NATIONAL Assessment Con Date In: 12(12/2017 17:8	tre Services (common Mynth 11000)		
1111		Done b	,
	/ SAS e-filing		
Ref No NBA JUC 120243334/ Veh No GBE 685 TE	E-mail (within 8hrs, AIC 2hrs)		
DOA 22 15/2017 03:5	1 200	12/21	917
	i-Motor W/O (Within: OD 2hrs. TP 4hrs)	1:33	91 8
OD / TP ' Reporting Only	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp /	7-1.6	<i>t</i>
Preferred Wksp / INC Assign Wksp / QW: (ZERO GRAVITY To1: 674/2845/674	7794	6
TP Particulars: Veh No: -	/ 1 127 1210 / / 3		
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%. F: 80-100%]	
Year of Registration: ()	Warranty: YES () / NO ()		
Excess: (\$) Loading: \$	\$1,000 () / \$2,000 ()	-	
General Remarks:-	st-1986 parketit telepatentia arabit		
() Walk-In Customer: Customer's	information strictly Confidential & Strictly NO refer of repairer.		
() Total Loss Case : to e-mail Ins	surer URGENTLY.		
The second secon	oice: YES () / NO (); Towing Co. ()
	Date&Time Completed	Done	מע
Remarks: (INC hotline: 6788 6616	0	Dono	
77.77.7	/ Courtesy Car ()		
2) QC Check / Post Repair Inspection			-1/2-
and the second s	> \$3000] ()	- 1	
3) Upload Resurvey Photo [Repair Cost 2			-
3) Upload Resurvey Photo [Repair Cost:	1.24		
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Injury:	Invoice Preparation Checklist	Anit(5)	Amt (3)
Injury: Date/Time Actions A/4/707926	Invoice Preparation Checklist 1) AR: Accident Reporting (530);	F3.14 1.14	
Injury: Date/Time Actions A/A/707926 Claimant's Particulars:	Invoice Preparation Checklist 1) AR: Accident Reporting (530); 2) DA: Damage Assessment (5100); INC (530) 3) TF: Towing Fee 540/545	F3.14 1.14	
Injury: Date/Time Actions A/A/707926 Claimant's Particulars:- Driver/Owner:	Invoice Preparation Checklist 1) AR: Accident Reporting (530); 2) DA: Damage Assessment (5100); INC (530) 3) TF: Towing Fee \$40.745 4) FT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Resurvey)	F3.14 1.14	
Injury: Date/Time Actions A/A/707926 Claimant's Particulars:- Driver/Owner:	Invoice Preparation Checklist 1) AR: Accident Reporting (530); 2) DA: Damage Assessment (5100); INC (530) 3) TF: Towing Fee 540/545 4) FT: Follow-Through Survey 5120 5) FT: Follow-Through Survey (Resurvey) 530 For claiming against INC Only (wef 10 Jan 2005)	F3.14 1.14	
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Injury: Date/Time Actions A/4/707926 Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):	Invoice Preparation Checklist 1) AR: Accident Reporting (530); 2) DA: Damage Assessment (5100); INC (530) 3) TF: Towing Fee 540/545 4) FT: Follow-Through Survey (S120) 5) FT: Follow-Through Survey (Resurvey) 530 For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection 575 7) N1: Idae DA + SMRT Survey 5160 8) NTUC Additional Services. OIV *N5: Courtesy Car / Tpt Allowande 55 *N6: Repair Co-ordination 510 *N7: Fost Repair Inspection 525	In Bill	
Injury: Date/Time Actions A/4/707926 Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: CC Checked by (Engr-In-Charge): Auditors! Comments:-	Invoice Preparation Checklist 1) AR: Accident Reporting (530); 2) DA: Damage Assessment (5100); INC (530) 3) TF: Towing Fee \$40/\$45 4) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$77 7) N1: Idae DA + SMRT Survey \$160 8) NTUC Additional Services. OD? *N5: Courtesy Car / Tpt Allowands \$5 *N6: Repair Co-ordination \$10 *N7: Post Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$525	In Bill	
Injury: Date/Time Actions A/4/707926 Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):	Invoice Preparation Checklist 1) AR: Accident Reporting (530); 2) DA: Damage Assessment (5100); INC (530) 3) TF: Towing Fee \$40/\$45 4) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$77 7) N1: Idae DA + SMRT Survey \$160 8) NTUC Additional Services. OD: *N5: Courtesy Car / Tpt Allowande \$5 *N6: Repair Co-ordination \$10 *N7: Post Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$55	In Bill	

