ATTONAL Assessment Centi	a living the same	ipa	ie &Time Completed	Done by	- 9
Date In 27/12/2017 (6:3)	O Job description				
REINO NA/INC17024483/KL	SAS e-filing				
Veh No SJH 4299T	E-mail (within Shrs. A	(IC 2hrs)	107.777	na lialia	18:05
(Y)	i-Motor Claim Fo	orm /	MT/0975377	27 12 11	[0,0]
DOA 26/12/2017_131	i-Motor W/O (With	hin: OD 2hrs. TP	thrs)		2 -
OD TP Reporting Only	I-Photo Uploaded				
	Assessment/Survey	Report			
TP Insurer:		x / Hand to Owner/Wksp			
				Fax:)
Preforred Wksp / INC Assign Wksp / QW: {	SLQ 8113Z	INC ()/Non-INC()		
IP Particulars: Veh No:	SLOOMSE		Tel:)	
Owner / Driver: (Period: () C	over Type: ()	
Policy No: (ate:	Time:)	
Confirmed by : (Note-Est. Status (WO)): N: 0-20%	; P: 21-79%. F: 80)-100%]	
This divorce 2 to		/NO()			
Year of Registration: ()	Walturdy C)			1133
Excess: (\$) Loading: \$	1,000 ()7 \$2,000 (1 2 1 1 1 1 2 1 2 2 1 2 2 1 2 2 1 2	Karana ana		
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Drive-In () / Towed-In (); Inv Remarks: (INC horline: 6788 661) 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury:	6) // Courtesy Car ()			Pone b	ny
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or 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.

- 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

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HYUNDAI Manufacturer

HD AVANTE 1.6 A (BI_FUEL) Model

Exact Purpose for which vehicle was being used at WORK

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY

If No. Please state action to be taken PRIVATE HIRE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5096636293 Policy Number

Cover Note Number

LIM BOON PN (LIN WENBIN) Name of Driver

S8904246A NRIC No 01/02/1989 Date Of Birth INDOOR Occupation 01/07/2011 Date Of Driving Pass

6 YEARS AND 5 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-92222418 Mobile Number

Fax Number

OTHERS-92222418 Contact Number

NOEMAIL **EMail Address**

BLK 869 WOODLANDS STREET 83

Address #08-355 730869

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

OTHER - HIRER

General Information of the Accident

SIDE SWIPE Type Of Accident CLEAR Weather Conditions DRY 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

ambulance?

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)

NO 1

NO

NO

NO

YES

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Remarks/ Reasons: Was there any audio recorded? REVERT

SLQ8113Z

NO

YES

YES

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category Name of Driver

Address

NRIC/Passport Number

Contact Number

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

LOH THIAN CHAI

S7041082F

96303860

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

LIM BOON PIN (LIN WENBIN)

NECK PAIN

SJH4299T

YES

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 .:

SKETCH PLAN ORCHAR

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Vehicle A	1 0 L	2 1	1.0	1	lebicle i	2 Junan	Œ.
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DECLARATION

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

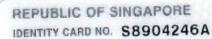
Policyholder's Signature Date & Time:

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

als

Reporting Centre Personnel's Signature

Name: NRIC/FIN No .:







LIM BOON PIN (LIN WENBIN)

文彬 林

CHINESE

Date of birth

01-02-1989 M

SINGAPORE







12-02-2004

APT BLK 869 WOODLANDS STREET 83 #08-355 SINGAPORE 730869

DRIVING LICENCE



-- S8904246A

But Date 01 Feb 1989 - Date: 01 Jul 2011

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 01 Jul 2011 of the driver; and other motor vehicles =< 2500kg

NP 428A



Certificate of Insurance

Cover : drivo CLASSIC

: KMHDU41BR8U546656

: J&L CAR RENTAL PTE LTD

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: 5096636293

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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.

