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0.0 A: 03/0x/20 US 11:4x	i-Motor Claim F	orin N	1/1042715-6	0 03/0	5/201/
	:- I-Motor W/O (WI	thin: OD 2hrs, TP 4h	rs) ;,,	10:51	
OD (TP) Reporting Only	I-Photo Uploade	d I		'	
	Assessment/Surve			· ~.	
TP Insurer:	Ass't Report by Pr	x/Hand to Ow	ner/Wksp		- CIA-
Proforred Witep / INC Assign Wksp / QW: (and description of the second	To		Fax:	.)
TP Panticulars: Yeh No: S	SKF 5486 L	. INC(,)	Non-INC().		
Owner / Driver: (21/00	T	ol: ·		
Policy No: ()	Period: () Cov	er Type: ()	
Confirmed by : (· L	atei,	Times)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO)): N; 0-20%;	P: 21-79%. P: 80)-100%]	
Year of Registration: ()		/NO()			-
Excess: (\$ ') Loading: \$	1,000 ()/\$2,000 ()	man and and	mark	777
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() Walk-In Customer's I	nformation strictly Confid	ential & Strictly	NO rafer of repair	<u> </u>	
() Total Loss Case : to e-mail Ins	urer URGENTLY.	<u> </u>			7
Drive-In ()/ Towed-In (); Invo	oice: YES () / NO	(); Towit	ig Co: (CONTRACTOR OF THE PARTY OF THE	- The second state of
navilne a para la compara de l		HANNEN KIN	(FESTIVILLES) INC.	教が対象が行るから	y · ·
1) Apply for Transport Allowance ()	/Courtesy Car ()				
2) QC Check / Post Repair Inspection	(·)				
3) Upload Resurvey Photo [Repair Cost>	- \$3000] ()				
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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,
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to
- 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.	and to copies of the report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	03/05/2019 10:11
Date Of Accident	02/05/2019 11:45
Exact Location Of Accident	ALONG PATERSON ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJN7828R
Insured/Policyholder	
Name Of Registered Owner	MINK TAN TEK MIN
NRIC No	S2607962D
Email Address	LAETITIAS,T@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81008006
Alternative Phone No	OTHERS-81008006
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	CLC 180
Exact Purpose for which vehicle was being used at time of accident	
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5064013202-05
Cover Note Number	
Driver	
Name of Driver	LAETITIAS TAN (CHEN ZHIYI)
NRIC No	S8210646D
Date Of Birth	30/03/1982
Occupation	INDOOR
Date Of Driving Pass	14/02/2003
Driving Experience	16 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81008006
	THE PARTY OF THE P

LAETITIAS.T@GMAIL.COM

OTHERS-81008006

Address

19 SHELFORD ROAD

#8-05

Postcode

288408

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

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 (including own vehicle) involved in the accident

2

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?

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKF5486L

Vehicle Make/Model/Colour

HYUNDAI

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LINDA

NRIC/Passport Number

Contact Number

92719953

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

LAETITIAS TAN (CHEN ZHIYI)

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode SLIGHT INJURY

SJN7828R

YES

NO

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>.
- 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.
- 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.

Driver's Signature

Date & Time:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's

Name:

NRIC/FIN No .:

Policyholder's Signature

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 3:25/200

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

所

Shalom Clinic - Surgery

Alexandra Village Bik 123, #01-104 Bukit Merah Lane 1 Singapore 150123 Tel: 6278 0270 Fax: 6278 4215

Rec. No. 286081

For medical services rendered to TAN LAETITIAS (CHEN ZHIYI)

Total amount \$ 30.00 (Dollars Thirty Only)

Shalom Clinic - Surgery

Alexandra Village Blk 123, #01-104 Bukit Merah Lane 1 Singapore 150123 Tel: 6278 0270 Fax: 6278 4215

Shalom Clinic 💠 Surgery



Alexandra Village Bik 123 Buks Merah Lene 1 #01-104 Singapore 150123 Tel 6278 0270 Fax 6278 4215

MEDICAL CERTIFICATE

Number: 0000072267

This is to certify that the following patient: Name: TAN LAETITIAS (CHEN ZHIYI) NRIC: \$8210646D

is UNFIT FOR DUTY for 2 days from 02/05/2019 to 03/05/2019 inclusive.

