| | ntre Services. Met 1 Janios M | CAUSING ASSESSMENT | |
|--|--|---|---------------|
| Date In: 1/9/12-11:72 | Jeb description | Date & Time Completed | Done by |
| Ref No: NA / NC 180 15966/24 | SAS e-filing | | |
| Vch No: JA GASSI | E-mail (within Shrs, AIC 2hrs) | | |
| D.O.A: 218/18-1050 | i-Motor Claim Form | m11009201-001 | 19/18 11:47 |
| OD TP Reporting Only | i-Motor W/O (Within: OD 2hr | | |
| OB ATT A Reporting Only | i-Photo Uploaded | | |
| TD I | Assessment/Survey Report | | |
| TP Insurer: | Ass't Report by Fax / Hand | to Owner/Wksp | |
| Preferred Wksp / INC Assign Wksp / QW: | | The same of the sa | ex: |
| TP Particulars: Veh No: J | LX 61691 . INC (| | |
| Owner / Driver: (| 1 | Tel: | , |
| Policy No: () | Period: () | Cover Type: (| , |
| Confirmed by : (| Date: | Time: |) |
| Insured/Driver Liability: (% | Note-Est Status (WO): N: 0-2 | | 10041 |
| V cn i i | | 076, F. 21-7976. F: 50-10 | 70%0] |
| | |) | |
| | 51,000 ()/\$2,000 () | | |
| General Remarks:- | 「大きょう」のできょうとうと | AND THE RESERVE OF THE PARTY OF | |
| | | | 9400 dt |
| () Walk-In Customer: Customer's i | | ictly NO refer of repairer. | |
| () Total Loss Case : to e-mail Ins | urer URGENTLY. | * * | 18 |
| Drive-In ()/ Towed-In (); Invo | pice: YES() / NO(); To | owing Co: (| . 1 |
| | | wing co. (| |
| Remarks: (INC hotline: 6788 6616 |) | Date&Time Completed | Doneby |
| 1) Apply for Transport Allowance () | / Courtesy Car () | | |
| , , , | , courtesy car (| 100 | |
| | | | |
| 2) QC Check / Post Repair Inspection | | | |
| 2) QC Check / Post Repair Inspection | | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > | | | |
| 2) QC Check / Post Repair Inspection | | | |
| 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: | | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: | | | DESCRIPT. |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: | | | |
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| 2) QC Check / Post Repair Inspection B) Upload Resurvey Photo [Repair Cost > Injury: Actions | () \$3000] () | aration Checklist. | Ani((S)) Aint |
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| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Pate/Time Actions Algorith Limant's Particulars:- | [] [] [] [] [] [] [] [] [] [] | teporting (\$30); ssessment (\$100); INC (\$80) \$ \$40/\$4 | (je.Biji) Add |
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| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Pate/Time Actions dimant's Particulars:- ver/Owner: | Invoice Prep 1) AR: Accident F 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-The 5) FT: Follow-The | teporting (\$30); ssessment (\$100); INC (\$80) 540/\$4 ough Survey \$12 | fat Bijli Add |
| QC Check / Post Repair Inspection B) Upload Resurvey Photo [Repair Cost > Injury: Pate/Time Actions Liminates Particulars:- ver/Owner: | Invoice Prep Invoice Prep I) AR: Accident F DA: Damage A J) TF: Towing Fe For Claiming age To TR: Re-inspection | teporting (\$30); ssessment (\$100); INC (\$80) s | fit Bijl Add |
| QC Check / Post Repair Inspection B) Upload Resurvey Photo [Repair Cost > Injury: Pate/Time Actions Liminates Particulars:- ver/Owner: | Invoice Prep Invoice Prep 1) AR: Accident F 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-The 5) FT: Follow-The For claiming age 6) TR: Re-inspecti 7) N1: Idac DA + | teporting (\$30); ssessment (\$100); INC (\$80) \$ \$40/\$ ough Survey (\$12 ough Survey (Resurvey) \$3 inst INC Only (wef 10 Jan 2005) on \$7 SMRT Survey \$16 | fit Bijl Add |
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| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions umant's Particulars:- ver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge): | Invoice Prep Invoice Prep 1) AR: Accident F 2) DA: Damage A 3) TF: Towing Fer 4) FT: Follow-The 5) FT: Follow-The For claiming age 6) TR: Re-inspect 7) N1: Idae DA + 8) NTUC Addition OD* *N5: Courtesy C *N6: Repair Ca- *N7: Fost Repair *N8: DV / Colle TP (N11): TP (| teporting (\$30); seessment (\$100); INC (\$80) \$ \$40/54 ough Survey (Resurvey) \$3 inst INC Only (wef 10 Jan 2005) on \$7 SMRT Survey \$16 al Services:- for / Tpt Allowance \$5 ordination \$1 r Inspection \$2 et Excess Coordination \$2 | 15 Bill Add |
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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.
- 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

