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Owner / Driver: (M 19977		Teli			
Polley No: (,) Po	rlod: (, ')	Cover Type: (.)
Confirmed by : '(i D	ale)	τ_{tr}	01		}
Insured/Driver Lixbility: (%)	Note Est Status (WO)): N: 0.20	74; P: 21.799	6. P: 30	(MON)	
Year of Registration: ()	Warranty: YES()	/ NO (,, ,,,,,		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 GtA 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

AND THE RESERVE OF THE PARTY OF	ACCIDENT STATEMENT
Date Of Report	15/02/2018 12:50
Date Of Accident	15/02/2018 11:00
Exact Location Of Accident	ALONG BUKIT PANJANG ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKS3052A
Insured/Policyholder	
Name Of Registered Owner	BRYAN LIM WEI MING
NRIC No	S8242359A
Email Address	SENGZAI@GMAIL,COM
Mobile Phone No	(LOCAL) +65-96251188
Alternative Phone No	OTHERS-96251188
Vehicle Particulars	
Manufacturer	VOLVO
Model	V40-2.0 CROSS COUNTRY T4 SR (A)
Exact Purpose for which vehicle was being used at time of accident	
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093658500
Cover Note Number	
Driver	
Name of Driver	BRYAN LIM WEI MING
NRIC No	S8242359A
Date Of Birth	09/12/1982
Occupation	INDOOR
Date Of Driving Pass	18/07/2005
Driving Experience	12 YEARS AND 6 MONTHS
Sender	MALE
Mobile Number	(LOCAL) +65-96251188
ax Number	
4.5.5.2.9.6.2.0.0.16.9.0.5.6.0	

OTHERS-96251188

SENGZAI@GMAIL.COM

Address

BLK 607 SENJA ROAD

#17-06

Postcode

670607

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

1

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) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180221/7008

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBG6022L

Vehicle Make/Model/Colour

TOYOTA DYNA

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

TEO CHENG HUA

NRIC/Passport Number

S1499155G

Contact Number

96696417

Address

Postcode

Insurance Company Name

Page 2 of 22

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

BRYAN LIM WEI MING

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SKS3052A

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

SKETCH PLAN

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 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) of:
 - (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
- (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:
 - (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.

Date & Time:

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

NRIC/FIN No.:

Reporting Centre Rersonnel's Sign





1 of 3 Report No. T/20180221/7008

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/02/2018 14:23			Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars		The Manda Artentia		
Name of Informant: LIM WEI MING			Address: APT BLK 607 SENJA ROAD	#17-06 SINGAPORE 670607		
ID Type / ID No.: NRIC NO / S8242359A			Contact No.: Home/Office:	Mobile: 96251188		
Nationality: SINGAPORE CITIZEN		EN .	Email: sengzai@gmail.com			
Sex: Male	Age: 35	Date of Birth: 09/12/1982	Type of Informant: Driver			
Race: Chinese		* OCCUPATION OF THE PARTY OF TH	Language: English	Institution / School Name:		
Occupation: IT ENGINEER			Driving Licence Information: Class: 3 Date of Expiry:			

General Infor	mation of the Acci	dent	THE WEYERSON	
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/02/2018 11:00	Type of Location Straight Road
Location:				
BUKIT PANJ	ANG ROAD			
Bukit Panjano	Road before Bukit	Panjang Ring Road jung	tion	
Weather:		Road Surface:	4040	and Consider the
Clear		Dry	IN .	oad Speed Limit:
Traffic Flow: One Way			11.97(3	raffic Volume: ight
Type of Collis Between Mov	sion: /ing Vehicles - Head	d To Rear	1,200	nyone conveyed by mbulance:

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
GBG6022L	Lorry					0	
SKS3052A	Car	VOLVO	V40 T4 CC	Blue		0	

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





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20180221/7008

CONTINUATION OF REPORT

Driver		William Co.				Reference or a year to be
Name	LIM WEI MING			ID No.		S8242359A
Related Vehicle	SKS3052A (Car)			Conta	ct No.	96251188
Hospital/Clinic	SHALOM CLINIC & SURGERY			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	15/02/2018		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	05	Degree of	e of Injury Slight		
Driver	VALUE OF THE REAL PROPERTY.					
Name	Teo Cheng Hua			ID No.		S1499155G
Related Vehicle	NIL	NIL			ct No.	NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	Discharge NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

My Car SKS3052A was stopped at the traffic light when the Lorry GBG6022L crash onto my vehicle rear.