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 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.
- 5. 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

With 1985 A Street School Service Service	ACCIDENT STATEMENT
Date Of Report	23/12/2017 17:00
Date Of Accident	23/12/2017 03:50
Exact Location Of Accident	ALONG SLIP RD A/F ECP EXIT 10B INTO STILL RD SOUTH
Country/State of Loss	SINGAPORE
DI	ETAILS OF OWN VEHICLE
/ehicle Registration Number	GBE6857E
Insured/Policyholder	
Name Of Registered Owner	LIM KEE SING
NRIC No	S1745834E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97346438
Alternative Phone No	OTHERS-97346438
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350-2.5 5AT 5DR EURO V (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088291182
Cover Note Number	
Driver	

TAN AH CHWEE Name of Driver S1518228H NRIC No 03/12/1962 Date Of Birth OUTDOOR Occupation 29/09/1983 Date Of Driving Pass 34 YEARS AND 2 MONTHS Driving Experience MALE Gender (LOCAL) +65-97346438 Mobile Number Fax Number

OTHERS-97346438 Contact Number

NOEMAIL EMail Address

BLK 5 BEACH ROAD Address

#05-4905

190005 Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLIDED INTO PROPERTY Type Of Accident

DRIZZLING Weather Conditions

WET Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by YES ambulance?

NO Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

NO

If Yes, Please state which Police Station

JOO CHIAT NEIGHBOURHOOD POLICE POST Police Station Name

ROAD: 267 ONAN ROAD, POSTCODE: 424773, COUNTRY: SINGAPORE Police Station Address

TEL NO: 1800-3459999 - FAX NO: 64474181 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171223/2090

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 INJURED PERSON 1

TAN AH CHWEE Name

Approximate Age

SERIOUS INJURY

Injuries Sustain

GBE6857E

Injured person in which vehicle?

Were seat belts worn? Was this injured conveyed to hospital by YES

ambulance?

YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report sorrectly the details of the accident to speed up the claims process.
- 2. This Formeaust be completed by the Policyholder and/or the Authorised Driver
- I. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of maturial facts may alow esurance companies to regudiate policy liability.
- 4. The make and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance demonnes.
- 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
- Singapore (GPA) for archiving and that copies of this report will for a fee be made available upon application by interested parties
- 7. By the ledgement 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.
- ii. Consent under the Personal Data Protection Act (PDPA)

fundorstand, assists ledge, agree and consent that

and M. scauter they workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose analog process my personal data personal information set out in this florm) and any other personal information provided by me or possessed by the insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer (collectively the "Personal Information"). e had both insured vehicle(a) 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 keurers law yers/law firms, the Monetary Authority of Singapore and any relevant programment sportsy/authority (such as the police), for the purpose(s) of

a processing tranding and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to He observe

(ii) investigating the recident and/or my claims

in deriving out another disating with my instructions or responding to any enquiries by me,

(w) administering my claims (including tike making 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 cockages; and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes").

Policyholder's Signature / Date &

the all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may are permitted to collect. use declose andror process my Personal Information for one or more of the above Purposes, and

(1) my Personal Information may/can be disclosed by any of the traurers and/or GIA to their third party service providers or agents (unduring their law yers/law firms), which may be asked outside of Singapore, for one or more of the above Purposes.

