Date In: 14 (9)18 - 14:39 Jo	cb description	Date &Time Completed	Done by
	SAS e-filing		
	E-mail (within Shrs, AIC 2hrs)		
	i-Motor Claim Form	1 00-2171101/m	14/9/18 14:3
	i-Motor W/O (Within: OD 2hrs	(TP 4hrs)	
OD TP Reporting Only	i-Photo Uploaded	1	
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand t	Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	Fax:
TP Particulars: Veh No: 60 19287	TX 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: 80-1	100%]
Year of Registration: ( ) Warra	anty: YES ( )/NO (	)	
Excess: (\$ ) Loading: \$1,000 (			
General Remarks			300
( ) Walk-In Customer : Customer's information	on strictly Confidential & Str	ictly NO refer of repairer.	
( ) Total Loss Case : to e-mail Insurer UR	RGENTLY.	- 3	
Drive-In ( )/ Towed-In ( ); Invoice: YES	S( )/NO( );To	owing Co: (	
Remarks: (INC horline: 6788 6616)			3-3-2-1-X-10-200-1-2-1-20-1-X-11-
		\$1 man 200 000 man of the control of	Comment of the commen
		Date&Time Completed	Done by
Apply for Transport Allowance ( )/Courte	sy Car ( )	Dates Time Complet 34	Done by
Apply for Transport Allowance ( )/Courte     QC Check / Post Repair Inspection	( )	Date&Time Comple 34	Done by
Apply for Transport Allowance ( )/Courte	( )	Date&Time Comple 34	
Apply for Transport Allowance ( )/Courte     QC Check / Post Repair Inspection	( )	Date&Time Comple 34	Done by
1) Apply for Transport Allowance ( )/Courte 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:	( )	Date&Time Comple 54	Done by
1) Apply for Transport Allowance ( )/Courte 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]	( )	Date&Time Comple 34	Done by
1) Apply for Transport Allowance ( )/Courte 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:	( )	Date&Time Comple 54	Done by
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1) Apply for Transport Allowance ( )/Courte 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions	( )	Date&Tairie Comple 54	Anic(s) A
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1) Apply for Transport Allowance ( )/Courte 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions  Actions  Injury:  Particulars:	Invoice Prep  1) AR: Accident 2) DA: Damage A	aration Checklist.  Reporting (\$30);  ISSESSMENT (\$100); INC (\$8	Anic(s), A
1) Apply for Transport Allowance ( )/Courte 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions	Invoice Prep  1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th	ar ation Checkdist.  Reporting (\$30);  ISSEESTMENT (\$100); INC (\$8  TOUGH SURVEY	Anic(s), A  30) 0/545 5120
1) Apply for Transport Allowance ( )/Courte 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions  Actions  Alamant's Particulars:	Invoice Prep  1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th	aration Checklist.  Reporting (330); Issessment (5100); INC (58) Fough Survey rough Survey (Resurvey)	Ant (S) A 731 B III A 80) 0/545 \$120 \$30
1) Apply for Transport Allowance ( )/Courte 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions  Actions  Claimant's Particulars:  Diver/Owner:  Ontact No:	Invoice Prep  1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th	aration Checklist  Reporting (\$30); Issessment (\$100); INC (\$8  rough Survey rough Survey (Resurvey) ainst INC Only (wef 10 Jan 2005)	Ant (S) A 731 B III A 80) 0/545 \$120 \$30
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1) Apply for Transport Allowance ( )/ Courte 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time: Actions  MAROSP 6  Inimant's Particulars:  oriver/Owner:  ontact No:  amaged Portion:	Invoice Prep  1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idae DA + 8) NTUC Addition OIL* *NS: Courtesy	aration Checklist.  Reporting (\$30); Issessment (\$100); INC (\$8 or ough Survey rough Survey (Resurvey)  ainst INC Only (wef 10 Jan 2005 ion  SMRT Survey  al Services:-  Cer/Tpt Allowance	Anic(s), A
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1) Apply for Transport Allowance ( )/ Courte 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions  Claimant's Particulars:  Oriver/Owner:  Contact No:  armaged Portion:  C Checked by (Engr-In-Charge):	Invoice Prep  1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idae DA + 8) NTUC Addition OIL*  *N5: Courtesy  *N6: Repair Co *N7: Fost Repair *N8: DV / Coll	aration Checklist.  Reporting (\$30); Issessment (\$100); INC (\$8 Fough Survey rough Survey (Resurvey) Sinst INC Only (wef 10 Jan 2005) INC SMRT Survey Interpretation Interp	Anic(s), A  Sit Bill  A  Sit Bill  Sit

# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 14/09/2018 14:28

# SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

Contact Number

EMail Address

- 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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	14/09/2018 14:09
Date Of Accident	12/09/2018 12:10
Exact Location Of Accident	BLK 43 TELOK BLANGAH RISE OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKE893H
Insured/Policyholder	
Name Of Registered Owner	LIM HANG TONG
NRIC No	S0183938A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98525238
Alternative Phone No	OFFICE-98525238
Vehicle Particulars	
Manufacturer	AUDI
Model	A4 1.8 TFSI MU (EU6)
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	5103138231
Cover Note Number	
Driver	
Name of Driver	LIM HANG TONG
NRIC No	S0183938A
Date Of Birth	08/12/1953
Occupation	OUTDOOR
Date Of Driving Pass	18/08/1972
Driving Experience	46 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98525238
Fax Number	

OFFICE-98525238

NOEMAIL

BLK 311 HOUGANG AVENUE 5 Address

#09-181

Postcode 530311

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

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE 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?

NO

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)

2

Passenger 1

NAME: : LEE AHPEE

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

GEYLANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address

Police Station Contact

ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY:

SINGAPORE

Was notice of intended Prosecution given?

TEL NO: 1800-8486999 - FAX NO: 68486799

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20180913/2135.

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 GBB9287X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE Name of Driver THAVENDRA NAVARATNAM

NRIC/Passport Number S1768668B Contact Number 93763389

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAI	I S OF IN	ILIRED E	PERSON 1
DEIA		JUNEU I	CNOON

Name LIM HANG TONG

Approximate Age

Injuries Sustain **NECK & WRIST** 

Injured person in which vehicle? SKE893H

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

NO

Postcode

Name LEE AHPEE

Approximate Age

Injuries Sustain **NECK & WRIST** 

Injured person in which vehicle? SKE893H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

**DETAILS OF INJURED PERSON 2** 

YES

NO

### 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.
- 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.
- 6. 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) of:
  - (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
- 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:

Name:

NRIC/FIN No.:

Reporting Centre Personne

SKETCH PLAN	
Te/sk Blanguh spece racpork	A: SKE89314
2 E S	B: 6889287X
E & A	
mada mada	
8 <u>—   8/k</u>	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
peter to police report - 1/20/800	4 13 / 21,35.
. , , .	1
DECLARATION  I/We declare the foregoing particulars are true in every respect	it.

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.:





1 of 3

Report No. T/20180913/2135

Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/09/2018 16:45		Vide Report No.:	Station Diary No. 109		
Informa	nt's Particu	ulars		CATEDON CONTRACTOR IN CONTRACTOR	
A MANAGEMENT OF THE PROPERTY O	Informant: NG TONG		Address: APT BLK 311 HOUGA 530311	NG AVENUE 5 #09-181 SINGAPORE	
	/ ID No.: D / S01839:	38A	Contact No.: Home/Office: Mobile: 98525238		
National	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age:	Date of Birth: 08/12/1953	Type of Informant: Driver		
Race: Chinese		Language:	Institution / School Name:		
Occupation: FURNITURE		Driving Licence Information: Class: Date of Expiry:			

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 13/09/2018 12:10	Type of Location Car Park
Location: Along Road 1 TELOK BLAN Blk 42 ,43 ca	IGAH RISE			
Weather:		Road Surface:	F	load Speed Limit:
Clear		Dry		1955 19559
		Traffic Control:		raffic Volume: lo Traffic
Traffic Flow:		Not Controlled	11	io tranic

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBB9287X	Van					0
SKE893H	Car	AUDI	A4 1.8 TFSI MU (EU6)	White		1

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SKE893H	NTUC Income Insurance Co-Operative Limited	5103138231	21/08/2018	08/09/2019		





2 of 3

Report No. T/20180913/2135

Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

CONTINUATION OF REPORT

<b>Details of Perso</b>	n Involved		The same of the sa	CONTRACTOR OF THE PARTY OF THE		
Any Pedestrian II	nvolved: No					
No. of Pedestrians Injured: NIL U				lestriar	Cross	ing: NA
Driver						
Name	THAVENDRA NAVARATNAM			ID No		S1768668B
Related Vehicle	GBB9287X (Van)			Conta	ct No.	93763389
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch	narge	NIL	
No. of Days gran	ted Medical Leave NIL		Degree of		NIL	
Driver			The state of			
Name	LIM HANG TONG			ID No		S0183938A
Related Vehicle	SKE893H (Car)			Conta	ct No.	98525238
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class Driving Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	13/09/2018		Date Disch	narge	13/09	/2018
No. of Days gran	ted Medical Leave 05		Degree of	Injury	NIL	

# Brief Details.

On 13/9/18 at around 1210hrs, as I was driving out from the carpark with one of my colleague who was seated on my left near to lot 147. I suddenly felt a very huge impact coming on my right. I took a quick glance and realized that one vehicle(GBB9287X) has collided onto my rear right and the driver was holding a phone on the line with his right hand. When he alighted the vehicle, he was still holding onto the phone and was on the line with someone. After which we exchange particulars, agreed on claiming insurance and we left the scene. After a short while, both me and my colleague felt pain on my neck and my waist area. I then proceed to Mount Alvernia Hospital for a check up and was given 5 days of MC. I wish to state that there was no in car camera installed in my vehicle. I also wish to further state that GBB9287X came out from lot 146.



T/20180913/2135

3 of 3 Report No. T/20180913/2135

Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

CONTINUATION OF REPORT

# Sketch Plan

Informant is not able to provide sketch plan

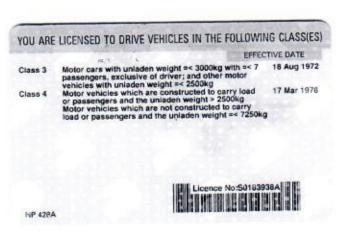
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

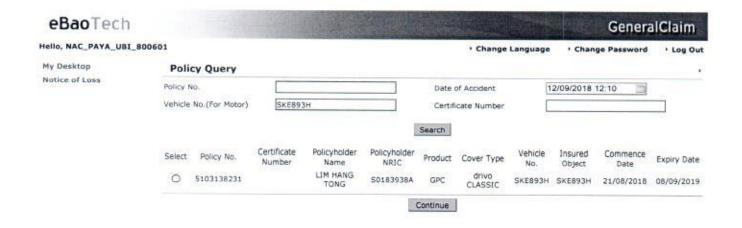
Signature Of Officer Recording The Report: G / Sgt 2 ONG JIN HONG	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	13/09/2018 16:45
Officer In Charge Of Case: TP / GIA /	Classification Of Case:
Staff Sgt WONG SIEU LUI	
Contact No.: 65476151	
Authentication Stamp	<i>Y</i> -

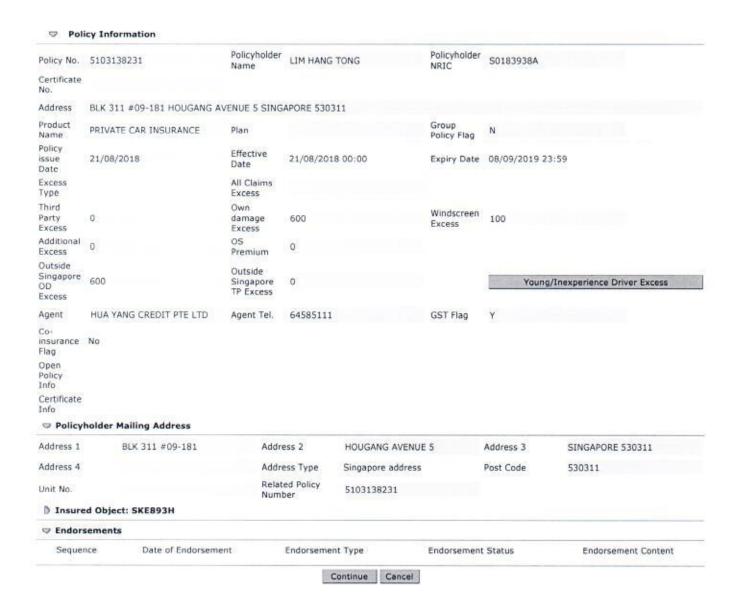












Claim Handling					91
Accident MT/1011515					
Policy No.	5103136231	Vehicle No.	экевэзн	GST Registration No.	
Certificate No.					
Policyholder Name	LIM HANG TONG			Policyholder NR IC	50183938A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96525238	Contact No.(Office)	0	Contact No. (Home)	0
Email Address KFK	8	Special Remark		eCode	N: V
	® No ○Yes	TCA	® No ○Yes	eCode Reason	
CD Protection  Accident Details	No	NCD-Entitlement(%)	0	Private Hire	No
Report Date	14/09/2018 14:36	10/10/10/10/10/10/10			
		Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Pate of Accident	12/09/2018	Time of Accident hh:mm	12:10	Country of Accident	Singapore
teporting Centre		Drange Force		SCM No.	
scident Location	BLK 43 TELOK BLANGAH RISE OPE	N SPACE CARPARK			
₩ Excess					
Own damage Excess	600.00	Additional Excess	0	Windstreen Excess	100.00
Innamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
hed Party Excess	0.00	Outside Singapore TP Excess	0.00		
□ Benefits					
□ GST Registered Inform					
ST Registered ST Registration No.	No		GST Registration Date	***	
odification History			GST Status Verified	Yes	
Policyholder Mailing Ad	dress				
ddress i	BLK 311 #09-181	Address 2	HOUGANG AVENUE 5	Address 3	SINGADORG SIDIL
iddress 4	A CONTRACTOR OF THE PARTY OF TH	Address Type	Singapore address	Post Code	SINGAPORE 530311 530311
Init No.		Related Policy Number	5103138231	rust code	330311
OI Driver Info		the dies ranks author.	-3103138231		
river Name	LIM HANG TONG	Driver Type	Main Driver		
mnamed driver Name		Driver NR3C	50163938A	Driver DOS	08/12/1953
egister Date of Driver License	18/08/1972	Driver Age	64	Driving Experience	46
ontact No.(Mobile)	98525238	Contact No.(Office)	0	Contact No.(Home)	0
ddress t	BLK 311	Address 2	HOUGANG AVENUE 5	Address 3	SINGAPORE 530311
ódress 4		Address Type	Singapore address	Post Code	\$30311
init No.	09-181				
ooes he own a Singapore registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
egisteres carr	- 20 07 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			and the same and t	
edaration					
reathalyser or Blood Test teading?	0 mg	Any injury?	Yes ○No		
end of the second					
ledification History					
overrecenture arrayon p					
Claim 001 New					
aim Type *	Ор-мк	Insured Name	LIM HANG TONG	Insured NRIC	90183938A
ontact No.(Mobile)	98525238	Contact No.(Home)	+6598525238	Contact No.(Office)	20 a d 22 2 2 0 m
mail Address	nht53@gnal.com	Of Vehicle Number	SKE893H	TP Vehicle Number	G889287X
armant Type Claimant Type *		Type of Benefit *	Please Select	The second results	UDDOZETA
laimant Name *	22		Press Seed.		
almarc Address					
aim Description	SKE893H / GBB9287X ON 12 Sept .	2018		Name of Preferred Workshop	
referred Workshop Contact	SHEEDSHITY GOODSEDING ON TE SEPT.	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P	Francis II	Name of Preferred Workshop	
O.	500	Insured Liability *	Not at Fault	<b>-</b> 002000000	
equire Finalisation	Yes V	Preference Repair Option	Preferred Workshop, Name unknown	The state of the s	Received 🖳
ate Registeres	14/09/2018 14:38	Claim Close Date		Date Received	14/09/2018 00:00
port Taken By	Jackson				
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coldent No.	MT/1011515	Claim No.	200		
ast Doc. Received	● Yes ○ No	Upload Date	14/09/2018 14:42		
	Path *		Category *	Confidential Urgen	by * Description *
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