NATIONAL ASSESSINENT CENT	ve Services.	WII 1 72 WOOD TO	74441805080	V -	
Dute In: 17/04/2018 12:08	Voluteserlpskon		Date & Timo Complete	Done l	70,
RE(NO: NBB/JUCISOO 7076/4	\$A8 c-liling	9 9	Proceedings and the control of the c		<u></u>
Veli Noi SKG 1708K		DATE OF THE PARTY OF		-	A Vancous
000 18/64/2014 16 TO	" 1. E-moll (while a)		Mit090118-00	1 17/00	Dot F
OD / TP (Reponing Onl)	I-Missar NY/O	CITYLINITI O D I KEY,	in that are	Triagr	1000
TP Insurer:	Assessment/Sur				<del></del>
	Specification of the control of the		Qwner/Whie		
But other Must line attigu Aks b 1 DAIT		The state of the s	Tell	FAXI	1
TP Parificulary You Not ST	V \$366H	, INC (		L ext	-
Ovener / Driver (	· open		Teli		
Polley No.(, ) Pe	rlodi (	)	Cover Typel (		
Confirmed by 114		Dalei	Timer		
Insured/Orixer Lixbillity: ( %) [	Mote Bit Stant (W		%) P: 21-79%6. P: 3	(NOCH - 0	
	Warranty: YES(	)/NO( )		(4.1/14.1/	
Execute(\$ ) Loading (\$1,6					
Ceneral Kepter and April and Electric Con-	Corvers missings of		ORIGINAL SERVICE AND AND AND		7
A STATE OF THE PARTY OF THE PAR	ormation strictly Con	nganus and a Sta	alv NO mier of recen	Egitangsen genner er.	
1 1 samme runnomar I Onstollera IVI					
( ) Welk-in Gilgioniar   Ouslomers info ( ) Total Luss Case   ( o e-mail Tasur	OF URGENTLY	W 14			
Orlycoln ( )/ Tolyedoln ( )   inyolo	\$1 YES( )   H	Q( )jTo	wing Co. (	ANN SEVENS	) \$9 - 1
(, ) Total Loss Case   (0 e-mail) Insur Drive-in( )/ Total-in ( )   Invoid Remarks (III), (INPublic   Feb. 678 8 (501/85)	GI YES( )   N  Courway Cor( )	Q( )jTo	Wing Co.(	AMPRIL Done	
( ) Total Loss Case   (0 e-mail Ensur Drive-in ( ) / Total-in ( )   Invoid Remotilist the INPROJETT AND AUGUST ( ) / I) Apply for Transport Allowance ( ) / 2) QC Check / Post Repair Inspection 3) Uplose Resorvey Photo [Repair Cost > S Injury ( )	GI YES( )   N  Courway Cor( )	Q ( ) j To		Messa Santa da	
( ) Total Loss Case   (0 e-mail Ensur Drive-in ( ) / Total-in ( )   Invoid Remotilist the INPROJETT AND AUGUST ( ) / I) Apply for Transport Allowance ( ) / 2) QC Check / Post Repair Inspection 3) Uplose Resorvey Photo [Repair Cost > S Injury ( )	GI YES( )   N  Courway Cor( )	Q ( ) j To		Messa Santa da	
( ) Total Loss Case   (0 e-mail Ensur Drive-in ( ) / Total-in ( )   Invoid Remotilist the INPROJETT AND AUGUST ( ) / I) Apply for Transport Allowance ( ) / 2) QC Check / Post Repair Inspection 3) Uplose Resorvey Photo [Repair Cost > S Injury ( )	GI YES( )   N  Courway Cor( )	Q ( ) j To		Messa Santa da	
( ) Total Loss Case   (0 e-mail Ensur Drive-in ( ) / Total-in ( )   Invoid Remarks in Edit Nabolline Wette all Collection 1) Apply for Transport Allowence ( ) / 2) QC Check / Post Reset Inspection 2) Uplose Reservey Photo (Repair Cost > S /// / / / / / / / / / / / / / / / / /	GI YES( )   N  Courway Cor( )	Q ( ) j To		Messa Santa da	
( ) Total Loss Case   (0 e-mail Ensur Drive-in ( ) / Total-in ( )   Invoid Remarks in Edit Nabolline Wette all Collection 1) Apply for Transport Allowence ( ) / 2) QC Check / Post Reset Inspection 2) Uplose Reservey Photo (Repair Cost > S /// / / / / / / / / / / / / / / / / /	GI YES( )   N  Courway Cor( )	O())1To	SYLATING CARPIN	Messa Santa da	
Drive-in( )/Toived-in( ) Invoid  Remorks intering position of 678 8 601659  1) Apply for Transport Allowance ( )/ 2) QC Check/Post Repair laspootion  2) Uplose Resorrey Photo (Repair Cost > 8  Injury :	GI YES( )   N  Courway Cor( )	O())1To	CONTRACTOR CONTRACTOR	Messa Santa da	TANCO CONTRACTOR
