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TP Insurer	ssessment/Survey R	teport			
	ss't Report by Fax	Hand to Owner/Wks	2		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
TP Particulars: Veh No: SD93	3786.	INC () / Non-IN	C()		
Owner / Driver: (Tel:)	
Policy No: () Period: () Cover Type	()	
Confirmed by : (Date	e: Tü	ne:	7	3155 SIINAL VII
See Comment of the Co	Est. Status (WO):	N: 0-20%; P: 21-79	%. F: 80-100%	[
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Excess: (\$) Loading: \$1,000 ()/\$2,000()				
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Drive-In () / Towed-In (); Invoice: YES	S()/NO(); Towing Co: (
Remarks:- (INC hotline: 6788 6616)		Date&Time	Completed	Done	by
1) Apply for Transport Allowance ()/ Courte	sy Car ()				
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost > \$3000]	()				
Injury:					
		W. 10 T.	da skari der san	(Cr. 1 - 45)	
Date/Time Actions			Maria Carles	<u> </u>	-
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laimant's Particulars :-		: Accident Reporting (\$30 : Damage Assessment (\$10	(0); INC (\$80)		
Priver/Owner:		: Towing Fee : Follow-Through Survey	\$40/\$45 \$120		
ontact No:	5) FT	: Follow-Through Survey (R	esurvey) \$30		
	- TOTAL	claiming against INC Only : Re-inspection	\$75		
amaged Portion:	Table of the Control	: Idao DA + SMRT Survey UC Additional Services:-	2160		
C Checked by (Engr-In-Charge):	OD				
C. C		5: Couriesy Car / Tpt Allows 6: Repeir Co-ordination	noe \$5 510		
vuditors Comments :-		7: Post Repair Inspection	\$25		
at 1:		B: DV / Collect Excess Coord (N11): TP (Non INC) again			
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at 2/3:		ce dated ce dated	Fee Charged	· dig.	122

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.
 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.

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2000年的基本的	ACCIDENT STATEMENT
Date Of Report	17/09/2018 18:19
Date Of Accident	15/09/2018 15:30
Exact Location Of Accident	FARRER ROAD TOWARDS PIE B/F EMPRESS ROAD
Country/State of Loss	SINGAPORE
以 1.	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR1807X
Insured/Policyholder	
Name Of Registered Owner	28 AUTO
Co Reg No	53356637A
Email Address	ROGERKTM525@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-93628159
Alternative Phone No	OFFICE-93628159
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY
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	REPORTING ONLY
Vehicle Category	MOTOR TRADE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5102420212
Cover Note Number	
Driver	

LIM SOON HENG, ROGER (LIN SHUNXING , ROGER) Name of Driver

NRIC No S8211401G Date Of Birth 03/04/1982 INDOOR Occupation Date Of Driving Pass 16/04/2002

Driving Experience 16 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93628159

Fax Number

Contact Number OTHERS-93628159

EMail Address ROGERKTM525@YAHOO.COM.SG Address

BLK 58 DAKOTA CRESCENT

#12-269

Postcode

390058

Was driver an employee of the Insured's Company YES

was unver an employee of the insured's Company TE

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

4 0150 X 2 17570 Y

Insurance Company of Driver's Own Vehicle

٠

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? -4

NO

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)

-

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

PLEASE REFER TO SKETCH PLAN

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

SJD9378L

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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SHD2347X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SLQ718G

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)

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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.
- 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 policybolder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.

1100 Am

Claim Handling

Felicy No.	5102430212	Vehicle No.			
Curtificate No.		Saleki.		GST Registration No.	
Policymolater Navy	28 AUTO				
Product Code	MOTOR TRADE INSURANCE			Policyholder NRJC	533566374
Mutter Trade Plate No.		Cover Type	There Party	Loading	2
Curriniz No (Mobile)	SUR1807X	Hoter Trade Oriver Name	LIM SOON HENG, ROSER (LIN S	Motor Trade Drover NRJC	582174015
Dmail Address	93626159	Curtact No.(Office)		Contain No. (Home)	
		Special Remark		eCode	No. *
KFK.	= No Yes	TCA	+ No Yes	WCode Reason	166 1
NCD Protection	No	NCD Emilipement(%)	00	Private Hire	2010
				PERCENT PROPERTY.	Ng
Report Date	17/09/2018 18:34	521-1000-1000-1000-000-000-000-000-	No.		
Date of Accident	15/09/2018	Accident Report Within 24 hrs	Yes	Accident Type	Chain Cultiston
Reporting Centre	1.00 000 2010	Time of Accident hhumin	15(30)	Country of Accident	Singapore
		Orange Force		ICM No.	OMEDINE.
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51 Registered					
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Policyholder Malling Ami					
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Idress 4	SINGAPORE 198729	Address Type	Singapore address	Fost Code	ALEXANDRA VOLLAGI
IT No.	01-63	Related Policy Number	\$103420712	TYM, CODE	159719
P OI Driver Info		AND SOURCE STORY	A7397988848		
iver Itame	Lim Soun Heng, Roger (Lim Shurning, Roger)	Detoer Tony	ALUMNIA SINGRA		
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guter Date of Driver License	16/04/2002	Driver NIGE	58211401G	Driver DDB	03/04/1982
mtact No.(Mobile)		Driver Age	36	Driving Experience	3460
dress 1.	93628:34	Contact No.(Office)		Contact No. (Home)	
		Address 2		Address 3	
dress 4		Address Type	Foreign address	Post Code	
Ht No.					
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ACCIDENT STATEMENT

ACCI	DENT DATE: (15,09, 18)(DD/MM/YYYY), TIME: (15; 30)(HH:MM)
	TION: Farrer R& TO PIE
·	110N: 1 say - 0
1.	DETAILS OF VEHICLE
	a) VEHICLE NUMBER: SLR 1807 X
	b)INSURANCE COMPANY: NTUC
	CIPOLICY NUMBER:
	DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	ALLANCE O MODEL.
	fitype: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
	h) PURPOSE OF USING AT ACCIDENT TIME:
	IJARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2.	INSURED / POLICY HOLDER ALNAME LIM SOON HENG ROBER (MALE / FEMALE)
	DINRIC/FIN/PASSPORT: 5821140 (G) CONTACT: 93628159
	CIADDRESS: 58 DAKOT CRESCENT #12-269 390058
	CIADDRESS: 20 124KOT
	* CONTINUE TO 3,d IF DRIVER ALSO POLICY HOLDER
do of passangas	
Including driver)	binric/fin/passport:
()	c)ADDRESS:
16	*d)DATE OF BIRTH: (03 / 04 / 1982)(DD/MM/YYYY)
	e OCCUPATION: (INDOOR / OUTDOOR)
	DATE OF DRIVING PASS - 16/4/2002
4.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (125/146)
2	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5.	D)WEATHER CONDITION: (CLEAR / RAINING / OTHERS
1121	WAS ANYBODY INJURED (YES-/-NO)
	g) REPORTED TO POLICE (YES / NO)
· e	IF YES, PLEASE STATE WHICH POLICE STATION:
В	
S 19 Ph. terminary	a) VEHICLE NUMBER: SLQ 718 G (D) MODEL:
3 3	b) DRIVER'S NAME:
Entering Total SE	c) NRIC/FIN/PASSPORT:CONTACT:
1. 9.	THIRD PARTY VEHICLE
an A cours	d) VEHICLE NUMBER; SHO 2347 X WMODEL:
in is estange	e) DRIVER'S NAME:
ia ia ning drivar	1) NRIC/FIN/PASSPORT:CONTACT: 9747 3578
F 1	
To make the	SJD9378 L (3) CONTACT: 9673 124
	525
	EMAIL = ROGERKTIM 52 @ YAHOO COM-SG
	VIOEO =
	V 14717V

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8211401G

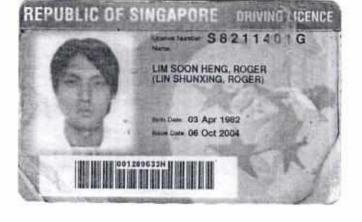


LIM SOON HENG, ROGER (LIN SHUNXING, ROGER) -

CHINESE 03-04-1982

SINGAPORE







MICHE S8211401G

21-02-2013

APT BLK 58 DAKOTA CRESCENT #12-269 SINGAPORE 390058

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Class 28 Class 2A Class 2 Class 3

Molorcycles =< 200 cc
Motorcycles between 201 cc and 400 cc
Motorcycles > 400 cc
Motor cars =< 3000 kg with =< 7 passengers,
exclusive of the driver; and motor tractors
/vehicles =< 7500 kg
Motor vehicles > 7250 kg not constructed to
carry eny load Class 4 Class 5

PASS DATE

15 Jul 2003 19 Nov 2003



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 : 5102420212

Cover : Third Party

Index mark and Registration Number of Vehicle

: N/A

Any Motor Vehicle the property of the Policyholder or in their custody or control. All steam-driven vehicles are excluded. Name of Policyholder

: 28 AUTO

Effective Date of Insurance

: 17 Jul 2018

Expiry Date of Insurance

: 30 Jun 2019

5. Persons or Classes of Persons entitled to drive*

Refer to List Attached

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 only for Motor Trade purposes.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing-
- (c) Use solely for 'Breakdown' purposes is not deemed to be use for hire or reward.
- 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.

POLICY TYPE

MOTOR-TRADE INSURANCE

TYPE OF TRADE/BUSINESS

: WORKSHOPS

TOTAL NUMBER OF AUTHORISED DRIVER(S)

3

DETAILS OF AUTHORISED DRIVER(5)

: REFER TO LIST ATTACHED

EXCESS (SECTION I)

: N/A : N/A

EXCESS (SECTION II) SUM INSURED

N/A

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

: DQ INSURE (00000572952)

Date of Issue

: 17 Jul 2018 15:40 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITE 2

Countersigned By:

Authorised Officer

Chief Executive