NATIONAL Assessment Cer	INTI C DEL LICCO. [ME: 133103]	MAINTE		
Date In: 23/4/18 -17: 38	Jeb description	Date &Time Completed	Done b	,
Ref No: NA) 14980 17247 /24	SAS e-filing			
Veh No: Jkz8237	E-mail (within Shrs, AIC 2hrs)			
D.O.A : 27/5/18-12:10	i-Motor Claim Form	M7 10 08 477 - 001	: FI 8/2/5C	46
	i-Motor W/O (Within: OD 2			
OD (TP !) Reporting Only	i-Photo Uploaded			
TD	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hane	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(	Tel:	Fax:	
TP Particulars: Veh No: 6	DEAT67E . INC	( )/Non-INC( )	0	- ASSICE
Owner / Driver: (		Tel:	)	****
Policy No: ( )	Period: (	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	2007
Insured/Driver Liability: ( %	Note-Est Status (WO): N: 0-	20%; P: 21-79%. P: 80-	100%]	J.
Year of Registration: ( )		)		
	\$1,000( )/\$2,000( )			
General Remarks;-	CORNER A CONTRACTOR AND		745 Q. T.	-
TO WARE THE THE COMMENT AND AND THE STATE OF			and a second sec	
( ) Walk-In Customer: Customer's i		Strictly NO rater of repairer.		
	surer URGENTLY.			
Drive-In ( )/ Towed-In ( ); Invo	oice: YES( ) / NO( );	Towing Co: (		)
Remarks: (INC hotline: 6788 6616	nest the state of	Date&Timis Completed	Done b	у -
				(6)
1) Apply for Transport Allowance ( )	/ Courtesy Car ( )	10 (2000)		
Apply for Transport Allowance ( )     QC Check / Post Repair Inspection	( )			
	( )			
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost >	( )			
2) QC Check / Post Repair Inspection	( )			
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost >	( )			C Mary Res
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	( )			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	( )		TEMPLOSES ST.	C 191, 61
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	( )		TANK MARKANIN SE	,
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2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions	( ) - \$3000] ( ) Invoice Pr	eparation Checklist	All Control of the Co	
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  Actions  aimant's Particulars:	( ) - \$3000] ( ) -	nt Reporting (\$30); e Assessment (\$100); INC (\$8 Fee \$40	The Bill	
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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.
- 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 ladgement 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

All the Control of th	ACCIDENT STATEMENT
Date Of Report	23/08/2018 17:38
Date Of Accident	23/08/2018 12:10
Exact Location Of Accident	WOODLANDS SPECTRUM II CARPARK
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKZ8237P
Insured/Policyholder	
Name Of Registered Owner	LIM BENG CHONG
NRIC No	S1766250C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97512340
Alternative Phone No	OFFICE-97512340
Vehicle Particulars	
Manufacturer	HONDA
Model	CRV SPORT 2.4 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	5100288127
Cover Note Number	

LIM BENG CHONG

NOEMAIL

#### Driver

Name of Driver

EMail Address

NRIC No	S1766250C
Date Of Birth	15/10/1966
Occupation	INDOOR
Date Of Driving Pass	06/07/1992
Driving Experience	26 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97512340
Fax Number	
Contact Number	OFFICE-97512340

BLK 104 PUNGGOL WALK Address

#10-11

Postcode 828792

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

2 Number of Passengers (Including Driver)

Passenger 1 NAME: : TAN MENG KWANG

> GENDER: : MALE

NO

NO

**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

REFER TO STATEMENT.

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 **GBF7567E** Vehicle Make/Model/Colour TOYOTA HIACE

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver MOHD ZULFAKAR BIN MOHD AMIN

NRIC/Passport Number S9525177C Contact Number 91187617

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF INJURED PERSON 1**

LIM BENG CHONG Name

Approximate Age

NECK & BACK Injuries Sustain SKZ8237P Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode YES NO

**DETAILS OF INJURED PERSON 2** 

TAN MENG KWANG Name

Approximate Age

Were seat belts worn?

Injuries Sustain NECK & BACK Injured person in which vehicle? SKZ8237P

Was this injured conveyed to hospital by

ambulance?

