		_	1 1 1 1 1 1 1	-	
ATIONAL Assessment Centre	e Services, puris	The second secon	01321290005	7	
Dute In: 16/02/00) 1 16/3/4	Jep description	ין י	nte ETimo Completed	11.	ione py
RET NO: NBA MUZIO 206 /	SAS c-Illing			1.	
Veh No. SMH (0816)	E-malt (b) who show, A	(ctlus)	. ]	13	10-1-
0.0 A · 15/02/2021 00:42	I-Motor Claim Vo	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED I	M 112/22/1901	16	m5/205
	1-Motor W/O (With	lu: OD 2hrs, TP	(bis)	16	2.40
(II) (TP) Reporting Only	I-Plioto Uploaded	1	,		1
	Assessment/Survey	Report			TP.
TP Insurer:			William .	-	
LEW ON THE PROPERTY OF THE PRO	Assit Report by Pas	MILW PULL AND STORY	rol:	Puxt	PORT AT LONG SAPARES MILEY CONT.
rotorrod Wksp / INC Assign Wksp / QW: (	11 2/27		)/Non-INC( )		
P Phintpulpry: Veh Nor	N 3/20.		Tel:		)
Owner / Driver: (	erlod: (		over Type: (		),
	The same and the s	atas,	Times		)
Confirmed by (	Note Est Sintus (WO):		; P: 21-79%. P: 8	0-100%]	
		NO( )			
Year of Registration: ( ) Buccss: (\$ ' ) Louding: \$1,		)			erallpatenation:
ALVANIA DE CUE CONTRA DE C		THE BELLEVIE	超级的对象的	142/16/24	1111
) Walle-In Customar a Customer's Inf	ormation atticity Confide	nuol & Svic	ly NO refer of repol	or.	
) 'Total Loss Case : to e-mail Yasur	er uncently,	1			, )
	oe: VRS(. )/NO(	);Tov	Mar Cot (	et etermines sur Marin	SULT THE TOTAL OF THE PARTY OF
SECTION OF THE PROPERTY OF THE		TAKAN SALAKA		学の学	(प्रिक्तक्षक्र)
DS: 30 D BS V 288 D V 28 D V 28 D C V 1 C V 1 C V 1 C V 1 V 1 V 2 V 2 V 2 V 2 V 2 V 1 C D 1 D 1 D 1 D 1 D 1 D 1 D 1 D 1 D 1		DECEMBER 1997 STATE OF THE STAT	141111111 (3 x1 x x x x x x x x x x x x x x x x x x	111	
A THE STREET AND THE PROPERTY OF A LONG OF THE PROPERTY OF A LONG OF THE PROPERTY OF A LONG OF THE PROPERTY OF	Courtesy Cur ( )	HIN WALLEN THE TANK	WINDANSESSEE		
7	Contrad Cm ( )		WINDLAS EN YOUT IN THE	1	
2) QC Check/Post Repair Inspection	( ,)	MINNY WY THE	HUNDAUS SIN SAIDT TO THE STATE OF	-	1
2) QC Check/Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost> 5	( ,)	WAYNA MATA	MANAGER SANT TO THE SANT		
2) QC Check/Post Repair Inspection	( ,)		······································		STATE OF STA
2) QC Check / Post Repair Inspection  ) Upload Resurvey Photo [Repair Cost> 5	( ,)		······································		Charles Constitution of the Constitution of th
2) QC Check / Post Repair Inspection  ) Upload Resurvey Photo [Repair Cost> 5	( ,)		······································		STATE OF THE STATE
) QC Check / Post Repair Inspection ) Upload Resurvey Photo [Repair Cost> 5	( ,)		······································		Gray Mar.
) QC Check / Post Repair Inspection ) Upload Resurvey Photo [Repair Cost> 5	( .)		······································		
) QC Check / Post Repair Inspection ) Upload Resurvey Photo [Repair Cost> 5	( .)		······································		William Market M
) QC Check / Post Repair Inspection ) Upload Resurvey Photo (Repair Cost>)  Injury:	( )				William Market M
) QC Check / Post Repair Inspection ) Upload Resurvey Photo [Repair Cost> 5]		Altı Apeldant	wporting (300);	NO GUIO	William Market M
) QC Check / Post Repair Inspection ) Upload Resurvey Photo [Repair Cost> ]  //// // // // // // // // // // // //	( ) [000 E3	Alti Accidenti DA i Deney M TY: Towlny M	wholip (2100):	1110 3100 3100 3100 3100 3100 3100 3100	William Market M
OC Check / Post Repair Inspection  Opload Resurvey Photo (Repair Costs)  Injury:  WA 210   17		Ally Accidents DA Denwy A TV Fowler Pe FF Follow-Ti Ver Follow B	wporder (SDO);  worth Burvey (Its survey)  linal HO Dulx (Wall to June 1)	1110 3100 3100 3100 3100 3100 3100 3100	MIRANDO VIDA
OC Check / Post Repair Inspection ) Upload Resurvey Photo (Repair Costs)  Injury:  VA 210   78		Alti Acidanti DA I Deney TV: Youlny VI VI: Vollow-Th FT: Vollow-Th Varialminimum	wholas (200);  work garrey (becare)  work garrey (becare)	1110 3100 3100 3100 3100 3100 3100 3100	MIRANDO VIDA
Control / Post Repair Inspection  Upload Resurvey Photo [Repair Costs    Upload Resurvey Photo [Repair Inspection    Upload Resurvey Photo [Repair Costs    Upl		Alti Acidenti DA Denwy A TV: Towlny B TV: Vollow-Ti FV: I'ollow-Ti For I I'ollow-Ti TII: Ta-larpae	mporune (530);  institution only (Willow)  institution only (Willow)  institution only (Willow)  institution only (Willow)	HO (240) \$40,245 \$110 \$310 \$120 \$120 \$120 \$120 \$120 \$120 \$120 \$1	MIRANDO VIDA
VA 210   TV  Priver/Owner:  Orthogod Portion:		Alti Accidenti DA Denwir A TV Tooloo-Ti VT Volloo-Ti VT TU-In-par NI 11420 DA NI 14420 DA	wpording (300);  wpording (300);  rough Burvey (Ideausvey)  sinathMO Duly (Wafflo);  lon  EMRU Survey	HO (Ho) 310 310 310 310 310 310 310 310 310 310	WILLIAM STATE OF THE STATE OF T
A 210   TX  Triver/Owner:  Dyntact No:  A 20   TX  Triver/Owner:		Alti Ancidanti DAI Denvyr A TY i Yollow Th PT i Vollow Th PT i Ullow Th	wpording (\$30);  instruction (\$100);  rough Survey (Feeders);  instruction (\$100);  for the Survey (Feeders);  instruction (\$100);  con the Survey (Feeders);  instruction (\$100);  con the Survey (Feeders);  instruction (\$100);  con the Survey (Feeders);  con the S	NO (210) 3 (0.73) 11:00 3 (0.73) 77:00 11 2 (0.73) 77:00 77:	MIRANDO VIDA
VA 210   TV  Priver/Owner:  Orthogod Portion:	( )	Alti Accidenti DA Denwyr A TV: Fowler P TV: Fowler P TV: Italian Ha TV: Italian DA NI III. III. Italian DA NI III. III. III. III. III. III. III. I	wpording (\$30);  instance (\$100);  instance (\$10	71 (10) 71	
VA 210   TV  Priver/Owner:  Orthogod Portion:		Alt, Academy For Follow-The Formal Indian DA Horary Formal Mills The Forma	wpording (300);  wpording (300);  worth Burvey (Reservey)  sinat IMO Duly (Warlo);  lon  6MRT Survey  crif Tpi Allowenus  sir Inspection  the Uxesis Coordination  (Kenting) against MS	TO (110)  \$100 (11	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost> ] Injury:		Alti Acidanti DA I Denay Fr Fr Follow-Ti Not Courtery Follow-Ti Fr Fol	wpording (300);  wpording (300);  worth Burvey (Reservey)  singlific Duly (Warlo);  lon  8MRT Survey  crif Tpi Allowende  sir Inspection  the Uwest Coordination  fir Inspection  the Uwest Coordination  the Uwest Coordinati	TO (110)  \$100 (11	
Checked by (Engr-In-Charge):		Alt, Academy For Follow-Till The Park Courtery NI : Idao DA Son Courtery NI : Courtery	wpording (300);  wpording (300);  worth Burvey (Reservey)  singlific Duly (Warlo);  lon  8MRT Survey  crif Tpi Allowende  sir Inspection  the Uwest Coordination  fir Inspection  the Uwest Coordination  the Uwest Coordinati	HO (110) \$100 \$1	

٠

SN08212G0005 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 16/02/2021 16:34 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (16/02/2021 16:34 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 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 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 aforesaid.

### ACCIDENT STATEMENT

Date of Submission 16/02/2021 16:34 (SGT) Date of Accident 15/02/2021 00:42 (SGT) **Exact Location of Accident** Upper Paya Lebar Rd, Singapore Additional Location Information Country/State of Loss Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SMH6916Y

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LEE WEI CHUEN NRIC No SXXXX530A **Email Address** ariessuly@yahoo.com.sg Mobile Phone No (Phone) +65-96822619 Alternative Phone No. +65-85005660

### VEHICLE PARTICULARS

Manufacturer Toyota Model Corolla Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car

### INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5116682131 Cover Note Number

### DRIVER

Name of Driver JOHAN TAN LIANG TEN NRIC No SXXXX538Z

Date Of Driving Pass	27/11/2018
Driving experience	2 YEARS AND 3 MONTHS
Gender	
Mobile Number	Male
Alt. Phone Number	(Phone) +65-85005660
	-
Email Address	ariessuly@yahoo.com.sg
Address	BLK 61 TEBAN GARDENS ROAD #01-02
Address complement	* _ '
Postcode	600061
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
	-
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
The first territory and the state of the sta	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	•
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	***
soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
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?	Yes
Was there any audio recorded?	No
DETAILS OF OTHE	ER VEHICLE PROPERTY 1
Vehicle Registration Number	SLN312J
Vehicle Manufacturer	Toyota
Vehicle Model	
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	YUNUS MALIM
AUDIO AUS	0.000000

SXXXX125G

(Phone) +65-97994656

NRIC No

Address

Contact Number

Addrage complement

Insurance Company Name	
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-
(moleculing Differ)	-

## SKETCH PLAN

## IMPORTANT NOTICE

- Please report <u>correctly</u> 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 <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.
- 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 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.
- 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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time 16/02/2021

Sketch Plan

Lough 2020

Driver's Signature (if driver is not the policyholder) / Date & Time 16/02/2021

Sketch Plan

Withdessed by Reporting Centre Personnel

A SMH 6916 / B SUN 3215

Describe Circumstances of the Accident
ON 15/02/2021 AT BBOUT OO: 42008 I WAS AT UPPER PAYA LAP.
ROAD & WANTED TO GO STRONGHT ON THE CEFT LAWR COD A
CAR FROM LANK 3 SUDDENLY MOKE AM ABRUPT LANK CHONGK TO
THEY USET of HIT MY CAR SMH69164 BOTH OF MY RIGHT SI
DOOR DAMAGK WE STOP AT THE SIDE ROAD & EXCHANGE PARTIC

