Date In: 2/3/16-13:45	Jeb description	*	Date & Time Completed	Don	6 0,
Re[No: NA//40/800 2154 24	SAS e-filing				
Veh No: 844753A	E-mail (within !	Shrs, AIC 2hrs)			4
D.O.A : 1/2/18-19:30	i-Motor Clair		M7/0980666	3/2/18	20:12
<b>5</b>	i-Motor W/O	(Within: OD 2hr	TP 4hrs)		
OD : TP Reporting Only	i-Photo Uplo:				
V	Assessment/Su				
TP Insurer:			o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	Janeton Co.
TP Particulars: Veh No: JD;	X784	. INC(	)/Non-INC( ).	- 8	
Owner / Driver: (			Tel:	)	
	riod: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
Committee - Commit	Note-Est. Status (W	/O): N: 0-2	0%; P: 21-79%. P: 80-	100%]	
	Warranty: YES (		)		
	The state of the s		<del></del>	702	
	100 ( )/ \$2,000	( )		PRINCIPLE TO	
eneral Remarks.		Best, Japan	Tara Pangananananananananananan	1000	
) Walk-In Customer: Customer's infor		fidential & St	rictly NO refer of repairer.		
) Total Luss Case : to e-mail Insure	r URGENTLY.				
Drive-In ( )/ Towed-In ( ); Invoice	: YES ( ) / N	O( );T	owing Co: (		)
emarks:- (INC hotline: 6788 6616)			Date&Time Completed	Don	e by
		\ \			-,-
) Apply for Transport Allowance ( )/C	OUTTESVISTI	)			
	ourses) car (				1111725
) QC Check / Post Repair Inspection	( )				
) QC Check / Post Repair Inspection	( )				
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > \$3	( )	- :			
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OC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3 Injury:  ate/fime   Actions  NA (2007)4	( ) 0000] ( )	Invoice Pre.  1) AR: Accident 2) DA: Damage 3) TF: Towing F	Reporting (\$30); Assessment (\$100); INC (\$	76 Bill 80) 0/\$45	
OC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3  Injury:  ate/Time Actions  NA (20734  Limant's Particulars 22  ver/Owner:	( ) 0000] ( )	Invoice Pre- 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T	Reporting (\$30); Assessment (\$100); INC (\$ 66 . \$4 hrough Survey	fitBill 80)	The state of the state of
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O QC Check / Post Repair Inspection  O Upload Resurvey Photo [Repair Cost > \$3  Injury:  ate/Time: Actions  NA [80734]  Limant's Particulars:  ver/Owner:  ntact No:	( ) 0000] ( )	Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA	Reporting (\$30); Assessment (\$100); INC (\$ 66 \$4 hrough Survey hrough Survey (Resurvey) gainst JNC Only (wef 10 Jan 200 bition + SMRT Survey	##Biji 80) 0/\$45 \$120 \$30 \$5)	1
OC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3 Injury:  ate/Time   Actions  NA (800734  Limant's Particulars: ver/Owner: ntact No: maged Portion:	( ) 0000] ( )	Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming 8 6) TR: Re-inspec 7) N1: Idac DA 8) NTUC Addition	Reporting (\$30); Assessment (\$100); INC (\$ ee \$4 hrough Survey (Resurvey) geinst INC Only (wef 10 Jen 200 htion + SMRT Survey heal Services:-	\$60) 60/\$45 \$120 \$30 \$5) \$75 \$160	1
OC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3 Injury:  ate/Time   Actions  NA (800734  Limant's Particulars: ver/Owner: ntact No: maged Portion:	( ) 0000] ( )	Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming 8 6) TR: Re-inspec 7) N1: Idac DA 8) NTUC Addition OD.* *N5: Courtesy	Reporting (\$30); Assessment (\$100); INC (\$ ee \$4 hrough Survey (Resurvey) geinst INC Only (wef 10 Jan 200 htion + SMRT Survey hal Services:- Car/Tpt Allowance	## Bill 80) 0/\$45 \$120 \$30 5) \$75	1
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#### 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 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 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.

ACCI	DEMT	СТАТ	<b>65</b> 0	EMT
ACCI	DEN	2	-11	

02/02/2018 10:45 Date Of Report 01/02/2018 19:00 Date Of Accident

ALONG AYE TWDS JURONG Exact Location Of Accident

SINGAPORE Country/State of Loss

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SLH4753A

#### Insured/Policyholder

LIEW JIAN WEI Name Of Registered Owner S8422860E NRIC No NOEMAIL Email Address

(LOCAL) +65-90922375 Mobile Phone No OFFICE-90922375 Alternative Phone No

#### Vehicle Particulars

SUZUKI Manufacturer

VITARA 2WD A Model

Exact Purpose for which vehicle was being used at

PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

THIRD PARTY If No. Please state action to be taken Vehicle Category

PRIVATE CAR

#### Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

21

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5087268956-01 Policy Number

Cover Note Number

#### Driver

LIEW JIAN WEI (LIU JIANWEI) Name of Driver

S8422860E NRIC No 29/07/1984 Date Of Birth INDOOR Occupation 03/05/2004 Date Of Driving Pass

13 YEARS AND 8 MONTHS **Driving Experience** 

MALE Gender

(LOCAL) +65-90922375 Mobile Number

Fax Number

OFFICE-90922375 Contact Number

NOEMAIL EMail Address

Address

BLK 28B DOVER CRESCENT

**#31-39** 

Postcode

132028

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

1

Insurance Company of Driver's Own Vehicle

.

#### General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

#### Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

3

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. 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

#### REFER TO STATEMENT.

#### 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 OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SJD2578Y

Vehicle Make/Model/Colour

**Details Of Properties** 

Vahiela Catagoni

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SCY3006Y

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **DETAILS OF INJURED PERSON 1**

Name

LIEW JIAN WEI (LIU JIANWEI)

Approximate Age

Injuries Sustain

NECK & FACE

Injured person in which vehicle?

SLH4753A

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

#### SKETCH PLAN

#### 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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding 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.
- 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 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)
  - (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' 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
- 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:
  - (i) 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:

Name:

NRIC/FIN No .:

Reporting Centre Personnel's Signature

ETCH PLAN		
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	dr.	
SIDGUAGTANG	TO OF THE ACCIDENT	
SCRIBE CIRCUMSTANCE	di-	
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of distant		
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(0)		
ECLARATION		
We declare the foregoing p	articulars are true in every respect.	A
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60	€	lan
15		
olicyholder's Signature	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

GIARMC SketchPlanForm\_V3

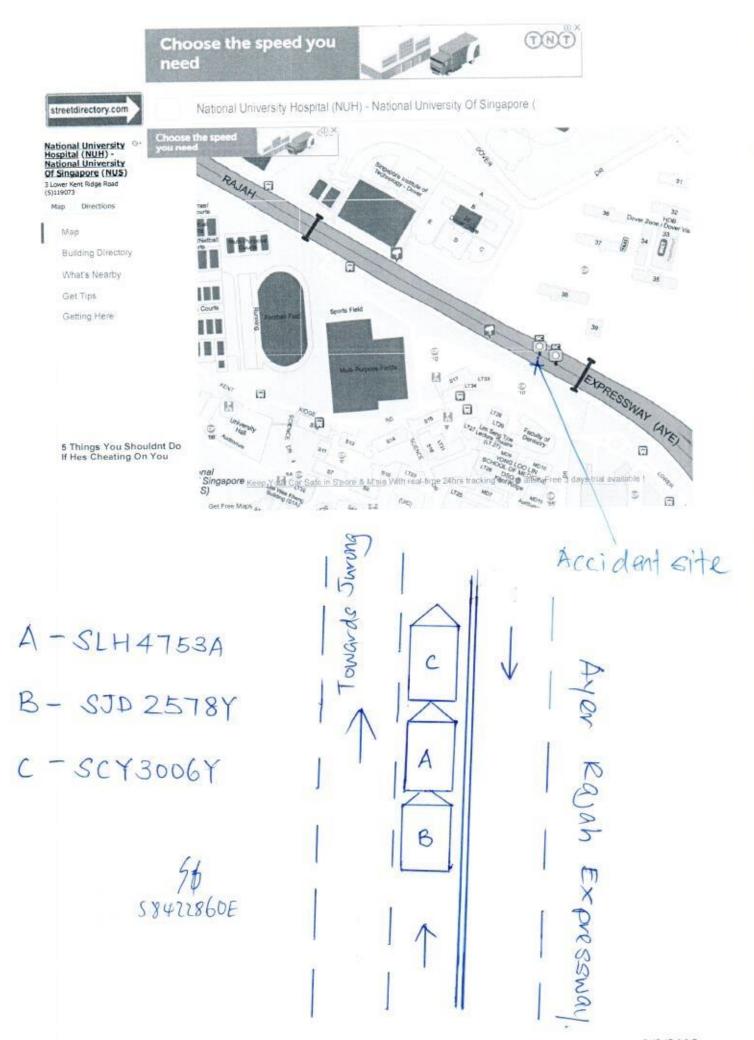
Date & Time:

### **Accident Statement**

On 1st Feb 2018, at around 1905 Hrs, I was driving my vehicle (SLH4753A) along Ayer Raja Expressway towards Jurong. When the front vehicle (SCY3006Y) slow down, I follow suite. Suddenly, a vehicle (SJD2578Y) hit onto my vehicle rear causing my vehicle to junk forward and hit onto the front vehicle rear. I am making a claim against third party.

Name: Liew Jian Wei

NRIC: S8422860E



## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Singapore NRIC

Owner ID:

2860E

Vehicle Details

Vehicle No.:

SLH4753A

Vehicle to be Exported:

Yes

Intended De-registration Date:

03 Feb 2018

Vehicle Make:

**SUZUKI** 

Vehicle Model:

VITARA 2WD A

Primary Colour:

White

Manufacturing Year:

2008

Engine No.:

J20A592877

Chassis No.:

JSAJTE54V00300527

Maximum Power Output:

103.0 kW (138 bhp)

Open Market Value:

\$16,128.00

Original Registration Date:

24 Jun 2008

First Registration Date:

24 Jun 2008

Transfer Count:

2

Actual ARF Paid:

\$16,128.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

23 Jun 2018

PARF Rebate Amount:

\$8,064.00

Intended COE Rebate Details

COE Expiry Date:

23 Jun 2018

COE Category:

B - Car (1601cc & above)

COE Period(Years):

10

QP Paid:

\$14,640.00

COE Rebate Amount:

\$569.00

Total Rebate Amount:

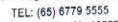
\$8,633.00

The information contained herein is correct as at 02 Feb 2018

OK

## National University Hospital (Singapore) Pte Ltd

5 Lower Kent Ridge Road, Singapore 119074







- ire

20

MEDICAL CERTIFICATE		0	RIGINAL			NUH18031370
NAME: LIEW JIAN WEI		2			NR	IC: S8422860E
NAME: LIEVY JIAN VVEI						7
Type of Medical Leave g	ranted : OUTPATIENT SICK	LEAVE				
	it for duty for a period of inclusive	2	day(s) from	01-Feb-2018	to	
	id for absence from court at	tendance.				. 3 .
			01-Feb-2018 20:09	to 01-Feb-	2018 22:21	11 m 17 ft =
The above named atten	ided for Examination/Treatm	nent from	01-Feb-2018 20:09	(0 01-100		
						NUH1803137
					1.5	MC. S8422860
					E U SMOS	
					98	
04 5-1- 2019	CHRISTIAN ANDADOR (171401)	CORTEZ	A&E			8
01-Feb-2018 Date	Issued by		Locat	ion	S	Signature
A member of the NUHS						
						herisele
						NO SSIZZZE

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8422860E





Name

LIEW JIAN WEI (LIU JIANWEI)

刘

建了

Race

CHINESE

Date of birth

Sex M S8422860E

29-07-1984 Country/Place of birth

SINGAPORE

5422699



NRIC No. S8422860E



10-02-2015

Address

APT BLK 28B DOVER CRESCENT #31-39 SINGAPORE 132028

## LIFE TO

## DRIVING LICENCE



Licence Number: S 8 4 2 2 8 6 0 E

Name:

LIEW JIAN WEI (LIU JIANWEI)

Birth Date 29 Jul 1984 Issue Date 03 May 2004



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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 03 May 2004

384

Licence-No: \$8422860E

NP 428A

<b>eBao</b> Tech									Gen	eralClaim
Hello, NAC_PAYA_UBI_80	0601			\$1		t.i	Change Lan	guage	Change Passwo	ord · Log Out
My Desktop	Poli	cy Query								
Notice of Loss	Policy N	lo. No.(For Motor)	SLH4753A			Date of Acc	cident	31/01	/2018 19:00	
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5087268956- 01	LIEW JIAN WEI	S8422860E	GPC	drivo CLASSIC	SLH4753A	SLH4753A	03/01/2018	02/01/2019
					E	Continue				

Policy No.	5087268956-01	Policyholder Name	LIEW JIAN WEI	Policyholder NRIC	S8422860E
Address	BLK 28B #31-39 DOVER CRESCE	NT DOVER G	ARDENS SINGAPORE	132028	
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	18/12/2017	Effective Date	03/01/2018 00:00	Expiry Date	02/01/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	LAKE-VIEW (USED CARS) TRAD	Agent Tel.	°o	GST Flag	Y
Co- insurance Flag Open Policy Info Certificate Info	No				
Policyh	nolder Mailing Address				
Address 1	BLK 28B #31-39	Address 2	DOVER CRESCENT	Address 3	DOVER GARDENS
Address 4	SINGAPORE 132028	Address Type	Singapore address	Post Code	132028
Unit No.	N CONTRACTOR	Related Policy Number	5087268956-01		
<b>▶</b> Insure	d Object: SLH4753A				
▼ Endors	ements				
Sequenc	ce Date of Endorsement	Endorse	ment Type	Endorsement Status	Endorsement Content