> Driver's Signature (# driver is not the policyholder) / Date 8. Times

WILL sed by Reporting Centre

Sketch Plan

Time

ECt towards. Choos: Airpert

23/12/2017

- FrenT

Describe Circumstances of the Accident
Ow 15 11 1017 at door 0250 (was drived by confeyer, ven GEO 62575 oky Ell expressury to Charge Arrecht. I have intend to drive to Marine Traver
olen Ell expersions to Chair Arrecht. (There intend to drive to
Marine Terrore
As such I then headed to Exit 108. I then entered the bend towards
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1 4 mod and wer (with to intoin that (we atom a don) the
. I so of the land of real forwell of about 60 key at the TWEN
about to nette from the Exit 10B my webick stidded due to wet riced t knocked sate the netal poiling which was located
wer ricel + knocked fare the netal railing which was located
hear to test lone
The juport of the collision to the yetel reiling have resulted my vehicle to sway left. I wish to inform the possenger from a needly car come towards me towk me to get down from my
while to every left I wish to interm the possesser from a
sender con mue trioned me t alk me to get down from my
cor
I doserved the postencer sect window at the way to be shorteved I have also observed the front humper to be detailed from any uchiele. I have doserved the netal railing to be deated
I am also energy of the front business to be detected from
and while I have proved the metal railing to be deated
and occurrent the party of the
Paramedia und colled but efter fie abscoration, I do not pred
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Polick Rupol 7/2017/223/2090.
The state of the s
Declaration
We decore the toragoing particulars are true in every respect.
y

Rocyholden's Signature / Date &

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

Attnessed by Reporting Cardine Personnel





1 of 3

Police Station Of Origin:

Joo Chiat NPP

267 Onan Road SINGAPORE 424773

Tel No: 1800-3459999

Report No. T/20171223/2090

EPORT OF	A TRAFFIC	ACCIDENT	(*	Station Diary No.:		
Date/Time Report Made: 23/12/2017 14:11			Vide Report No.: G/20171223/0059	17		
	t's Particu	lars		A PARTY OF THE PAR		
Name of	Informant:		Address: APT BLK 5 BEACH ROAD #05	5-4905 SINGAPORE 190005		
TAN AH CHWEE ID Type / ID No.: NRIC NO / S1518228H		28H	Contact No.: Home/Office:	Mobile: 97346438		
Nationali	tv:		Email:			
Sex:	Male 55 03/12/1962		Type of Informant: Driver	Lo La I Nama:		
			Language:	Institution / School Name:		
Race: Chinese			and Information	9		
Occupation: Van driver			Driving Licence Information: Class: 3	Date of Expiry:		

eneral Information Type of Accident:	Injury Government Prop	Drinne	Date/Time Accident: 23/12/201		Type of Location Slip Road
EAST COAS	Traveling Toward Roa T PARKWAY SOUTH ad after ECP exit 10B		SOUTH e:	Ro	ad Speed Limit:
Drizzling Traffic Flow:		Traffic Control	ol: ed	Lic	affic Volume:
One Way Type of Colli	sion: cle Against - Road Div			Ar an No	nyone conveyed by nbulance:

Details of V	ehicle involved	Color	No of Passenger
Vehicle No.		Seriously	0
GBE6857E	Van	Damageo	

Details of V	ancle insurance	Les grance No.	Effective	Expiry Date
		5088291182	05/03/2017	04/03/2018





2 of 3

Report No. T/20171223/2090

Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999

CONTINUATION OF REPORT

Details of Perso	n Involved			ALTERNATION IN		Strate residence of
Any Pedestrian Ir					_	
No. of Pedestrian	s Injured: NIL		Use of Ped	estrian	Cross	ing: NA
Driver		No. of the last			No. of Lot	ALL STATE OF THE PARTY OF THE P
Name	TAN AH CHWEE			ID No.		S1518228H
Related Vehicle	GBE6857E (Van)			Conta	ct No.	97346438
Hospital/Clinic	NIL	is.	<u>(</u>)	Class Drivin Licent Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	1169	Date Disc	narge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On 23/12/2017 at about 0350,i was driving my employer van GBE6857Ealong ECP expressway to Changi Airport. I have intend to drive to Marine Terrace.

As such I then headed to Exit 10B. I then entered the bend towards still road south. I wished to inform that at the moment, it was drizzling and the road was wet. I wish to inform that I was driving along the 1st lane of the band and was travelling about 60km/hr. As I was 20 metre from the Exit 10B, my vehicle have skidded and knocked into the metal railing which was located near to lane 1. The impact of the collision to the metal railing have resulted my vehicle to swayed left. I wished to inform that a passenger from a nearby car have then came towards me and ask me to get down from my car. I have observed the left passenger seat window of the van to be shattered. I have also observed the front bumper to be detached from my vehicle. I have observed the metal railing to be dented. I have then called my Boss about the incident.