Obordusion (R) Neck

Date: 02-May-2019

DR. TONG JUN HO MBBS (S'pore) MCR: 043381

Claim Handling								
Policy No.	5064013202-05	Vehicle No.	S3N7828R		GST Rec	gistration No.		
Certificate No.					6			
folicyholder Name	MINK TAN TEK MIN				Balleri	Mar NOIC	F-10-10-10-10-10-10-10-10-10-10-10-10-10-	
Yeduct Code	PRIVATE CAR INSURANCE	Cover Type	drive & Aprile			ider NRIC	526079620	
ontact No.(Mobile)	81008006	Contact No.(Office)	drivo CLASSIC		Loading		D	
mail Address					Contact	No.(Hame)		
FK		Special Remark			eCode		No T	
	» No Yes	TCA	# No Yes		eCode R	eason.	Sec. 3.7	
ICD Protection	Yes	NCD Entitlement(%)	50		Private i	Hire	No	
▼ Accident Details						6	1120	
eport Date	03/05/2019 10:28	Accident Report Within 24 hrs	0916			2014011		
ate of Accident			Yes		Accident	Type	Side Swipe	
	02/05/2019	Time of Accident hit:mm	11:45		Country	of Accident	Singapore	
eporting Centre		Orange Force			ICM No.			
coident Location	ALONG PATERSON ROAD							
♥ Excess								
Own damage Excess		TO LOCAL MARKET CONTROL OF						
		Additional Excess	0		Windson	een Excess	100.00	
Unnamed Driver Excess	500.00	Outside Singapore OO Excess		600.00				
Third Party Excess	0.00	Outside Singapore TP Excess		0.00				
♥ Benefits								
□ GST Registered Informa	tion							
ST Registered			3255					
ST Registration No.	No.		GST Reg	stration Date				
			GST Stat	us Verified		Yes		
odification History								
Policyholder Mailing Add	ress							
ddress 1	202000000000000000000000000000000000000		VV DE IVV					
		Address 2	#02-05 null		Address	3	SINGAPORE 18	16987
Address 4		Address Type	Singapore address	i:	Post Cod	e		No. of Contract of
hit No.	02-05	Related Policy Number	5064013202-05			-	188987	
♥ Of Driver Info		THE HOUSE	2004011202-05					
Priver Name	Universal Delias	ESSO LOS						
		Driver Type	Unnamed Driver					
Innamed driver Name	LAETITIAS TAN (CHEN ZHIYI)	Driver NR3C	S8210646D		Driver Of	08	30/03/1982	
legister Date of Driver License	14/02/2003	Driver Age	37		300			
Contact No.(Mobile)		Contact No.(Office)	355			xperience	16	
Address 1					Contact I	No.(Hame)		
Address 4	19 SPED OND KOND	Address 2	#08-05		Address	3	SINGAPORE 28	8408
		Address Type	Foreign address		Post Cod		288408	
init No.	08-05						800000	
Does he own a Singapore Registered car?	Yes * No	Driver Vehicle No.	F3030340		G-1055			
		100000	53N7828R		Driver In	surer Company	NTUC	
raproservicio								
eclaration								
Socification History Claim 001 OD-MX New		Any injury?	Yes a No					
BOSE STORY STORY MINES I'M		way injuryy	Yes a No					
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Claim 001 OD-MX NEW		ved interior	Yes a No		• Insured Name Contact	MINK TAN TEK MIN	NRIC	[92607962D
Claim 001 OD-MX NEW		ved intrate.	Yes a No	OD-MX 8:880478	No.	MINK TAN TEK MIN 85029434	NRIC Contac	63722468
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File Name Display in New Window Scan and upleading 9