# Declaration

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time /6/02/202/

Driver's Signature (If driver is not the policyholder) / Date & Time

Personn

Witnessed by Reporting Centre Personnel

# ACCIDENT'STATEMENT

100	13 . 7 . 2000 to 1000
ACC	IDENT DATE: (13. 1.2.) 2020) (DD/MM/YYY), TIME: ( \$2.0042 ) (HH:MM)
Loc	ATION: UPP Ruper Labour Rd
1	. DETAILS OF VEHICLE
,	alvehicle Number: SMH69164
4	b)INSURANCE COMPANY: Income
	CIPOLICY NUMBER:
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	OJMAKE & MODEL: TOYOTA ALTIS
	f)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: [PRIVATE / COMMERCIAL / MOTORCYCLE] h) PURPOSE OF USING AT ACCIDENT TIME: 1/2=42.4M
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES AND)
*	IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY)
2.	INSURED / POLICY HOLDER
	ANAME: LEE WET CHUEN MALEY FEMALE
	b) NRIC/FIN/PASSPORT: \$8460530 A CONTACT: 96822619
	CIADDRESS: 117 Bedok North Road # 05-227 SENGAROPE
	* CONTINUE TO 3 dIE DRIVER ALSO POLICY HOLDER
tho of passanges	DRIVER 21' - 1 -
(Indeed) . I )	diname: Dipit of Zmini.
(Including driver)	b) NRIC/FIN/PASSPORT: S937.8538 Z CONTACT: 3500 5660
()	CIADDRESS: 117 Redok North Rd # 65-227 S 460117
	*didate of righth ( 22 / 07 / 1993 MDD/MM/XXXX)
· •	*d) DATE OF BIRTH: ( 22 / 02 / 1993 ) (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR) (
	6)OCCUPATION: (INDOOR / OUTDOOR)
4.	6)OCCUPATION: (INDOOR / OUTDOOR)  F)DAY(E OF DRIVING PASS 211112018  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
	6)OCCUPATION: (INDOOR / OUIDOOR)  FIDATE OF DRIVING PASS WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  FRIGUE
	e)OCCUPATION: (INDOOR / OUIDOOR)  FIDATE OF DRIVING PASS WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  G)WEATHER CONDITION: (CLEAR / RAINING / OTHERS.
5.	e)OCCUPATION: (INDOOR / OUIDOOR)  FIDATE OF DRIVING PASS WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  G)WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b)ROAD SURFACE: (DR) / WET / OTHERS
5.	6)OCCUPATION: (INDOOR / OUIDOOR)  FIDATE OF DRIVING PASS WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  G)WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b)ROAD SURFACE: (DRY / WET / OTHERS  WAS ANYBODY INJURED (YES / NO)
5.	6)OCCUPATION: (INDOOR / OUIDOOR)  FIDATE OF DRIVING PASS WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES MO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  G)WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b)ROAD SURFACE: (DRY / WET / OTHERS  WAS ANYBODY INJURED (YES NO)  G)REPORTED TO POLICE (YES / NO)  **  **  G) **  G) REPORTED TO POLICE (YES / NO)  **  **  **  **  **  **  **  **  **
5. 6. 7.	e)OCCUPATION: (INDOOR / OUIDOOR)  FIDATE OF DRIVING PASS  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES: NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  G)WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b)ROAD SURFACE: (DR) / WET / OTHERS  WAS ANYBODY INJURED (YES NO)  G)REPORTED TO POLICE (YES (NO) *  IF YES, PLEASE STATE WHICH POLICE STATION:  THIRD PARTY VEHICLE
5. 6. 7. No of passenger	e)OCCUPATION: (INDOOR / OUIDOOR)  FIDATE OF DRIVING PASS WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  D)WEATHER CONDITION: (CLEAR / RAINING / OTHERS  D)ROAD SURFACE: (DR) / WET / OTHERS  WAS ANYBODY INJURED (YES / NO)  O)REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  THIRD PARTY VEHICLE  O) VEHICLE NUMBER: SLN3121  MODEL: TOYOTA