Address Postcode

YES

NO

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

- Please report <u>correctly</u> 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.:

SKETCH PLAN						
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CLARATION					_	120
Ve declare the foregoin	ng particulars are tru	ie in every respect.				10
29)						MM

Date & Time:

Oriver's Signature (If driver is not the policyholder) Date & Time:

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

Starting Sketch PhoForm\_v3

#### SINGAPORE ACCIDENT STATEMENT

#### **IMPORTANT NOTICE**

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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.

Any false reporting may be referred to the traffic police department for investigation.

## **Accident details**

Date and time of accident	Date:	23 Ay.	2018	(DD/MM/YY) Tim	e: 1210	(HH:MM)
Exact location of accident				Doedland		2

## **Details of vehicle**

Vehicle registration number	Stz 8237P
Vehicle make and model	Honda CRV
Type of vehicle	Saloon MPV CRV Van CLorry Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	phrate.
Are you claiming under your own insurance company?	Yes  No if no, please select:  Third part claim Reporting only

## **Insurance information**

Insurance company	MAL		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only

## Insured / Policy holder

Name	LEM Bens Chous	Male Female
NRIC / Fin / Passport number	817662/soc	The second secon
Contact	9751 2340	
Address	Block 104 Runged Walk	
	#10-11 Sempapore 828782	

#### Driver

## Same as insured above (skip to D.O.B)

Name		Male 🗆	Female
NRIC / Fin / Passport number		mare L	i cindic L
Contact			
Address		8	
Email address			
Date of birth	15 Oct 1866		
Occupation	Indoor D Outdoor D		
Driving date pass	Ob July 1892		

# General information of the accident

Was driver an employee of the insured's company?	Yes  No  If no, relationship of the driver and insured:	Leff
Accident captured by camera?	Yes D No D	
Weather condition	Clear Raining Others:	
Road surface	Dry Wet D	
No of passenger	2	(Inclusive of driver)

# Passenger 1

Name	
Gender	Male Female

## Passenger 2

Name		
Gender	Male  Female	

# Passenger 3

Name			
Gender	Male p	Female □	

## Passenger 4

Name		
Gender	Male  Female	

## Passenger 5

Name		
Gender	Male  Female	

## Passenger 6

Name	
Gender	Male   Female

# Other information

Was anybody injured?	Yeş	No 🗆	
Was other vehicle damaged?	Yes	No 🗆	

## Details of police action

Reported to police?	Yes 🗆	Nat	If yes, please state which police station.
Police station name		-	

# Third party vehicle 1

Name	Mohol Zulfakar Ben Mohol Andro
Contact number	9118 7617.
NRIC / Fin / Passport number	895251770
Vehicle registration number	GBF 7567E
Vehicle make model	Torrote Heave.

# Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 5

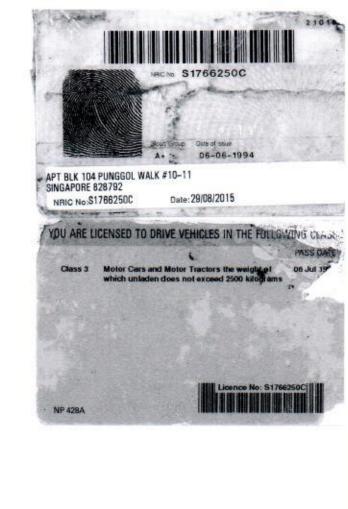
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

hospital by ambulance?

Witness 1	
Name	
Witness 2	
Name	
Injured person 1	
Name	Lem Benj Cheny
Injuries sustained	Meck & back
Which vehicle person in?	SEZ 8037P
Were seat belts worn?	Yes No a
Was injured conveyed to hospital by ambulance?	Yes D No.D
Name	Ton meny kwany.
Injuries sustained	Hech & back
Which vehicle person in?	Skz 813 fl
Were seat belts worn?	Yes. No D
Was injured conveyed to	Yes D No.D
Injured person 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes D No D
Injured person 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗆 No 🗅
Was injured conveyed to	Yes 🗆 No 🗆





