (Control of the Control of th	Courtesy Car ()					nbby .
Apply for Transport Allowance ()/) QC Check/Post Repair Inspection) Upload Resurvey Photo [Repair Cost>	Courtesy Car ()					GINAVANOIS)
Apply for Transport Allowance ()/) QC Check/Post Repair Inspection) Upload Resurvey Photo [Repair Cost>	Courtesy Car ()					OD A JAMES OF
Apply for Transport Allowance ()/) QC Check/ Post Repair Inspection) Upload Resurvey Photo [Repair Cost> Injury:	Courtesy Car ()	ARIA delden	Reporting (330))	THE COMMENT		GINAVAMONA)
Apply for Transport Allowance ()/ QC Check/Post Repair Inspection) Upload Resurvey Photo [Repair Cost> Injury:	Courtesy Car () (,) \$3000] ()	ARI Aceiden DA i Demel	Identification (2100)	THE COMMENT	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	GINAVAMONA)
Apply for Transport Allowance ()/ QC Check/Post Repair Inspection) Upload Resurvey Photo [Repair Cost> Injury:	Courtesy Car ()	ARIAciden DAIDemete TVITowing PTIVollow-1	Proof p Brish	INC	30) (0)34 (0	ONINAMINA.
Apply for Transport Allowance ()/) QC Check/ Post Repair Inspection) Upload Resurvey Photo [Repair Cost> Injury : ***********************************	Courtesy Car () (,) \$3000] ()	AR: Accident Tritollows Foreigning	Interest (\$100) Intere	INC	30) (0)34 (0	GINAVAMONA)
Apply for Transport Allowance ()/) QC Check/ Post Repair Inspection) Upload Resurvey Photo [Repair Cost> Injury : **Transport Allowance ()/ **Transport Allowance ()/ **Transport Allowance ()/ **Transport Allowance ()/ **Transport Repair Inspection **Transport Repai	Courtesy Car () (,) \$3000] ()	AR: Accident DA: Demais PT: Follows Foreigning: TR: Re-laming: TR:	Reporting (330); Ansemment (5100); Ansemment (51	INC	30) (0754) (110) (110) (110)	GINAVAMONA)
Apply for Transport Allowance ()/) QC Check/Post Repair Inspection) Upload Resurvey Photo [Repair Cost> Injury:	Courtesy Car () (,) \$3000] ()	ARI Accident DA Damere Pri Follow-T Forsialmins. TR: Re-Jump NI 1 Idau DA NTUC Addil	Interest (\$100) Intere	INC	30) (07345 3120 3170 2715	GINAVANOIS)
Apply for Transport Allowance ()/ OC Check / Post Repair Inspection) Upload Resurvey Photo [Repair Cost> Injury: Apply for Transport Allowance ()/ Outpload Resurvey Photo [Repair Cost> Injury: Triver/Owner: Outpload Portion:	Courtesy Car () (,) \$3000] ()	ARI Acaiden DA: Derreie TV: Follow-I PT: Follow-I PT: Re-lamina TR: Re-lam NI: Idao DA NTUC Addit ON!	The state of the s	INC ((20) (20) (20) (20) (20) (20) (20) (20)	GINAVANOIS)
Apply for Transport Allowance ()/ Decorated Post Repair Inspection Opploed Resurvey Photo [Repair Cost> Injury:	Courtesy Car () () \$3000] () () \$3000] () () () () () () ()	ARI Acelden DA I Dameje TF I Follow-I PT I Follow-I PT I Follow-I NI I I I I I I I I I I I I I I I I I I	Reporting (330); Ansement (5100); Anseme	ine i	\$150 \$150 \$120 \$120 \$120 \$160 \$160	GINAVANOIS)
Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost> Injury : Data Tune Data Tune Contact No: Tamaged Portion: C Checked by (Engr-In-Charge);	Courtesy Car () () \$3000] () () \$3000] () () () () () () ()	ARI Aceiden DA: Damere TP: Follow-T Persialmins) TR: Re-lam) NI: Idau DA) NTUC Addit ON: 'NS: Caurlo 'NS: Espeli	Reporting (330): Assessment (5100): Item of h Survey (Item selanting Only Cyr. selon + SMRT Survey lone) Services: Contribution (FIE	Ne (1 3 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	(20) (20) (20) (20) (20) (20) (20) (20)	00 0 10 -C1
Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Uplopd Resurvey Photo [Repair Cost> Injury : Data Tune Cost Priver/Owner: Tontact No: Tamaged Portion:	Courtesy Car ()	ARI Aceiden DA: Damere TP: Follow-T Persialmins) TR: Re-lam) NI: Idau DA) NTUC Addit ON: 'NS: Caurlo 'NS: Espeli	Reporting (330); Assessment (5100); Its and Burvey (Resulted of Survey (Resulted of Survey (Institution)); Its and Burvey (Institution); Its and Institution (Institution); Its and Instit	Ne (1 3 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	30) 30) 3120 3120 3130 3150 3160 3160 310 310 310 310 310 310	00 0 10 -C1

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.

- 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	11/04/2019 11:18
Date Of Accident	10/04/2019 00:20
Exact Location Of Accident	BKE (PIE) TOWARDS WOODLANDS CHECKPOINT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJN4212L
Insured/Policyholder	
Name Of Registered Owner	AUTO RENTZ LLP
Co Reg No	T16LL1519K
Email Address	JAMESBONDDSWS@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97952418
Alternative Phone No	OFFICE-97952418
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5101615128
Cover Note Number	
Driver	
Name of Driver	CHONG SENG MONG (ZHUANG SHENGMAO)
NRIC No	S7513165H
Date Of Birth	14/05/1975
Occupation	OUTDOOR
Date Of Driving Pass	20/03/2008
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97952418
Fax Number	

OTHERS-97952418

JAMESBONDDSWS@HOTMAIL.COM

Address

BLK 344 CLEMENTI AVENUE 5

#12-140

Postcode

120344

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 TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

YES

Foreign Vehicle Registration Number

JRX7611 (MOTORCYCLE)

Number of vehicles (including own vehicle)

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(e)

MES

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

NO

NAME:

Number of Passengers (Including Driver)

2

Passenger 1

: WIFE

GENDER: :

: FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

QUEENSTOWN N.P.C

Police Station Address

ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4719999 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190410/2043

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

JRX7611

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

ALAN

NRIC/Passport Number

Page 2 of 21

Contact Number

84856680

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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 Atanagement 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 derinitred 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 insurers) 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).
 - 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")
- (D) 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 frauding equiators, 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.

Date & Tune

Policyholder's Signature Date & Time:

REN.

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

/

Name NRIC/FIN No.:

Headring Centre

EXT (PIS) TOWNEDS EDODLANUS CHEMOINT

2-,	5 (m) 10			X 3 - 3:
A) SJN YXIZL		- p	•	
B) JRY 7611		ا ا	<i>Y</i>	
ESCRIBE CIRCUMSTANCES O	F THE ACCIDENT			
			1	
			"JCV"	
			Jr. V	
		100		
	*	Ch		
		1/0	77	
			10,	/
	100		10/	
	1,2	- 26	7.	
	- 40 KC.	77.		
	Ar.	100		
10	/	1		
12	,	~/		
10		1		
1		/		
DECLARATION			-	
/We deci to Note going particular to the Control of THAL 1516 To The Control of t	lars are true in every respect.	V	al 11/08	9/2019
olicyholder (Synature Date & Time:	Driver's Signature (If driver is total the policyho	ideri	Beporting Centre Personne	Senature /
	Date & Tireen j		NRIC/FIN NO: Kafd	librate !





Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

1 of 3 Report No. T/20190410/2043

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 019 10:10	/lade:	Vide Report No.: Station Diary				
Informa	nt's Partic	ulars					
Name of Informant: CHONG SENG MONG			Address: APT BLK 344 CLEMENTI AVENUE 5 #12-140 SINGAPORE 120344				
ID Type / ID No.: NRIC NO / S7513165H		65H	Contact No.: Home/Office: Mobile: 97952418				
National SINGAP	lity: PORE CITIZ	EN.	Email:				
Sex: Male	Age: 43	Date of Birth: 14/05/1975	Type of Informant: Driver				
Race: Chinese			Language:	Institution / School Name:			
Occupation: PROPERTY MANAGER		GER	Driving Licence Information: Class: 3A	Date of Expiry:			

General Information Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 10/04/2019 00:20	Type of Location Straight Road	
BUKIT TIMAH WOODLAND	Traveling Toward Road HEXPRESSWAY S CENTRE ROAD wards Woodlands Cen		R	oad Speed Limit:	
Clear		Dry	122	odd opddd Liffiil.	
4200 00 00 00 00 00 00 00 00 00 00 00 00		Traffic Control: Not Controlled	172.5	Traffic Volume: Moderate	
Type of Collis Between Mov	sion: ring Vehicles - Head To	Rear		nyone conveyed by mbulance:	

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
JRX7611	Motorcycle					0		
SJN4212L	Car				Slightly	1		

Details of Person Involved	Talliania de la Maria de la Carlo de Reconstrucción de Recon
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin:
Queenstown N.P.C

Report No. T/20190410/2043

3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

CONTINUATION OF REPORT

Driver			der i rea			
Name	CHONG SENG MONG			ID No		S7513165H
Related Vehicle	NIL			Conta	ct No.	97952418
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 3A Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o		-	
Name	ALAN			ID No	+	NIL
Related Vehicle	NIL			Contact No.		84856680
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days grant	ted Medical Leave	NIL	Degree o		NIL	

Brief Details.

On the 10/04/2019 at about 0020hrs, I was driving my vehicle SJN4212L along BKE towards Woodlands Checkpoint. The weather was clear and the road surface was dry. My wife was with me inside the car. There were a total of 4 lanes and I was driving on the 2nd lane from the right. I was driving at about 80km/hr and out of a sudden, I heard a loud bang from the back. From my rear mirror, I saw one motorcycle losing his balance and went to the 1st lane. I went to the side and stopped my vehicle and came out to check on him.

He was sitting down on the road side and I could smell the alcohol from him. He was able to stand up and talk to me. He had some minor scratches on his hand. A passerby namely Aaron Sia, 68442475 stopped his car and assist. I checked with him if he was able to go home and we will settle privately. He hand over to me his particulars. He subsequently drove back.





Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

3 of 3 Report No. T/20190410/2043

CONTINUATION OF REPORT

Sketch Plan

NP168

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: D / Sgt 2 DAMIEN LEONG JUN SIAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/04/2019 10:10
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	