: SJH4299T

: 11 Dec 2017

: 06 Aug 2018

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business,
- (c) Use for any purpose in connection with the Motor Trade.
 - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) : S\$2,000 EXCESS (SECTION 2) : \$\$1,500 WINDSCREEN EXCESS : S\$100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : N/A

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 III of the Rin

Agency

TAN WELAUTIONPHE

Date of Innu

Countersigned By:

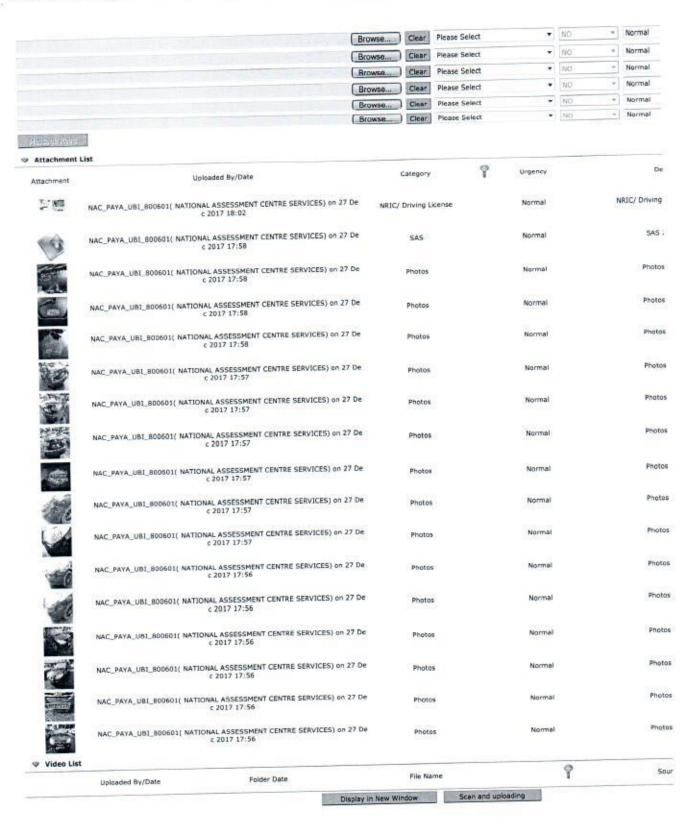
Authorised Officer

Chief Executive



Policy No.	5096636293	Policyholder Name	J&L CAR RENTAL PTE LTD	Policyholder NRIC	201705208G
ddress	BLK 324 #01-169 WOODLANDS		NGAPORE 730324	/	
Product			THE STATE OF THE PROPERTY OF T	Group	N
Vame	PRIVATE CAR INSURANCE	Plan		Policy Flag	no contrata de la contrata del contrata de la contrata del contrata de la contrata del contrata de la contrata de la contrata de la contrata del contrata de la contrata del contrata de la contrata del contrata de la contrata de la contrata del contrata del contrata del contrata de la contrata del contrata del contrata del contrata del contrata del c
Policy ssue Date	11/12/2017	Effective Date	11/12/2017 00:00	Expiry Date	06/08/2018 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	1085.98		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	TAN WEI AUTO PTE. LTD.	Agent Tel.	64535535	GST Flag	Υ
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
Policyl	holder Mailing Address				Market Company of the
Address 1	BLK 324 #01-169	Address 2	WOODLANDS STREET 32	Address 3	SINGAPORE 730324
Address 4		Address Type	Singapore address	Post Code	730324
Unit No.	01-169	Related Policy Number	5096636293		
1 Insure	ed Object: SJH4299T				
⊕ Endor	sements				
	nce Date of Endorsement	Endore	ement Type Endorse	ment Status	Endorsement Content