Source

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ACCIDENT STATEMENT

ACCID	DENT DATE: 2 15 1 2019 (DD/MM/YYY), TIME: (11 .46) (HH:MM)	
70010	0	7.0
LOCAT	TION: Along Pater (on Road	
1	DETAILS OF VEHICLE	
(1,	a) VEHICLE NUMBER: SJN 7828 P	
39	BUNGURANCE COMPANY. NTUC	
	CIPOLICY NUMBER: WO B2037467E053669	
	d)POLICY TYPE: COMPREHENSIVEY THIRD PARTY / THIRD PARTY FIRE &THEFT)	
	PIMAKE & MODEL:	20
	F)TYPE: (SALOON / COUPE / MPY /VAN / LORRY / MOTORCYCLE / OTHERS)	
	a) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)	28 (2)
h.	hIPURPOSE OF USING AT ACCIDENT TIME:	
	ILARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY)	13.
2.,	ANAME: MINK TAN TEK MIN (MALE) FEMALE)	
		58 8100 800 6
	CIADDRESS: 19 Shelpind Road #108-05 Singgine 288408	
50 10	CIADDRESS: The seguing the seg	#E
S 01	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	5
\$ No of passanga	DRIVER	
(CO) (CO) (CO) (CO) (CO) (CO) (CO) (CO)	CINAME: LIMITED OF	5006
(Including driver)	HINRIC/FIN/PASSPORT: S8 > 106460 CONTACT:	14000
(_)	CIADDRESS: 19 Shelford Road #08-05 (S) 288.4408	S 12
	201 62 1 100 2 UDDAW NYVVI	
10	*d) DATE OF BIRTH: (30 / 63 / 1982) (DD/MM/YYYY)	
	e)OCCUPATION: (INDOOR / OUTDOOR) f) DATE OF DRIVING PASS	12
4	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES ! (NO)	1.2
-7.5	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	
5.	a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS	
	b)ROAD SURFACE: (DRY / WET / OTHERS)
	WAS ANYBODY INJURED (YES / NO)	
7.	a) REPORTED TO POLICE (YES / NO)	
	IF YES, PLEASE STATE WHICH POLICE STATION:	
	a) VEHICLE NUMBER: SKF 5486 L MODEL: Hymandai	
4 He of passenger		
Mark Control of the C	b) DRIVER'S NAME: LINGLA CONTACT: 927/9953	
(1)	THIRD PARTY VEHICLE	932
	MODEL:	**
* No of passenger		
(Including driver)	f) NRIC/FIN/PASSPORT:CONTACT:	W.
()		W. 188
		f.
		3.

email = lactitias. +@gmail.com

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8210646D





Name

LAETITIAS TAN (CHEN ZHIYI)

CHINESE

Date of birth

30-03-1982

Country/Place of birth

SINGAPORE



5265620





NRIC No. S8210646D

Date of Issue 07-02-2014

19 SHELFORD ROAD #08-05 SINGAPORE 288408

NRIC No:

S8210646D Date: 14/07/2018 (R)

Dear LAETITIAS TAN (NRIC: \$8210646D),

Welcome to the e-application of QDL page!

Your Licence and Test Information

Our records shows that you possess the following class of qualified driving licence (QDL) with expiry date, Lifetime:

i. Class 3

You have passed Practical Test(s) for following class(es).

Class 3 Practical Test at BBDC on 14 Feb 2003.

Please choose one of the below option(s) to proceed:

Replace QDL



Please click the next button below to confirm that you wish to apply for QDL for the above class of driving licence.



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: 5064013202-05

Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle

: SJN7828R

Chassis Number

WDB2027462

2. Name of Policyholder

: WDB2037462E053669 : MINK TAN TEK MIN

E. Hame of Folicyfloider

MINK TAN TEK MII

3. Effective Date of Insurance

: 26 Feb 2019

4. Expiry Date of Insurance

: 25 Feb 2020

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 business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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)
 : \$\$600

 EXCESS (SECTION 2)
 : N/A

 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 : YES (FREE)
TRANSPORT ALLOWANCE : NO
EXCESS WAIVER : NO

PRIMARY DRIVER : MINK TAN TEK MIN
NAMED DRIVER (1) : N/A

 NAMED DRIVER (1)
 : N/A

 NAMED DRIVER (2)
 : N/A

 HIRE PURCHASE COMPANY
 : N/A

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: COWELL INSURANCE (AGENCY) PTE LTD (00000610380)

Date of Issue

: 31 Jan 2019 16:53 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: \$665500200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report. .:

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : Vehicle Registration No: Name(as shownin NRIC) : WENTIA! NRIC/FIN/Passport No: (*Vehicle Driver / Wehicle Owner) (*) Please delete as appropriate 18 Address Singapore(Contact (Tel) Mobile No.: Email Address Date of Accident Time of Accident: Place of Accident Insurance Company: (B) ADDITIONALINFORMATION AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Centre Personnel's Signature Policyholder / Driver's Signature Name: Date:

NRIC/FIN No .: Date:

MARIAN SOMEONE CO.