Claim Handling						
Accident MT/0980666						
Policy No.	5067266956-01	Vehicle No.	SL114753A	GST Registration No		223
Policyholder Neme	LIEW JIAN WEJ			Policyholder NR3C	584228	60E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0	
Contact No.(Mobile)	90922375	Contact No.(Office)		Contact No.(Home)		
Imail Address	-	Special Remark		eCode	THE V	
(FIC	® No ○ Yes	TCA	● No ○Yes	eCode Reason		
VCD Protection	No	NCD Entitlement(%)	10	Private Hire	No	
Accident Details						
eport Date	02/02/2018 14:24	Accident Report Within 24 hrs	Yes	Accident Type	Chain Co	ollision
Pate of Accident	01/02/2018	Time of Accident hh:mm	19:00	Country of Accident	Singapo	re
	\$250273337h .	Orange Force		ICM No.	2007.63	
eporting Centre	ALONG AVE TWOS JURONG	Crange Force		(CM) red.		
Senefits	ALUNG ASE THUS JONONG					
T Excess						
	600.00	A MANAGEMENT WITH THE PARTY OF	4.44	Mariana de Maria		100.00
wir damage Excess	600.00	Additional Excess	0.00	Windscreen Excess		100.00
nnamed Oriver Excess	0.00	Outside Singapore OD Excess	600.00			
hed Party Excess	0.00	Outside Singapore TP Excess	0.00			
GST Registered Informa			0.0000000000000000000000000000000000000			
ST Registered ST Registration No.	No		GST Registration Date GST Status Venfield	Yes		
odification History			GST Status Verrieu	783		
ounceon restory						
Policyholder Mailing Ad	dress					
	BLK 288 #31-39	Address 1	DOUBS COCCUENT	Address 2	50,00	CADRONE
Address 1	BLK 266 #31-39 SINGAPORE 132026	Address 2	DOVER CRESCENT	Address 3		GARDENS
Int No.	SINGAPORE 132028	Address Type Related Policy Number	Singapore address 5087298956-01	Post Code	132028	
S OI Driver Info		neated rolley number	300/200930-02			
Inver Name	LIEW JIAN WEI (LIU JIANWEI)	Driver Type	Main Driver			
nnamed driver Name	CIEW SIAN WEI (LIO SIANWEI)	Onver NR3C &	SB432960E	Driver DOB	29/07/1	GD4
egister Date of Driver License	03/05/2004	Driver Age	33	Driving Experience	13	304
	90922375		-33			
ontact No.(Mobile)		Contact No.(Office)	BESTEROUS STATE	Contact No.(Home)	100000	
ddress 1	BLK 288 #31-39	Address 2	DOVER CRESCENT	Address 3		GARDENS
ddress 4	SINGAPORE 132028	Address Type	Singapore address	Post Code	132028	
Init No. Does he own a Singapore						
legistered car?	O Yes ® No	Driver Vehicle No.		Driver Insurer Comp	ynes	
ectaration reathalyser or Blood Test	0.000-000	CENTRAL DESIGNATION OF THE PERSON OF THE PER				
eading?	Omg	Any injury?	○ Yes ® No			
lodification History		6				
Land and Harris						
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Attachment		uproaded By/Date	Category	Ŷ	Urgency	Description	Sent? Action (CO)
A-"	NAC_PAYA_UBI_800501( NAT	IONAL ASSESSMENT CENTRE SERVICES) on 02 Fe b 2018 20:13	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-2-2	Edit
4-	NAC_PAYA_UB1_800601( NAT	IONAL ASSESSMENT CENTRE SERVICES) on 02 Fe b 2018 20:13	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-2-2	Edit
1	NAC_PAYA_UB1_800501( NAT	IONAL ASSESSMENT CENTRE SERVICES) on 02 Fe b 2018 20:13	SAS		Normal	SAS-2018-2-2	Edit
THE R	NAC_PAYA_UB1_800501( NAT	IONAL ASSESSMENT CENTRE SERVICES) on 02 Fe b 2018 20:12	Photos		Normal	Photos 2018-2-2	Edit
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4	NAC_PAYA_UB1_800601( NAT	IONAL ASSESSMENT CENTRE SERVICES) on 02 Fe b 2018 20:12	Photos		Normal	Photos 2018-2-2	Edit
6	NAC_PAYA_UBI_800601( NAT	IDNAL ASSESSMENT CENTRE SERVICES) on 02 Pe b 2018 20:12	Photos		Normal	Photos 2016-2-2	Edit
57	NAC_PAYA_UBL_800601( NAT	IONAL ASSESSMENT CENTRE SERVICES) on 02 Fe b 2018 20:12	Photos		Normal	Photos 2018-2-2	Edit
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7	NAC_PAYA_UBI_800601( NAT	IONAL ASSESSMENT CENTRE SERVICES) on 02 Fe b 2018 20:12	Photos		Normal	Photos 2018-2-2	Edit
8	NAC_PAYA_UBI_800601( NAT	IONAL ASSESSMENT CENTRE SERVICES) on 02 Feb b 2018 20:12	Photos		Normal	Photos 2018-2-2	Edit
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