NATIONAL Assessment Cent.		Date & Time Completed	Done by
Date In: 12/3/18 - 11:57	Jeb description	Date & Time Somptoned	
Ref No: NA /INC 1800468 3/24	SAS e-filing		
Veh No: \$7287440	E-mail (within Shrs, AIC 2hrs)		
D.O.A : 13 3/18-27:40	i-Motor Claim Form	MT 0985737	12/7/8 19:03
	i-Motor W/O (Within: OD 2	hrs, TP 4hrs)	
OD / TP / Reporting Only	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		101.	ax:
TP Particulars: Veh No: Valc	no Un INC		7
Owner / Driver: (		Tel:	
Policy No: ( ) P	eriod: (	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.		or organization of St. A. S. C. 17 and 17 (17)	TO SERVICE THE TOTAL PROPERTY.
General Remarks:-	The state of the s		
( ) Walk-In Customer : Customer's in		Strictly NO refer of repairer.	
( ) Total Loss Case : to e-mail Insu	rer URGENTLY.		
Drive-In ( )/ Towed-In ( ); Invoi	ce: YES ( ) / NO ( );	Towing Co: (	)
Cemarks:- (INC horline: 6788 6616)	e e e e e e e e e e e e e e e e e e e	Date&Time Completed	Done by
*** **********************************	Courtesy Car ( )		
2) QC Check / Post Repair Inspection	( )		
3) Upload Resurvey Photo [Repair Cost >	\$30001 ( )		
Injury:		S A SCAR	Killian Britain State Comment
ate/Time Actions		ga e en la companya de la companya d	PREPLOSE IF
1			
	_ +		
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Anit (S) Amit (S
NA BOIGO	and the second of the second o	reparation Checklist	fit Bill Add B
aimant's Particulars :-	1) AR : Accid	dent Reporting (\$30); age Assessment (\$100); INC (	\$80)
	3) TF : Towin	ng Fee	40/\$45
iver/Owner:	4) FT : Follo	w-Through Survey w-Through Survey (Resurvey)	\$120 \$30
ntact No:	For claimin	ne against INC Only (wef 10 Jan 20	05) \$75
maged Portion:	6) TR : Re-iu	Spection DA + SMRT Survey	\$160
0.00	8) NTUC Ad	ditional Services:-	
C Checked by (Engr-In-Charge):	OD*	lesy Car / Tpt Allowance	\$5
C. Checker by (Birgi-Tin-Charge)	*N6: Repa	air Co-ordination	510
uditors! Comments :=	• N7: Fost	Repair Inspection  Collect Excess Coordination	\$25 \$3
20 7 48 72 7 4 78 14 60 40 40 10 10 10 10 10 10 10 10 10 10 10 10 10	WAR DO COMPANY OF THE DV	100	\$20
The state of the s	TP (N11)	: TP (Nun INC) against INC	The same of the sa
t. 1; t. 2 / 3;	TP (N11) 9) N12: Idac Invoice date	Mobile	30

- p. 12 41

4 14.0

# 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 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

AND STATE AND VALUE OF A PARTY OF	ACCIDENT STATEMENT
Date Of Report	12/03/2018 11:57
Date Of Accident	10/03/2018 23:40
Exact Location Of Accident	BLK 169A STIRLING RD MULTI STORY CARPARK
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJZ8744D
Insured/Policyholder	
Name Of Registered Owner	JEANE LIM
Co Reg No	S7306755C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91066340
Alternative Phone No	OFFICE-91066340
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180K
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5087312637
Cover Note Number	
D.J.	

#### Driver

JAEMES TEO Name of Driver S6825908H NRIC No 16/08/1968 Date Of Birth **INDOOR** Occupation 15/11/1991 Date Of Driving Pass

26 YEARS AND 3 MONTHS **Driving Experience** 

MALE Gender

(LOCAL) +65-96319404 Mobile Number

Fax Number

OFFICE-96319404 Contact Number

NOEMAIL EMail Address

BLK 445B FERNVALE ROAD Address

792445 Postcode

Was driver an employee of the Insured's Company NO

SPOUSE 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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED 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 2

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES 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)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

COMMONWEALTH NEIGHBOURHOOD POLICE POST Police Station Name

YES

NO

0

ROAD: BLK 111 COMMONWEALTH CRESCENT (ANNEX), POSTCODE: Police Station Address

140111 , COUNTRY: SINGAPORE

TEL NO: 1800-4749999 - FAX NO: 64715297 Police Station Contact NO

Was notice of intended Prosecution given?

If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180311/2081.

Attachment(s)

Are accident photos available for attachment?

YES NO

Was there any video captured by Car Camera?

Was there any audio recorded?

NO

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

UNKNOWN

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

### 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 <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

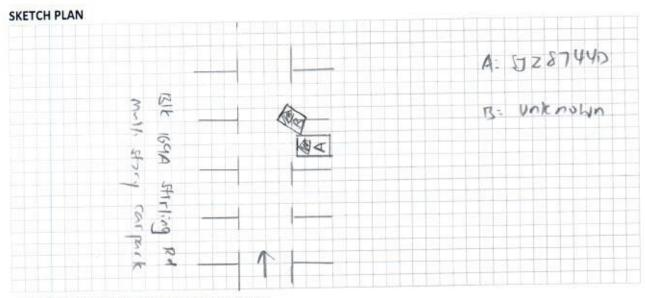
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer t	o potice	report -	7/2018 0311/	2081.		
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		/				
		-				
		81				

### 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:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

& Time: NRIC/





/20180311/2081

1 of 3

Report No. T/20180311/2081

Police Station Of Origin: Commonwealth NPP 111 Commonwealth Crescent (Annex) #01-288A SINGAPORE 140111

Tel No: 1800-4749999

DEDORT	OF A	TRAFFIC	ACCIDENT
REPURI	UF A	INALLIO	MODIE

	e Report M 18 17:44		Vide Report No.:	Station Diary No.	
Informat	nt's Particu	ilars			
	Informant:		Address: APT BLK 445B FERNVALE I 792445	ROAD #23-385 SINGAPORE	
ID Type	/ ID No.: D / S682590	08H	Contact No.: Home/Office: Mobile: 96319404		
National	and the same of th		Email:		
Sex: Male	Age:	Date of Birth: 16/08/1968	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: SENIOR SALES PROJECT MANAGER			Driving Licence Information: Class: 3  Date of Expiry:		

Seneral Infor	nation of the Accider	Drink	Date/Time of	Type of Location	
Type of Accident:	Non-Injury Hit and Run	Drive:	Accident: 10/03/2018 23:40	Car Park	
Location: Along Road 1 STIRLING RO At Blk 169A S Weather:		Road Surface.	_ot 109.	Road Speed Limit:	
Traffic Flow.		Traffic Control: Not Controlled		Traffic Volume: No Traffic	
One Way  Type of Collis  Moving Vehic	sion: cle Against - Parked V	ehicle		Anyone conveyed by ambulance: No	

Details of V	ehicle Invo	lved			Condition	No of Passenger
Vehicle No.	Type	Make	Model	Color	Citizen and Association of the Control of the Contr	O CONTRACTOR
	72-3175-3				Slightly	0
SJZ8744D	Car				Damaged	

Details of Person Involved	THE CASE AND CASE OF CASE OF SAME
Any Pedestrian Involved: No	Live Santantian Crossing: NA
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20180311/2081

Police Station Of Origin: Commonwealth NPP 111 Commonwealth Crescent (Annex) #01-288A SINGAPORE 140111

Tel No: 1800-4749999

# CONTINUATION OF REPORT

Driver				ID No.		S6825908H
Name	JAEMES TEO			ID No.		0002000
Related Vehicle	SJZ8744D (Car)			Conta	ct No.	96319404
100600000000000000000000000000000000000				Class	of .	Class: 3
Hospital/Clinic	NIL			Class Driving Licent	g	Date of Expiry: NIL
				Expiry	Date	
Date Treatment	NIL		Date Disc		NIL	
Na of Dave gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On 10/03/2018, at about 2040hrs, I had parked my vehicle, a Silver coloured, C180 Mercedes Benz, at Blk 169A Stirling Road (capark number: STM1) at lot 109 and went to Blk 169 Stirling Road coffee shop with my family to have dinner.