3 of 3

Report No. T/20180221/7008

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

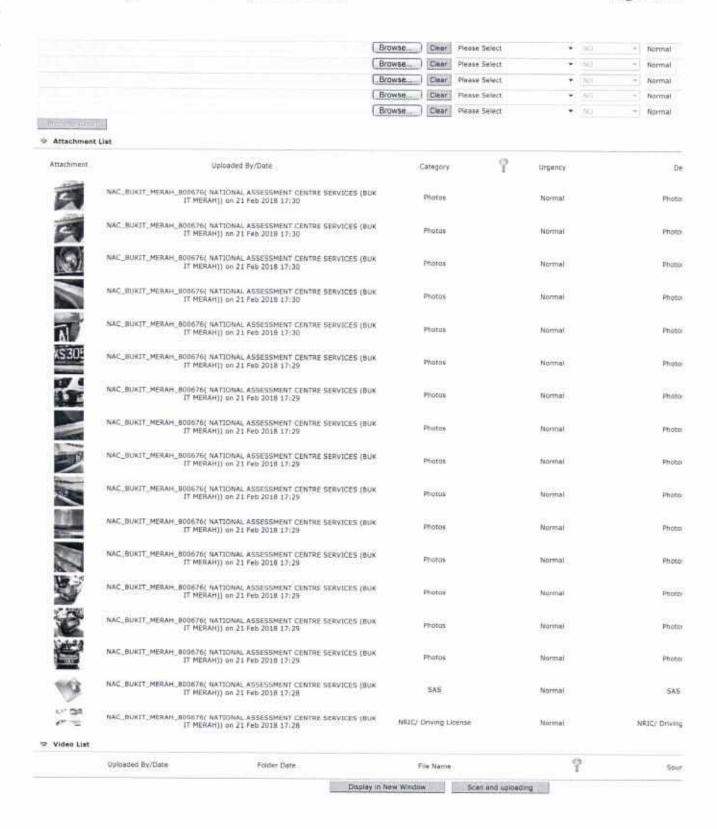
CONTINUATION OF REPORT

Sketch Plan					
Informant is	not able	to	provide	sketch	plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 21/02/2018 14:23
Officer In Charge Of Case:	Classification Of Case:
www.m.w.	

Authentication Stamp NP168

Accident MT/0983107				
Policy No.	5093658500			
Policyholder Name	BRYAN LIM WEI MING	Vehicle No.	SKS3052A	GST Registration No.
Product Code		200020		Policyholder NRIC
Contact No. (Mobile)	PRIVATE CAR INSURANCE 96251188	Cover Type	drivo CLASSIC	Landing
Email Address	30232100	Contact No. (Office)		Contact No (Home)
KFK	S No Yes	Special Remark	Sales and	eCode
NCD Protection		TCA	(iii fyo Yes	eCode Reason
⇒ Accident Details	No	NCD Entitlement(%)	30	Private Hire
Report Date	21/02/2018 17:25			
late of Accident		Accident Report Within 24 hrs	Yes	Accident Type
	15/02/2018	Time of Accident hh:mm	11:00	Country of Accident
eporting Centre		Orange Force		3EM No.
Codent Location Benefits	ALONG BUKIT PANJANG ROAD			
♥ Excess				
		100 90 000 000 000		
wn demage Excess	600,00	Additional Excess	9.50	Windscreen Excess
mnamed Oriver Excess	12-110	Outside Singapore OD Excess	600.00	
hird Party Excess	0.00	Outside Singapore TP Excess	0.00	
GST Registered Inform				
ST Registered ST Registration No.	No.		G5T Registration Date	
odification History			GST Status Verified	Yes
Policyholder Mailing Ad	dress			
ldress 1	BLK 607 #17-06	Address 2	SENJA RD	Address W
ddress 4		Address Type	Singapore address	Address 3
nit No.		Related Policy Number	509365850II	Post Code
OI Driver Info		Strate Circle Married	20936363011	
river Name	BILYAN LIM WEI MING	Driver Type	Main Driver	
nnemed driver Name		Oriver NRIC	58242359A	Driver DDB
egister Date of Driver License	18/07/2000	Oriver Age	35	Driving Experience
ontact No.(Mobile)		Contact No.(Office)	236	
ddiress 1	BLK 607 #17-06	Address 2	SENIA RD	Contact No. (Home)
Idress 4		Address Type	Singapore address	Address 3
nit No.			WWW.08-04-0-1419-000	Post Code
des he own a Singapore egistered car?	r Yes ⊜ No	Driver Vehicle No.	5K53052A	***
				Oriver Insurer Company
reathauge or Bland Tork				
reathalyser or Blood Test eatling?	0 mg	Any injury?	Yes Si No	
Claim 001 New				
arm Type •	GD-MX ◆	Insured Name	SRYAN LIM WEI MING	Insured NRSC
citact file (Mobile)	96251188	Contact No.(Home)	63101795	
tall Address	eengzai@gmail.com	Of Vehicle Number	SK53052#	Contact Nu (Office) TP Vehicle Number
im Description	SK53052A / GBG6022L ON 15 Feb 2018	- cosecurativa (VIII)	Principal districts	- ALTERNATION CONTRACTOR
ferred Workshop Contact		Insured Liability •	Note at East	Name of Preferred Workshop
guine Finalisation	Yes. •		Not at Fault +	
te Registered	21/02/2018 17:28	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report
Control of the Contro	ROSLI WAHAB	Cleim Close Date		Date Received
port Taken Av	Property Statistics			
Print AK letter			Sava Submit	
Print AK letter Attachment			Save Submit	
purt Teken By Print AK letter Attachment			Save Submit	
Print AK letter Attachment	M7/0983107	Clave fee.	Save Submit 001	



http://giclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do

ACCIDENT STATEMENT

, ACCIO	ENT DATE 15 / 02	1/2018 (00/MM/YYYY),	TIME:(_11 . 00 (HH:MM)
LOCAT	ION: Bukit	Panjary load	* 1
T.	b)INSURANCE COM	PANY: NTUC	
	e)MAKE & MODEL:_ ()TYPE:(SALOON / C g)VEHICLE CATEGO	MPREHENSIVE / THIRD PART VOIVO V40 T4 C OUPE / MPV /V AN / LORRY RY: IPRIVATE / COMMERCIA	/ MOTORCYCLE / OTHERS)
. 2,,	I) ARE YOU CLAIMING IF NO, PLEASE STATE INSURED / POLICY H	G UNDER YOUR OWN INSUR E (THIRD PARTY CLAIM / REI	701.0 - 100.0 - 111 - 100.0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	DINRIC/FIN/PASSPO	RT: \$8242359A	CONTACT: 9625 1188
CIncluding driver)	b) NRIC/FIN/PASSPC	ORTI AS ABOVE	MALE / FEMALE)ONTACT:AS ABove
4.	1) DATE OF DRIVING	Pass 18 Jul	2005 TED'S COMPANY? (YES VNO)
	DIWEATHER CONDI DIROAD SURFACE: WAS ANYBODY INJ DIREPORTED TO PO	DRY / WH / OTHERS	OTHERS
the of passonger (Inducting driver)	THIRD PARTY VEHIC	ER: GBG 6022 L E: TEO CHENT	MODEL TOYOTA DYNA
(_) 9. 4 No of passinger (Including driver	THIRD P'ARTY VEHIC d) VEHICLE NUMB o) DRIVER'S NAM	LE ER:	MODEL!
(_)		£2.	9 02 04 0

email = Sengzai @ gnail com.

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8242359A





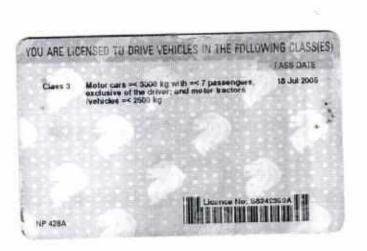
BRYAN LIM WEI MING

林 炜 茗

CHINESE
Date or sixts
09-12-1982
Country/Place of sixts
SINGAPORE







eBao Tech							GeneralClaim			
Hello, NAC_BUKIT_MERAH	_800676						Change La	nguage	Change Passwor	d + Log Out
My Desktop	Polic	y Query								
Notice of Loss	Policy N	0.				Date of Acc	ident	15/02	2018 12:42	
	Vehicle	No.(For Motor)	SK53052A							
						Search				
	Select	Policy No.	Policyhalder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expry Date
	0	5093658500	BRYAN LIM WEI MING	58242359A	GPC	drivo CLASSIC	SKS3052A	SK\$3052A	24/08/2017	23/08/2018
						Continue				