NATIONAL Assessment Centre S	Jeb description		Date &Time Comple	ted	Done b	y'
Date 11. 7 6 W - 1 - 2 3						
Ref No: Maj H (2000) 6741/24	SAS e-filing			i		
Veh No: 310 6768 7	E-mail (within Shr		1. 65(1)	241	h. 13	1112
D.O.A: 21/6/12 - U!To	i-Motor Claim		6211062611-00	718	10 13	.7]
OD / TP Reporting Only	i-Motor W/O (V		, TP 4brs)			,
	i-Photo Upload					
TP Insurer:	Assessment/Surv			-		
11 1134101.	Ass't Report by I	Pax / Hand t	o Owner/WKSD			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
TP Particulars: Veh No: [LCS]	1846	INC ()/Non-INC()	`	
Owner / Driver: (Tel:			
Policy No: () Perio)	Cover Type: (
Confirmed by : (Date:	Time:	20.100%	1	
			0%; P: 21-79%. P	. 50-10070		
1 car of regional ()/NO()			
Excess: (\$) Loading: \$1,000	()/\$2,000()	A PROPERTY OF THE	च्या गाया	7	
General Remarks:-					351 5 5 5	
() Walk-In Customer: Customer's inform		dential & St	rictly NO rater of rep	aller.		
() Total Loss Case : to e-mail Insurer	Call Control of the C			,)
Drive-In ()/ Towed-In (); Invoice:	YES()/NO)();1	owing Co: (v Santonia	SERVENT TOOLS	<u></u>
Remarks:- (INC hotline: 6788 6616)			Date& Time Compl	3d 30 36 3	Done	by .
1) Apply for Transport Allowance ()/Cou	artesy Car ()		-			
2) QC Check / Post Repair Inspection	()					
3) Upload Resurvey Photo [Repair Cost > \$300	00] ()					
Injury:			- 1-			
		1000		40.50	BOWNE.	r Parker
Date/Time Actions	Consession	Autorio de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición de la composición de la composición de la composición dela composición				
*						
	1					
					Ant (S)	Amt(3)
4116		Invoice Pr	eparation Checklist		in Bill	Add Bil
NATOOSY 60		1) AR : Accide	at Reporting (\$30);	INC (\$30)		
Claimant's Particulars:		3) TF : Towing	Fee (\$100);	\$40/\$45		
Oriver/Owner:	11 2	4) FT . Follow-	Through Survey Through Survey (Resurve)	\$120		
Contact No:	Lant ex	For claiming	against INC Only (wef 10	Jan 2005) \$75		
Damaged Portion:		6) TR : Re-insp	4 + SMRT Survey	· \$160		
		8) NTUC Addi	tional Services:-			
QC Checked by (Engr-In-Charge):		• N5: Courte	sy Car / Tpt Allowance	\$5		
		*N6: Repair	Co-ordination	\$10 \$25	and the same of th	
Auditors Comments:		+N8: DV / C	epair Inspection Collect Excess Coordination	5		
Pat 1:	Remitted as to the desired 24	TP (N11):	TP (Non INC) against INC	\$20		1,
		9) N12: Idea N Invoice dated	Fee	Charged		army.
Cat. 2/3;		Invoice dated	Fee	Charged	分割的	

100 0

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.
- 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 ladgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to conies of the report being made available

aforesaid.	ou nereby consent to the archiving of this report at the centre and to copies of the report being made available
Maria Constitution of the	ACCIDENT STATEMENT
Date Of Report	29/06/2020 17:35
Date Of Accident	29/06/2020 13:50
Exact Location Of Accident	CTE TWDS CITY BEFORE PIE EXIT
Country/State of Loss	SINGAPORE
通知的基本的	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLB6788T
Insured/Policyholder	
Name Of Registered Owner	LEE SHING CHONG
NRIC No	SXXXX382D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91865529
Alternative Phone No	OFFICE-91865529

Vehicle Particulars

Manufacturer HONDA

JAZZ 1.5 VTIR CVT ABS D/AIRBAG 2WD Model

Exact Purpose for which vehicle was being used at WORKING

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

THIRD PARTY If No. Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

Fleet Policy NO

Policy Number 5116558952

Cover Note Number

Driver

Name of Driver LEE SHING CHONG (LI SHENGCHANG)

NRIC No SXXXX382D Date Of Birth 03/11/1976 OUTDOOR Occupation 17/01/1998 Date Of Driving Pass

22 YEARS AND 5 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-91865529 Mobile Number

Fax Number

OFFICE-91865529 Contact Number

NOEMAIL EMail Address

BLK 142 POTONG PASIR AVENUE 3 Address

#14-232

350142 Postcode

NO Was driver an employee of the Insured's Company

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

3

NO

NO

NO

1

General Information of the Accident

CHAIN COLLISION Type Of Accident

Weather Conditions CLEAR DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by NO

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

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?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

YES Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

VIDEO FOOTAGE WITH DRIVER Remarks/ Reasons:

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SLC5184L Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Page 2 of 13

Vehicle Registration Number

SLZ6794Z

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)

DETAILS OF INJURED PERSON 1

Name

LEE SHING CHONG (LI SHENGCHANG)