On 10/03/2018, at about 2340hrs, when I came back to my vehicle, I noticed that there were some dents and scratches to my driver side front wheel guard and also to the right tyre rims. I wish to state that when I had parked my vehicle at that time, there was no vehicle on my right side and when I came back from dinner, there were also no cars parked beside my vehicle.

I wish to state that opposite my vehicle, there was a Silver lorry, vehicle registration number: GBE2181Y, parked at lot 107 (Sasi, HP: 87996706), which had an in-vehicle camera, however I am unsure if it was recording. I wish to state there is a police camera near the staircase of the MSCP. I wish to state that this is the first time such an incident has happened to me and that I do not have any suspects in mind. The cost of repairs is about SGD\$1000/-.





3 of 3 Report No. T/20180311/2081

Police Station Of Origin: Commonwealth NPP 111 Commonwealth Crescent (Annex) #01-288A SINGAPORE 140111 Tel No: 1800-4749999

CONTINUATION OF REPORT

## Sketch Plan

NP168

Informant is not able to provide sketch plan

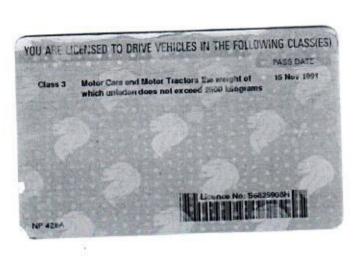
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: D / Sgt 2 YIP XUANYU	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/03/2018 17:44
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI	Classification Of Case:
Contact No.: 65476902  Authentication Stamp	3 90









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My Desktop		y Query				00 min 14 min 15	we sheet	(Invent	018 23:40	
Notice of Loss	Policy N Vehicle	o. No.(For Motor)	S)Z8744D			Date of Acc	ident	10/03/2	016 23.40	3
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5087312637	JEANE LIM	\$7306755C	GPC	drivo CLASSIC	SJZ8744D	SJZ8744D	06/01/2017	10/06/2018

olicy No.	5087312637	Policyholder Name	JEANE LIM		Policyholder NRIC	S7306755C
ddress	BLK 445B #23-385 FERNVALE R	OAD SINGAPO	DRE 792445			
roduct lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N
olicy ssue Oate	06/01/2017	Effective Date	06/01/2017	00:00	Expiry Date	10/06/2018 23:59
hird arty xcess	0	Own damage Excess	0		Windscreen Excess	100
Additional Excess	0	OS Premium	0			
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0			
Agent	ALFA CREDIT PTE LTD	Agent Tel.	62411228		GST Flag	Y
Co- insurance Flag Open Policy Info Certificate Info						
Policy	holder Mailing Address	144	FERNVALE F	OAD	Address 3	SINGAPORE 792445
Address 1	BLK 445B #23-385	Address 2 Address			ES 1055 BA	
Address 4		Type Related Policy Number	Singapore address 5079695618-01		Post Code	792445
	ed Object: SJZ8744D					
	21 22 20 20	Endors	sement Type	Endorseme	ent Status	Endorsement Content
Sequer	06/01/2017 00:00	Basic Infor Endorseme	Endorsement rake i		ke Effective	Thank you for giving us the opportunity to serve you. We confirm that from 06 Jan 2017, this policy is extended to include Free NCD protectic and is subject to Endorsemer M4 enclosed.
2	10/01/2017 00:00	Basic Info		Endorsement Ta	ke Effective	Thank you for giving us the opportunity to serve you. We confirm that from 10 Jan 2017, the Vehicle Number is amended as follows: VEHICL REGISTRATION NUMBER: SJZ8744D
3 04/12/2017 00:00		POI Exten	sion/Shorten	Underwriting Re	ejected	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 06 Jan 201: TO 10 Jun 2018 In view of the amendment, an additional premium of \$378.45 (inclusi of GST) is payable under you policy. Please ignore this premium payment request it you have since made payment. Otherwise, we would appreciate it if you could make payment to us

im Handling									
ident MT/0985737						500100			
	5067312637		Vehicle No.	S1287440		GST Registration No.			
	JEANE LIM					Policyholder NRJG		5730675SC	
oust Code	PRIVATE CAN INSURANCE		Cover Type	drive CLASSI	c	Loading		٥	
	91066340		Contact No.(Office)	0		Contact No.(Home)		0	
	3200040		Special Remark			eCode		No. Y	
sil Address	200002000			@ m. O ver		eCode Reason		X	
	No O Yes		TEA	® No ○Yes		Private Hire		No	
Protection	Yes		NCD Encidement(%)	50		Provate rere.			
Accident Details									
ort Date	12/03/2018 19:01		Accident Report Within 24 hrs	Yes		Accident Type		Damaged whilst parked	
			Time of Accident hh:mm	23:40		Country of Academ		Singapore	
e of Accident	10/03/2018			43,74		SCM No.			
orting Centre			Orange Force			3039 NB.			
dent Location	BLK 169A STIRLING RD	MULTI STORY CARPS	AKK						
Benefits									
erage				Sum	Insured				
aport Allowance				3999	9999.99				
ess Warver				9999	9999.99				
Excess									
damage Excess		0.00	Additional Excess		0.00	Windscreen Excess		100,000	
amed Driver Excess		0.00	Outside Singapore OD Excess		0.00				
			Outside Singapore TP Excess		0.00				
d Party Excess		0.00	ourses subspire to ceres		2,000				
GST Registered Informa				Name of	Resistration Date				
Registered	No				Registration Date Status Verified	Yes			
Registration No.				66.	ALL STATE OF THE S				
ification History									
Policyholder Hailing Ad	dress					V 10-100 X 100-00		SINGAPORE 792445	
dress 1	BLK 4458 #23-385		Address 2	PERNVALE R	040	Address 3			
dress 4			Address Type	Singapore at	Sdress	Post Code		792445	
it No.			Related Policy Number	5079695618	1-01				
OI Driver Info									
	DAEMES TEO		Driver Type	Named Drive	er:				
ver Name	MENES (CO.		Driver NR3C	S6825908H		Driver DOB		16/08/1968	
named driver Name			Driver Age	49		Driving Experience		26	
gister Date of Driver License			25			Contact No.(Home)		0	
ntact No.(Mobile)	96319404		Contact No.(Office)	0				PERNVALE VISTA	
dress 1	BLX 4458		Address 2	PERNVALE P	IDAD	Address 3			
dress 4	SINGAPORE 792445		Address Type	Singapore a	ddress	Post Code		792445	
it No.	23-385								
ous he own a Singapore	○ Yes ® No		Driver Vehicle No.			Driver Insurer Comp	any		
gistered Car?	0.000 CO. 000								
claration									
eathalyser or Blood Test			C ALL CAN DO B	() Yes (® N					
eatharyser or brood rest	0 mg		Any injury?	Orester	0				
diffication History									
direction restory									
Claim 001 New									
The state of the s									
	12 ==	mark t		_				\$7306755C	
sm Type *	OD-MX	~	Insured Name	JEANE LIM		Insured NRIC		a/JUD/25C	
mact No.(Mobile)	91066340		Contact No.(Home)	NDL		Contact No.(Office)			
neil Address	jeanelm@hotmail.com		DI Venide Number	S3Z8744D		TP Vehicle Number		UNKNOWN	
sim Description	S1Z8744D / LINKNOWN	ON 10 Mar 2018				Name of Preferred V	Vorkshop		
eferred Workshop Contact	E-Actor - 10-7 Section Mile		Insured Liability *	Not at Faul	t v	Sent to the sent of the sent of			
	-	-				GIA report		Received	
equire Finalisation	Yes	•	Preferend Repair Option	preterred s	Vorkshop, Name unknown	Georgia de la constantina		12/03/2018 00:00	
ete Registered	12/03/2018 19:03		Claim Close Date			Date Received		-20000101000	
port Taken By	Jackson								
Print AK letter									
rontobles, 841 (61				Travel 1	SEATT .				
				Save Sub	COL.				
Attachment									
9									
ccident No.	MT/0985737		Claim No.		001				
est Doc. Received	® Yes ○ No		Upload Date		12/03/2018 19:04				
THE STATE ASSESSMENT					Category *	Confidential	Urgen	cy * Description *	
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							1000000	▼	
			Brows	Se Dear	Please Select	200 (00)	Normal	72	
			Brown	Se Cear	Please Select	V NO V	Normal	Ÿ	
			Brown	Se. Dear	Please Select	V 90 V	Normal	V	
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