The passerby have then informed me that I am bleeding from my face. The passerby have then called for ambulance. Paramedic have then came to give me medical attention. The paramedic told me that my face suffered some minor cuts and proceed to clean my wound. The paramedic told me I do not suffered any other injury other than the cut. and thus I do not require to be convey. I have tried starting my vehicle and It was able to start but however it was unable to reverse. LTA officer have came and told me that EMAS will towed away my car to the FORT road car park.

IO Bei Feng have then came to the scene and pass me a case card and asked me to lodge a Traffic incident report Vide G/20171223/0059

I wished to inform that I have in built CCTV in the vehicle.





3 of 3

Report No. T/20171223/2090

Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: Staff Sgt TAY WEI SIANG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/12/2017 14:11
Officer In Charge Of Case: TP / AEIT / Sgt 2 YEO KIA HUAT	Classification Of Case:
Contact No.: 65476325 Authentication Stamp	7

Color March Marc	laim Handling					
March Marc	ccident MT/0974950		Vehicle No.	GBE6857E	GST Registration No.	2
Internation Name			Venice No.			
Content by Con			Course Tune	Brafemed Workshop Plan	A STATE OF THE PARTY OF THE PAR	
Secretary Company Co	Product Code			Picience Province		
### Code Reason No No Yes ### Code Reason No No No No No Yes ### Code Reason No No No No No Yes ### Code Reason No No No No No No No Yes ### Code Reason No N	Contact No.(Mobile)	97346438				+
No. 10 10 15 10 15 10 10 10	mail Address			2. 9201		
## Accident Policy Accident Type Accident Accid	KFK	■ No ↑ Yes	TCA			N
STATE STA	NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
						-
State Actions 2011/2012 Content Conte	Report Date	23/12/2017 17:15	Accident Report Within 24 hrs	Yes	Accident Type	Collided int
Control Cont	Date of Accident	23/12/2017	Time of Accident hih:mm	03:50	Country of Accident	Singapore
Modern			Orange Force		ICM No.	
© Excess	(A) ESC	ALONG SLIP RD A/F ECP EXIT 10B INTO STILL	RD SOUTH			
## Description The Party Ricess						
Address Excess						
District No. No.		600.00	Additional Excess		Windscreen Excess	
There Party Excess		0.000	Outside Singapore OD Excess			
SST Registered Information SST Registered No. SST Registered No		0.00	And the second second second second			
CST Registered No			- States of Helphane, in Louisia			
Content No.				GST Registration Date		
### Delicyholder Malling Address Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Dive		110			Yes	
## Palicyhohder Mailing Address ## Address 2 DAXOTA CRESCENT Address 3 Address 4 Railard Policy Number Songapire address Pest Code ## Address 7 Pier Singapire address Pest Code ## Address 2 Diver Name ## Driver Name ## D						
Address 1	riganication reasony					
Address 1	Policyholder Hailing Ad	dress				
Address 4 Address Type Singapore address Related Policy Number SIGBS291.182 Driver Info Driver Name Unnamed Driver TAN AH CHAYEE Driver RISC S1519228H Driver RISC Contact No. (Hone) Address 2 BEACH ROAD Address 3 Address 2 BEACH ROAD Address 3 Address 3 Address 2 BEACH ROAD Address 3 Driver Risc Unit No. D5-4905 Des No Driver Vehicle No. Driver No. Driver No. Driver Vehicle No. Driver No. Driver No. Driver Vehicle No. Driver Vehicle No. Driver No. Driver No. Driver No. Driver No. Driver Vehicle No. Driver No. Driver No. Driver No. Driver No. Driver Vehicle No. Driver Vehicle No. Driver No. Driver No. Driver No. Driver Vehicle No. Driver Vehicle No. Driver No. Driver No. Driver Vehicle No. Driver Vehicle No. Driver No. Driver No. Driver No. Driver Vehicle No. Driver Vehicle No. Driver No. Dr		New York Control of the Control of t	Address 2	DAKOTA CRESCENT	Address 3	
Related Policy Number 508391.192 ### Office Info ### Of		00,00,00,000	Address Type	Singapore address	Post Code	
Driver Info Driver Name Unnamed Driver TAN AH CRIVEE Driver NBIC S1518228H Driver DDB Register Date of Driver License 29/09/1983 Driver Age 55 Contact No. (Office) Contact No. (Office) Contact No. (Office) Contact No. (Office) Address 2 BEACH ROAD Address 3 BLX 5 #05-4905 Address 4 SINGAPCRC 190005 Address 3 Address 3 BLX 5 #05-4905 Dose he even a Singapore Registered car? Ves ® No Driver Vehicle No. Driver Vehicle No. GBE8857E Driver Insurer Company Preferred Workshop Contact No. (Modile) Preferred Workshop Contact No. Registered Carl Ves © No 23 Dec 2017 Preferred Workshop Contact No. Registered Carl Ves © No Preferred Workshop Contact No. Preferred Workshop (refer below) Preferred Worksh				The state of the s		
Driver Name Unnamed Driver Unnamed Greve Name Unnamed Greve Name TAN AH CHYMEE TAN AH			A CONTRACTOR OF THE PROPERTY OF THE PARTY OF			
Driver Name		Honormed Driver	Driver Type	Unnamed Driver		
Register Date of Driver Licenses 29/09/1983 Driver Age S5 Driver Registerience				S1518228H	Driver DOB	
Contact No. (Mobile) Address 1 BLK 5 #05-4905 Address 2 BEACH ROAD Address 3 Address 4 SINGAPORE 190009 Address 7 Post Code Ves S No Driver Vehicle No. Beels of Post Code Driver Vehicle No. GBE6857E Driver Insurer Company Claim 70p * Contact No. (Mobile) Pess 1880 Contact No. (Mobile) Contact No. (Mobile) Pess 1880 Contact No. (Mobile) Contact No. (55	Driving Experience	
Address 1 BLK 5 #05-4905 Address 2 BEACH ROLD Address 3 Address 4 SINGAPORE 190083 Address Type Foreign address Post Code Unit No. 05-4905 Declaration Negroup Claim Object Despective Declaration	alti i di angana ana ana angana		502494		Contact No.(Home)	
