NATIONAL Assessment Centr	e Services	et i Jan'osi MHI	4.120021342	-	
Date In: 2/1/20-15:38	Jeb description		Date & Time Completed	Done	pì.
Res No: NOI NOTODOSSIY MY	SAS e-filing			!	
Veh No: Supstayp.	E-mail (within Shr	s, AIC 2hrs)			•
D.O.A: 4/1/20-11:20	i-Motor Claim	Form	100785130 1cm	11/2 R:	43
OD : TP ! Reporting Only	i-Motor W/O (v		7P 4hrs)		
	Assessment/Surv	ey Report			
TP Insurer:	Ass't Report by	Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: Sto.	386P.	, INC()/Non-INC().	ONGENIA E EL CA	
Owner / Driver: (Tel:)	
Policy No: () Pe	riod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	Note-Est. Status (W	O): N: 0-20	%; P: 21-79%. P: 30	-100%]	54
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1,0	000()/\$2,000()			
AND				Street Street	
() Walk-In Customer : Customer's info	A 101 ACC. ACC.	dential & Stri	ctly NO refer of repaire	r.	
() Total Loss Case : to e-mail Insure	The second name of the last of	ti	*		
Drive-In ()/ Towed-In (); Invoice) () ; To	wing Co: ()
				Done	hv .
Remarks;- (INC hotline: 6788 6616)			Date&Time Completed	D. SEED TO FEBRUARO	ary .
	Courtesy Car ()		-	-	
2) QC Check / Post Repair Inspection	()			-	
3) Upload Resurvey Photo [Repair Cost > \$3	3000] ()	-			
Injury:	· ·				
Date/Time Actions			1 The 1991	STAN CALL	er in the part
225/94/94			***************************************		- 3
			*		
				V EPARENCE CONTRACTOR	
			31 - 20 - 20 - 20 - 20 - 20 - 20 - 20 - 2	9 9	
NA.		Invoice Pret	aration Checklist	Ant (S)	Amt (3)
MANO IVI	3) AR : Accident	Reporting (530);	.1137 5 3 4	
laimant's Particulars:-	[2	DA : Damage	Assessment (\$100); INC	(\$80) \$40/\$45	
river/Owner:) TF : Towing Fo		\$120	
		FT : Follow-Th	rough Survey (Resurvey)	\$30	
ontact No:		For claiming as () TR : Re-inspec	tion	\$75	
amaged Portion:	13	7) N1 : Idao DA	SMRT Survey	\$160	
	•	OD.	nal Services:-	11	
C Checked by (Engr-In-Charge):	1	*N5: Courtesy	Car / Tpt Allowance	\$5	
	wyddiai blore, a acian	*N6: Repair Co *N7: Fost Repair	nir Inspection	\$10 \$25	
uditors' Comments ::	-	+N8: DV / Col	lect Excess Coordination	55	
t. 1:			(N'ın INC) against INC	30	
		9) N12: Idac Mol Invoice dated	Fee Charg	ed .	anter Te
1. 2/3;	1	Invoice dated	Fee Charg	MARKET COLUMN	l

in part of

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.
- 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.
- 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.

Management of the second	ACCIDENT STATEMENT
Date Of Report	21/02/2020 15:38
Date Of Accident	21/02/2020 11:20
Exact Location Of Accident	MCDONALD'S JURONG CENTRAL PARK
Country/State of Loss	SINGAPORE
D.	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLP3574P
Insured/Policyholder	
Name Of Registered Owner	JV PROVIDER
Co Reg No	5XXXX568W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88684622
Alternative Phone No	OFFICE-88684622
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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	5091406080-02
Cover Note Number	
Driver	
Name of Driver	TAN KIM LENG (CHEN JINLONG)
NRIC No	SXXXX071J
	Fig. 25 (16 pp. 24)

 NRIC No
 SXXXX071.

 Date Of Birth
 16/11/1976

 Occupation
 OUTDOOR

 Date Of Driving Pass
 18/08/2005

Driving Experience 14 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-88684622

Fax Number

Contact Number OFFICE-88684622

EMail Address NOEMAIL

Address 240 WESTWOOD AVENUE

#12-45

Postcode 648364

Was driver an employee of the Insured's Company NC

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

2

NO

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) 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

REFER TO STATEMENT.

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

SKQ8386P

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

No. Of Passenger (Including Driver)

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.
- 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 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 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)
 - (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")
- (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
- 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:

Driver's Signature

(If driver is not the policyholder)

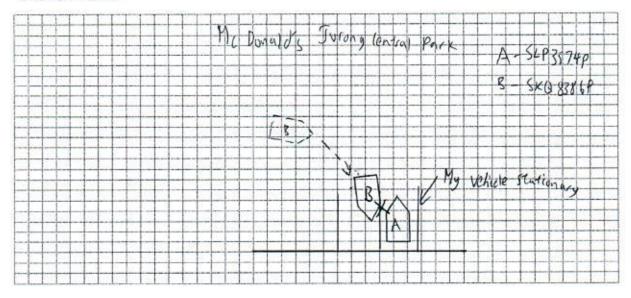
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS STA	TIONARY IN MY VEHICLE AT McDonald's JURONG CENTRAL PARK
	OT. SUDDENLY SKQ8386P HEAD IN TO PARK BESIDE ME AND HIT ON
TO THE ER	ONT LEFT SIDE OF MY VEHICLE.
	, , , , , , , , , , , , , , , , , , ,

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:

Reporting Centre Personnel's Signature

Name:

NRIC / FIN No.:

Accident Reporting Draft

VEHICLE NO: SLP3574P MODEL: HONDA VEZEL

DATE OF ACCIDENT	21/2/2020
TIME OF ACCIDENT	1120 HRS HRS AM/PM
LOCATION OF ACCIDENT	McDonald's JURONG CENTRAL PARK
EXACT PURPOSE USE DURING ACCIDENT	MISSORIAL S SCHOOL CENTRAL PARK
NAME OF OWNER	JV PROVIDER
CONTACT NO.	88684622
NRIC	53344568W
CLAIM TYPE	
INSURANCE CO.	OD / THIRD PARTY / REPORTING ONLY THIRD PARTY
TYPE OF COVERAGE	
POLICY NO.	COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT
1 02.01 110.	
NAME OF DRIVER	TAN KIM LENG(CHEN JINLONG) AS ABOVE / IF NO:
NRIC	S7637071J ANY PASSENGER: 0
DATE OF BIRTH	0
OCCUPATION	OUTDOOR / INDOOR
DATE OF DRIVING PASS	
GENDER	MALE / FEMALE
CONTACT NO.	88684622 OFFICE: HOME:
ADDRESS	240 WESTWOOD AVE #12-45 S(648364)
DRIVER HAVE ANY OWN VEHICLE	NO/ IF YES: REG NO.
RELATIONSHIP	EMPLOYEE/ IF NO: O CINE
WEATHER CONDITION	CLEAR / RAINY/ OTHER: CLEAR
ROAD SURFACE	DRY / WET/ OTHER: DRY
ANY INJURIES	NO/IF YES:
CONTACT NO.	O.
POLICE REPORT	NO / IF YES:
VIDEO RECORDING	NO / YES
VEHICLE B NO.	SKQ8386P ANY PASSENGER:
NAME	ANT PASSENGER,
CONTACT NO.	
VEHICLE C NO.	ANY PASSENGER:
VEHICLE D NO.	ANY PASSENGER:
/EHICLE E NO.	ANY PASSENGER:
VEHICLE F NO.	ANY PASSENGER:
ANY WITNESS	ANT PASSENGER,
WITNESS CONTACT NO.	
PARTICULAR WORKSHOP	
MOBILE NO.	M
CONTACT PERSON	Ryder Auto Pte Ltd
AX NO.	
no iiv.	2 Kaki Bukit Ave 2, #02-19 @ Kaki Bukit Auto Hub, Singapore 417921 Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND	COMPENSATION) ACT ICHAPTED 1901
MOTOR VEHICLES (THIRD PARTY RISKS AND	COMPENSATION) BUILES 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	TOTAL ENSKHOLY ROLES, 1900
MOTOR VEHICLES (TUING DARTH DISUS) BUT	

VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5091406080-02

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SLP3574P

Chassis Number

: RU11212274

2. Name of Policyholder

: JV PROVIDER

3. Effective Date of Insurance

: 01 Jun 2019

4. Expiry Date of Insurance

: 31 May 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 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.

SOM INSORED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS
HIRE PURCHASE COMPANY SUM INSURED	: TECK WEI CREDIT PTE LTD
NAMED DRIVER (2)	: N/A
NAMED DRIVER (1)	: N/A
PRIMARY DRIVER	: N/A
	: NO
TRANSPORT ALLOWANCE EXCESS WAIVER	: NO
3838 THE COURT OF THE TAIL THE COURT OF THE	: NO
NCD PROTECTION	: YES
INSURE WITH COE	: NO
REPAIR AT OWNER'S PREFERRED WORKSHOP	: PLEASE REFER OVERLEAF
UNNAMED DRIVER EXCESS	
ADDITIONAL EXCESS	: N/A
WINDSCREEN EXCESS	: \$\$100
EXCESS (SECTION 2)	: \$\$1,500
EXCESS (SECTION 1)	: 5\$2,000

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

: ASSURE (SINGAPORE) PTE. LTD. (00000615327)

Date of Issue

: 07 May 2019 12:52 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech	GeneralCl									lClaim	
Hello, NAC_PAYA_UBI_800	0601						• Change	Language	• Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.	8			Date o	f Accident	2	1/02/2020 1	1:20	
	Vehicle	No.(For Motor)	SLP357	4P		Certific	cate Number				- 5
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5091406080- 02		JV PROVIDER	53344568W	GPC	drivo CLASSIC	SLP3574P	SLP3574P	01/06/2019	31/05/2020
		1,00-50			- C	continue	150001000000				

Policy No.	5091406080-02	Policyholder Name	JV PROVID	ER	Policyholder NRIC	53344568W	
Certificate		Name			NKIC		
Address	240 WESTWOOD AVENUE #1	2-45 THE FLORA	VALE SING	PORE 648364			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	07/05/2019	Effective Date	01/06/201	9 00:00	Expiry Date	31/05/2020 23	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Agent	ASSURE (SINGAPORE) PTE, L'	TD Agent Tel.	68038751		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
→ Policyh	older Mailing Address						
	240 WESTWOOD AVEN	UE Addre	is 2	#12-45 THE FLO	RAVALE	Address 3	SINGAPORE 648364
Address 1		Addre	s Type	Singapore addres	is	Post Code	648364
		10.00					
Address 4	12-45		d Policy er	5091406080-02			
Address 4 Unit No.	12-45 d Object: SLP3574P	Relate		5091406080-02			
Address 1 Address 4 Unit No. Insured Endors	d Object: SLP3574P	Relate		5091406080-02			

Continue Cancel



