Data Inc. leve		4	D. C. C	1 Don	- hu
Date In: 11/6/18-11248	Jeb description		Date &Time Completed	Doll	2 O.
Ref No: NA / INC 180 1064 2/24	SAS e-filing				
Veh No: SLR 24490	E-mail (within 8	hrs, AIC 2hrs)			
D.O.A :9/6/18-00:45	i-Motor Clain	Form	M7/0998227-00	1116118	19:35
OD TP Reporting Only	i-Motor W/O	(Within: OD 2hrs, 7	4hrs)		
OD . IT Jeporting Only	i-Photo Uploa	ded			
TD	Assessment/Sur	vey Report			
TP Insurer:	Ass't Report by	Fax / Hand to)wner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:	IN NAMES OF
TP Particulars: Veh No: 5	LC38312 .	INC ()/Non-INC()	(<u>)</u>	30.00
Owner / Driver: (Tel:)	
Policy No: ()	Period: () (lover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	6) [Note-Est. Status (W	O): N: 0-20%	; P: 21-79%. P: 80	-100%]	
Year of Registration: () Warranty: YES ()/NO()			
Excess: (\$) Loading:					
General Remarks:-				5.00	
() Walk-In Customer: Customer's			ly NO refer of repaire	r.	
() Total Loss Case : to e-mail In	surer URGENTLY.		5		
	voice: YES () / No	O(); Tow	ing Co: ()
				8K77339362	SE:.
Remarks:- (INC hotline: 6788 661	ACCOUNT CONTRACTOR OF THE PROPERTY OF	NOVEMBER OF STREET	Dates: Time Completed	1900	py
1) Apply for Transport Allowance () / Courtesy Car ()				
-1					
2) QC Check / Post Repair Inspection	()		· · · · · · · · · · · · · · · · · · ·	-	
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost					
3) Upload Resurvey Photo [Repair Cost Injury :	> \$3000] ()				A
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3) Upload Resurvey Photo [Repair Cost Injury :	> \$3000] ()		ation Checklist.	Ant (S)	
3) Upload Resurvey Photo [Repair Cost Injury : Date/Time Actions NA 18036-31	>\$3000] ()	Invoice Prepai	ation Checklist,	And (S)	
3) Upload Resurvey Photo [Repair Cost Injury : Date/Time Actions NA 18036-31 Inimant's Particulars :-	> \$3000] ()	Invoice Prepa	ation Checklist; orting (\$30); essment (\$100); INC	And (S)	
3) Upload Resurvey Photo [Repair Cost Injury : Date/Time Actions NA 18036-31	> \$3000] ()	Invoice Prepar 1) AR: Accident Rep 2) DA: Damage Ass 3) TF: Towing Fee 4) FT: Fallow-Three	ation Checklist. sorting (\$30); essment (\$100); INC	(\$80) (\$40/\$45 \$120	
3) Upload Resurvey Photo [Repair Cost Injury : Date/Time Actions NA 18036-31 Inimant's Particulars :-	> \$3000] ()	Invoice Prepar 1) AR: Accident Rep 2) DA: Damage Ass 3) TF: Towing Fee 4) FT: Fallow-Throa 5) FT: Follow-Throa	ation Checklist. sorting (\$30); essment (\$100); INC agh Survey agh Survey (Resurvey)	(\$80) \$40/\$45 \$120 \$30	
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NA 1803671 Injury: Nations Nations National Actions	> \$3000] ()	Invoice Prepay 1) AR: Accident Rep 2) DA: Darnage Ass 3) TF: Towing Fee 4) FT: Follow-Three 5) FT: Follow-Three For claiming again 6) TR: Re-inspection 7) N1: Idae DA + SI	ation Checklist. porting (\$30); essment (\$100); INC ligh Survey ligh Survey (Resurvey) st INC Only (wef 10 Jen 20) MRT Survey	(\$80) (\$40/\$45 \$120 \$30 (95)	
3) Upload Resurvey Photo [Repair Cost Injury : Date/Time Actions NA 80367 Injury : Particulars :- river/Owner: Ontact No: Inmaged Portion:	> \$3000] ()	Invoice Prepay 1) AR: Accident Rep 2) DA: Damage Ass 3) TF: Towing Fee 4) FT: Follow-Three 5) FT: Follow-Three For claiming again 6) TR: Re-inspection 7) N1: Idae DA + SI 8) NTUC Additional	ation Checklist. porting (\$30); essment (\$100); INC ligh Survey ligh Survey (Resurvey) \$t INC Only (wef 10 Jan 20) MRT Survey Services:	(\$80) (\$40/\$45 \$120 \$30 (\$05) \$75 \$160	
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3) Upload Resurvey Photo [Repair Cost Injury : Date/Time Actions NA 80367 Injury : Particulars :- river/Owner: Ontact No: Inmaged Portion: C Checked by (Engr-In-Charge):	> \$3000] ()	Invoice Prepar 1) AR: Accident Re; 2) DA: Darnage Ass 3) TF: Towing Fee 4) FT: Follow-Throx For claiming again 6) TR: Re-inspection 7) N1: Idao DA + SI 8) NTUC Additional OD* *N5: Courtesy Cai *N6: Repair Co-or *N7: Fost Repair	ation Checklist. porting (\$30); essment (\$100); INC Inc. Inc.	\$40/\$45 \$120 \$30 \$105 \$75 \$160 \$5 \$10 \$25	Amt (\$)
3) Upload Resurvey Photo [Repair Cost Injury : Date/Time Actions NA 803671 Inimant's Particulars :- river/Owner: Ontact No: Imaged Portion: C Checked by (Engr-In-Charge): Inditors' Comments :-	> \$3000] ()	Invoice Prepay 1) AR: Accident Rep 2) DA: Darnage Ass 3) TF: Towing Fee 4) FT: Follow-Three 5) FT: Follow-Three For claiming again 6) TR: Re-inspection 7) N1: Idae DA + SI 8) NTUC Additional OD* *N5: Courtesy Can *N6: Repair Co-on *N7: Fost Repair *N8: DV / Collect	ation Checklist. porting (\$30); essment (\$100); INC Inc. Inc.	(\$80) \$40/\$45 \$120 \$30 \$05) \$75 \$160	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.
- 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

OF TAXABLE PARTY OF TAX	
Carlotte and the second section of the last	ACCIDENT STATEMENT
Date Of Report	11/06/2018 11:48
Date Of Accident	09/06/2018 00:45
Exact Location Of Accident	BLK 148 GANGSA RD OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
3 To 1 To	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLQ2449U
Insured/Policyholder	
Name Of Registered Owner	TW AUTOMOBILE
Co Reg No	53333500X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88669174
Alternative Phone No	OFFICE-88669174
Vehicle Particulars	
Manufacturer	TOYOTA
Model	SIENTA 1.5X CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	YES
Policy Number	5087560017-01
Cover Note Number	

-	- 4			
D	m	٠.	0	r

LUM WAI KHUAN DORAN (LIN WEIKUN) Name of Driver NRIC No S82401671

24/11/1982 Date Of Birth Occupation OUTDOOR Date Of Driving Pass 20/05/2003

Driving Experience 15 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81265771

Fax Number

Contact Number OFFICE-81265771

EMail Address NOEMAIL

BLK 148 GANGSA ROAD Address

#10-303

Postcode 670148

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

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 ON COLLISION

Weather Conditions CLEAR Road Surface DRY

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 0

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 PARKED ON A PARKING LOT BESIDE HDB BLK 148. THERE WAS NOBODY INSIDE MY VEHICLE.NEXT MORNING, WHEN I GOT UP I REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE FRONT PORTION AND I FOUND THAT MY REAR PORTION OF MY VEHICLE WAS ON THE CURB.

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLC3831R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

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:
 - (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:

Jiomob/

Driver's Signature

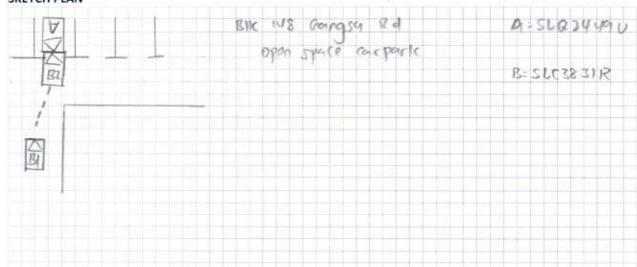
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

for to statement.	

DECLARATION

I/We declare the foregoing particulars are true in every respect. Nomobile Parent

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.:

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S82401671



LUM WAI KHUAN DORAN (LIN WEIKUN)

林伟坤

CHINESE

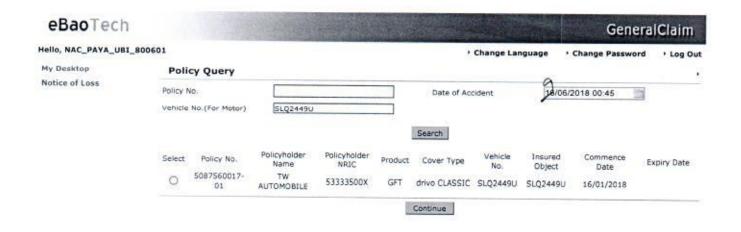
Date of birth 24-11-1982 Country of birth SINGAPORE











Policy No.	5087560017-01	Policyholder Name	TW AU	TOMOBILE	Policyholder	53333500	×
Address	9 TAGORE LANE #02-01 9 @		PORE 78	7472	NRIC		
roduct	FLEET INSURANCE				Group		
lame Nation	PEEET INSURANCE	Plan			Policy Flag	N	
Policy ssue Date	15/01/2018	Effective Date	16/01/2	2018 00:00	Expiry Date	15/01/201	9 23:59
Excess Type		All Claim Excess					
Third Party Excess	1500.00	Own damage Excess	2000.0	0	Windscreen Excess	100.00	
Additional excess	0	OS Premium	0				
Outside Singapore OD Excess	2000.00	Outside Singapore TP Excess	1500.00	1		You	ung/Inexperience Driver Excess
gent	TAN WEI AUTO PTE. LTD.	Agent Tel.	645355	35	GST Flag	v	
nsurance Flag Open Policy nfo Certificate nfo	No						
	older Mailing Address						
ddress 1	9 TAGORE LANE	Addres	ss 2	#02-01 9 @ TAGOR	E A	Address 3	SINGAPORE 787472
ddress 4		Addres	ss Type	Singapore address	p	ost Code	787472
nit No.	02-01		d Policy	5099407589			
D Insured	Object: SLQ2449U	Numbe	er	3025407303			
□ Endorse	454 75414.0n						
		<	0.000000000	\$0.0.00 pp. 120	-		
Sequenc	Date of Endorsement 26/01/2018 00:00	Endorsemen Basic Informati Endorsement	AND PARTY	Endorsement Number	Endorseme Endorseme Effective	eent Status nt Take	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SJB9846M 24-01-2018 \$1,640.47 In view of this amendment, a refund of \$1,640.47 (inclusive of GST) will be adjusted against the outstanding premium.
	06/02/2018 00:00	Basic Informati Endorsement	on	000001286751065	Endorsemen Effective	it Take	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SJC2936C 06-02-2018 \$1,322.06 In view of this amendment, a refund of \$1,322.06 (inclusive of GST) will be adjusted against the outstanding premium.
	08/05/2018 00:00	Basic Informatio Endorsement	on I	000001286812149	Endorsemen Effective	t Take	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: CHASSIS NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GK81201490 10-05-2018 \$964.64 In view of this amendment an additional premium of \$964.64 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you

Accident MT/0998227							
Policy No.	5087560017-01	Vehicle No.	SLQ2449U	GST Registration	No.		
Policyholder Name	TW: AUTOMOBILE					**********	
Product Code	FLEET INSURANCE	- Francisco		Policyholder NRIC		53333500x	
		Cover Type	drive CLASSIC	Loading		0	
Contact No.(Mobile)	89669174	Contact No.(Office)	٥	Contact No.(Home	e)	0	
mail Address		Special Hemark		eCode		14 V	
KFK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason			
VCD Protection	No	NCD Entitlement(%)	0	Private Hire		Yes	
P Accident Details				Automorphism			
eport Date	11/08/2018 19:31	Accident Report Within 24 hrs	Yes	Acceptance to the		Water and the second	
and the same			169	Acadent Type		Collision - Head on	collision
Nate of Accident	09/05/2018	Time of Accident hh:mm	00:45	Country of Accide	int	Singapore	
Reporting Centre		Orange Force		ICM No.			
Vocident Location	BLK 148 GANGSA RD OPEN SPACE CARPARY						
▽ Benefits							
© Excess							
wn damage Excess	2,000.00	Additional Excess	0	W2012 S			
nnamed Driver Excess	1,444-40			Windscreen Exces	18	100.00	
	0.20202	Outside Singapore OD Excess	2,000.00				
nird Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00				
GST Registered Inform							
ST Registered	No		GST Registration Date				
T Registration No.			GST Status Verified	Yes			
adification History							
Policyholder Hailing Ad	Mress						
ddress 1	9 TAGORE LANE	Addresa 2	#02-01 9 @ TAGORE	Address 3		SINGAPORE 78747	2
ddress 4		Address Type	Singapore address	Post Code			
vt No.	02-01	Related Policy Number		THE CASE		787472	
DI Driver Info	are the same of th	Assets Forcy Number	5099407589				
	Manager and Transport		150000000000000000000000000000000000000				
Iver Name	Unnamed Driver	Driver Type	Unnamed Driver				
named driver Name	LUM WAI KHUAN DORAN (LIN Y	Driver NRIC	58240167[Driver DOB		24/11/1982	
gister Date of Driver License	20/05/2003	Driver Age	35	Driving Experience		15	
entact No.(Mobile)	81265771	Contact No.(Office)	0	Contact No. (Home		0	
dress 1	BUK 145	Address 2	GANGSA ROAD	Address 3	5.0		
idress 4		Address Type	Singapore address			SINGAPORE 670146	
		ever more + EARS	WITH SECURITY SECURIT	Post Code		670148	
	10-303		30-50100-200-200	V000009999			
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et No. Hes he own a Singapore	10-303 ① Yes ② No.	Driver Vehicle No.		Driver Insurer Com	npany		
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nt No. Hes he own a Singapore gistered car? Claration eathstyser or Blood Tasz			○ Yes ® No		npany		
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nit No. oes he own a Singapore agistered car? colaration reathslyser or Blood Test eading?	○ Yes ® No	Driver Vehicle No.	avolts and remarked at		npany		
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t No. 15 he own a Singapore patered car? Saration 16hation Flood Tast 16hg?	○ Yes ® No	Driver Vehicle No.	avatura esta esta esta esta esta esta esta est		npany		
t No. Is he own a Singapore patered car? faration athalyser or Blood Tast iding? affication History Jalm 001 New	○ Yes ® No Ó mg	Driver Vehicle No.: Any injury?	○ Yes ® No		npany		
et No. es he own a Singapore gistered car? Claration eathalyser or Blood Tast ading? Sification History Claim 001 New im Type *	○ Yes ® No O mg	Driver Vehicle No.	avatura esta esta esta esta esta esta esta est		24.00	53333500X	
et No. es he own a Singapore gistered car? Claration eathalyser or Blood Tast ading? Sification History Claim 001 New im Type *	○ Yes ® No Ó mg	Driver Vehicle No.: Any injury?	○ Yes ® No	Driver Insurer Com		53333500x	
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es he own a Singapore gatered car? Seration Hithalyser or Blood Task adding? Silication History Claim 001 New Im Type * Hact No. (Mobile) Bit Address Im Description	○ Yes ® No O mg	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number	○ Yes ® No TW AUTOMOBILE SLQ2449U	Oriver Insurer Continued NATIC Contact No. (Office)			
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et No. es he bern a Singapore gatered carr Claration eathalyser or Blood Tast ading? cification History Claim 001 New em Type + Mact No. (Mobile) ai Address am Description ferred Workshop Contact	○ Yes	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number	○ Yes ® No TW AUTOMOBILE SLQ2449U	Driver Insurer Com Insured NRIC Contact No. (Office) TP Vehicle Number	Workshop		
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