Address 1 Address 2 SingaPoole 190005 Address Type Foreign address Post Code Diver Insurer Company Peclaration Declaration Dec		N. V. F. AGE 1005		BEACH ROAD	Address 3	
Description Desc				The state of the s	Post Code	
Decisration Breathalyser of Blood Test Reading? Claim 001			1000,000,000	PATRICIA CONTROL CONTROL		
Declaration Declaration Declaration Declaration Declaration Modification History Claim 001 New Claim 001 New Claim 001 New Claim 001 New Insured Name LIM KEE SING Insured NRIC Contact No.(Monile) 96851860 Contact No.(Home) Contact No.(Home) Email Address Claim Description GBE6857E / - ON 23 Dec 2017 Preferred Workshop Contact No. Require Finalisation Yes Preferred Repair Option Preferred Workshop (refer below) GIA report Date Registred 23/12/2017 17:20 Claim Close Date Attachment Attachment Attachment Attachment Yes No Upload Date 23/12/2017 17:33			10.20000000000000000000		Deline Incurre Company	
Breathalyser or Blood Test Reading? Claim 001 Next	Registered car?	Yes @ No	Driver Vehicle No.	GBE6857E	priver analic company	
Breathalyser or Blood Test Reading? Claim 001 Next	SAGGEREN					
Modification History Claim 001 Next Claim 001 Next Claim 1001 Next Claim 1001 Next Claim 1001 Next Contact No.(Mobile) 96851860 Contact No.(Home) Contact No.(Office) Email Address Claim Description GBE6857E / - ON 23 Dec 2017 Preferred Workshop Contact No. Require Finalisation Yes Preferred Repair Option Preferred Workshop (refer below) GIA report Taken By ROSLI WAHAB Print Ak letter Attachment Attachment Attachment Preferred No. No. 001 Save Submit Confectable No. 001 Last Doc. Received 23/12/2017 17:33	The second secon	The state of the s	7 - 2000 C - 1000	1000000-0000		
Claim 1901 New Claim 1901 New Claim 1901 OD-MD		0 mg	Any injury?	Yes W No		
Claim 1901 New Claim 1901 New Claim 1901 OD-MD						
Claim Type * OD-MD	Modification History					
Claim Type * OD-MD	THE STREET OF THE STREET					
Claim Type * OU-MI) Contact No. (Mobile) 96551860	Claim 001 New					
Claim Type * OU-MI) Contact No. (Mobile) 96551860						-
Contact No. (Mobile) 96851860 Contact No. (Home) Contact No. (Office) Email Address OI Vehicle Number GBE6857E TP Vehicle Number Claim Description GBE6857E / - ON 23 Dec 2017 Preferred Workshop Contact No. (Address of Preferred Repair Option Preferred Workshop (refer below) GIA report Date Registered 23/12/2017 17:20 Claim Close Date Date Report Taken By ROSLI WAHAB Attachment Attachment Accident No. MT/0974950 Claim No. 001 Last Doc. Received No. Upload Date 23/12/2017 17:33	Claim Type *	OD-MD *	Insured Name	LIM KEE SING	Insured NRIC	
Email Address Claim Description GBE6857E / - ON 23 Dec 2017 Preferred Workshop Contact No. Require Finalisation Date Registered 23/12/2017 17:20 Report Taken By Print AK letter Attachment Attachment Accident No. MT/0974950 Claim No. Upload Date Claim No. Upload Date Claim Cose Date Ty Vehicle Number Fully at Fault Fully at Fault Fully at Fault Fully at Fault Claim Vo. Save Submit Ty Vehicle Number Name of Preferred Workshop Altachment Attachment Ty Vehicle Number Name of Preferred Workshop GIA report Date Received Accident No. MT/0974950 Claim No. Upload Date Confidential Ulbosop Confidential		0.000 0.000	Contact No.(Home)		Contact No.(Office)	
Claim Description GBE6857E / - ON 23 Dec 2017 Preferred Workshop Contact No. Require Finalisation Yes Preferred Repair Option Preferred Workshop (refer below) GIA report Date Registered 23/12/2017 17:20 Report Taken By ROSLI WAHAB Attachment Attachment Attachment Yes No. Claim No. Upload Date 23/12/2017 17:33 Confection No. Confection N				GBE6857E	TP Vehicle Number	
Claim Description Claim Description Claim No. C		CRESSET / - ON 23 Dec 2012			Name of Preferred Workshop	
No. Require Finalisation Yes Preferenced Repair Option Preferred Workshop (refer below) GlA report Date Received Report Taken By Print AK letter Save Submit Attachment W 10974950 Claim No. Upload Date Conference Option Preferred Workshop (refer below) GlA report Date Received			************	Suite at Excel		
Date Registered 23/12/2017 17:20 Claim Close Date Date Date Date Received Report Taken By ROSLI WAHAB				Tony at 1 non	· Clá recet	
Date Registered 23/12/2017 17:20 Report Taken By Print AK letter Save Submit Attachment Actident No. MT/0974950 Claim No. 001 Last Doc. Received Yes No Upload Date 23/12/2017 17:33	Require Finalisation			Preferred Workshop (refer below)		
✓ Save Submit Attachment ✓ Accident No. MT/0974950 Claim No. 001 Last Doc. Received Yes © No Upload Date 23/12/2017 17:33	Date Registered	23/12/2017 17:20	Claim Close Date		Date Received	
Attachment Attachment WT/0974950 Accident No. MT/0974950 Last Doc. Received Yes No Upload Date 23/12/2017 17:33	Report Taken By	ROSLI WAHAB				
Attachment Accident No. MT/0974950 Claim No. 001 Last Doc. Received Yes No Upload Date 23/12/2017 17:33	Print AK letter					
Accident No. MT/0974950 Claim No. 001 Last Doc. Received Yes No Upload Date 23/12/2017 17:33				Save Submit		
Accident No. MT/0974950 Claim No. 001 Last Doc. Received Yes No Upload Date 23/12/2017 17:33	Attachment			Mary Mary		
Accident No. MT/0974950 Claim No. 001 Last Doc. Received Yes No Upload Date 23/12/2017 17:33	Attachment					
Accident No. MT/0974950 Claim No. 001 Last Doc. Received 9 Yes No Upload Date 23/12/2017 17:33	7					
Last Doc. Received 9 Yes © No Upload Date 23/12/2017 17:33	Character Sec.	MT/0974950	Claim No.	001		
Last DOC. Received				23/12/2017 17:33		
	Last DUL. Received		control to court		Confidential Home	DC)
Path • Category • Confidential Urgency Prowse Clear Please Select V NO + Normal		Path *				-8