| | ACCIDENT STATEMENT |
|---|--|
| Date Of Report | 01/09/2018 11:32 |
| Date Of Accident | 31/08/2018 10:50 |
| Exact Location Of Accident | A STATE OF THE STA |
| Country/State of Loss | PIE (CHANGI) BEFORE ENG NEO AVE EXIT SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SJA6775J |
| Insured/Policyholder | SJA6775J |
| | DIVERSIT |
| Name Of Registered Owner | RIVERLI |
| Co Reg No Email Address | 53358656M |
| | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-90288480 |
| Alternative Phone No | OFFICE-90288480 |
| Vehicle Particulars | |
| Manufacturer | HONDA |
| Model | AIRWAVE 1.5M A |
| 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 |
| f 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 | 5095819163 |
| Cover Note Number | |
| | |

Driver

Name of Driver LUI AI MEI NRIC No S6974370F Date Of Birth 20/03/1969 Occupation INDOOR Date Of Driving Pass 24/12/2009

Driving Experience 8 YEARS AND 8 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-94550928

Fax Number

Contact Number OFFICE-94550928

EMail Address NOEMAIL

BLK 370 BUKIT BATOK STREET 31 Address

#08-221

Postcode 650370

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 COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance?

YES

Was any other material or property damaged?

YES

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 HONG KAH NORTH NEIGHBOURHOOD POLICE POST

ROAD: BLK 370 BUKIT BATOK STREET 31, POSTCODE: 650370, Police Station Address

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-5679999 - FAX NO: 65652508

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180831/2122.

Attachment(s)

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

Remarks/ Reasons: VIDEO FOOTAGE WITH TRAFFIC POLICE

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLX6269J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver LIM GUO DONG

NRIC/Passport Number

Contact Number 90227344

Address Postcode

Insurance Company Name

YES

DETAILS OF INJURED PERSON 1

Name LUI AI MEI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJA6775J

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode

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.
- 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.
- 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.
- 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 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)
 - (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 Sig Date & Time:

(If driver is not the policyholder) Date & Times

12.50 Aus

Reporting Centre Personge a Signature

Name:

NRIC/FIN No.:

(A) SJA 6775 J (B) SLX 6269 J. SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DECLARATION

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

53358656M

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnell Signature Name:

NRIC/FIN No.:

| Vehicle No. | SJAG775J Model/Make Honda Alycoard |
|-----------------------------|--|
| Date of Accident | 31/4/15 |
| Time of Accident | 10-30 gm HRS |
| Location of Accident | PIE toward Changi before Eng New Exit |
| Exact purpose use during ac | |
| Name of Owner | Riverti |
| Telephone No. | H/P: 70288480 Home: Office: |
| NRIC | 53358656M |
| Address | R4K 370, Buket Batok St 31 408-221 (8) 650370. |
| Claim type | OD THIRD PARTY REPORTING ONLY |
| Insurance Company | NTILC . |
| Type of Coverage | Comprehensive Third Party Third Party / Fire / Theft |
| Policy No. | 5095819163 |
| 1 0.00) 11.01 | 70/10/1183 |
| Name of Driver | As Above If No.) Lui AI MZI. |
| NRIC | S 6974370 F . Any Passengers : N. A |
| Date of birth | 20/03/1969 : Ally Passengers : W. 17 |
| Occupation | Outdoor / Indoor |
| Driving License Pass Date | |
| Gender | Male / (Female) |
| Contact No. | |
| Address | H/P: 9H550928 Home: Office: |
| Driver have any own vehicle | BCK 370, Buket Batok St 31 #08-221(8) 650370 |
| Relationship | , , , , , , , , , , , , , , , , , , , |
| Weather condition | |
| | Clear Raining Other |
| Road Surface | Dry Wet Other |
| Any Injuries | No, Of Yes Who? |
| Name And Contact No. | Liu Ai Mei (H/P: 94550928). |
| Name And Contact No. | 11 (11 11 11 11 11 11 11 11 11 11 11 11 |
| Police Report | No. (If Yes, Where? Hong Kah North NPP. SIX 61695 Any Passengers: N.A. Lim Guo Dong Contact No.: 90227344. |
| Vehicle B No. | SIX 6169 5 Any Passengers: N.A. |
| Name of Driver | |
| Vehicle C No. | Any Passengers : |
| Vehicle D No. | Any Passengers: |
| Vehicle E no. | Any Passengers: |
| Vehicle F No. | Any Passengers : |
| Vehicle G No. | Any Passengers : |
| Witness Name | N-A. Witness Contact: |
| Accident Portion | (Yes) With traffee police. |
| Camera Recorder | (Yes) With tinffee police. |
| Email Address | |
| | |
| | |
| PARTICULAR WORKSHOP | Twencar · |
| CONTACT NO. | 6842 0051 / 6744 0510 |
| CONTACT PERSON | Yeixin - |
| FAX NO | 6741 0510 |



Yes

1 of 3

Report No. T/20180831/2122

Police Station Of Origin: Hong Kah North NPP 370 Bukit Batok Street 31 #01-201 SINGAPORE 650370 Tel No: 1800-5679999

REPORT OF A TRAFFIC ACCIDENT Station Diary No.: Vide Report No.: Date/Time Report Made: 31/08/2018 18:05

Informant's Particulars Address: APT BLK 370 BUKIT BATOK STREET 31 #08-221 Name of Informant: LUI AI MEI SINGAPORE 650370 Contact No .: ID Type / ID No Mobile: 94550928 Home/Office: NRIC NO / S6974370F Email: Nationality: SINGAPORE CITIZEN Type of Informant: Date of Birth: Sex: Age: Driver 49 20/03/1969 Female Institution / School Name: Language: Race: Chinese Driving Licence Information: Occupation: Date of Expiry: Class: 3 SALES EXECUTIVE

General Information of the Accident Type of Location: Drink Date/Time of Injury Type of Straight Road Drive: Accident: Conveyed By Ambulance Accident: 31/08/2018 10:50 No Location: Along Road 1 PAN ISLAND EXPRESSWAY ALONG PIE TOWARD CHANGI NEAR ENG NEO AVENUE Road Speed Limit: Road Surface: Weather: Clear Dry Traffic Control: Traffic Volume: Traffic Flow: Light Type of Collision: Anyone conveyed by Between Moving Vehicles - Head To Rear ambulance:

| Details of Vehicle Involved | | | | | | | |
|-----------------------------|------|-------|---------|-------|----------------------|-----------------|--|
| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenger | |
| SJA6775J | Car | HONDA | AIRWAVE | | Seriously Damaged | 0 | |
| SLX6269J | Car | HONDA | CIVIC | | Seriously Damaged | 0 | |

| THE RESERVE THE PERSON NAMED IN STREET |
|--|
| Use of Pedestrian Crossing: NA |
| |





2 of 3

Report No. T/20180831/2122

Police Station Of Origin: Hong Kah North NPP 370 Bukit Batok Street 31 #01-201 SINGAPORE 650370 Tel No: 1800-5679999

CONTINUATION OF REPORT

| Driver | | THE REAL PROPERTY. | | 4 3/4 | S 47% | | |
|-------------------|-------------------|--------------------|---|---------------------------------------|----------|-----------------------------------|--|
| Náme | LUI AI MEI | | | |). | S6974370F | |
| Related Vehicle | SJA6775J (Car) | | Contact No. | | 94550928 | | |
| Hospital/Clinic | NG TENG FONG GE | NERAL H | Class of Driving Date of Expiry: Expiry Date | | | | |
| Date Treatment | 31/08/2018 | | Date Dis | | - | 3/2018 | |
| No. of Days gran | ted Medical Leave | 06 | Degree o | | Serio | us | |
| Driver | | \$ 10 S | EXCEPTION OF | POSICION S | 1000 | S SELECTION | |
| Name | LIM GUO DONG | | | ID No | | S9115212F | |
| Related Vehicle | SLX6269J (Car) | | | Conta | ct No. | 90227344 | |
| Hospital/Clinic | NIL | | | Class Driving Licence Expiry | g e & | Class: NIL Date of Expiry: NIL | |
| Date Treatment | NIL | 1 1 1 1 1 1 1 | Date Disc | | NIL | | |
| No. of Days grant | ted Medical Leave | NIL | Degree o | | NIL | | |

Brief Details.

On the above mentioned date, time and location. I was driving my car, V1) SJA6775J at lane 1. Suddenly, a car, V2) SLX6269J collided onto the rear of my car causing the front of my car to hit the guard rail. At that moment, I felt pain at my chest, left shoulder and arm. I then alighted my car and exchange particulars with V2's driver. My husband came to scene and checked with V2's driver and he informed that he was changing lane and did not notice my car slowed down thus collided onto my car.

I wished to state that I did not slow down and I had in car camera in my car and had given it to the traffic police. I was then conveyed to Ng Teng Fong hospital and was given 6 days of MC



Police Station Of Origin: Hong Kah North NPP 370 Bukit Batok Street 31 #01-201 SINGAPORE 650370 Tel No: 1800-5679999

Sketch Plan

Informant is not able to provide sketch plan



T/20180831/2122

· 3 of 3

Report No. T/20180831/2122

CONTINUATION OF REPORT

| Signature Of Officer Recording The Report J / Sgt 2 TAN HUAY HOCK | Signature Of Informant: |
|---|--------------------------------|
| Signature Of Interpreter Not applicable | Date/Time: 31/08/2018 18:05 |
| Officer In Charge Of Case: TP / GIT / SI/NG CHWEE THENG Contact No.: 65476397 | Classification Of Case: |
| authentication Stamp | 100 |

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.

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S6974370F





Name

LUI AI MEI

呂

Race

CHINESE

Date of birth

Sex

20-03-1969

F

Country of birth

MALAYSIA

88974370F

4903545



NRIC No.S6974370F



Date of issue

08-11-2012

Address

APT BLK 370 BUKIT BATOK STREET 31 #08-221 SINGAPORE 650370



Birth Date 20 Mar 1969 Issue Date 24 Dec 2009



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

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 24 Dec 2009 of the driver; and other motor vehicles =< 2500kg

NP 428A





Certificate of Insurance

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

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

Certificate Number: 5095819163 Cover: drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SJA6775J
Chassis Number : GJ11203414

 2. Name of Policyholder
 : RIVERU

 3. Effective Date of Insurance
 : 17 Dec 2017

 4. Expiry Date of Insurance
 : 16 Dec 2018

5. 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.

EXCESS (SECTION 1) : \$\$2,000 EXCESS (SECTION 2) : 5\$1,500 WINDSCREEN EXCESS : S\$100 ADDITIONAL EXCESS : N/A UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : YES TRANSPORT ALLOWANCE : NO EXCESS WAIVER : NO PRIMARY DRIVER : KOH ENG ANN NAMED DRIVER (1) : LUI AI MEI NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : N/A SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency

: LQ INSURANCE AGENCY PTE LTD (00000613125)

Date of Issue

: 15 Nov 2017 14:54 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

| eBao Tech | | | | | | | in play | | 4500 | Genera | alClaim |
|------------------------|----------|----------------|-----------------------|---|----------------------|-------------|------------------|----------------|-------------------|-------------|-------------|
| Hello, NAC_PAYA_UBI_80 | 0601 | | | THE RESERVE TO SERVE THE PARTY OF THE PARTY | | all colours | + Change | Language | • Chan | ge Password | · Log Ou |
| My Desktop | Poli | cy Query | | | | | | | | | |
| Notice of Loss | Policy N | io. | | | | Date | of Accident | [3 | 1/08/2018 | 10:50 | |
| | Vehicle | No.(For Motor) | SJA677 | 753 | | Certif | icate Number | Ē | | | |
| | | | | | 1 | Search | | | | | |
| | Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence | Expiry Date |
| | 0 | 5095819163 | | RIVERLI | 53358656M | GPC | drivo CLASSIC | SJA67753 | SJA67753 | 17/12/2017 | 16/12/2018 |
| | | | | | B | Continue | | | | | |

| Policy No. | 5095819163 | Policyholder Name | RIVERLI | | Policyholder NRIC | 53358656M | |
|--------------------------------------|-----------------------------|-----------------------------------|----------------|-------------------|----------------------|---------------|----------------------------|
| Certificate No. | | | | | HRIC | | |
| Address | BLK 370 #08-221 BUKIT BATOK | STREET 31 S | INGAPORE 6 | 50370 | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | | Group Policy Flag | N | |
| Policy ssue Date | 15/11/2017 | Effective Date | 17/12/2017 | 00:00 | Expiry Date | 16/12/2018 23 | :59 |
| Excess Type | | All Claims Excess | | | | | |
| Third Party Excess | 1500 | Own damage Excess | 2000 | | Windscreen Excess | 100 | |
| Additional Excess | 0 | OS Premium | 0 | | | | |
| Outside Singapore OD Excess | 2000 | Outside Singapore TP Excess | 1500 | | | Young/ | Inexperience Driver Excess |
| Agent | LQ INSURANCE AGENCY PTE LTI | Agent Tel. | 63340783 | | GST Flag | Υ | |
| Co- nsurance Flag | No | | | | | | |
| Open Policy Info | | | | | | | |
| Certificate nfo | | | | | | | |
| Policyh | older Mailing Address | | | | | | |
| ddress 1 | BLK 370 #08-221 | Addre | ss 2 | BUKIT BATOK STRI | EET 31 | Address 3 | SINGAPORE 650370 |
| ddress 4 | | Addre | ss Type | Singapore address | | Post Code | 650370 |
| Init No. | 08-221 | Relate Number | d Policy er | 5095819163 | | | |
|) Insure | d Object: SJA6775J | | | | | | |
| | ements | | | | | | |
| Sequen | ce Date of Endorsement | | ndorsement | William . | Endorsement | 22000000 U | Endorsement Content |

| | | Browse | . Clear Please Select V | NO Y Normal | <u> </u> |
|--|--------------------------------------|---|--|---|----------------------------|
| | | Browse | . Clear Please Select V | HD V Normal | V |
| | | Browse | . Clear Please Select V | NO V Normal | ¥ |
| | Path * | DWINGS. | Category • | Confidential Urgeno | y * Description * |
| Last Doc. Received | ● Yes ○ No | Upload Date | 01/09/2018 11:49 | | |
| Accident No. | MT/1009705 | Claim No. | 001 | | |
| ▽ | To a constant | | | | |
| | | | | | |
| Attachment | | 1 | Save Submit | | |
| - Company of the Comp | | | - 100 - 1 | | |
| Print Ak letter | | | | | |
| Report Taken by | Jackson | Carri Code Date | | Date Received | 01/09/2018 00:00 |
| Date Registered | 01/09/2018 11:47 | Preferend Repair Option Claim Close Date | Preferred Workshop, Name unknown | GIA report | Received V |
| No. Require Finalisation | Yes V | Insured Liability * | Not at Fault | eu | |
| Preferred Workshop Contact | Mary Carl Bryands on 31 Aug 2018 | Innured Linkship a | First William Programmer | Name of Preferred Workshop | |
| Claim Description | SJA67753 / SLX6269) ON 31 Aug 2018 | | | | |
| Claimant Name * | 22 | Claimant NRIC * | | 0 | |
| | | Type of Benefit * | Please Select | | |
| Email Address | | OI Vehicle Number | S3A67753 | TP Vehicle Number | SLX6269) |
| Contact No.(Mobile) | | Contact No.(Home) | | Contact No.(Office) | NIL |
| Claim Type * | OD-MX | Insured Name | RIVERLI | Insured NRIC | 53358656M |
| | | | | | |
| Claim 001 New | | | | | |
| Medification History | | | | | |
| Reading ¹ | 0 mg | Any injury? | ® Yes. ○ No | | |
| Declaration Breathalyser or Blood Test | | | | | |
| Registered car? | ~ aga | Oriver Vehicle No. | | Driver Insurer Company | |
| Does he own a Singapore | ○ Yes ® No | Oriver Vehicle No. | | CONTRACTOR OF THE PROPERTY OF | |
| Unit No. | 08-221 | | | Post Cour | 650370 |
| Address 4 | | Address Type | BUKIT BATOK STREET 31 Singapore address | Address 3 Post Code | SINGAPORE 650370 |
| Address 1 | 94550928 BLK 370 | Contact No.(Office) Address 2 | 0 | Contact No.(Home) | 0 |
| Register Date of Driver License Contact No.(Mobile) | 24/12/2009 94550928 | Driver Age | 49 | Driving Experience | 8 |
| Unnamed driver Name Register Date of Driver License | 34/12/3009 | Driver NR3C | \$6974370F | Driver DOS | 20/03/1969 |
| Driver Name | I'NI VI WEI | Driver Type | Named Driver | | |
| OI Driver Info | | | | | |
| Unit No. | 08-221 | Related Policy Number | 5095819163 | Service Control | 990370 |
| Address 4 | | Address Type | Singapore address | Address 3 Post Code | SINGAPORE 650370 650370 |
| Address 1 | N.K 370 #08-221 | Address 2 | BUKIT BATOK STREET 31 | Appress 3 | SINGAPORE 650370 |
| © Policyholder Mailing Ad | idress . | | | | |
| Modification History | | | and the second s | ,4500.0 | |
| GST Registration No. | 53358656M | | GST Registration Date GST Status Venfled | 17/03/2017 No | |
| GST Registered | Yes | | GST Registration Date | A MARINE STATE OF | |
| GST Registered Inform | ation | | | | |
| Third Party Escent | 1,500.00 | Outside Singapore TP Excess | 1,500.00 | | |
| Unnamed Driver Excess | Fg51_064_6056 | Outside Singapore OD Excess | 2,000.00 | | |
| Own damage Excess | 2,000.00 | Additional Excess | 36 | Windscreen Excess | 100.00 |
| ♥ Excess | | | | | |
| Accident Location | PIE (CHANGI) BEFORE ENG NED AVE EXIT | | | | |
| Reporting Centre | | Orange Force | | ICM No. | 33.50 (10.54 |
| Date of Accident | 31/06/2018 | Time of Accident hhomm | 10:50 | Country of Accident | Singapore |
| Report Date | 01/09/2018 11:46 | Accident Report Within 24 hrs. | Yes | Accident Type | Collision - Head to Rear |
| | | | | | 100 |
| NCD Protection | Yes | NCD Entitlement(%) | 50 | Private Hire | Yes |
| KPK | ® No ○ Yes | TCA | ® No ○ Yes | eCode Reason | LOSSES. |
| Email Address | | Special Remark | | eCode | N: V |
| Contact No.(Mobile) | 90288480 | Contact No.(Office) | 0 | Loading Contact No.(Home) | 0 |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Policyholder NRIC | 53358656M |
| Policyholder Name | RIVERLI | | | | 22000000 |
| Palicy No. Certificate No. | 5095819163 | Vehicle No. | 83467753 | GST Registration No. | 53358656M |
| | | | | | |
| Accident MT/1009705 | | | | | · Ext |
| Claim Handling | | | | | 233 |