Marie Mari	Claim Handling						
Section Production Production Control	Accident HT/1039847		approxime				
Martine Mart		3191612138	Venicle No.	5394212L		GET Registration No.	
March Marc							
Contact Analysis Street Street						Policyholder NRIC	738(413)354
Second Second Second Secon			Cover Type	Third Party		Loading	ii.
1		97952418	Centact No.(Office)			Contact No.:(monwe)	
Comment Comm	Email Address		Special Remark			eCode	No. T
## March 1000 1000	KFK	= No Yes	TCA	- No. Yes		#Code Resson	100000
## Design Company of C	NCD Protection	Ass	NCD Brtitlement(%)	n		Private view	res
March Marc	P Accident Details						13.55
See A Section 1. 100-1000 100-1	Report Date	11/84/2019 18:09	Addderd Report Water 24 hrs	Ves.		(Appellant Total)	Walking Charles Wint
Control Control Fig. Fig	Dace of Actorism						
Market Section Secti		. 2000 00-38 00-30		2011			Singepore
Section		See 1915) Whenever which there is a contract.	Seattle Forta			ICM No.	
		ave lute) conducts added to the customic					
March Marc		1,500					
The part		0.00	Additional Excusa	0		Windscreen Excess	(0,00
## 19 19 19 19 19 19 19 19			Outside Singapore GD Excess		0.00		
## 1	Thing Party Excess	1,500.00	Outside Singapore TP Excess		1,500.00		
Mary	≫ Sonefits						
Company Comp	⇒ GST Registered Infurn	netion					
Control Cont	SY Registered	No.		GST Res	detration Date		
## PARTICIPATION OF THE PROPERTY OF THE PROPER	SET Registration No.					Yes	
Marie	Sodification History	11/04/2019 18:12/14 System o	numbed GST Status Venified from No				
Marie							
Marie	→ Policyholder Halling A	ddress					
Address For Management (1997) Address For Management (1997)	fddram i		Address 7	and as a second	v are reserve	1271102 4	-10000000000000
### 1985 Section Secti	Address N	Contract Con					
### Control Profession State Control Profession					***	Pant Code	417807
Marriad Deliver			Haratab Hatcy Number	5107550308			
State Content Conten	60 P. 15 P. W. 15 P.	Unicepoan	1007070				
Part							
Counter No. (1990) 1875-181		Contribution of the contri		875131659		Driver DOB	14/06/1978
March 1967-1969 175-24 Content No.00004 Content No.00004 March 1964 March 1964 Content No.00004 March 1964 Co			Oriver Age	43		Driving Experience	11.
Address Type March 13-140	Contact No. (Mobile)	37953418	Centers No.(Office)			Contact No.(mine)	
Million Service Support No. 19-140 Direct Vehicle No. 19-1412 Direct Vehic	Address i	BLK 344 #12-140	Address &	CLEMENTS AVEN	00.5	Address 3	EDIGAPORE 120344
10 to 12 a.m. 15 (1990 to 12 a.m. 16 (1990 to	Address 4		Address Type	Foreign address		Post Circle	
Direct Version Direct Version Bill. Dir	UNIT 786	32-340					
Called State Designed Assembly Text And replay Text And	Does he own a Kingepony	Yes a No	Delaner Wallache Nov.	Almana to			
Ave clips Test = No. Test = No.	Registered cart	100	Court Service ma,	23942120		Driver theurer Company	MILE
Ave clips Test = No. Test = No.	2010/06/00						
Color Colo							
Additables Serve Subset No. (Model) Start							
Color March Marc	Claim Type *				оо-нх	# Insured Auto RENTZ LLP	Insured Tracciston
Table Address Table	DESCRIPTION OF THE PROPERTY OF				4120000		The second secon
Married Marr	Lancact No. (Motive)					No. Inc.	260
Sind Decorption Sind D	Front Address					di .	TP
Shed 10c, Flavor file of the common of the c							Number 250x7621
Part	Claim Descrimos				E12 275		Name of
Page					[5]84212L/ JHX7611-DN	10 Apr 2019	
The Registered Section of Section 19 (Section 19 (Sect	Market State Committee Com	Business Liability Not at Fault	•				
ROST Taken By ROST WARAB Print AC letted	Finalisation Yes	* Fispair Preferred Workshop, Nam		d	•	The same	
Rev Submit	Date Registered				L1/04/2016 16:13	Core	
Attachment Topics File No Se chosen Choose File No Se choosen	Report Taken By				E2277337772	Cate	1550/16
Altachment Altachment Connect No. M1/1018847 Connec	1000x13-1510x10-9K1				MOSTI MANAII		
Attachment October No. MT/1018847 Comm No. Oct. att Doc. Received # yes II No Uptace Date 11/04/2019 18:19 Futh * Chargony * Confidential Urganzy * Description * Chargony * Confidential Urganzy * Description * Chargony * Chargon	". Frint AK lettur						
Attachment October No. MT/1018847 Comm No. Oct. att Doc. Received # yes II No Uptace Date 11/04/2019 18:19 Futh * Chargony * Confidential Urganzy * Description * Chargony * Confidential Urganzy * Description * Chargony * Chargon				Save Submit	T		
Content No. M1/1018847 Common. at Doc. Received: * Yes No. Upload Date 11/04/25/9/18/16 Concess File No Sie Chosen Plant Concess F	Attachment				ž.		
