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i-Motor W/O (W	ithin: OD 2hrs.	TP 4hrs)			
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SINGAPORE ACCIDENT STATEMENT

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 truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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 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.	800.	
No. of the Control of	ACCIDENT STATEMENT	
Date Of Report	16/12/2017 14:32	
Date Of Accident	15/12/2017 22:15	
Exact Location Of Accident	KPE TWDS TPE	
Country/State of Loss	SINGAPORE	
THE RESERVE OF THE PERSON NAMED IN	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SBE9090E	
emospografiques de la companya del la companya de l		

Insured/Policyholder

LIM MUI HONG (LIN MEIFENG) Name Of Registered Owner

S7439019F NRIC No

BARENDTEO@GMAIL.COM **Email Address** (LOCAL) +65-91900089 Mobile Phone No OTHERS-91900089 Alternative Phone No

Vehicle Particulars

TOYOTA Manufacturer

LEXUS GS300 AUTO Model

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?

REPORTING ONLY 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

NO Fleet Policy

5076706990-01 Policy Number

Cover Note Number

Driver

TEO PECK KHER Name of Driver

S7507128J NRIC No 26/03/1975 Date Of Birth INDOOR Occupation 14/03/1997 Date Of Driving Pass

20 YEARS AND 9 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-91900089 Mobile Number

Fax Number

OTHERS-91900089 Contact Number

BARENDTEO@GMAIL.COM EMail Address

BLK 615 HOUGANG AVE 8

Address #08-396

530615 Postcode

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

SIDE SWIPE Type Of Accident CLEAR Weather Conditions WET Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO NO Was any body injured in the Accident?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

HOGANG N.P.C Police Station Name

ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775, POSTCODE: 538775, Police Station Address

NO

COUNTRY: SINGAPORE

TEL NO: - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20171216/2028

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

UNKNOWN

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

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.
- 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 .:

KETCH PLAN A - SBE 9090E		
B-UNKNOWN		KPE TOWARD
Raj (h	LONE 1	TPE / SLE
	LANE 7	
KPE	LOUE.	3
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT		1
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	1 200	~ /
	Bollon	2028
*	101-	, ,
yo.	113/2	
0 964 1 36),	
Ole Le ()		
V /s		
DECLARATION		

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.:





1 of 3

Report No. T/20171216/2028

Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

Date/Tim	F A TRAFFIC ne Report M 17 09:42		Vide Report No.:	Station Diary No.:		
Informa	nt's Particu	lars	CONTRACTOR OF STREET	The state of the s		
Name of	Informant: CK KHER		Address: APT BLK 615 HOUGANG AVE 530615	ENUE 8 #08-396 SINGAPORE		
ID Type	/ ID No.: D / S750712	28J	Contact No.: Home/Office: Mobile: 91900089			
National	-		Email:			
Sex: Male	Age:	Date of Birth: 26/03/1975	Type of Informant: Driver	Le division / Sahaal Nama'		
Race: Chinese			Language:	Institution / School Name:		
Occupa			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:		

General Information of the Accident Non-Injury		Drink	Date/Time of	Type of Locatio	
Type of Accident:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Drive: No	Accident: 15/12/2017 22:15	Straight Road	
Along KPE to Weather:	AYA LEBAR EXPRES			oad Speed Limit:	
Traffic Flow:		Traffic Control:	N	Traffic Volume: Moderate	
One Way Type of Collis Between Mor	sion: ving Vehicles - Head	To Side	a	nyone conveyed by mbulance: lo	

Details of V	ehicle Invo	lved		Color	Condition	No of Passenger
Vehicle No.	Type	Make	Model	Color		No or r docongo
venicle ivo.	Турс		LEXUS	Grey	Slightly	0
SBE9090E	Car	TOYOTA	GS300 AUTO	Cicy	Damaged	

Details of Person Involved	
Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing. 14.1





2 of 3

Report No. T/20171216/2028

Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

CONTINUATION OF REPORT

Driver			ID No.		S7507128J	
Name	TEO PECK KHER		10.1391			
	(2) S 11 (2) (2)		Conta	ct No.	91900089	
Related Vehicle	SBE9090E (Car)		00			
50000000000000000000000000000000000000			Class	of	Class: 2B,2A,2,3	
Hospital/Clinic	NIL	20	Driving Licent	g ce &	Date of Expiry: NIL	
		Date Disc		NIL		
Date Treatment	NIL	Degree o	finiury			
No of Days gran	ted Medical Leave NIL	Degree	injury	1.41		

Brief Details.

On 15/12/2017 at about 2215hrs, I was travelling along Kallang-Paya Lebar Expressway (KPE) towards Tampines Expressway (TPE) in my vehicle (SBE9090E). I was in the first lane of the three lane road.

As I was travelling along the road, another vehicle which I do not remember the vehicle number was travelling behind me and attempted to overtake my vehicle. I wish to inform that the other driver did not signal before attempting to overtaking my vehicle. During the overtaking process, the head of his vehicle swipe onto the left rear bumper of my vehicle and resulted in a scratch on my vehicle. After which, the other vehicle followed my vehicle to Blk 263 Compassvale Street and requested for my particulars. However, I refused as they were rude towards me. They then informed that they will be calling for the police. However, there was no police at scene after I waited for 30 minutes and I left the location shortly.

I wish to inform that there is no injuries and I am lodging this report as informed by TP IO Esmond with reference to incident no. F/20171215/0257. There is also no in car CCTV installed in my vehicle.





3 of 3

Report No. T/20171216/2028

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

CONTINUATION OF REPORT

S	ke	tc	h	P	lan
	Ve	L			

Informant is not able to provide sketch plan

Por Police Force

Signature Of Officer Recording The Report: F / Sgt 2 TAN KAI JUN, CHRISTIAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 16/12/2017 09:42
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING	Classification Of Case:

A CONTRACT OF THE PARTY OF THE	· Reported on 16/12/2017
	, · C 1420HPS
AGCIDENT STATEM	ENT
	22 15 MHHMM
ACCIDENT DATE: (15/12-12-017)00/MM/YYYY	TPF
LOCATION: KPE Tunande Fampi	hes cap I FE
1. DETAILS OF VEHICLE CRETT	90E ::
a) VEHICLE NUMBER:	TOE
b)INSURANCE COMPANY:	
d) POLICY TYPE: [COMPREHENSIVE / THIRD PAR	TY / THIRD PARTY FIRE &THEFT
e)MAKE & MODEL!	Y / MOTORCYCLE. / OTHERS
GIVEHICLE CATEGORY: IPRIVATE / COMMITTEE	AL/MOTORCYCLE)
h PURPOSE OF USING AT ACCIDENT TIME:	RANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / R	EPORTING ONLY)
2. INSURED / POLICY HOLDER	(MALE / FEMALE)
A) NAME:	CONTACT:
c)ADDRESS:	
* CONTINUE TO 3.d IF DRIVER ALSO POLICY H	OLDER
13 Ho of passonger DRIVER	(MALE / FEMALE)
(Including driver) DINRIC/FIN/PASSPORT!	CONTACT:
CL) c)ADDRESS:	
*d) DATE OF BIRTH: ((YYYY) : .
OPPOSE OF DRIVING LICKUCE	- WESTIND WESTIND SOMMING.
1) DATE OF DRIVING TICKH OF THE INSU 4. WAS DRIVER AN EMPLOYEE OF THE INSU 15 NO, RELATIONSHIP OF THE DRIVER W	TH INSURED:
E ALWEATHER CONDITION: (GLEAK / KAINING	/ OTHERS
HIROAD SURFACE! (DRY / WEV / PATTERS)	
6. WAS ANYBODY INJURED (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE STATE	
A No of Desconder O) VEHICLE NUMBER!	MODEL:
(Induding driver) b) DRIVER'S NAME:	CONTACT:
() a TUIDO D'A PTY VEHICLE	MODEL:
W No of passinger of DRIVER'S NAME:	
(Including driver) + NRIC/FIN/PASSPORTI	CONTACTION
(and the second
N as	V v

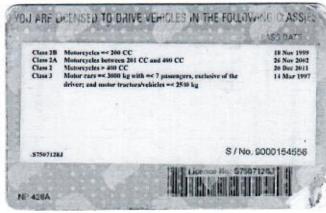
email: barendteo@8mail.com.

fax: barendteo@gmail.com/
VIDEO









eBaoTech		100000	1000	-	Name and Address of the Owner, where		Change Lan	quage '	Change Password	· Log Ou
lello, NAC_PAYA_UBI_800	601						Change can	googe		
My Desktop	Policy	Query						17775	avarante I	
Notice of Loss	Policy No	i.				Date of Acci	ident	15/12/	2017 22:15	
	Vehicle N	lo.(For Motor)	SBE9090E							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	e 5	076706990-01	LIM MUI HONG (LIN MEIFENG)	57439019F	GPC	drivo CLASSIC	SBE9090E	5BE9090E	24/12/2016	23/12/2017

Secretario de Cara	y Information			Deliguholder	
olicy No.	5076706990-01	Policyholder Name	LIM MUI HONG (LIN MEIFENG)	Policyholder NRIC	57439019F
ddress	BLK 252 #14-13 COMPASSVALI	E STREET SING	APORE 540252	P 644 0 5000000	
roduct lame	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
olicy ssue Date	06/09/2016	Effective Date	24/12/2016 00:00	Expiry Date	23/12/2017 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	1500	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	INCOME-BRANCH SERVICES	Agent Tel.	67886616	GST Flag	Y
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
Policy	holder Mailing Address				THE RESERVE OF THE PARTY OF THE
Address 1	BLK 252 #14-13	Address 2	COMPASSVALE STREET	Address 3	SINGAPORE 540252
Address 4		Address Type	Singapore address	Post Code	540252
Unit No.		Related Policy Number	5076706990-02		
1 Insur	ed Object: SBE9090E				
⇒ Endor	sements		The state of the s		
Sequer	nce Date of Endorsement	Endors	ement Type Endorsem	Endorsement Content	

		200000000	CRECOGOE	GST Registration No.
Sicy No. 5	076706990-01	Vehicle No.	58E9090E	Policyholder NRIC
olicyholder Name LI	M MUI HONG (LIN MEIFENG)			110-100-100-100-100-100-100-100-100-100
	RIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading Contact No.(Home)
	1900089	Contact No.(Office)) 0	
mail Address		Special Remark		econe .
	No Yes	TCA	@ No C Yes	eCode Reason
8	es	NCD Entitlement(9	No) 50	Private Hire No
Accident Details				Note and the second sec
	16/12/2017 17:13	Accident Report W	ithin 24 hrs Yes	Accident Type Side
	15/12/2017	Time of Accident h	nh:mm 22:15	Country of Accident Sin
	12/12/09/	Orange Force		ICM No.
Reporting Centre	KPE TWDS TPE			
Accident Location 3	MERONICO DE LA COMPANSIONA DEL COMPANSIONA DE LA COMPANSIONA DEL COMPANSIONA DE LA C			
⇒ Excess	600.0	o Additional Excess	1,500	0.00 Windscreen Excess
Own damage Excess	0.0			J.00
Unnamed Driver Excess				0.00
Third Party Excess	0.0	N Gualde an yappon	AV SPERIOR SPERIOR S	607
GST Registered Informat			GST Registration Date	a a
SST Registered	No		GST Status Verified	Yes
GST Registration No. Modification History				
ngui kation mass. y				
Policyholder Mailing Add	ress			www.wcarea
Address 1	BLK 252 #14-13	Address 2	COMPASSVALE STREET	Address 3
Address 4		Address Type	Singapore address	Post Code
		Related Policy No	umber 5076706990-02	
Unit No. OI Driver Info				
Contract of the Contract of Contract of	TEO PECK KHER	Driver Type	Named Driver	
Unnamed driver Name	473/4432/ME7E2	Driver NRIC	575071283	Driver DOB
Register Date of Driver License	01/01/1999	Driver Age	42	Driving Experience
Contact No.(Mobile)	91900089	Contact No.(Office	ce) 0	Contact No.(Home)
Address 1	BLK 615 #	Address 2	HOUGANG AVENUE 8	Address 3
Address 4	The Control of the Co	Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	€ Yes @ No	Driver Vehicle N	0.	Driver Insurer Company
AND THE PROPERTY OF THE PROPER				
Declaration	V8.170	The second	€ Yes ⊕ No	
Breathalyser or Blood Test Reading?	0 mg	Any injury?	165 @ 114	
Modification History				
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Modification History Claim 001 OD-MX New				
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	OD-MX	▼ Insured Name	LIM MUI HONG (LIN MEIFE	
Claim 001 OD-MX New		Contact No.(Ho	ime)	Contact No.(Office)
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Claim 001 OD-MX New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact	OD-MX 93850074	Contact No.(Ho DI Vehicle Num	nme)	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop
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