aim Handling				
e premium on this policy has n cident MT/0975377	ot been collected.			
	5096636293	Vehicle No.	SJH4299T	GST Registration No.
	18L CAR RENTAL PTE LTD	/		Policyholder NRIC
	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
oduct Code /	92222418	Contact No.(Office)	0	Contact No.(Home)
ontact No.(Mobile)	**********	Special Remark		eCode
mail Address	© No F Yes	TCA	® No ○ Yes	eCode Reason
FK	No.	NCD Entitlement(%)	0	Private Hire No
CD Protection Accident Details	NO.			
100000000000000000000000000000000000000	27/12/2017 17:52	Accident Report Within 24 hrs	Yes	Accident Type Side
eport Date		Time of Accident hh:mm	15:00	Country of Accident Sin
ate of Accident	26/12/2017	Orange Force	S-7779	ICM No.
eporting Centre	MARKET COMP	and the state of t		
ccident Location	ORCHARD TURN			
⊕ Benefits				
♥ Excess		NO. 100 (1990)	0.00	Windscreen Excess
wn damage Excess	2,000.00	Additional Excess		THE PROPERTY OF THE PARTY OF TH
nnamed Driver Excess		Outside Singapore OD Excess	2,000.00	
hird Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00	
GST Registered Informa	ition		202 2000 (220 200)	
ST Registered	No		GST Registration Date GST Status Verified	No
SST Registration No.			GG1 Julius Tellines	7.5000
Modification History				
Policyholder Mailing Ad	Visiting a common on	Address 2	WOODLANDS STREET 32	Address 3
Address 1	BLK 324 #01-169	Address Type	Singapore address	Post Code
Address 4	William .	Related Policy Number	5096636293	
Init No.	01-169	Residue Fulley Harman		
⇒ OI Driver Info	Hartened Deleger	Driver Type	Unnamed Driver	
Driver Name	Unnamed Driver LIM BOON PN (LIN WENBIN)	Driver NRIC	S8904246A	Driver DOB
Unnamed driver Name		Driver Age	28	Driving Experience
Register Date of Driver License		Contact No (Office)	9	Contact No.(Home)
Contact No.(Mobile)	92222418	Address 2	WOODLANDS STREET 83	Address 3
Address 1	BLK 869 #		Singapore address	Post Code
Address 4		Address Type	Jingapan and and	
Unit No.	1.500000447500	and the state of t		Driver Insurer Company
Does he own a Singapore Registered car?	Yes 🕼 No	Driver Vehicle No.		TOTAL SCOT PERSON STORY (S. S.
Declaration	20745-3	20022400.	P Yes @ No	
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Tes of No	
Modification History	D.			
Claim 001 OD-MX Ne	M			
	OD-MX ▼	Insured Name	J&L CAR RENTAL PTE LTD	Insured NRIC
Claim Type *	00 715	Contact No.(Home)		Contact No.(Office)
Contact No.(Mobile)	86858787	OI Vehicle Number	SJH4299T	TP Vehicle Number
Email Address	JLCARRE3@GMAIL.COM	Of Vehicle Hamber		Name of Preferred Workshop
Claim Description	SJH4299T / SLQ8113Z ON 26 Dec 2017	to a superior and a s	Partially at Fault *	- A PERSONAL MANAGEMENT OF THE STATE OF THE
Preferred Workshop Contact No.		Insured Liability •	(SCHALLE)	GIA report
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	
Date Registered	27/12/2017 18:02	Claim Close Date		Date Received
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired
Print AK letter				
			Save Submit	
Attachment				
9				
*				
Accident No.	MT/0975377	Claim No.	001 27/12/2017 18:05	





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

		ADDEN	DUM	
) P	ARTICULARS OF PER	SONMAKINGTHEAMENDMEN	NTS:	
C	Original Report No :	MNA117170054	Vehicle Registration No:	SJH4299T
١	lame(as shownin NRIC):		WENBIN) NRIC/FIN/Passport No:	
(*Vehicle Driver / Veh	icle Owner) (*) Please delete as	appropriate	
Δ	ddress :_	BLK 869 WOODLANDS	STREET 83 #08-355	Singapore(730869)
C	ontact (Tel) :_	\ 	Mobile No.: 9222	2418
E	mail Address :_	NOEMAIL		
	ate of Accident :	26/12/2017	Time of Accident :	00:2
Р	lace of Accident :	ORCHARD TUR		
li	- nsurance Company	NTUC Income	Insurance lo-op	erative Utd.
-	timend 1	he Policy No	imble	
2			\	~