Date In: 31/7/18 -12:46	Jeb description	Date &Time Completed	Done by
Ref No: NA   MCRO 13889   24	SAS e-filing		
Veh No: SP8474E	E-mail (within 8hrs, AIC 2hrs)		740.
D.O.A: 71/2/8-10:70	i-Motor Claim Form	M11007376 001	76:41 81/41E
	I-Motor W/O (Within: OD 2)		
OD TP Reporting Only	i-Photo Uploaded	<u> </u>	
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW	:(	Tel: F	ax:
TP Particulars: Veh No:	MB35206 . INC	( )/Non-INC( ).	
Owner / Driver: (		Tel:	)
Policy No: ( )	Period: ( )	Cover Type: (	)
Confirmed by : (	Date:	Time:	~)
Insured/Driver Liability: (	%) [Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-	100%]
Year of Registration: (	) Warranty: YES ( )/NO(	)	
Excess: (\$ ) Loading:	\$1,000()/\$2,000()		
General Remarks:-			Som S
	s information strictly Confidential & S	- Historian Contract	100 Miles
( ) Total Loss Case : to e-mail In	nsurer URGENTLY.	7 44 5 3	
Drive-In ( )/Towed-In ( ); In	voice: YES( ) / NO( );	Towing Co: (	, )
		Date & Time Completed	Done by
Remarks:- (INC horline: 6788 661		Dates: 11116 Comple 34	Delicary
I Anniv for Transfort of Commance	1/('Ourteen ('or (		
1) Apply for Transport Allowance (			-
2) QC Check / Post Repair Inspection	( )	-	
	( )		
2) QC Check / Post Repair Inspection	( )		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost  Injury:	( )		
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury:  Date/Time Actions	Invoice Pr	charation Checklist.  At Reporting (\$30);  Assessment (\$100); INC (\$100);  Fee \$40  Through Survey (Resurvey)  against INC Only (wef 10 Jan 200);  cetion  A + SMRT Survey  ional Services:-  by Car / Tpt Allowance  Co-ordination  pair Inspection  collect Excess Coordination	Anit (\$) Amt (\$)  Fit Bill Add Bil  80) 0/\$45 \$120 \$30 \$5) \$75 \$160  \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5
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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.
- 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.	
SERVICE CONTRACTOR OF THE PROPERTY OF THE PROP	ACCIDENT STATEMENT
Date Of Report	31/07/2018 12:46
Date Of Accident	31/07/2018 10:30
Exact Location Of Accident	ALONG YIO CHU KANG RD BEFORE JUNC CACTUS RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJP8424E
Insured/Policyholder	
Name Of Registered Owner	SHIRLEY LIM XUE LI (LIN XUELI)
NRIC No	S8110305D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93299290
Alternative Phone No	OFFICE-93299290
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A
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	THIRD PARTY
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	E063345340.04

Policy Number 5063345349-04

Cover Note Number

# Driver

Name of Driver LIM PENG KOON (LIN BINGKUN)

 NRIC No
 S7834426A

 Date Of Birth
 18/11/1978

 Occupation
 OUTDOOR

 Date Of Driving Pass
 16/12/2003

Driving Experience 14 YEARS AND 7 MONTHS

Gender MALE

Mobile Number +65-93299292

Fax Number

Contact Number OFFICE-93299292

EMail Address NOEMAIL

Address BLK 271A SENGKANG CENTRAL

#10-263

Postcode 541271

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

-

#### General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR
Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 3

Passenger 1

NAME:

: SHIRLEY LIM XUE LI (LIN XUELI)

GENDER: : FEMALE

Passenger 2

NAME:

: SHERZANNE LIM XUAN TING

GENDER: : FEMALE

## 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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY ALONG LANE 2 YIO CHU KANG RD AS IT WAS CONGESTED. SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR PORTION. AFTER AN IMPACT, MY VEHICLE MOVED FORWARD AND HIT ONTO VEHICLE C REAR PORTION.

#### 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

SMB3520G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

BUS

Name of Driver

LUO YONG

NRIC/Passport Number

G2379074U

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SKM2847L

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)

2

Passenger 1

NAME:

GENDER:

## **DETAILS OF INJURED PERSON 1**

Name LIM PENG KOON (LIN BINGKUN)

Approximate Age

Injuries Sustain

**HEAD & DIZZY** 

Injured person in which vehicle?

SJP8424E

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

## **DETAILS OF INJURED PERSON 2**

Name SHIRLEY LIM XUE LI (LIN XUELI)

Approximate Age

Injuries Sustain

HEAD, NECK, BACK & ANKLE

Injured person in which vehicle?

SJP8424E

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address Postcode

## **DETAILS OF INJURED PERSON 3**

Name SHERZANNE LIM XUAN TING

Approximate Age

Injuries Sustain

HEAD

Injured person in which vehicle?

SJP8424E

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address

Postcode

#### 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 <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:
  - (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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Da [	A: SIPSYZYE
	E: SMB3520G
S A	C: SKM2847L
2 B	

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Security of the section of the security of the control of the security of the	
zeter to startement.	

