Date In: 11 5 18 -15:05	Job description	metion contra	Date &Time Completed	Done	py.
Res No: NA INC (800 8693/24	SAS e-filing				
Veh No: 5KU 1163R	E-mail (within 8	hrs, AIC 2hrs)			
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	Assessment/Sur			100	2012012-169
TP Insurer:			o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:)
TP Particulars: Veh No: Sc	B&531V .	. INC()/Non-INC()		
Owner / Driver: (Tel:)	_
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (W	7O): N: 0-2	0%; P: 21-79%. P: 80-1	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1	,000 ()/\$2,000 (()			
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1) Apply for Transport Allowance ()	Courtesy Car ()				
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SINGAPORE ACCIDENT STATEMENT

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 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.

- 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.

aforesaid.	
A 1994 Charles was should be follow	ACCIDENT STATEMENT
Date Of Report	11/05/2018 15:05
Date Of Accident	11/05/2018 08:15
Exact Location Of Accident	SLIP RD BAYFRONT AVE TWDS RAFFLES AVE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKU1163R
Insured/Policyholder	
Name Of Registered Owner	S L LIMOUSINE SERVICE
Co Reg No	53282241B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86864208
Alternative Phone No	OFFICE-86864208
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALPHARD 2.5 CVT ELEGANCE S/R
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5072330730-02
Cover Note Number	
Driver	
Name of Driver	LIM CHEE PENG (LIN ZHIPING)
NIPIG N	\$7908680.1

S7908680J NRIC No 19/03/1979 Date Of Birth OUTDOOR Occupation 27/09/1999 Date Of Driving Pass

18 YEARS AND 7 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-92280838 Mobile Number

Fax Number

OFFICE-92280838 Contact Number

NOEMAIL EMail Address

BLK 522 ANG MO KIO AVENUE 5 Address

#07-4194

560522 Postcode

Was driver an employee of the Insured's Company NO

OTHER - HIRER 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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO 2 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) NO soliciting/offering accident claims assistance. 1 Number of Passengers (Including Driver)

Details of Police Action

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY ALONG THE SLIP RD BAYFRONT AVE TWDS RAFFLES AVE AS THERE WAS INCOMING VEHICLES ALONG RAFFLES AVE. SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

NO

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

VIDEO FOOTAGE WITH DRIVER Remarks/ Reasons:

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SKB8521U Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 24

DETAILS OF INJURED PERSON 1

Name

LIM CHEE PENG (LIN ZHIPING)

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK & HEAD

SKU1163R

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.
- 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

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Tel: 6844 2958, 9757 9993





Name

LIM CHEE PENG (LIN ZHIPING)



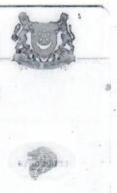


CHINESE



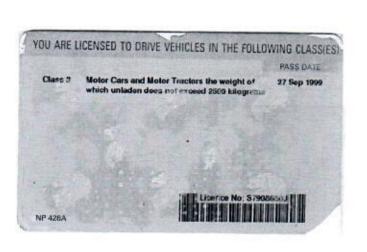
19-03-1979 Country of Birth

SINGAPORE









eBaoTech									Gene	ralClaim
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My Desktop	Polic	cy Query								
Notice of Loss	Policy N	io.				Date of Acc	ident	11/0	5/2018 08:15	
	Vehicle	No.(For Motor)	SKU1163R							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured		Expiry Date
	0	5072330730- 02	S L LIMOUSINE SERVICE	53282241B	GPC	drivo PREMIUM	SKU1163R	SKU1163	R 30/06/2017	29/06/2018
			100000000000000000000000000000000000000		1	Continue				

Seque	nce Date of Endorser	ment	Endorsemen	it Type	Endorsemen	t Status	Endorsement Content
	sements						
D Insur	ed Object: SKU1163R						
Unit No.	06-71	Rela Num	ted Policy ber	5089240223-01			
Address 4			ess Type	Singapore address		Post Code	530168
Address 1	BLK 168 #10-1413	Addr	ess 2	HOUGANG AVENUE	1	Address 3	SINGAPORE 530168
	holder Mailing Address					X200000000000	2.7.7.7.2.2.2.2.2.2.2
Certificate Info							
Open Policy Info							
Co- insurance Flag	No						
Agent	ASSURE PTE, LTD.	Agent Tel.	68489119		GS1 Flag	7	
Singapore OD Excess	2000	Singapore TP Excess	1500		GST Flag	Young	/Inexperience Driver Excess
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Third Party	1500	Own damage Excess	2000		Windscreen Excess	100	
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Policy ssue Date	27/06/2017	Effective Date	30/06/2017	00:00	Expiry Date	29/06/2018 23	::59
roduct Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
ddress	BLK 168 #10-1413 HOUGANG	AVENUE 1 SINC	SAPORE 5301				
Direction of	5072330730-02	Name	The second property		NRIC	53282241B	

cident MT/0994025									
licy No.	5072330730-02	Venicle No.	SKULLBOR		OT Registration No.		V25000		
	5 L LIMOUSINE SERVICE				olicyholder NRIC		32822418		
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statt No.(Mobile)	96964208	Contact No. (Office)	0		Centact No.(Home)	992	lu V		
ai Address		Special Remark			Code	1			
	No ○ Yes	TCA	® No ○ Yes		Code Reason				
D Protection	No	NCD Entitlement(%)	20	1.9	rivate Hire	×	**		
Accident Details									
port Date	11/05/2018 19:47	Accident Report Within 24 hrs	Yes		Accident Type	0	ollision - Hea	d to Rear	
te of Acodem	11/05/2018	Time of Accident hh:mm	08:15		Country of Accident	5	ingapore		
	drinderoza:	Orange Force		(9	CM No.				
porting Centre	SLIP RD BAYFRONT AVE TWOS RAFFLES AVE								
cident Location	SCIVILO BATHIONI AVE THOS NATTLES AVE								
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odification History									
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ddress 4		Address Type	Singapore add	dress	Post Code		530168		
ne No	06-71	Related Policy Number	5089240223-	01					
OI Driver Info									
nyer Name	Unnemed Driver	Driver Type	Unnamed Driv	ver					
snamed griver Name	LIM CHEE PENG (LIN ZHIPING)	Driver NRIC	57908680)		Driver DOB		19/03/1979		
egister Date of Driver License	27/09/1999	Driver Age	39		Driving Experience		18		
ontact No.(Mobile)	92280838	Contact No.(Office)	0		Contact No.(Home)		0		
ddress 1	BLK 522	Address 2	ANG MO KIO	AVENUE S	Address 2		SINGAPORE	560522	
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Attachment	3	Uploaded By/Dete	Category	î	urgency	Description	Sent? Action (CD)
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60	NAC_PAYA_UBI_800601(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 11 Ma y 2018 19:52	SAS		Normal	SAS 2018-S-11	Eas
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