Drive-in ( )/ Toived-in ( ) Involo Remorks   Inflormation   10 e-mail through Remorks   Inflormation   10 e-mail through   Apply for Transport Allowance ( ) /   QC Check/Post Repair laspection     Drivery	GI YES( )   N  Courway Cor( )	D ( ) 1 To	CATALLIANS CALLERY		and the second s
Drive-in ( )/ Toived-in ( ) Involo  Remoris distribution allowance ( )/  2) QC Check/Post Repair Inspection  2) Uplose Resorvey Photo (Repair Cost > 8  Injury :	GI YES( )   N  Courway Cor( )	O()) TO	TOTAL CONTROL OF THE PARTY OF T		TANCO CONTRACTOR
Drive-in ( )/ Toived-in ( ) Involo Remorks the Hill Mascilline 1678 81 Got 67 1) Apply for Transport Allowance ( )/ 2) QC Check/ Post Repair Inspection 3) Uplose Resorvey Photo (Repair Cost > 8 Invery ( ) Invertigation Allowance ( )/ Invertigation	GI YES( )   N  Courway Cor( )	DA Danger  DATE TO STATE OF THE	DALATURE CORPORATION  AND THE CONTRACT OF THE		and the second s
Drive-in ( ) / Toived-in ( ) Involo  Remortis in this major Altowance ( ) /  2) QC Check/Post Resault Inspection  2) Uplote Resorvey Photo (Repair Cost > 8  Injury ( )  AND LAND AND AND AND AND AND AND AND AND AND	GI YES( )   N  Courway Cor( )	D ( ) 1 To	TOTAL STATE OF THE		and the second s
Drive-In ( )/ Toived-In ( ) Involo Remorks of the Color ( ) Involo Remorks of the Color ( ) Involo 1) Apply for Transport Allowance ( ) / 2) QC Check/Post Repair ( Cost > 8 Invary ( )  Invary ( )  Invariant & Period Post ( )  Invariant & Period Pos	GI YES( )   N  Courway Cor( )	DARLANDANI  I) DA DINA  I) DFT INTENION  Enter INTERIOR  I) TRANSITION  Enter INTERIOR  I) TRANSITION  INTERIOR AND INTERIOR  II) NOTO AND INTERIOR  III) NOTO AND INTERIOR  IIII  III) NOTO AND INTERIOR  IIII  III) NOTO AND INTERIOR  IIII  IIII  IIII  IIII  IIII  IIII  IIII	TOTAL STATE OF THE		and the second s
Drive-In ( )/ Toived-In ( ) Involo Remorks of the Color ( ) Involo Remorks of the Color ( ) Involo 1) Apply for Transport Allowance ( ) / 2) QC Check/Post Repair ( Cost > 8 Invary ( )  Invary ( )  Invariant & Period Post ( )  Invariant & Period Pos	GI YES( )   N  Courway Cor( )	DARLANDANI  INVENTORIAL  INVENTORIAL  INVENTORIAL  INTERNATIONAL	CONTRACTOR CONDING  CONTRACTOR CONTRACTOR  CONTR	1	and the second s
Drive-In ( )/ Toived-In ( ) Involo Remorks of Editional Income of ( ) / Involo Remorks of Editional Income of ( ) / 2) QC Check/Post Repair Inspection 3) Uplose Resource Photo (Repair Cost > 8 Injury ( )  **Toived Only ()  **Toi	GI YES( )   N  Courway Cor( )	DARLANDING  I) ARLANDING  I) ARLANDING  I) ARLANDING  I) DAIDING  I) TOTALING  I) TOTALING  I) TOTALING  I) TOTALING  I) TOTALING  I) NO CONTROL  I) NO CONT	CONTRACTOR CONDING  CONTRACTOR CONDING  CONTRACTOR (STOCK)  CONTRA		TANCO CONTRACTOR
Drive-in ( )/ Toived-in ( ) Involo Remorks at a din Public ( ) Involo Remorks at a din Public ( ) Involo  2) QC Check/Post Repair Inspection  3) Uplose Reservey Photo (Repair Cost > S  Injury ( )  Prior Time ( ) ARE 1011  Involo ( ) ARE 101	GI YES( )   N  Courway Cor( )	O ( ) 1 TO  O ( )	TOTAL VERTICAL CONTROL OF THE PROPERTY OF THE	20	TANCO CONTRACTOR
Drive-in ( )/Tolved-in ( ) Involo  Remorks distally all Nobel line works all solls of the most of the	GI YES( )   N  Courway Cor( )	O ( ) 1 TO  O ( )	CONTRIBUTE CONDICTION  TO TAKE TO THE CONTRIBUTE OF THE CONTRIBUTE		TANCO CONTRACTOR