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.:



## GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

	ADDENDUM
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:
	Original Report No : MNA18098774 Vehicle Registration No: JP8494E
	Name (as shown in NRIC): hm Peng Koon Chy Bigling NRIC/FIN/Passport No: 578344264
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
	Address : Plk 2714 Singlang ants (\$10.263 Singapore(\$41271)
	Contact (Tel) : Mobile No. : 93299291
	Email Address :
	Date of Accident : 31 3/8Time of Accident : 10:20
	Place of Accident: Along to the King My Setre justion cactus Rx.
	Insurance Company: NTJC
(B)	ADDITIONALINFORMATION / AMENDMENTS:
	Amend Vehicle B - SMB35204 -
	Mar at
	Policyholder / Driver's Signature  Date:  Reporting Centre Personnel's Signature  Name:  NRIC/FIN No.:

Date:

# REPUBLIÇ OF SINGAPORE IDENTITY CARD NO. S7834426A



LIM PENG KOON (LIN BINGKUN)



CHINESE Date of birth

18-11-1978

tryPlace of birth SINGAPORE



DRIVING LICENCE REPUBLIC OF SINGAPORE S7834426A LIM PENG KOON (LIN BINGKUN) EITH Date! 18 Nov 1978 Table Date: 04 Nov 2016

5673558



IC No. S7834426A

03-11-2016

APT BLK 271A SENGKANG CENTRAL #10-263 SINGAPORE 541271

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

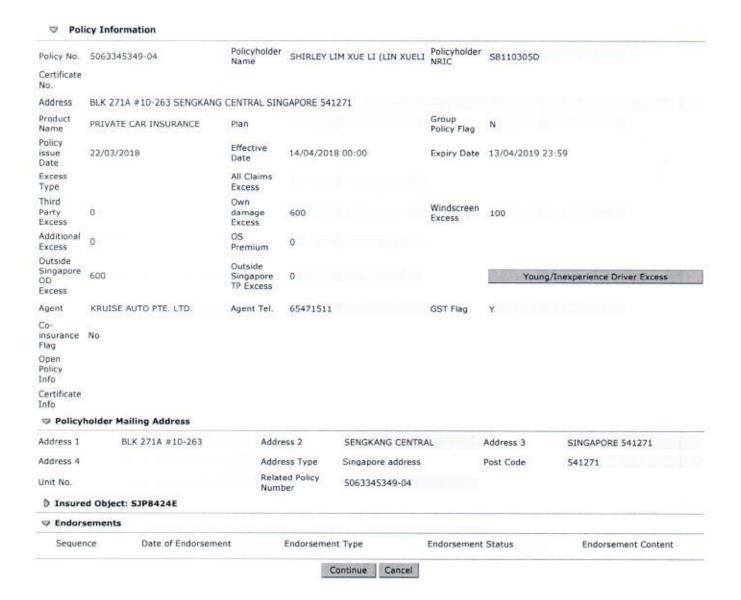
16 Dec 2003

Class 4

Motor cars with uniaden weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with uniaden weight =< 2500kg Motor vehicles which are constructed to carry load or passengers and the uniaden weight > 2500kg Motor vehicles which are not constructed to carry load or passengers and the uniaden weight =< 7250kg load or passengers and the uniaden weight =< 7250kg

NP 428A

<b>eBao</b> Tech										Genera	Claim
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	• Chan	ge Password	• Log Out
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	io.				Date	of Accident	3	1/07/2018	10:30	
	Vehicle	No.(For Motor)	S)P842	4E		Certif	icate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5063345349- 04		SHIRLEY LIM XUE LI (LIN XUELI)	58110305D	GPC	drivo CLASSIC	S)P8424E	S3P8424E	14/04/2018	13/04/2019
						Continue	1				



Insured NRIC Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  Confidencial Urgen  V Normal  V Normal  V Normal	\$81103050  \$M83502G  Received
Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  Confidencial Urgen  V Normal	SM835026  Received  31/07/2018 00:00   Secription •
Contact No. (Office)  TP Vehicle Number  Name of Preferred Workshop  GIA report  Date Received  Contidencial Urgen	SM835026  Received  31/07/2018 00:00
Contact No. (Office)  TP Vehicle Number  Name of Preferred Workshop  GIA report  Date Received	SM835026  Rectived  31/07/2018 00:00
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Contact No. (Office)  TP Vehicle Number	
Contact No. (Office)	
Contact No. (Office)	
Contact No. (Office)	
	581(0305D
Insured MKIC	581(0305D
Driver Insurer Company	
Post Code	541271
Address 3	TIVELA
Contact No.(Home)	0
Driving Experience	14
Driver DOB	18/11/1978
Post Code	541271
Address 3	SINGAPORE 541271
	500,000,000,000
(1946)	
Yes	
Windscreen Excess	100.00
	100.00
JCM No.	
Country of Accident	≲ingapore
Accident Type	Chain Collision
Private Hire	No
eCode Reason	
eCode	n. v
Contact No.(Home)	0.
Loading	0
Policyholder NRIC	\$81103050
GST Registration res.	
GST Registration No.	