5. 6. 7.	e)OCCUPATION: (INDOOR / OUIDOOR)  FIDATE OF DRIVING PASS WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  D)WEATHER CONDITION: (CLEAR / RAINING / OTHERS  D)ROAD SURFACE: (DR) / WET / OTHERS  WAS ANYBODY INJURED (YES / NO)  O)REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  THIRD PARTY VEHICLE  O) VEHICLE NUMBER: SLN312   MODEL: TOYOTA  B) DRIVER'S NAME: UNUS MALIM
5. 6. 7. No of passenger	e)OCCUPATION: (INDOOR / OUIDOOR)  FIDATE OF DRIVING PASS  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  DIROAD SURFACE: (DR) / WET / OTHERS  WAS ANYBODY INJURED (YES / NO)  O)REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  THIRD PARTY VEHICLE  O) VEHICLE NUMBER: SLN312   MODEL: TOYOTA  b) DRIVER'S NAME: 1005 MALIM  C) NRIC/FIN/PASSPORT: \$2636 1259   CONTACT: 97994656
6. 7. He of passonger Including driver) 9.	e)OCCUPATION: (INDOOR / OUIDOOR)  fidate of driving pace of the insured's company? (Yes / NO)  If no, relationship of the driver with insured:  a) Weather condition: (Clear / Raining / Others  b) Road surface: (DR) / Wet / Others  was anybody injured (Yes / NO)  a) Reported to pouce (Yes / NO)  IF YES, PLEASE STATE WHICH POUCE STATION:  THIRD PARTY VEHICLE  a) VEHICLE NUMBER: SLN3 25 Model: TOYOTA  b) DRIVER'S NAME: 1005 Model: TOYOTA  c) NRIC/FIN/PASSPORT: \$2636 PCG CONTACT: 97994686  THIRD PARTY VEHICLE  d) VEHICLE NUMBER: SLN3 25 Model: TOYOTA  THIRD PARTY VEHICLE  d) VEHICLE NUMBER: SLN3 25 Model: TOYOTA
6. 7. He of passinger Including driver) () 9. Ho of passinger	e)OCCUPATION: (INDOOR / OUIDOOR)  fidate of driving page was driver an employee of the insured's company? (Yes / NO) If no, relationship of the driver with insured:  a)Weather condition: (Clear / Raining / Others b)Road surface: (DR) / Wet / Others  was anybody injured (Yes / NO)  a)Reported to pouce (Yes / NO)  If Yes, Please state which pouce station:  third party vehicle  a) Vehicle number: SLN3 25 Model: Toyota  b) Driver's name: 1005 Malin  c) NRIC/FIN/Passport: \$2636   25G Contact: 97994686  third party vehicle  d) Vehicle number: SLN3 25 Model: Toyota  e) Driver's name: 1006 Malin  e) Driver's name: 1007 Malin  e) Driver'
6. 7. He of passonger Including driver) 9.	e)OCCUPATION: (INDOOR / OUIDOOR)  fildate of driving page 2111 2018  was driver an employee of the insured's company? (Yes / NO)  If no, relationship of the driver with insured:  a) Weather condition: (Clear / Raining / Others  b) Road surface: (DR) / Wet / Others  was anybody injured (Yes NO)  a) Reported to pouce (Yes (NO)  If Yes, Please state which pouce station:  third party vehicle  a) Vehicle number: SLN312   Model: TOYOTA  b) Driver's name: 1005 Malim  c) NRIC/FIN/Passport: \$2636 1259   Contact: 97994636  THIRD Party Vehicle  d) Vehicle number: SLN312   Model: TOYOTA  third Party Vehicle  d) Vehicle number: SLN312   Model: TOYOTA  c) Driver's name: 1005 Malim  d) Vehicle number: SLN312   Model: TOYOTA