Clear No. M7/LURINET Common No. DOE Att Dir. Received	- LINE CONTROL OF THE PARTY OF						
Clear No. M7/LURINET Common No. DOE Att Dir. Received	70						
Thouse File No file chosen Choose File No file chosen Ch	TO COMP	MILITARIE					
Choose File No file chosen Choose File No file choosen Choose File No file chosen Choose File No file choosen Choose File No f							
Chew Files No Re chosen Chew Files Select * NO * Normal * Chose File No Re chosen Chose File No Research Files Files Files Files Files Files Files Files Files Files Files Files Files	AND THE PROPERTY.	Tes - No	Upleed Date		11/04/2019 18:14		
Clear Hease Select * Into * Intermel * Character * Into * Intermel * Intermel * Character * Into * Intermel * In		Puth *			Eathegory *	Confidential Uran	ency * Description *
Choice File No file chosen Cher Hense Select * NO * formal * Choice File No file chosen Cher Hense Select * NO * formal * Choice File No file chosen Cher Hesse Select * NO * formal * Choice File No file chosen Choice File	Choose File No file chose	MY A		Cless	The second secon		A CONTRACTOR OF THE PROPERTY O
Choice File No file chosen Clear Hense Select * NO * femma * Choice File No file chosen File File File File File File File File	Choose File Nu file chose	WY					
Class File No file chosen Character File No file chosen File No fil				And the last last	and the same of th	The second second second	
Choise File No file chosen Hestage Raid Attachment List Attachment List Attachment List Attachment List Attachment Choise Ray, Date And_ BURIT_MERAH_BC0676(NATIONAL ASSESSMENT CENTRE SERVICE STREET FINDS Normal Photos 2019-4-11 NAC_BURIT_MERAH_RC0676(NATIONAL ASSESSMENT CENTRE SERVICE STREET SERVICE S				Parameter 1	APP 1 1 1 1 2 2 3 3 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
Choose File No file chosen Hestage Raad Attachment List Attachment List Ocioedes By/Date Category Articlement List Acc. Bukit _MERAH_BC0676(NATIONAL ASSESSMENT CENTRE SERVICE Substitute Report Substitut				-			
Hestage Rand Attachment List Attachment List Attachment List Attachment List Acc. Bukit MERAH, 800676(NATIONAL ASSESSMENT CENTRE SERVICE STREET SERVICE SUBJECT MERAH, 800676(NATIONAL ASSESSMENT CENTRE SERVICE) NAC. BUKIT MERAH, 800676(NATIONAL ASSESSMENT CENTRE SERVICE)				200000000000000000000000000000000000000	Fleuse Select		
Attachment List Attachment List Uploaded By/Date Congoy Urigency Description Mac_Bukit_MetaAH_800676 (Astriumal_Assessment centre service (SAKIT METAH_800676 (Astriumal_Assessment centre service) Photos Normal Photos 2019-4-11 NAC_BURIT_METAH_800676 (Astriumal_Assessment centre service) S_URIGHT METAH_800676 (Astriumal_Assessment centre service) Normal Norma		m.:		Clear	Please Select	* NO * hormal	
Attachment List Attachment Cist Attachment Cist Attachment Cist Attachment Cist Collegery Col	Hestage Read					The state of the s	Send Hessa
Attachment Uploaded By/Date Cartegory Tirganity Description Mag Sect7 **MAC_BURIT_MERIAN_BODE76 NATIONAL ASSESSMENT CENTRE SERVICE Photos Normal Photos 2019-4-11 **MAC_BURIT_MERIAN_BODE76 NATIONAL ASSESSMENT CENTRE SERVICE Photos **SUBJECT MERIAN_BODE76 NATIONAL ASSESSMENT CENTRE SERVICE **MAC_BURIT_MERIAN_BODE76 NATIONAL ASSESSMENT CENTRE SERVICE **MAC_BURIT_MERIAN_BODE76 NATIONAL ASSESSMENT CENTRE SERVICE** **MAC_BURIT_MERIAN_BODE76 N	W Attachment Dat						UP III O S S S S S S S S S S S S S S S S S
MAC_BURIT_MERAH, BCORFO; NATUUNAL ASSESSMENT CENTRE SERVICE PTUTOS Normal PTUTOS 2019-4-11 NAC_BURIT_MERAH, RCOFFO; NATUUNAL ASSESSMENT CENTRE SERVICE PTUTOS Normal PTUTOS 2019-4-11 NAC_BURIT_MERAH, RCOFFO; NATUUNAL ASSESSMENT CENTRE SERVICE PTUTOS NORMAL ASSESSMENT CENTRE SERVICE	The state of the s	Unicaded By Treta	Wigner	- 0	White and	gpc4=17746=	Her Cost 2
S (SURIT MERAH) on 11 der 2019 18:14 FINCOS NORTHAI PROCESSO 2019-4-11 MAC_BURIT_MERAH_ROSE/SE NATUUNAL ASSESSMENT CENTRE SERVICE Phobas Northal Process 2019-4-11 MAC_BURIT_MERAH_ROSE/SE NATUUNAL ASSESSMENT CENTRE SERVICE MAC_BURIT_MERAH_ROSE/SE NATUUNAL ASSESSMENT CENTRE SERVICE	5000		BE SERVICE	1		Description	icni
S (BLANT MERANI) on 12 Apr 2019 16:14 PRICES NOTES AND A SECOND PRICES	-	S (BURST MERAH)) on 11 Apr 2019 18:14	Photos		Nurmal	Photos 2019-4-11	
NAC_BURIT_MERAN_800676 (NATIONAL ASSESSMENT CENTRE SERVICE PRotos Normal Photos 2019-4-21	NAC.	HIMIT_MERAH_REGETE(NATIONAL ASSESSMENT CENT S (BLINTT MERAH)) on 12 Apr 2029 18:14	RE SERVICE Photos		Normal	Photos 2019-4-11	
	HACL	IDKIT_HERAH_800676(NATIONAL ASSESSMENT CENT S (BURIT MERAH)) on 11 Apr 2019 18:14	RE SERVICE Photos		Normal	Photos 2019-4-21	

