ATIONAL Assessment Centre	let description	Date	&Time Completed	Done pi.	
Date In 27/12/2017 (6:30	Job description				
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Veh No SJH 4299T	E-mail (within Shrs, AlC		17/0975377	27/12/17	18:05
DOA 26/12/2017 (5:00	i-Motor Claim For				
	i-Motor W/O (Within	OD 2hrs. TP 4h	rs)		
OD TP\' Reporting Only	i-Photo Uploaded				
	Assessment/Survey P	leport			
TP Insurer:	Ass't Report by Fax	Hand to Ow	ner/Wksn		
JUIC Asslan Wksn / OW: (		Te	The state of the s	Fax:	)
Preferred Wksp / INC Assign Wksp / QW: (	SLQ 8113Z.	INC( )	Non-INC ( )		
II I di Cicaria	SEGONS	- T	el:	)	
Owner / Driver: (	riod: (	) Co	ver Type: (		
Policy No: ( ) Per	Da		Time:	)	
Insured/Driver Liability: ( %) [1	Note-Est. Status (WO):	N: 0-20%;	P: 21-79%. F: 80	-100%]	
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( ) Total Loss Case : to e-mail Insur-	e: YES( ) / NO(	) ; Towi	ng Co: (		)
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# SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

**EMail Address** 

- 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

Shirt best and shirt being best best and so the	ACCIDENT STATEMENT
Date Of Report	27/12/2017 16:30
Date Of Accident	26/12/2017 15:00
Exact Location Of Accident	ORCHARD TURN
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJH4299T
Insured/Policyholder	
Name Of Registered Owner	J&L CAR RENTAL PTE LTD
Co Reg No	201705208G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92222418
Alternative Phone No	OFFICE-92222418
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A (BI_FUEL)
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	201705208G
Cover Note Number	
Driver	
Name of Driver	LIM BOON PN (LIN WENBIN)
NRIC No	S8904246A
Date Of Birth	01/02/1989
Occupation	INDOOR
Date Of Driving Pass	01/07/2011
Driving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92222418
Fax Number	
Contact Number	OTHERS-92222418
	MOTIVAL

NOEMAIL

BLK 869 WOODLANDS STREET 83

Address

#08-355

730869 Postcode

Was driver an employee of the Insured's Company NO

OTHER - HIRER 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

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?

NO

YES Was any other material or property damaged?

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

NO

Number of Passengers (Including Driver)

1

#### **Details of Police Action**

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

#### Circumstances of Accident

# PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? YES

REVERT Remarks/ Reasons: NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLQ8113Z

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category LOH THIAN CHAI Name of Driver S7041082F NRIC/Passport Number

Contact Number

96303860

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**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

- 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.
- 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)

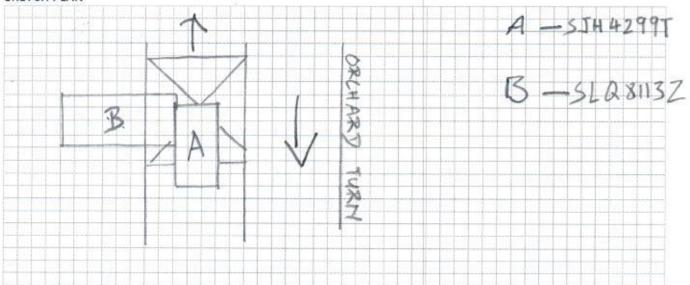
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

#### SKETCH PLAN



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehic	Le A was	driving	es along	Orcha s ane Ve Vehicle 1A	rel tur	n. At
4150	point of	- time	thore we	c and Me	hicle R	tura Nie
Ann	an Abra L	14	1 1.7	Valuate 14	Lalt	2010
egroi	MAICH	gul and	nit nit	verticle in	LEPT	SIOCE
P	ertion.					*
_ / '						

# 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)

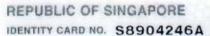
als

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:







LIM BOON PIN (LIN WENBIN)

林文彬

CHINESE

01-02-1989

Country of birth SINGAPORE



3470258





12-02-2004

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



- S8904246A

LIM BOON PIN (LIN WENBIN)

Bet-Date 01 Feb 1989 Date: 01 Jul 2011



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

EFFECTIVE DATE

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

NP 428A



# 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: 5096636293

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SJH4299T

Chassis Number

2. Name of Policyholder

: KMHDU41BR8U546656

3. Effective Date of Insurance

: J&L CAR RENTAL PTE LTD

4. Expiry Date of Insurance

: 11 Dec 2017

: 06 Aug 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 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

EXCESS (SECTION 1) : \$\$2,000 **EXCESS (SECTION 2)** : S\$1,500 WINDSCREEN EXCESS : \$\$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 M of the R

TAN WELAUTO PTE.IDT

Date of him

Countersigned By:

**Authorised Officer** 

Chief Executive

<b>eBao</b> Tech								Gen	eralClaim
501						· Change La	nguage	Change Passw	ord Log Ou
Poli	cy Query								ACAC COMMISSION
Policy N	10.	50966362	93		Date of A	ccident	26/12	/2017 15:00	
Vehicle	No.(For Motor)	S1H4299T							
					Search				
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
0	5096636293	JBL CAR RENTAL PTE LTD	201705208G	GPC	drivo CLASSIC	SJH4299T	SJH4299T	11/12/2017	06/08/2018
	Policy N Vehicle Select	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No.	Policy Query  Policy No. 509663629  Vehicle No.(For Motor) SJH4299T  Select Policy No. Policyholder Name JBL CAR E 5096636293 RENTAL PTE	Policy Query  Policy No. 5096636293  Vehicle No.(For Motor) SJH4299T  Select Policy No. Policyholder Name NRIC JBL CAR 5096636293 RENTAL PTE 201705208G	Policy Query           Policy No.         5096636293           Vehicle No. (For Motor)         SJH4299T           Select         Policy No.         Policyholder NRIC         Product NRIC           Jal. CAR         S096636293         RENTAL PTE         201705208G         GPC	Policy Query  Policy No. S096636293 Date of A  Vehicle No.(For Motor) SJH4299T  Search  Select Policy No. Policyholder Name NRIC Product Cover Type JBL CAR  S096636293 RENTAL PTE 201705208G GPC drivo CLASSIC	Policy Query  Policy No. 5096636293 Date of Accident  Vehicle No.(For Motor) SJH4299T  Search  Search  Select Policy No. Policyholder NRIC Product Cover Type No. JBL CAR 5096636293 RENTAL PTE 201705208G GPC drivo CLASSIC SJH4299T	Policy Query  Policy No.   5096636293   Date of Accident   26/12  Vehicle No. (For Motor)   SJH4299T     Search      Select Policy No.   Policyholder NRIC   Product   Cover Type   Vehicle No.   Object   Object	Policy Query  Policy No. S096636293 Date of Accident 26/12/2017 15:00  Vehicle No. (For Motor) SIH4299T  Search  Select Policy No. Policyholder NRIC Product Cover Type No. Object Date Date Date S096636293 RENTAL PTE 201705208G GPC drivo CLASSIC SJH4299T SJH4299T 11/12/2017

01-169 Object: SJH4299T ments	Policy Number	5096636293		
X32-51.770	The state of the s	5096636293		
X32-51.770	The state of the s	5096636293	-	
	Related		- Comments	
	Address Type	Singapore address		730324
BLK 324 #01-169	Address 2	WOODLANDS STREET 32	Address 3	SINGAPORE 730324
older Mailing Address				
No				
TAN WEI AUTO PTE, LTD.	Agent Tel.	64535535	GST Flag	Y
2000	Outside Singapore TP Excess	1500		
0	OS Premium	1085.98		
1500	Own damage Excess	2000	Windscreen Excess	100
11/12/2017	Effective Date	11/12/2017 00:00	Expiry Date	06/08/2018 23:59
PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
BLK 324 #01-169 WOODLAND	S STREET 32 S	INGAPORE 730324	0.000000	
5096636293	Policyholder Name	J&L CAR RENTAL PTE LTD	Policyholder NRIC	201705208G
	BLK 324 #01-169 WOODLAND PRIVATE CAR INSURANCE 11/12/2017 1500 0 2000 TAN WEI AUTO PTE. LTD. No Dider Mailing Address BLK 324 #01-169	S096636293 Policyholder Name  BLK 324 #01-169 WOODLANDS STREET 32 S  PRIVATE CAR INSURANCE Plan  11/12/2017 Effective Date Own damage Excess 0 OS Premium Outside Singapore TP Excess TAN WEI AUTO PTE. LTD. Agent Tel.  No  plder Mailing Address BLK 324 #01-169 Address 2 Address Type Related	Sope   Sope	Policyholder   Poli