6. 7. He of passinger Including driver) () 9. Ho of passinger	e)OCCUPATION: (INDOOR / OUIDOOR)  fidate of driving page was driver an employee of the insured's company? (Yes / NO) If no, relationship of the driver with insured:  a)Weather condition: (Clear / Raining / Others b)Road surface: (DR) / Wet / Others  was anybody injured (Yes / NO)  a)Reported to pouce (Yes / NO)  If Yes, Please state which pouce station:  third party vehicle  a) Vehicle number: SLN3 25 Model: Toyota  b) Driver's name: 1005 Malin  c) NRIC/FIN/Passport: \$2636   25G Contact: 97994686  third party vehicle  d) Vehicle number: SLN3 25 Model: Toyota  e) Driver's name: 1006 Malin  e) Driver's name: 1007 Malin  e) Driver'
6. 7. He of passinger Including driver) () 9. Ho of passinger	e)OCCUPATION: (INDOOR / OUIDOOR)  fidate of driving page was driver an employee of the insured's company? (Yes / NO) If no, relationship of the driver with insured:  a)Weather condition: (Clear / Raining / Others b)Road surface: (DR) / Wet / Others  was anybody injured (Yes / NO)  a)Reported to pouce (Yes / NO)  If Yes, Please state which pouce station:  third party vehicle  a) Vehicle number: SLN3 25 Model: Toyota  b) Driver's name: 1005 Malin  c) NRIC/FIN/Passport: \$2636   25G Contact: 97994686  third party vehicle  d) Vehicle number: SLN3 25 Model: Toyota  e) Driver's name: 1006 Malin  e) Driver's name: 1007 Malin  e) Driver'
6. 7. He of passinger Including driver) () 9. Ho of passinger	e)OCCUPATION: (INDOOR / OUTDOOR)  FINATE OF DRIVING PACC  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES MO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  G)WEATHER CONDITION: (CLEAR / RAINING / OTHERS  WAS ANYBODY INJURED (YES NO)  G)REPORTED TO POUCE (YES NO)  IF YES, PLEASE STATE WHICH POUCE STATION:  THIRD PARTY VEHICLE  G) VEHICLE NUMBER: SLN3121 MODEL: TOYOTA  b) DRIVER'S NAME: 1000 MALSM  C) NRIC/FIN/PASSPORT: \$2636 1259 CONTACT: 9794656  THIRD PARTY VEHICLE  G) VEHICLE NUMBER: SLN 3121 MODEL: TOYOTA  e) DRIVER'S NAME: 1000 MALSM  f) NRIC/FIN/PASSPORT; \$2636 1259 CONTACT: 9794656  f) NRIC/FIN/PASSPORT; \$2636 1259 CONTACT: 9794656
6. 7. He of passinger Including driver) () 9. Ho of passinger	e)OCCUPATION: (INDOOR / OUTDOOR)  FINATE OF DRIVING PACC  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES MO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  G)WEATHER CONDITION: (CLEAR / RAINING / OTHERS  WAS ANYBODY INJURED (YES NO)  G)REPORTED TO POUCE (YES NO)  IF YES, PLEASE STATE WHICH POUCE STATION:  THIRD PARTY VEHICLE  G) VEHICLE NUMBER: SLN3121 MODEL: TOYOTA  b) DRIVER'S NAME: 1000 MALSM  C) NRIC/FIN/PASSPORT: \$2636 1259 CONTACT: 9794656  THIRD PARTY VEHICLE  G) VEHICLE NUMBER: SLN 3121 MODEL: TOYOTA  e) DRIVER'S NAME: 1000 MALSM  f) NRIC/FIN/PASSPORT; \$2636 1259 CONTACT: 9794656  f) NRIC/FIN/PASSPORT; \$2636 1259 CONTACT: 9794656
6. 7. He of passinger Including driver) () 9. Ho of passinger	e)OCCUPATION: (INDOOR / OUIDOOR)  fidate of driving page was driver an employee of the insured's company? (Yes / NO) If no, relationship of the driver with insured:  a)Weather condition: (Clear / Raining / Others b)Road surface: (DR) / Wet / Others  was anybody injured (Yes / NO)  a)Reported to pouce (Yes / NO)  If Yes, Please state which pouce station:  third party vehicle  a) Vehicle number: SLN3 25 Model: Toyota  b) Driver's name: 1005 Malin  c) NRIC/FIN/Passport: \$2636   25G Contact: 97994686  third party vehicle  d) Vehicle number: SLN3 25 Model: Toyota  e) Driver's name: 1006 Malin  e) Driver's name: 1007 Malin  e) Driver'

