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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.

5. 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

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03/05/2018 10:52 Date Of Report 02/05/2018 07:15 Date Of Accident

SEMBAWANG RD JUST SLIGHTLY B/F SEMBAWANG CAMP Exact Location Of Accident

SINGAPORE Country/State of Loss

100		0F 0	MARKET N.	751		7
DETAI	LS	OF O	wnv	1-1	LL	-3

SJP9581C Vehicle Registration Number

Insured/Policyholder

LIM JIEW NGIM Name Of Registered Owner S1303132J NRIC No

RICKYLJN@GMAIL.COM Email Address (LOCAL) +65-90018664 Mobile Phone No OTHERS-90018664 Alternative Phone No

Vehicle Particulars

TOYOTA Manufacturer VIOS Model

Exact Purpose for which vehicle was being used at

time of accident

TRAVELLING TO OFFICE

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY If No, Please state action to be taken PRIVATE HIRE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD. Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5097925306 Policy Number

Cover Note Number

Driver

LIM JIEW NGIM Name of Driver S1303132J NRIC No. 25/02/1958 Date Of Birth INDOOR Occupation 14/05/1977 Date Of Driving Pass

40 YEARS AND 11 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-90018664 Mobile Number

Fax Number

OTHERS-90018664 Contact Number

RICKYLJN@GMAIL.COM EMail Address

BLK 604 YISHUN STREET 61 Address

#08-333

Postcode 760604

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?

YES

Foreign Vehicle Registration Number

JMK9298 (PRIVATE CAR)

Number of vehicles involved in the accident

YES Was any body injured in the Accident?

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)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes Please state which Police Station

Police Station Name

YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE

ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-8529999 - FAX NO: 68522299 Police Station Contact

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180502/2152

Attachment(s)

YES Are accident photos available for attachment? NO Was there any video captured by Car Camera? NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

JMK9298 Vehicle Registration Number

Vehicle Make/Model/Colour TOYOTA INNOVA

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver IVAN CHAN CHEE HONG

900303-43-5161 NRIC/Passport Number 60165623792 Contact Number

NO.9 JALAN ANGGERIK 6

Address TAMAN JOHOR JAYA , JOHOR BAHRU

81100 Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

DETAILS OF INJURED PERSON 1

Name LIM JIEW NGIM

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode

SJP9581C

YES

NO

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.
- 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 aforesald.
- 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.

Policyholder's Signature

Date & Time 3rd May 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature
Name: Know I WHAP

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SUMBOWARD ROAD	-
	THE TENTE
- X AX AX IAX	INXHOUNDS
Bus STOP) A)SJP9581C
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	A) SJP 9581C B) JMK 9298
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(10) 205	
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ECLARATION We declare the foregoing particulars are true in every respect.	

Policyholder's Signature

Date & Time: 3 MAY 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 19 M WWW.

Name:





1 of 3

Report No. T/20180502/2152

Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

DEDODT	OF A	TDAECIC	ACCIDENT
KEPUKI	ULA	IMAPPIO	MODIFIEL

Date/Time Report Made; 02/05/2018 17:46			Vide Report No.:	Station Diary No. 58		
'nformai	nt's Particu	ilars				
Name of Informant: LIM JIEW NGIM			Address: APT BLK 604 YISHUN ST 760604	TREET 61 #08-333 SINGAPORE		
ID Type / ID No.: NRIC NO / \$1303132J			Contact No.: Home/Office: Mobile: 90018664			
National SINGAP	ty: ORE CITIZ	EN	Email:			
Sex: Male	Age: 60	Date of Birth: 25/02/1958	Type of Informant: Driver			
Race: Chinese			Language: Institution / School Na English			
Occupation: ASSISTANT WORKSHOP MANAGER			Driving Licence Informati Class: 2B,2A,2,3,4,5	on: Date of Expiry:		

Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 02/05/2018 07:15	Type of Location T-Junction	
Weather:		p, behind the yellow Road Surface: Dry	box at the traffic junction	on Road Speed Limit:	
Clear Traffic Flow: Two Way		Traffic Control: Traffic Light - Wo	orking	Traffic Volume: Heavy	
Type of Collis	sion: le against stopped vehic	cle - head to rear	1	Anyone conveyed by ambulance: No	

Details of V Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
JMK9298	Car	TOYOTA	Innova	Silver	Slightly Damaged	1
SJP9581C	Car	TOYOTA	VIOS E AUTO	Gold	Seriously Damaged	1222

Details of V	ehicle Insurance			To also Date
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
Vehicle No.		5007025206	13/02/2018	19/04/2019
SJP9581C	NTUC Income Insurance Co-Operative Limited	5097925306	15/02/2010	1010112010





2 of 3

Report No. T/20180502/2152

Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

CONTINUATION OF REPORT

Details of Person Any Pedestrian In	volved: No						51X	
No. of Pedestrian	s Injured: NIL		Us	e of Pede	estrian	Crossi	ng: NA	
Driver			Sec. of	-	ID No.		S1303132J	
Name	LIM JIEW NGIM				10 140.			
					Contact No.		90018664	
Related Vehicle	SJP9581C (Car)							
	The second	CARECR	OUP		Class	of	Class: 2B,2A,2,3,4,5	
Hospital/Clinic	NATIONAL HEALTHCARE GROUP POLYCLINICS (YISHUN)				Driving Licence Expiry	g :e &	Date of Expiry: NIL	
		/		ate Disch			5/2018	
Date Treatment	02/05/2018	100		egree of		Sligh		
No. of Days gran	nted Medical Leave	03		regioe of	myany	- 0		

On 02/05/2018 at about 0715hrs, I was driving my vehicle (vehicle registration plate no: SJP9581C) on the second lane out of the four lanes along Sembawang Road towards Upper Thomson, but turning right towards Mandai Avenue. At the traffic light junction, just slightly before Sembawang Camp, I stopped my vehicle as the traffic light showed red.

There were 3 other vehicles in front of me which stopped before the yellow box.

Suddenly, another vehicle (vehicle registration number: JMK9298) collided into the rear of my vehicle. I came out of my vehicle to make a check and asked the other driver why did he knock into me but he said that he does not know and he did not see my vehicle stop.

Due to the collision, my vehicle's back bumper and boot are damaged and dented in due to collision impact. I also suffered back pain and went to National Healthcare Group Polyclinics at Yishun where I received treatment and is given 3 days of medical leave from 02/05/2018 to 04/05/2018.

I do not have any in-vehicle camera in my vehicle. The other driver and I exchanged particulars after the incident.

The other vehicle driver particulars are as follows: Ivan Chan Chee hong 900303-43-5161 No. 9 Jalan Anggerik 6 Taman Johor Jaya 81100 Johor Bahru HP: +60165623792





Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

3 of 3 Report No. T/20180502/2152

CONTINUATION OF REPORT

Sketch Plan

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: F / Sgt 2 TAN PRE SINDY	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/05/2018 17:46
Officer In Charge Of Case: TP / AEIT / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:
Authentication Stamp	History Cook