#### 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.
- 5. 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 aforesaid.

ACCIDENT STATEMENT				 A 4 - 1.7	1-1-3	
	- MU	va.	- 1 N	 A I E IV	1-14	ш

Date Of Report 17/04/2018 12:08
Date Of Accident 15/04/2018 16:50

Exact Location Of Accident JUNCTION OF NASSIM ROAD AND CLUNY ROAD

Country/State of Loss SINGAPORE

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SKG1728K

Insured/Policyholder

Name Of Registered Owner BELL EMILIE LOUISE

NRIC No G5992638T

 Email Address
 EMILIE.MUIR@GMAIL.COM

 Mobile Phone No
 (LOCAL) +65-90080253

 Alternative Phone No
 OTHERS-90080253

Vehicle Particulars

Manufacturer BMW
Model 5 SERIES

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 5087793347

Cover Note Number

Driver

Name of Driver BELL EMILIE LOUISE

 NRIC No
 G5992638T

 Date Of Birth
 12/03/1983

 Occupation
 INDOOR

 Date Of Driving Pass
 08/11/2010

Driving Experience 7 YEARS AND 5 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-90080253

Fax Number

Contact Number OTHERS-90080253

EMail Address EMILIE.MUIR@GMAIL.COM

Address

127 HILLCREST ROAD

Postcode

287541

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

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

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

PLEASE REFER TO SKETCH PLAN

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

SJV8366H

Vehicle Make/Model/Colour

BMW

Details Of Properties

Vehicle Category Name of Driver

PRIVATE CAR

TAN WEE LEE

NRIC/Passport Number

Contact Number

97928267

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### 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.
- 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.
- 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:

Oriver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signatur

Name

NRIC/FIN No.:

. Tur	ing wight at the junction of masting and
Clun	ing right at the junction of Nassim and
· Ligh	ts turned green (not forlong), then orange re
and	green arrow appeared to turn right.
· (ard	giving way, lots of horning
· Stop	ts turned green (not forlong), then orange (regreen arrow appeared to turn right.  giving way, lots of "norning"  start stop, start of cars  into the back of Mr. TAN wer LEE.
	Laining, net roads.
7 1	

#### 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)

17/04/2018.

Date & Time:

Reporting Centre Personnel' Signature

onme:

NRIC/FIN No.:

#### rsbm

From:

Theresa Vimala <thrsvim.bala@income.com.sg>

Sent:

Tuesday, 17 April, 2018 2:28 PM

To:

'rsbm'; ODsupport

Subject:

RE: MT/0990718 SKG1728K

Pse quote this claim nbr when billing invoice MT/0990718-001

With Regards

Theresa Vimala

Snr Administrator Motor Insurance 7+65 6430 7898 www.income.com.sg











From: rsbm [mailto:rsbm@lkkauto.com]
Sent: Tuesday, April 17, 2018 2:22 PM

To: ODsupport <<u>ODsupport@income.com.sg</u>>
Cc: Theresa Vimala <<u>thrsvim.bala@income.com.sg</u>>