The premium on this policy has Accident MT/0975377	not been collected.					
Policy No.	5096636293	Vehicle No.	5JH4299T		GST Registration No.	
Policyholder Name	38L CAR RENTAL PTE LTD				Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading	
Contact No.(Mobile)	92222418	Contact No.(Office)	0		Contact No.(Home)	
Email Address		Special Remark	165		eCode	
KFK	No        Yes      Yes	TCA	® No € Yes		eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0		Private Hire	No
			100			
Report Date	27/12/2017 17:52	Accident Report Within 24 hrs	Yes		Accident Type	Side Sw
Date of Accident	26/12/2017	Time of Accident hh:mm	15:00		Country of Accident	Singapo
Reporting Centre		Orange Force	13/3/5/5		ICM No.	
Accident Location	ORCHARD TURN					
→ Benefits						
♥ Excess						
Own damage Excess	2,000.00	Additional Excess		0.00	Windscreen Excess	
Jonamed Driver Excess		Outside Singapore OD Excess		2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess		1,500.00		
		(2002-0000000 <b>***</b> ***************************		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
SST Registered	No		GST Res	gistration Date		
3ST Registration No.			GST Sta	tus Verified	No	
fodification History			1,000,000			
Policyholder Mailing Ad	dress					
Address 1	BLK 324 #01-169	Address 2	WOODLANDS 9	STREET 32	Address 3	
Address 4		Address Type	Singapore addr	ess	Post Code	
Jnit No.	01-169	Related Policy Number	5096636293			
OI Driver Info						59
Oriver Name	Unnamed Driver	Driver Type	Unnamed Drive	r		
Innamed driver Name	LIM BOON PN (LIN WENBIN)	Driver NRIC	S8904246A		Driver DOB	
tegister Date of Driver License		Driver Age	28		Driving Experience	
Contact No.(Mobile)	92222418	Contact No.(Office)	0		Contact No.(Home)	
Address 1	BLK 869 #	Address 2	WOODLANDS S	TREET 83	Address 3	
Address 4		Address Type	Singapore addre	ess	Post Code	
Jnit No.						
Does he own a Singapore Registered car?	Yes @ No	Driver Vehicle No.			Driver Insurer Company	
eclaration						
breathalyser or Blood Test teading?	0 mg	Any injury?	○ Yes @ No			
fodification History						
Claim 001 OD-MX New	n e					
laim Type *	OD-MX	Insured Name	J&L CAR RENTA	L PTE LTD	Insured NRIC	
contact No.(Mobile)	86858787	Contact No.(Home)			Contact No.(Office)	
mail Address	JLCARRE3@GMAJL.COM	OI Vehicle Number	SJH4299T	2	TP Vehicle Number	
laim Description	SJH4299T / SLQ8113Z ON 26 Dec 2017				Name of Preferred Workshop	
referred Workshop Contact		Insured Liability *	Partially at Faul	ıt. •	TO SERVICE STATES STATES (\$100 A 190	
equire Finalisation	Yes •	Preferered Repair Option	200000000000000000000000000000000000000	shop, Name unknown	▼ GIA report	
ate Registered	27/12/2017 18:02	Claim Close Date	THUR.		Date Received	
eport Taken By	KRISHNASAMY	Workshop Repairer				
Print AK letter	KNISTINGARI)	workshop repairer			Total Loss but Repaired	
Attachment			Save Submit			
♥						
ccident No.	MT/0975377	Claim No.		001		*
ast Doc. Received	₩ Yes ② No	Upload Date		27/12/2017 18:05		
	Path *			Category *	Confidential Urgeno	3

