NATIONAL Assessment Centre	e Services. well Jamos M	80 FM1811DM		
Date In: 19/9/18-16:24	Jeb description	Date &Time Completed	Done	py.
Ref No: NAIN (18017087/24	SAS e-filing			
Vch No: Jim 7954P	E-mail (within Shrs, AIC 2hrs)			- 12
D.O.A : 18 4) 18- 15: 10	i-Motor Claim Form	100- Eginai LW	19/9/18	17:01
	i-Motor W/O (Within: OD 2h	rs, 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 / QW; (Tol: F	ax:)
TP Particulars: Veh No: 5425	527E INC ()/Non-INC()	2	
Owner / Driver: (Tel:)	
Policy No: () Per	riod: (Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [N	Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-1	00%]	24.7
Year of Registration: () V	Warranty: YES () / NO ()		
Excess: (\$) Loading: \$1,00	00()/\$2,000()			
General Remarks			334 9	
() Walk-In Customer: Customer's infor	rmation strictly Confidential & St	rictly NO refer of repairer.		
/ Yestell Community	r URGENTLY.	- 1.1		
() Total Loss Case : to e-mail Insure				
Drive-In ()/ Towed-In (); Invoice:		owing Co: ()
Drive-In ()/ Towed-In (); Invoice:	:YES()/NO();T		Done) by
Drive-In ()/ Towed-In (); Invoice: Remarks:- (INC hotline: 6788 6616)	:YES()/NO();T	Owing Co: (Done) by
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Figure 1 1.55

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	19/09/2018 16:24
Date Of Accident	18/09/2018 15:20
Exact Location Of Accident	SLIP RD CAVENAGH RD TWDS BUKIT TIMAH RD
Country/State of Loss	SINGAPORE
D. C.	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJM7954P
Insured/Policyholder	
Name Of Registered Owner	LIM TECK HOW
NRIC No	S1115140Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96349085
Alternative Phone No	OFFICE-96349085
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY 1.5 4AT
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097166227
Cover Note Number	
Driver	
Name of Driver	LIM TECK HOW
NRIC No	S1115140Z
Date Of Birth	11/12/1955
Occupation	INDOOR
Date Of Driving Pass	11/07/1975
Driving Experience	43 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96349085
Fax Number	

OFFICE-96349085

NOEMAIL

Address

BLK 925 HOUGANG STREET 91

#13-43

Postcode

530925

Was driver an employee of the Insured's Company NO If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OWNER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR

Type Of Accident Weather Conditions

CLEAR

Road Surface

WET

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)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180918/7010.

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

S4252TE

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)

2

Passenger 1

NAME:

GENDER:

DETAILS OF INJURED PERSON 1

Name

LIM TECK HOW

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJM7954P

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

SKETCH PLAN

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.
- 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 arching 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)

Landerstand, 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 the purpose of the pu
 - 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) Imy 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:
 - 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.

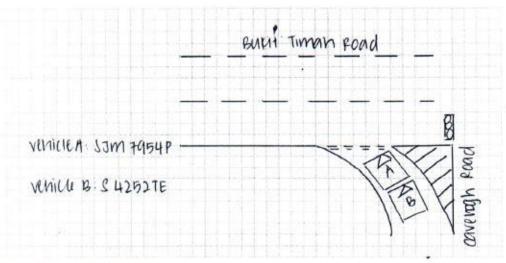
1

Policyholder's Signature Date & Time: d.

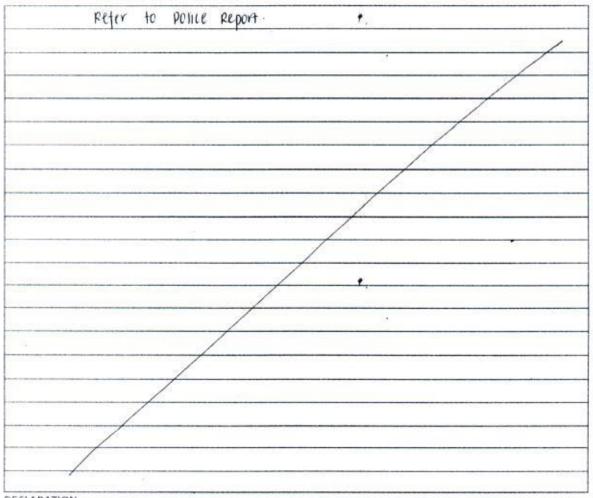
Driver's Signature (If driver is not the policyholder) Date & Time; Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT



DECLARATION

I/We declare the follogoing particulars are true in every respect

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

Date & Time:

Reporting Centre Personne's Signature Name:

NRIC/FIN No.

ACCIDENT STATEMENT

ACCID	DENT DATE: (18 / 09 /	2018 (DD/MM	A/YYYY), TIME:(_	15: 20 HHH:M
LOCAT	ION: cavenagn P	oad to but	it Timah P	oad
	and the same of the same			13.0
1.	DETAILS OF VEHICLE	SJM 7954	P	
	a) VEHICLE NUMBER:	117111		
	b)INSURANCE COMPA	5097 6632		-
	CIPOLICY NUMBER:			-
	d)POLICY TYPE: (COMP	REHENSIVE / THIS	RD PARTY / THIRL	PARIT FIRE WITH
	6)MAKE & MODEL:	Nissan S		THEPS!
	FITYPE: (SALQON / COU	PE / MPV /VAN /	LORRY / MOTO	RCYCLE / OTHERS
	g) VEHICLE CATEGORY:	(PRIVATE / COM	MERCIAL / MOTO	ORCYCLE)
	h) PURPOSE OF USING A	T ACCIDENT TIM	E: MYCHE	- A.
	BARF YOU CLAIMING U	NDER YOUR OW!	N INSURANCE (Y	ES/NO)
	IF NO, PLEASE STATE (T	HIRD PARTY/CLAI	IM / REPORTING	ONLY)
2.	INSURED / POLICY HOLE	ER		A
00754	AINAME: LIM TECK	HOW		IMALE FEMALE
9)	b)NRIC/FIN/PASSPORT:	31115140		Ст: 9634 9085
	CIADDRESS: 925 HO	ugang street	91 # 13-43	\$ (530925)
	CONTINUE TO 3.d IF DI	PIVER ALSO POLI	CYHOLDER	
d 11 1 1	DRIVER	NIVER ALBO ! OL		28
A STATE OF THE PARTY OF THE PAR	DRIVER	**		(MALE / FEMALE)
(Induding driver)) NRIC/FIN/PASSPORT:_		CONTA	Description of the second seco
(013				
C.01	ADDRESS:	The state of the s	-	
	d) DATE OF BIRTH: (1 12/1955	(DD/MM/YYYY)	
	OCCUPATION: (INDO			
	VEARS OF DRIVING FXE	REPRENCE: 43		
d V	VAS DRIVER AN EMPL	OYEE OF THE IN	SURED'S COM	PANY? (YES / NO)
7. 1	F NO, RELATIONSHIP	OF THE DRIVER	WITH INSURE	D: OWNER
5 0	WEATHER CONDITION	CLEAR / RAINIT	NG / OTHERS	
J. C	ROAD SURFACE: (DRY	WET OTHERS	1 .	4 4
	AS ANYBODY INJURED			77 1
	REPORTED TO POLICE			
/. a	IF YES, PLEASE STATE WI	HICH POLICE STA	TION:	Service Control of the Control of th
		Can register to the contract of	8 8 600	- N. C
He of passenger c	VEHICLE NUMBER:	34252 TE	MODEL	•
no of passenger c	DON/EDIS NAME	A CONTRACTOR OF THE PARTY OF TH		
manding corner)	DRIVER'S NAME:		CONTA	CT:
	NRIC/FIN/PASSPORT		- J	
	HIRD PARTY VEHICLE		MODEL:	EXCEPTION OF THE PARTY.
KIN AL DOLCOVADA	VEHICLE NUMBER:			
	DRIVER'S NAME:		CONTA	CT
Induding driver) 11	NRIC/FIN/PASSPORT:		CONTA	UI, <u>-</u>
	70			
			1000	

email =

fax =





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20180918/7010

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 018 18:11	fade:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partice	ulars			
Name of LIM TEC	Informant: K HOW		Address: APT BLK 925 HOUGANG 530925	STREET 91 #13-43 SINGAPORE	
ID Type / ID No.: NRIC NO / S1115140Z			Contact No.: Home/Office: Mobile: 96349085		
Nationality: SINGAPORE CITIZEN		EN	Email: freddielim90@yahoo.com.s	sg	
Sex: Male	Age: 62	Date of Birth: 11/12/1955	Type of Informant: Driver		
Race: Chinese			Language: Institution / School Nan English		
Occupat Self-Em			Driving Licence Information: Class: Date of Expiry:		

General Infor	mation of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/09/2018 15:20	Type of Location Bend	
Location: CAVENAGH	ROAD				
Weather: Clear		Road Surface: Wet		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	28	Traffic Volume: Moderate	
Type of Collis Between Mov	sion: ring Vehicles - Head To R	ear		Anyone conveyed by ambulance: No	

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
S4252TE (Not Accurate)	Car				Seriously Damaged	2	
SJM7954P	Car	NISSAN	SYLPHY 1.5 4AT	Grey	Seriously Damaged		

Details of V	ehicle Insurance		The same of the last	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20180918/7010

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SJM7954P	NTUC Income Insurance Co-Operative Limited	5097166227	16/01/2018	15/01/2019	

Details of Perso	n Involved				10212	
Any Pedestrian In	nvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Pe	destrian	Cross	sing: NA
Driver	ENDER LINE STATE		A SURE LANGE		E	
Name	LIM TECK HOW			ID No		S1115140Z
Related Vehicle	SJM7954P (Car)			Contact No.		96349085
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	18/09/2018		Date Disc	harge	18/09	9/2018
No. of Days gran	A CONTRACTOR OF THE CONTRACTOR		Degree of	Injury	Serio	us

Brief Details.

ON 18/09/2018, AT ABOUT 3:20PM, I WAS DRIVING ALONG CAVENAGH ROAD TOWARDS BUKIT TIMAH ROAD. AS I APPROACHED THE GIVE-WAY LINE, I STOPPED MY VEHICLE TO CHECK ON ON-COMING VEHICLE BEFORE PROCEEDING. ABOUT 2-3 SECONDS LATER, VEHICLE NUMBER - S4252TE, HIT ONTO MY STATIONARY VEHICLE'S REAR PORTION.

POLICE THEN ATTENDED THE SCENE. THEREAFTER, I CONSULTED MEDICAL ATTENTION AT INTEMEDICAL 24HR CLINIC, AND WAS GIVEN 5 DAYS MC.





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20180918/7010

CONTINUATION OF REPORT

Sketch Plan

Authentication Stamp

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/09/2018 18:11
Officer In Charge Of Case: TP / TPHQ / YAN MINGSHENG DANIEL Contact No.: 65476252	Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LIE



Licence Number: \$11151402

Name:

LIM TECK HOW

Birth Date: 11 Dec 1955

Issue Date: 11 Jan 2012



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1115140Z

Name





LIM TECK HOW

Race

CHINESE

Date of Birth

Sex

11-12-1955

N

Country of Birth

-

SINGAPORE

S1115140Z

Scanned by CamScanner

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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc
Class 2A Motorcycles between 201 cc and 400 cc

Class 2

Class 3

Motorcycles > 400 cc

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

04 Dec 1975 04 Dec 1975

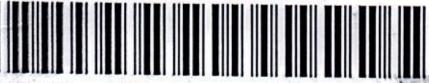
04 Dec 1975

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NP 428A

0838759



S1115140Z

20-03-1993

K 925 HOUGANG STREET 91

PORE 530925

811161407

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	• Chang	e Password	• Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.				Date	of Accident	1	8/09/2018 1	5:20	
	Vehicle	No.(For Motor)	S3M795	54P		Certif	icate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5097166227		LIM TECK HOW	S1115140Z	GPC	drivo CLASSIC	SJM7954P	S3M7954P	16/01/2018	15/01/2019
				LIEUW		Continue	Ï				

olicy No.	5097166227	Policyholder Name	LIM TECK H	ow	Policyholder NRIC	S1115140Z	
Certificate No.							
Address	BLK 925 #13-43 HOUGANG S	TREET 91 SING	APORE 53092	5			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	04/01/2018	Effective Date	16/01/2018	00:00	Expiry Date	15/01/2019 23	1:59
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	VICOM LTD	Agent Tel.	66975221		GST Flag	Υ.	
Co- insurance Flag Open Policy Info	No						
Certificate Info							
Policy	holder Mailing Address						
	BLK 925 #13-43	Addre	ess 2	HOUGANG STREET	91	Address 3	SINGAPORE 530925
Address 1		Addre	ess Type	Singapore address		Post Code	530925
		Haari					
Address 4	13-43		ed Policy per	5097166227			
Address 4 Unit No.	13-43 ed Object: SJM7954P	Relat		5097166227			
Address 4 Unit No.	ed Object: SJM7954P	Relat		5097166227			

cident HT/1012167					
CV NO.	5097166227	Vehicle No.	SJM7954P	GST Registration No.	
ficine No.				2530.10050000000000	
yholder Name	LIM TECK HOW			Policyholder NRIC	\$1115140Z
uct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
				Salah Sa	0
act No.(Mobile)	96349085	Contact No.(Office)	0	Contact No.(Home)	-
il Addressi		Special Remark		eCode	(scv)
Brance or	® No ○Yes	TCA	® No ○ Yes	eCode Reason	(28)
Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
ort Date	19/09/2018 16:59	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
of Accident	18/09/2018	Time of Accident his:mm	15:20	Country of Accident	Singapore
orting Centre		Orange Force		ICM No.	
dent Location	SLIP RD CAVENAGH RD TWDS BUKIT TIMA	4 RD			
Excess					
n damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
arned Driver Excess		Outside Singapore OD Excess	2,000.00		
d Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
	1,500,00	Citizade Singapore (F Excess)	2,300,00		
Benefits	My No.				
GST Registered Informa					
Registered	No		GST Registration Date	120	
Registration No.			GST Status Verified	No	
affication History					
Bolleybolder Mailing Ed	Market 1				
Policyholder Mailing Ad	BLK 925 #13-43	Address 2	HOUGANG STREET 91	Address 3	SINGAPORE 530925
	180 362 612-63	Address Z Address Type			
Irica 4		33 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Singapore address	Post Code	530925
t No.	13-43	Related Policy Number	5097166227		
OI Driver Info		DOWN DOWN			
or Name	LIM TECK HOW	Driver Type	Main Driver		
arried driver Name		Driver NRIC	\$11151402	Driver DOB	11/12/1955
ster Date of Driver License	11/06/1975	Driver Age	62	Driving Experience	43
tact No.(Mobile)	96349085	Contact No.(Office)	0	Contact No.(Home)	0
ress 1	BLK 925	Address 2	HOUGANG STREET 91	Address 3	SINGAPORE 530925
tress 4		Address Type	Singepore address	Post Code	530925
r No	13-43				
es he own a Singapore	C Yes (R) No	Oriver Valuria No.		Driver Insurer Company	
es he own a Singapore jistered car?	○ Yes ® No	Oriver Vehicle No.		Driver Insurer Company	
gistered car?	○ Yes No	Oriver Vehicle No.		Driver Insurer Company	
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jstered car? iaration iathalyser or Blood Test	○ Yes No 0 mg	Oriver Vehicle No. Any injury?	ves ○ No	Driver Insurer Company	
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