Subject: MT/0990718 SKG1728K

Hi the above mention claim could not create ebao thanks

Thanks & Best Regards,

ROSLI WAHAB

NACS Bukit Merah Tel: 6898 0055 Fax: 6271 8802

Email: rsbm@lkkauto.com

## Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

	ACCID	ENT STATEMENT	Mi 1	Day
ACCI	DENT DATE: 15 4 20/8	(DD/MM/YYYY), TIME:	1 50	(HH:MM)
	ION: JUNCTION OF			20
T,	DETAILS OF VEHICLE  a) VEHICLE NUMBER: SK  b) INSURANCE COMPANY:  c) POUCY NUMBER: 50877	G1728K NTUC 93347		F 5 #3
	d)POLICY TYPE: (COMPREHENT  B)MAKE & MODEL: 30  F)TYPE: SALOON COUPE / ME  B) VEHICLE CATEGORY (PRIVA)  h)PURPOSE OF USING AT ACCIONATE YOU CLAIMING UNDER Y  IF NO, PLEASE STATE (THIRD P)	V /VAN / LORRY / MO  DENT TIME: PER  OUP OWN INSURANCE	TORCYCLE / OT OTORCYCLE) SON A L : (YES/NO)	i,
2.	CIADDRESS: 127 H SINGAL	BELL 5992638T CON CLICKEST RD CORE X875	MALE FEA	# 0253
\$ Ho of passenga (Including driver) (1)	DRIVER  Q)NAME: AC AC  b)NRIC/FIN/PASSPORT: c)ADDRESS:	BOVE.	(MALE / FEN NTACT:	MALE)
	*d)DATE OF BIRTH: [12 / 63 e)OCCUPATION: (INDOOR / O I)DA7E OF DRIVING PASS	MIDOORI /2010	#	
	WAS DRIVER AN EMPLOYEE IF NO, RELATIONSHIP OF TH G)WEATHER CONDITION: (CLE- b)ROAD SURFACE: (DRY /WE)	E DRIVER WITH INSL AR RAINING / OTHERS	JRED:	OWNER
	WAS ANYBODY INJURED (YES a) REPORTED TO POLICE (YES IF YES, PLEASE STATE WHICH F	(00)		*
8. No of passinger Including driver	THIRD PARTY VEHICLE  d) VEHICLE NUMBER: STV  b) DRIVER'S NAME: TAN	WEE LEE	DEL: BMW	928267
( <u>1</u> ) 9.	o) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE d) VEHICLE NUMBER:	Superior Sup	11111125-211	120201
lette all passioner (Loutuiting district)	-I DRIVER'S NAME:		NTACT:	

email = emilie. muir@gmail.com

YIDED =



#### EMPLOYMENT PASS

Employment of Foreign Manpower Act (Chapter 91A) Republic of Singapore

Employer NMG FINANCIAL SERVICES CONSULTING PTE LTD



BELL EMILIE LOUISE MANAGER, MARKETING

G5992638T

23-10-2017



08-11-2017



# REPUBLIC OF SINGAPORE DRIVING LICENCE G5992638T BELL EMILIE LOUISE Ber Das 12 Mar 1983 Issue Date 08 Nov 2010 Valid Till 07 Nov 2015

#### VISIT PASS Immigration Regulations

BELL EMILIE LOUISE



12-03-1983 F

Date of Sense G5992838T 08-11-2017

AUSTRALIAN 19-01-2020

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



# YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

EFFECTIVE DATE

Class 1 Motor Cars =< 3000kg with =<7 passengers, exclusive 08 Nov 2010 of the driver; and other motor vehicles =< 2500kg

Licence No: G59926387

NP 428A

Hello, NAC_BUKIT_MERA	H_800676					20	Change Lan	guage !	Change Passwore	d + Log Ou
My Desktop	Polic	cy Query								
Notice of Loss	Palicy N	io.				Date of Ac	cident	15/04/2	2018 09:18	T.
	Vehicle	Na.(For Motor)	SKG1728K							
						Search				
	Select	Folicy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5087793347	BELL EMILIE	G5992638T	GPC	drivo CLASSIC	5KG1728K	5KG1728K	03/02/2017	18/06/2018