SINGAPOR	E ACCIDENT STATEMENT
ACC	IDENT STATEMENT
Date Of Accident	• 25/14/17 Time 03.10 Hrs
xact Location Of Accident	* ECP EXIT IOB
B 1 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	OWN VEHICLE (VEHICLE A)
/ehicle Registration Number	· GBE 6257 E
nsureal@Edite(yholkia)	
vame of Registered Owner	· LIM KEZ SING
VRIC/FIN/Passport Number	· 1742834E
Zahidisi sadikininsi	
Manufacturer	NA(214)
Model	HUSTO
Exact Purpose for which vehicle was being	
used at time of accident	* Private use Commercial use Hire & reward Others - please specify
Are you claiming under your own insurar	
policy for repair to your vehicle?	* Yes No Others
If No, please state action to be taken	* Third Party Claim Reporting Only Private Commercial Motorcycle
Vehicle Category	* Private Commercial Motorcycle
histoletochorantenty	* KTUC
Name of Insurance Company	*
Type of Coverage	
Fleet Policy	Yes No
Policy Number	781185
Cover Note Number	
Drivere	
Name of Driver	TAN AH CHWES
NRIC/FIN/Passport Number	C12/8778 H
Date of Birth	Delivery Ham
Occupation	A CANADA CONTRACTOR OF THE PARTY OF THE PART
Date of Driving Pass	
Gender	Male Female
Mobile Number	97346438
Address	8 190005 #65-4905
Email Address	
Was driver an employee of the Insured's	
Company? If no, Relationship of the Driver with the	* Yes No

