ATIONAL Assessment Centre Services | Mel 1 Janos MHALLY 19670 -9 Date In: X/19-17-17 Jeb description Date & Time Completed Done by Ref No: NA/INCIGUAGYARITY SAS e-filing Vel No: (M)97796 E-mail (within 8hrs, AIC 2hrs) D.O.A: 28/19-14:30 i-Motor Claim Form M11046380-001 28 5 19 19:06 i-Motor W/O (Within: OD 2hrs, TP 4hrs) OD : TP ! 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: GBG 4710 INC ()/Non-INC (Owner / Driver: (Tel: Policy No: (Period: (Cover Type: () Confirmed by : (Date: Time: Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 30-100%] 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 () / NO (; Towing Co: (Remarks;- (INC hotline: 6788 6616) Date&Time Completed 1) Apply for Transport Allowance () / Courtesy Car (QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions N41907967 " Ant (S) Amt (3) Invoice Preparation Checklist fit Bill Add Bill Claimant's Particulars :-1) AR : Accident Reporting 2) DA : Damage Assessment (\$100); INC (\$80) Driver/Owner: 3) TF : Towing Fee \$40/\$45 4) FT : Follow-Through Survey \$120 Contact No: 5) FT : Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) Damaged Portion: 6) TR: Re-inspection \$75 7) N1 : Idac DA + SMRT Survey \$160 8) NTUC Additional Services:-QC Checked by (Engr-In-Charge): OD. * N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination 510 Auditors! Comments :-*N7: Fost Repair Inspection \$25 *N8: DV / Collect Excess Coordination Cat 1: 35 TP (N11): TP (Non INC) against INC \$20 9) N12: Idac Mobile Cat. 2/3: Invoice dated Fee Charges Carteria Paul St Invoice dated Fee Charged

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.
- 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 aforeseed.

aforesaid.	and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	28/05/2019 17:55
Date Of Accident	27/05/2019 14:30
Exact Location Of Accident	JURONG POINT CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMD9779C
Insured/Policyholder	The state of the s
Name Of Registered Owner	LIM BENG TEIK (LIN MINGDE)
NRIC No	S8139006A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91855552
Alternative Phone No	OFFICE-91855552
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	SCIROCCO 1.4 TSI A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	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	5102056210

Policy Number 5103956319

Cover Note Number

Driver

Name of Driver TAN CHIEN WEI, ROGER (CHEN JIANWEI)

NRIC No S8628647E Date Of Birth 12/10/1986 Occupation OUTDOOR Date Of Driving Pass 01/10/2007

Driving Experience 11 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-85568699

Fax Number

Contact Number OFFICE-85568699

EMail Address NOEMAIL

BLK 305 BUKIT BATOK STREET 31 Address

#09-87 650305

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

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? NO

Number of vehicles (including own vehicle) involved in the accident

2

YES

Was any body injured in the Accident?

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

JURONG POLICE DIVISIONAL HQ ('J' DIVISION)

Police Station Address

ROAD: NO. 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 ,

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-7910000 - FAX NO: 68965649

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - J/20190527/7058.

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

GBC3471P

Vehicle Make/Model/Colour

MERCEDES VITO

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver KUAH CHEE BOON

NRIC/Passport Number

S7737895B

Contact Number

Address

3 CANBERRA DRIVE

#01-07

Page 2 of 21

Postcode

768102

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TAN CHIEN WEI, ROGER (CHEN JIANWEI)

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SMD9779C

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>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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:
 - 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

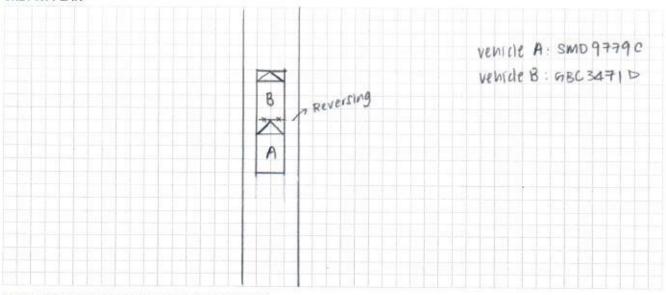
(If driver is not the policylder)

Date & Time:

Reporting Centre Persophel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	- Refer to police Report -	
te-cultural transfer and the same and		
SIRCO STATE		

DECLARATION

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:

NRIC/FIN No.:

Reporting Centre Personnel's Signature Name:

TPARAC SeinchPlantform, VI

Date of Accident	: 27 5 2019 Accident Time: 1430 (24-HR-Format)
Accident Place	: Jurong Pour Carpent
Vehicle Reg. No. (Car Plate No.)	: SMD 9779e
Vehicle Make/Model	Volkswagen Scirocco
lisurance Company	Policy No
Owner or Company Name /IC No.	: LIM BengTRIK 88139006A
Owner or Company Contact No.	: 9/855552 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: Tan CHIEN Wei Roger S8628647 E
DRIVER'S Date Of Birth	: 12/10/1986 DRIVER'S License Pass Date 01/10/2007
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: 41
DRIVER'S Address	: BIK 305 BOKH Balak 91 31 # 09-87 'S' 650305
DRIVER'S Contact No./ Alt No.	1) 8556 8699 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: Roger . tanbochap @gmail · com
Weather & Road Surface	: CLBAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Dri	iver):
Was there any video Captured by car Exact purpose for which vehicle was	camera: YESANO being used at the time of accident: Private use \ Work purpose
Other Pr	urty Driver's Particular (if anv)
Vehicle Reg. No: GBC 3471	P Vehicle Reg. No:
Vehicle Make Wodel: Mer Cedes	9,40 Vehicle Make Model:
Name Driver: Kuah Chee Bo	Name Driver:
IC No. Driver: 37737895 E	JC No. Driver;
Driver's Contact & Add: 3 Canber # 01-03	7

* Driver injured 5 Days MC





1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Jurong Division HQ 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No:1800-7910000

Report No. J/20190527/7058

Date/Time Report Made 27/05/2019 22:34	Vide Re	port No.		Station Diary No.	
Name Of Informant	Address	3			
TAN CHIEN WEI, ROGER		K 305 BUK PORE 6503	IT BATOK STREE 05	T 31 #09-87	
ID Type / ID No. NRIC NO / S8628647E	Contact Home/C		Mobile: 85568699		
Nationality SINGAPORE CITIZEN	Email Address roger.tanbochap@gmail.com				
Occupation	Sex	Age	Date of Birth	Race	
Lorry driver	Male	32	12/10/1986	Chinese	
Institution/School Name	Languag English	Language			
Date/Time Of Incident 27/05/2019 14:30 - 27/05/2019 15:00	APT BL	Of Inciden K 305 BUK PORE 6503	T BATOK STREE	T 31 #09-87	

Brief details.

vehicles gbc 3471 p, did not signal intention to stop and he reverse back and knock into my car (smd 9779c) after the accident immediately move this vehvehi gbc 3471 p to the side as he did not want me to take pictures of the incident

Subjects Involved Suspect	
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/05/2019 22:34
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20190527/7058

NRIC NO	No. of the Control of	
MINICINO	ID No	S7737895B
Male	Age	42-42
Chinese	Language	Chinese
3 canberra drive #01-07		= = ===
SINGAPORE 768102		
TAN CHIEN WEI, ROGER		
NRIC NO	ID No	S8628647E
Male	Age	32
Chinese	166.9-5-Marchy (40.00.2)	English
Lorry driver	Address Type	- 1
APT BLK 305 BUKIT BATOK STREET 31 #09-87 SINGAPORE 650305	Mobile No	85568699
Yes		
	Chinese 3 canberra drive #01-07 SINGAPORE 768102 TAN CHIEN WEI, ROGER NRIC NO Male Chinese Lorry driver APT BLK 305 BUKIT BATOK STREET 31 #09-87 SINGAPORE 650305	Chinese 3 canberra drive #01-07 SINGAPORE 768102 TAN CHIEN WEI, ROGER NRIC NO Male Chinese Lorry driver APT BLK 305 BUKIT BATOK STREET 31 #09-87 SINGAPORE 650305

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/05/2019 22:34
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



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: S66350020G / 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
ų	PARTICULARS OF PERSON MAKING THE AMENDMENTS:
	Original Report No: MUA 119069670 Vehicle Registration No: 6m0 9779 C
	Name(as shownin NRIC): Lim Mag Tale Clin Mag 14NRIC/FIN/Passport No : 58139 0064
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
	Address :Singapore(
	Contact (Tel) :Mobile No.:
	Email Address :
	Date of Accident : 275 19 Time of Accident: 14:30
	Place of Accident : Jurang paint carpark.
	Insurance Company: NTUC
	ADDITIONALINFORMATION / AMENDMENTS:
	Amend third party registration number GBC7471P
	Policyholder / Driver's Signature Date: Reporting Centre Personnel's Signature Name: NRIC/FIN No.: Date:

IDENTITY CARD NO. S8628647E REPUBLIC OF SINGAPORE



Name

(CHEN JIANWEI)

建海

Race

CHINESE Date of birth 12-10-1986

Country/Place of birth

SINGAPORE

2





NRIC NO. S8628647E

Date of Issue

22-04-2014

Address

#09-87 SINGAPORE 650305

S Ivania OFBirth		DRIVER'S Lice
'S Date Of Birth	: Spouse \ Parents \ C	Children \ Siblin
hip of Owner & Driver		The State of
'S Address	:1)	2)
'S Contact No./ Alt No.	: INDOOR \ OUTD	OOR (e.g. worl
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ero	TAN CHIEN WEI, ROGER (CHEN JIANWEI)	ciden
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-AZA	Issue Date: 16 Apr 2014	icle F
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Driver:		IC No.
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er's Contact & Add:		

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\P 428A	IHIMINIUM
Make\Model:	Name I
river:	
Driver:	Driver's
Contact & Add:	



Policy No.	5103956319	Policyholder Name	LIM BENG	TEIK (LIN MINGDE)	Policyholder NRIC	S8139006A	
Certificate No.		Numes			INIC		
Address	NIL						
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	21/09/2018	Effective Date	21/09/201	8 00:00	Expiry Date	24/09/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	n/Inexperience Driver Excess
Agent	B.A.S. INSURANCE AGENCY	Agent Tel.	67492112		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	NIL	Addre	rss 2			Address 3	
Address 4		Addre	ss Type	Singapore address		Post Code	999999
Unit No.	11-31	Relati Numb	ed Policy er	5103956319			
) Insure	ed Object: SMD9779C						
	sements						
020	nce Date of Endorsem	ant	Endorsemen	t Torre	Endorsement	Creation	Endorsement Content

Nicy No.	51300000	0.000010000			
CONTRACTOR OF THE PARTY OF THE	5103956319	Vehicla No.	SMD9779C	GST Registration No.	
rtificate No.					
licyholder Name	LIM BENG TELK (LIN MINGDE)			Policyholder NRIC	58139006A
oduct Cade	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
ritact No.(Mobile)	91855552	Contact No.(Office)	0	Contact No.(Home)	0
naii Address		Special Remark		eCode	THE Y
OD Protection	® No ○ Yes	TEA	® No ⊜Yes	eCode Reason	
P Accident Details	No	NCD Entitlement(%)	0	Private Hire	No
port Date	NAME OF TAXABLE PARTY.				
	28/05/2019 19:04	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
te of Accident	27/05/2019	Time of Accident hh:mm	14:30	Country of Accident	Singapore
porting Centre	UIDATE DATE OF THE STATE OF THE	Orange Force		1CH No.	
oident Location	JURONG POINT CARPARK				
Excess					
in damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess	500.00	Outside Singapore OD Excess	600.00		
rd Party Exceps	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Informa					
T Registered T Registration No.	No		GST Registration Date		
dification History			GST Status Ventiled	Yes	
84-745000F3f					
Policyholder Mailing Ad	idress				
fress 1	NIL	Address 2		Address 3	
dress 4		Address Type	Singapore address	Post Code	999999
it No.	11-31	Related Policy Number	5103956319	Fore Code	22229
OI Driver Info	-	The same of the sa	-103330313		
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
names driver Name	TAN CHIEN WEI, ROGER (CHEN	Driver NRIC	S8628647E	Driver DOB	12/10/1986
jister Date of Driver License	Carlo	Driver Age	32	Driving Experience	12/10/1986
ntect No.(Mobile)	85568699	Centact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK-305	Address 2	BUKIT BATOK STREET 31	Address 3	HONG KAH GREEN
dress 4	SINGAPORE 650305	Address Type	Singapore address	Post Code	650305
it No.	09-87	V.W905W35500	30.1E08000.R500.R50	0.7.7.7.7.00 0. 7.5.	
es he own a Singapore gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
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Claim 001 New	00-Mx V	Insured Name	LIM BENG TEIX (LIN MINGOE)	Insured NRIC	58139000A
im Type *	00-4% V 91855552	Contact No.(Home)	ND,	Contact No. (Office)	
im Type * mact No.(Mobile)	91855552	Contact No. (Home) Of Vehicle Number	NB. SMD9779C		\$8139006A GBC34710
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