## Claim Handling

Accident MT/1121227					
* Policy No.	5116682131	Vehicle No.	SMH6916Y		GST Registration No.
Certificate No.			0111103201		GST Registration No.
Policyholder Name	LEE WEI CHUEN				Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Policyholder NRIC Loading
Contact No.(Mobile)	96822619	Contact No.(Office)			Contact No.(Home)
Email Address		Special Remark			eCode
KFK	No Yes	TCA	No Yes		
NCD Protection	No	NCD Entitlement(%)	0		eCode Reason
					Private Hire
Report Date	16/02/2021 16:40	Accident Report Within 24 hrs	Yes		Accident Type
Date of Accident	15/02/2021	Time of Accident hh:mm	00:42		
Reporting Centre		Orange Force	00.42		Country of Accident
Accident Location	UPPER PAYA LEBAR ROAD				ICM No.
<b>▽</b> Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess		100.00	
				100.00	
OD Standard Excess	600.00	TP Standard Excess		0.00	
YIED OD Excess	500.00	YIED TP Excess		0.00	Driver is Covered?
Additional Excess	0				
Total OD Excess Applicable	1100.00	Total TP Excess Applicable		0.00	
	tion				
GST Registered	No		GST Registrati	on Date	
GST Registration No.			GST Status Ve		Yes
Modification History					
→ Policyholder Mailing Add	ress				
Address 1	BLK 117 #05-227	Address 2	BEDOK NORTH ROAD		Address 3
Address 4	SINGAPORE 460117	Address Type	Singapore address		Post Code
Unit No.	05-227	Related Policy Number	5116682131		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	JOHAN TAN LIANG TEN	Driver NRIC	S9378538Z		Driver DOB
Register Date of Driver License	27/11/2018	Driver Age	27		Driving Experience
Contact No.(Mobile)	85005660	Contact No.(Office)			Contact No.(Home)
Address 1	BLK 61 #01-02	Address 2	TEBAN GARDENS ROAI	D	Address 3
Address 4	SINGAPORE 600061	Address Type	Foreign address		Post Code
Unit No.	01-02				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SMH6916Y		Driver Insurer Comp.
Registered car:			311103231		Driver frisurer Comp.
Declaration					
Breathalyser or Blood Test	0 mg	Any injury?	Yes No		
Reading?	79277#	cary inguity:	ies ino		
Madification					
Modification History					
Claim 001 New					
100					
Claim Type *				DD-MX	V Insured LEE WEI
Contact No.(Mobile)				171	Contact
			[V	ITL	No. (Home)
Email Address			Г		OI CANAGO
AND THE STATE OF T			L		Vehicle SMH6916 Number
Claim Description			Г	MH6916Y / SLN312J ON 1	5 Feb 2021
Preferred			12	J. J	
Workshop	Insured Liability Not at Fault	TOTAL COLOR			
हिंब्रसं€ No. Finalisation Yes	Repair Option Preferred Workshop, Na	me unknown  GIA report Received	•		Claim
Date Registered	0.0000000000000000000000000000000000000		1	6/02/2021 16:45	Claim Close
					Date

ROSLI WAHAB

- Print AK letter

Save Submit Attachment 9 Accident No. MT/1121227 Claim No Last Doc. Received 001 Yes ○ No Upload Date 16/02/2021 16:46 Path \* Choose File No file chosen Category \* Confidential Clear Please Select Choose File No file chosen V NO Clear Please Select Choose File No file chosen ~ Clear Please Select Choose File No file chosen NO Clear Please Select NO Choose File No file chosen Clear Please Select ~ NO Choose File No file chosen Clear Please Select ~ NO Attachment Uploaded By/Date Category Urgency Descr NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Feb 2021 16:46 Photos Normal Photos 2 NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Feb 2021 16:46 Photos Normal Photos 2 NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Feb 2021 16:46 Photos Normal Photos 2 NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Feb 2021 16:46 Photos Normal Photos 2 NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Feb 2021 16:46 Photos Normal Photos 2 NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Feb 2021 16:46 Photos Photos 2 NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Feb 2021 16:45 Photos Normal Photos 2 NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Feb 2021 16:45 Photos Normal Photos 2 NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Feb 2021 16:45 Photos Normal Photos 2 NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Feb 2021 16:45 Photos Normal Photos 2 NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Feb 2021 16:45 Photos Normal Photos 2 NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Feb 2021 16:45 Photos Normal Photos 2 NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Feb 2021 16:45 Normal Photos 2 NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Feb 2021 16:45 Photos Normal Photos 2 NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE

Photos

Photos

NRIC/ Driving License

Normal

Normal

Normal

S (BUKIT MERAH)) on 16 Feb 2021 16:45

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Feb 2021 16:45

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Feb 2021 16:45

Photos 2

Photos 2

NRIC/ Driving Li-

# Claim Handling(accident reporting Claim Task )

♥ Video List

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Feb 2021 16:45

SAS

Normal

SAS 20

Uploaded By/Date Folder Date File Name Display in New Window Scan and uploading

**eBao**Tech

. Hello, NAC\_BUKIT\_MERAH\_800676 GeneralClaim Change Language Change Password My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 15/02/2021 15:58 Vehicle No.(For Motor) SMH6916Y Certificate Number Search Policy No. Certificate Policyholder Name Select Policyholder NRIC Product Cover Type Vehicle Insured Object Commence Date Number Expiry Date LEE WEI 5116682131 0 drivo CLASSIC S8460530A **GPC** SMH6916Y SMH6916Y 16/04/2020 15/04/2021 Continue