SAS 1

Vehicle Registration Number of Driver's Own Vehicle (if applicable) Insurance Company of Driver's Own Vehicle (if applicable)]	
General information of the Accident a Comme	a design	100 K		4		
Type of Accident *	1		STATE OF THE PARTY OF THE PARTY.			CANADA PROPERTY AND ADDRESS OF THE PARTY OF
Weather Conditions •	Clear		Raining	M	Others	
Road Surface - •	Dry		Wet		Others	
Other Information		Mary Services		Marie Control	A CONTRACTOR	Indiana Service
Was any body injured in the Accident?	Yes		No	N	Market Mark Control of the Control	BD BOTH WAS BUILDING CONTROL TO THE
Was any other material or property damaged?	Yes		No			25
Details of Injured Persons				N THE R		
Name .*	T				MARKET KO MESA	Maria Bir Maul Arthur Like Like Const Co.
Address				NA COLUMN		
Approximate Age		/		6	/	
Injuries Sustained	1	forcestates	/	1		
If vehicle Occupants, state in which vehicle?	1	1		17	1/	
Were seat belts worn?	Yes	6	No			
Was Injured conveyed to hospital by	A	_			/	
ambulance?	Yes		No			
Details of Police Action	410		THE POST	The state of the	Market San	MATERIAL STATES
Was the Accident reported to the Police?	Yes	M	No			
If Yes, please state which Police Station	7,90	Chie	+ HPf	_		
Was notice of intended Prosecution given? *	Yes		No			
If Yes, against whom?					-	
DETAILS OF OTHER VE	HICLE	(S) / F	ROPER	TIES (V	EHICLE B)	Control of the Contro
Vehicle Registration Number *	-		-			
Vehicle Make / Model / Colour	-				www.	
Detail Of Properties	-		at an arrange			TOTAL AND THE PARTY OF THE PART
Name of Driver	-	GRACE CONT.			7	
NRIC/Passport Number		-				
Contact righter	-					
Email Address	-	No.		-	EMOTOR PROPERTY.	-
Address	-					
Insurance Company Name Nature of Damage			-	-		-
TOTAL PROPERTY OF A PARTY OF THE PARTY OF TH	CHARACTE .	orange and	O STATE OF THE	MARKET SOLDAY	MANAGEMENT OF THE STATE OF	PLANCE TO SELECTION AND THE OTHER PROPERTY.
Details, Of Witness and 14 (\$ 2 to 2004)		2.1	ale Lake		A LOWER	Marchael Co.
Name	-		-	-	-	
Phone Number	-	DITTE VENE				
Email Address					-	