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ACCIDENT STATEMENT

ACCIE	(MM:HH) (21: FO : 3MIT , (YYYY) MM\DD) (810C \ 20 \ D) (HH:MM)
LOCAT	TON: SEMBAWANG ROAD BEPORE MANDAM AVE / YISHUN AVE I TOWARD WPER
	(HOMEON ROAD)
1.	DETAILS OF VEHICLE
	a VEHICLE NUMBER: STP 9581
	HINSURANCE COMPANY: NTUC
	CIPOUCY NUMBER: S097925306
	CIPCLICY TYPE: I COMPREHENSIVE / THIRD PARTY / THIRD PARTY PIRE & HEFT
	HIMAKE & MODEL: TOYO TA & VIOS
	THE HOLE OF TEOODY TODAY TE LOCAL ALECTIAL AND THE LOCAL A
	HIPURPOSE OF USING AT ACCIDENT TIME: TRAVELLING TO OFFICE
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (25) 1901
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2.	INSURED / POLICY HOLDER
	ANAME LIM JIEW NGIM IMALE / EEMATE)
	DINRIC/FIN/PASSPORT: S1303132 J CONTACT: 90018664
	CIADDRESS: BUK 604 #08-333 YISHUN ST. 61
	* CONTINUE TO 3.4 IF DRIVER ALSO POLICY HOLDER
AHO of passon gas	
	GINAME: MALE / FEMALE)
(Including driver)	b NRIC/FIN/PASSPORT:CONTACT:
(T)	c)ADDRESS:
	*d)DATE OF BIRTH: (25/02/1958)(DD/MM/YYYY)
	ejoccupation: (Indoor / Outbook)
	MAGAS DEDRIVING PACC 14 MAY 19 1
4.	WAS DETYED AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) NO
	IF NO. RELATIONSHIP OF THE DRIVER WITH INSURED: OVER WITH INSURED
5.	a) WEATHER CONDITION: (CLEAR / BAINING / OHIEKS
8	b)ROAD SURFACE: (DRY / WET / QIHERS
(6.4)	IF YES, PLEASE STATE WHICH POLICE STATION: YISHUN NORTH
8.	
of the of passenger	THE PARTY CHEET HONGE
(Irreliation driver)	b) DRIVER'S NAME: TYN CHAN CHEE HONG O) NRIC/FIN/PASSPORT: 90030343-5161 CONTACT: +60165623792
()	THIRD PARTY VEHICLE
- X.	d) VEHICLE NUMBER:MODEL:
A les of passinger.	DENZER'S NAME:
(Industry delver)) NRIC/FIN/PASSPORT: CONTACT:
()	
	man linear air
	email = rickytin@gmail.com
	fax = -

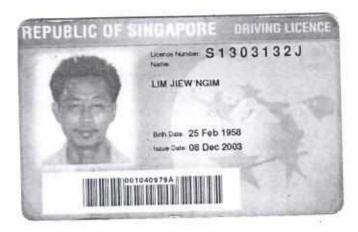
REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1303132J



LIM JIEW NGIM



CHINESE 25-02-1958 Country/Place of birth SINGAPORE



5369133



15 No S1303132J



13-10-2014

APT BLK 504 YISHUN STREET 61 #08-333 SINGAPORE 760604

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES?

PASS DATE 27 Dec 1976 27 Dec 1976

27 Dec 1976

14 May 1977

20 May 1981

93 Nov 1981

Metercycles not exceeding 200 cc Class 28 Motorcycles between 201 cc and 400 cc Motorcycles exceeding 400 cc Class 2A

Motorcycles exceeding 400 cc
Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms
fleavy Motor Cars and Motor Tractors the
weight of which unladen exceeds 2500 kilograms
Motor Vehicles which are not constructed

themselves to carry any load and the weight of which unladen exceeds 7250 kilograms

Licence No: 51303132J

NP 428A

Class 2

Class 3

Class 4



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION)	ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) F	RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	.2

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Cover : drivo CLASSIC Certificate Number: 5097925306

: SJP9581C Index mark and Registration Number of Vehicle : MR053HY9305109813

Chassis Number : LIM JIEW NGIM 2. Name of Policyholder

: 13 Feb 2018 3. Effective Date of Insurance : 19 Apr 2019 4. Expiry Date of Insurance

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 headings.

: \$\$2,000 EXCESS (SECTION 1) : \$\$1,500 EXCESS (SECTION 2) : 55100 WINDSCREEN EXCESS : N/A ADDITIONAL EXCESS

: PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO : YES INSURF WITH COE : NO NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER**

: LIM JIEW NGIM PRIMARY DRIVER

: N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2)

: HONG LEONG FINANCE LTD HIRE PURCHASE COMPANY

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

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 IV of the Road Transport Act, 1987 (Malaysia)

: S & M ALLIANCE PTE LTD (00000614373) : 12 Feb 2018 16:35 hrs Date of Issue

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive