NATIONAL Assessment C	entre Services well		1
Date In: 1/9/18-11:52	Jeb description	Date &Time Complete	Done by
Res No: MAJ INCISULGED 1724	SAS e-filing		
Veh No: 51437238 U	E-mail (within Shrs, A	AIC 2hrs)	
D.O.A: 11/9/18-09:45	i-Motor Claim Fo	m M7 1011 397-001	11/0/18 202/2
6	i-Motor W/O (With	hin: OD 2hrs, TP 4hrs)	
OD : TP : Reporting Only	i-Photo Uploaded		
	Assessment/Survey	Report	
TP Insurer:	Ass't Report by Fax	(/ Hand to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QV	V: (Tel:	Fax:
TP Particulars: Veh No:	4087571L	INC()/Non-INC()	¥
Owner / Driver: (Tcl:)
Policy No: ()	Period: () Cover Type: ()
Confirmed by : (Da	ite: Time:)
Insured/Driver Liability: (%) [Note-Est. Status (WO):	N: 0-20%; P: 21-79%. P: 80)-100%]
Year of Registration: () Warranty: YES ()/	NO()	
	:\$1,000()/\$2,000()	
General Remarks:			SCOON ST.
() Walk-In Customer : Customer	The state of the s		
() Total Loss Case : to e-mail]		No. of the second	
	nvoice: YES () / NO (); Towing Co: (
			Control of the contro
Remarks:- (INC hotline: 6788 66	16)	Date&Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cos	st>\$3000] ()		1
Injury:			
			STATES AND THE STATES OF STATES
Date/Time Actions	100000000000000000000000000000000000000	The state of the s	CONTRACTOR OF THE PARTY OF THE
•	and the second s		Anif (S) Amil (J)
MA (8 - 5 7 0 a c	İny	oice Preparation Checklist	fit Bill Add Bill
V41805797	1) AI	R : Accident Reporting (\$30);	
laimant's Particulars :-	2) D/	A: Damage Assessment (\$100); INC	(\$80) \$40/\$45
river/Owner:		: Towing Fee : Follow-Through Survey	\$120
ontact No:	5) FT	: Follow-Through Survey (Resurvey)	\$30
		r claiming against INC Only (wef 10 Jan 2 R: Re-inspection	\$75
amaged Portion:	7) NI	: Idao DA + SMRT Survey	\$160
		FUC Additional Services:-	
C Checked by (Engr-In-Charge):	<u>0</u> 1	S: Courtesy Car / Tpt Allowance	\$5
33 2	. N	6: Repair Co-ordination	\$10
uditors' Comments:	N	17: Fost Repair Inspection 18: DV / Collect Excess Coordination	\$25
		(N11): TP (Non INC) against INC	\$20
translate	9) N	12: Idae Mobile	30 ed 255
2/3:	4000000	ce dated Fee Charg	MARKET CALLED

Figure 1 Figure

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.

Company of the Compan	ACCIDENT STATEMENT	
Date Of Report	11/09/2018 11:52	
Date Of Accident	11/09/2018 09:45	
Exact Location Of Accident	UPP SERANGOON RD AFTER JUNC SUNSHINE TERRACE	
Country/State of Loss	SINGAPORE	
ENTER OF PERSON	DETAILS OF OWN VEHICLE	

Vehicle Registration Number	SKB7238U
Insured/Policyholder	
Name Of Registered Owner	LIM ZHI CHENG
NRIC No	S8106000B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97124094

Mobile Phone No	(LOCAL) +65-97124094
Alternative Phone No	OFFICE-97124094

Vehicle	Particul	ars
---------	----------	-----

Manufacturer	MERCEDES-BENZ
--------------	---------------

Model C180K

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 5091137295-01

Cover Note Number

Driver

Name of Driver LIM ENG HOW (LIN YINGHAO)

 NRIC No
 S7401491G

 Date Of Birth
 06/01/1974

 Occupation
 OUTDOOR

 Date Of Driving Pass
 03/07/1998

Driving Experience 20 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90048256

Fax Number

Contact Number OFFICE-90048256

EMail Address NOEMAIL

BLK 636 HOUGANG AVENUE 8 Address

#10-87

530636 Postcode

Was driver an employee of the Insured's Company NO

SIBLING 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

NO Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

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 LANE 2 AS IT WAS CONGESTED. SUDDENLY I FELT AN IMPACT OF MY VEHICLE. I ALIGHT FROM MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

NO

YES

NO

NO

NO

1

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBF7521L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category Name of Driver

Contact Number

COMMERCIAL VEHICLE

AZHAR BIN MOHAMAD

NRIC/Passport Number

S7412383Z

90046866

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode LIM ENG HOW (LIN YINGHAO)

NECK

SKB7238U

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 1. 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:
 - (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 Personne's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN				
	Uppe Streegesn Red		4: JKB728U 10: GBF7131L	
DESCRIBE CIRCUN	MSTANCES OF THE ACC	CIDENT		
hefr jo	Hutement.			
DECLARATION I/We declare the for	regoing particulars are true	e in every respect.		2

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

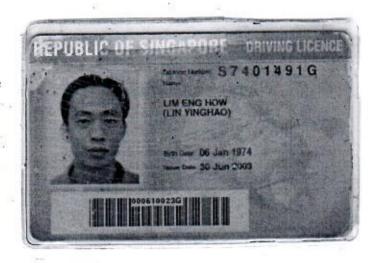
Date & Time:

Reporting Centre Personnel's Signature

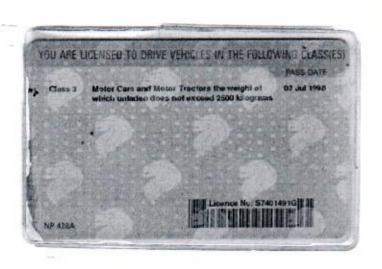
Name:

NRIC/FIN No.:









eBao Tech									Genera	lClaim
Hello, NAC_PAYA_UBI_800	0601					+ Change	e Language	· Chang	ge Password	Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date	of Accident		11/09/2018 0	9:45	
	Vehicle No. (For Motor)	SKB72	38U		Certi	ficate Number	- 1			
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5091137295- 01		LIM ZHI CHENG	S8106000B	GPC	drivo CLASSIC	SKB7238U	SKB7238U	19/05/2018	18/05/2019
					Continue					

olicy No.	5091137295-01	Policyholder Name	LIM ZHI CH	HENG	Policyholder NRIC	S8106000B	
ertificate		Name			inic		
No.				ABUECT CINCADORE	E42220		
Address	BLK 329B #07-595 ANCHORVA	ALE STREET AN	CHORVALE F	ARVEST SINGAPORE			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	28/03/2018	Effective Date	19/05/201	8 00:00	Expiry Date	18/05/2019 2	23:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Youn	g/Inexperience Driver Excess
Agent	NET LINK COMMERCIAL PTE. I	T Agent Tel.	66599463		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 329B #07-595	Addr	ess 2	ANCHORVALE STR	EET	Address 3	ANCHORVALE HARVEST
Address 4	SINGAPORE 542329	Addr	ess Type	Singapore address		Post Code	542329
Unit No.	07-595	Relat Num	ed Policy ber	5101020816			
Offic 140.	ed Object: SKB7238U						
51-600 0000-00	ed Object. Skb/2500						
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W. 177	5091137295-01	Vehicle No.	SK87238U	GST Registration No.	
rtificate No.					
licyholder Name	LIM ZHI CHENG			Policyholder NRJC	581060008
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
intact No.(Mobile)	97124094	Contact No. (Office)	0	Comact No.(Home)	0
nail Address		Special Remark		eCode	NC. W
'K	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
D Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
port Date	11/09/2018 20:13	Accident Report Within 24 hrs	Yes	Acadent Type	Collision - Head to Rear
ice of Accident	11/09/2018	Time of Accident hh:mm	09:45	Country of Accident	Singapore
porting Centre	1200010	Orange Force		ICM No.	\$1050EA
	UPP SERANGOON RD AFTER JUNC SUNSHIN				
cident Location	UP SERANGOUN NO APTER JUNE SONSHIP	ETENWIE			
Excess			29		96000
vn damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
nnamed Driver Excess	560.00	Outside Singapore OD Excess	600.00		
ird Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Informa	etion				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Verified	Yes	
odification History					
Policyholder Halling Ad					
dress 1	BLK 3298 #07-595	Address 2	ANCHORVALE STREET	Address 3	ANCHORVALE HARVEST
idress 4	SINGAPORE 542329	Address Type	Singapore address	Post Code	542329
nit No.	07-595	Related Policy Number	5101020616		
OI Driver Info					
river Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	LIM ENG HOW (LIN YINGHAD)	Driver NRIC	\$7401491G	Driver DOB	05/01/1974
gister Date of Driver License	03/07/1998	Driver Age	44	Driving Experience	20
ontect No.(Mobile)	90048256	Contact No.(Office)	0	Contact No. (Home)	0
idress 1	BLK 636	Address 2	HOUGANG AVENUE B	Address 3	SINGAPORE 530536
idress 4	SINGAPORE \$42329	Address Type	Singapore address	Post Code	530636
nit No.	10-87		ACTOR NO.		
	70-61				
		ACRES PROPERTY AND MARKET			
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