SAS 2

740 GKAVITY 67412845 67477946



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1518228H





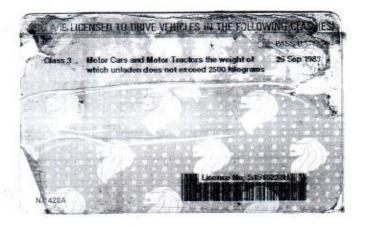
TAN AH CHWEE

陳亚水

CHINESE



Date of birth 03-12-1962 Country/Place of birth SINGAPORE





04-12-2017

APT BLK 5 BEACH ROAD #05-4905 SINGAPORE 190005

5835641



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA) Certificate Number: 5088291182 Cover : Preferred Workshop Plan Index mark and Registration Number of Vehicle **GBE6857E** Chassis Number JN1MC2E26Z0006093 2. Name of Policyholder LIM KEE SING 3. Effective Date of Insurance 05 Mar 2017 4. Expiry Date of Insurance : 04 Mar 2018 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 business or profession. (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. This Policy does not cover (a) Use for hire or reward. (b) Use for racing, pace-making, reliability trial or speed-testing. (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle. # 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. EXCESS (SECTION 1) \$\$600 EXCESS (SECTION 2) N/A WINDSCREEN EXCESS \$\$100 INSURE WITH COE YES HIRE PURCHASE COMPANY : HL BANK SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS 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) : VICOM LTD (00000614946) Date of Issue : 01 Mar 2017 11:20 hrs For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED 41 4803 FAX: 6744 9441 Countersigned By:

Chief Executive

Authorised Officer

The owner and vehicle particulars for Vehicle No. GBE6857E as at 05 Mar 2016 are as follows:

1.	Name	: LIM KEE SING
2.	Identification No. Type	: Singapore NRIC
3.	Identification No.	: S1745834E
4.	Place Of Passport Issue	
5.	Registered Address	: APT BLK 60 DAKOTA CRESCENT #04-231 SINGAPORE 390060
6.	Mailing Address	
7.	Vehicle No.	: GBE6857E
8.	Effective Date of Ownership	: 05 Mar 2016
9.	Original Registration Date	: 05 Mar 2016
10.	First Registration Date	: 05 Mar 2016
11.	Vehicle Type	: A50 - Goods (Closed) Van/Van Panel (Delivery)
12.	Vehicle Scheme	: Normal
13.	Attachment 1	: No Attachment
14.	Attachment 2	. No Attachment
15.	Attachment 3	
16.	Vehicle Make	: NISSAN
17.	Vehicle Model	: NV350 PANEL VAN 2.5 5AT 5DR EURO V
18.	Year of Manufacture	: 2015
19.	Primary Colour	: Black
20.	Secondary Colour	. Didek
21.	Passenger Capacity	2
22.	Chassis/Trailer Chassis No.	: JN1MC2E26Z0006093 / -
23.	Propellant/Emission Standard	: Diesel / Euro V
24.	Engine No./Motor No.	: YD25390094A / -
25.	Engine Capacity(cc)/Power Rating(kW)	: 2488/-
26.	Maximum Power Output(kW/bhp)	: -/-
27.	Unladen Weight(kg)	: 1800
28.	Maximum Laden Weight(kg)	: 3300
29.	Open Market Value	: \$23,098.00
30.	PARF Eligibility	: No
31.	PARF Eligibility Expiry Date	<u></u>
32.	Minimum PARF Benefit	: \$0.00
33.	IU Label No.	÷ =
34.	COE No.	: 2016030505000495E
35.	COE Expiry Date	: 04 Mar 2026
36.	COE Category	5
37.	Quota Premium/Prevailing Quota Premium	: \$45,447.00
38.	Actual Quota Premium/PQP Paid	: \$40,168.00
39.	Actual ARF Paid	: \$1,155.00
40.	CO2 Emission(g/km)	: 219.00
41.	Actual CEVS Rebate Utilised	: -
42.	CEVS Surcharge Paid	: -
43.	Actual Green Vehicle Rebate Utilised	* *
44.	Vehicle Lifespan Expiry Date	: 04 Mar 2036
45.	Road Tax Amount	: \$426.00
46.	Road Tax Start Date	: 05 Mar 2016
47.	Road Tax End Date	: 04 Mar 2017
48.	Remarks	: This vehicle requires side marking.