eBaoTech								GeneralClaim		
Hello, NAC_PAYA_UBI_80	0601					• Change	Language	• Chang	e Password	Log Out
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Natice of Loss	Policy No.				Date	of Accident	2:	3/08/2018 1	2:10	
	Vehicle No.(For Motor)	SKZ8237	'P		Certif	icate Number				
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	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5100288127		LIM BENG CHONG	S1766250C	GPC	drivo CLASSIC	SKZ8237P	5KZ8237P	19/06/2018	18/06/2019
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March   Marc	laim Handling					9
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STANDER STAND	folicy No.	5100288127	Vehicle No.	SKZ8237P	GST Registration No.	
# MINITER DEFINITION DEFINITION OF THE PROPERTY OF THE PROPER	Dertificate No.					
## Cont   MINITER DEFORMATION CONT   MINITER DEFORMATION   MINITE	rolicyholder Name	LIM BENG CHONG			Policyholder NR3C	\$1766250C
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Simple	mail Address	100250360				[m·V]
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March   Marc						
MODULATION   CAMPAIN   C		23/08/2018		12:10		Singapore
Marcon   M	-		Orange Force		ICM Na.	
Marrie   M	cident Location	WOODLANDS SPECTRUM II CARPARK				
Mariane   Mode   Matter   Mode   Matter   Mode   Matter   Mode	- Benefits					
Color   Colo	Excess					
Control   Cont	in damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
### 1	named Driver Excess	0.00	Outside Singapore OD Excess	600,00		
Magesterand   No	nd Party Excets	0.00	Outside Singapore TP Excess	0.00		
Part	GST Registered Informa	ation				
## Polity Polit	T Registered	No		Control of the Contro		
Policy backles Mailing Address	T Registration No.			GST Status Verified	Yes	
Section   Sect	dification History					
Section   Sect		12000				
Address Type					- Control of the Cont	
All SERVED CHOICE   STOCK	dress t	104 PUNGGOL WALK				
17   17   17   17   17   17   17   17	dress 4		Address Type	Singapore address	Post Code	828792
Main Drope   Mai	it No.		Related Policy Number	5100288127		
Device Policy   Device Poli	OI Driver Info					
Set College   State of Driver Locates   Set   Support   State   State   Support   State   Support   State   Support   Suppor	ver Name	LIM BENG CHONG	Driver Type	Main Driver		
March   Mar	named driver Name		Driver NRIC	\$17662\$0C	Driver DOB	15/10/1966
Marie   Mari	pater Date of Driver License	06/07/1992	Driver Age	51	Driving Experience	26
Address Type   Description   Marce   M	ntact No.(Mobile)	97512340	Contact No.(Office)	0	Contact No.(Home)	0
No. 10-11 The own a Singapore   Ves ® No   Driver Vehicle No.   Driver Delurer Company    Interest and   Ves ® No   Driver Vehicle No.   Driver Delurer Company    Interest and   Ves ® No   Driver Delurer Company    Interest   Ves ® No   Driver Delurer Company    Interest   Direct   Driver Delurer Company    Interest   Driver Delurer Company	dress 1	104 PUNGGOL WALK	Address 2	TWIN WATERFALLS	Address 3	SINGAPORE 828792
Total of Biology   Driver Vehicle No.   Driver No.   Driv	dress 4		Address Type	Singapore address	Post Code	828792
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### Any injusy?  #### Dom Misser or Bood Test  #### Dom Misser  ##### Dom Misser  ##################################	es he own a Singapore	☐ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
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Type of Benefit * Preace Select	ntact No. [Mobile]	97512340	Contact No.(Home)	66115400	Contact No. (Office)	
Taken By Sare Submit  Sare Subm	ail Address	johnam2340@yahoo.com.sg	OI Vehicle Number	SKZ8237P	TP Vehicle Number	G8F7567E
In Description  SK282379 / GBF7567E ON 23 Aug 2018  Insured Uability † Not at Fault  Insured Workshop Combot  Insured Liability † Not at Fault  Insured Workshop, Name unknown V  GIA report  Received  23/08/2018 17:56  Claim Close Date  Date Received  23/08/2018 00:00  Preferred Workshop, Name unknown V  GIA report  Received 23/08/2018 00:00  Preferred Workshop, Name unknown V  GIA report  Received 23/08/2018 00:00  Preferred Workshop, Name unknown V  GIA report  Received 23/08/2018 00:00  Taken By  Jacksion  Date Received 23/08/2018 00:00  Save Submit  Lachment  Lachment  Discription *  Path *  Category *  Confidential Urgency *  Description *  Browse  Browse  Deat Please Select V  Normal V  Normal V  Browse  Browse  Browse  Date Please Select V  Normal V	mant Type Claimant Type *	Please Select 💟	Type of Benefit *	Please Select		
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