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLB6788T

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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:
 - 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	I I		
	NA No No		Veh A. SLB 67887 Veh B: SLC 5184L Veh C: SLZ 6794Z
	1 1	1 1	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCOMSTANCES OF THE ACCIDENT
On above data & time, I was driving my vehicle A (SLB 6788T)
traveling along CIE toods city on 4th lane of a 4-lanes, expressivaly.
. Somewhere before PIE exit, vehicle ahead slowed down and stopped due
to heavy traffic flow. As such, I applied brake and stopped completel
behind vehicle whead. Out of sudden, vehicle B (SLC 5184L) came
from near and collided onto the near portion of my white. After
the occident. I alighted and realised I was involved in a 3 car chain
accident. The last vehicle ((SIZ 6794Z)

-	~		 -
131		AR	ON

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

2

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.:

/ehicle No.	SLB6788T Model/Make Honda Jazz
Date of Accident	29 6 2020
ime of Accident	1350 HRS
ocation of Accident	Along CTE tools City before PIE Exit
xact purpose use during accid	dent Work
Name of Owner	Lee Shing Chong
Telephone No.	H/P: 91865529 Home: Office:
NRIC	S 7635382D
Address	BLK 142 Potong Pasir Aunua 3414-2325(350142)
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft
Policy No.	5116558952
Name of Driver	As Above If No,
NRIC	Any Passengers :
Date of birth	3 11 1976
Occupation	Outdoor / Indoor
Driving License Pass Date	17/1/1998
Gender	Male / Female
Contact No.	H/P: Home: Office:
Address	
Driver have any own vehicle	No. If yes, Reg No.
Relationship	Employee, If no, state Owner
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	Lee Shing Chong 91865529
Name And Contact No.	
Police Report	No, If Yes, Where?
Vehicle B No.	SLC5184L Any Passengers : -
Name of Driver	Contact No.:
Vehicle C No.	SLZ 67947 Any Passengers:
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	Rear portson
Camera Recorder	Yes / No
Email Address	potongs@ uphos.com
Etitali Address	point seguina
PARTICULAR WORKSHOP	Twincar Automotive Pte Uto
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Brandon
FAX NO	6741 0510
WORKSHOP EMAIL ADDRESS	sales @ n51. com. sg



Certificate of Insurance

WOTCH VEHICLES CHIRC PARTY RISKS AND COMPENSATION, ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION, BULES, 1960)

MOTOR CTHICKES (THIRL) PARTY PISKS: ROLLED 1959 IMA, AYS A

Certificate Number: 511655895.

Cover dina L. 1551.

SLB6788T

(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 it not disqualified by order of a Court of caw or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle

Limitations in to User

at Use for social domestic and pleasure purposes and in connection with the Policyholder's business of profession.

This Policy does not cover

- (b) Use for racing, pace making, reliability trial or speed testing
- Use for the carriage of goods (other than samples) in connection with any trade or his mess.
- (d) the for any purpose in connection with the Motor Trade
 - # Limitations condered imperative 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 beadings

(RELSS (SECTION 1)	\$\$600	
FXCESS (SECTION 2)	N/A	
WINDSCREEN EXCESS	55100	
ADDITIONAL EXCESS	N/A	
LINNAMED DRIVER EXCESS	PLEASE REFLER COVERLEAR	
REPAIR AT OWNER'S PREFERRED WORKSHOP	NO	
INSURE WITH OLD	. YES	
NCD PROTECTION	YES	
KANSPORT ALLOWANCE	NO:	
EXCESS WAIVER	140	

URINARY DRIVER LEE SHING CHONG IS SHENGCHANG)

HIRE PURCHASE COMPANY N/A

MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS.

a 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)

= 5 & M ALLIANCE PTE LTD (00000614373)

12 Mar 2020 13:36 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

Hello, NAC_PAYA_UBI_800	601						Change	e Languag	e • Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.	2			Date o	of Accident		29/06/2020 1	13:50	7 7 7
	Vehicle	No.(For Motor)	SLB678	8T		Certific	cate Number	Ī			
					E	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
	0	5116558952		LEE SHING CHONG	\$7635382D	GPC	drivo CLASSIC	SLB6788T	1	12/03/2020	11/03/2021

Sequen	e Date of Endorsement	E	ndorsemen	Туре	Endorsement	Status	Endorsement Content
▼ Endorse	ements						
▶ Insured	Object: SLB6788T						
Jnit No.		Relate: Numbe	d Policy er	5116558952			
Address 4			is Type	Singapore address	,	Post Code	350142
Address 1	BLK 142 #14-232	Addres	is 2	POTONG PASIR AV	ENUE 3	Address 3	SINGAPORE 350142
Variable Science	Commence - Name of Control	10 77 mm v		7945240-100-100-100-100-100-100-100-100-100-1	AND THE RESERVE OF THE PERSON	9/10/A	
Info	older Mailing Address						
Policy Info Certificate							
Open							
Co- Insurance Flag	No						
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288		GST Flag	Υ	
Singapore OD Excess	600	Singapore TP Excess	0			Young	J/Inexperience Driver Excess
Excess Outside		Premium Outside	Ĭ				
Additional	0	os	0				
Excess	0	damage Excess	600		Windscreen Excess	100	
Type Third Party	de render Miles	Excess Own					
Excess	Per Accident	All Claims					
Policy issue Date	12/03/2020	Effective Date	12/03/202	0 00:00	Expiry Date	11/03/2021 2	13:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 142 #14-232 POTONG PAS	R AVENUE 3 9	SINGAPORE	350142			
Certificate No.							
Policy No.	5116558952	Policyholder Name	LEE SHING	G CHONG	Policyholder NRIC	S7635382D	

Continue | Cancel