Pile Name

Display in New Worstow | Scan and uploading

MRIC/ Driving License 2019-4-11

Source

Action

7

NAC_BURLT_MERAH_BOODTS; NATIONAL ASSESSMENT CENTRE SERVICE NRICY Driving Lianue
\$ (\$UNIT MERAH) on 11 Apr 2010 1013

Falder Date

▽ Video List

Uploaded By/Date

ACCIDENT STATEMENT

ACC	IDENT DATE 10	04 2019 100/MMM	YYY), TIME:(<u>00 : 20)(</u> HH:MM)
Loc	ATION: BKE (P	IE) TOWARD WOOD	NANO CHECKPOINT
	DETAILS OF VEHIC a) VEHICLE NUMI b) INSURANCE CO c) POLICY NUMBE d) POLICY TYPE; (1) e) MAKE & MODE f) TYPE; (SALOON.)	DIE SUN 4212 L DMPANY: NTUC IN R: 5101615128 COMPREHENSIVE / THIRD F L: 14444011 AUR	PARTY / THIRD PARTY FIRE &THEFT)
*	h) PURPOSE OF US I) ARE YOU CLAIM	FORY: (PRIVATE / COMMENT SING AT ACCIDENT TIME: _ ING UNDER YOUP OWN IN ATE (THIRD PARTY CLAIM /	BCIAL / MOTORCYCLE) BRIVING GRAB ISURANCE (YES/NO)
wife)	A) NAME: AUT b) NRIC/FIN/PASSE	O RENTZ LLP	(MALE / FEMALE)CONTACT: WYALF LINE
Ho of passanga, Clincluding driver)	* CONTINUE TO 3. DRIVER ONAME: CHOM	MGAPORE 792413 d IF DRIVER ALSO POLICY SENT MONTH LANGE	HOLDER
(<u>a</u>)	DINKIC/FIN/FASSE	344 CLEMENTI ME	CONTACT: 979824/8 5 #12-140 · S130344
5.	e)OCCUPATION: (f)DATE OF DRIVIN WAS DRIVER AN IF NO, RELATION a)WEATHER COND b)ROAD SURFACE WAS ANYBODY IN. a)REPORTED TO PO IF YES, PLEASE STA	EMPLOYEE OF THE INSU SHIP OF THE DRIVER W MIONIFICEAR? RAINING DRY WET / OTHERS JURED (VES / NO) DLICE (YES / NO) ATE WHICH POLICE STATIO	RED'S COMPANY? (YES / NO) ITH INSURED:
4 No of passenger (Industing driver)	third party vehicle b) Vehicle nume b) Driver's Nam c) NRIC/FIN/PASS	BER: JRX 7611 BE: ALAN	MODEL:
(I) 9.	THIRD PARTY VEHIC	LE	MODEL:
(Induding driver)	6) DRIVER'S NAM f) NRIC/FIN/PASS		CONTACT:
()		N.	
æ	40 94 1040	email = JAMESBON	DSWS @HOTHAIL . COM
027.	*	VIDEO .	.n

RENTAL COMPANY EMAIL . EMAILAUTORENTZ@GMAIL COM

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7513165H



CHONG SENG MONG (ZHUANG SHENGMAO)

庄



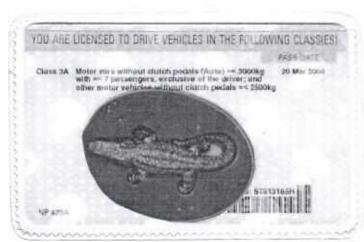
CHINESE

14-05-1975

SINGAPORE







eBaoTech			100							Gener	alClaim
Hello, NAC_BUKIT_MERAF							+ Chang	e Languag	e + Chan	ge Password	• Log Ou
My Desktop Notice of Loss	Polic	y Query									
Weinerver reses	Policy N	0.				Date	of Accident		10/04/2019	18:16	
	Vehicle	No.(For Motor)	5JN42	12L	- 3	Certif	ficate Numbe	e			
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Explry Date
	0	5101615128		AUTO RENTZ	T16LL1519K	GPC	Third Party	SJN4212L	5JN4212L	21/06/2018	15/08/2019