NUTIONAL			i a gen at	1 - 2-1	
NATIONAL Assessment Cen		ef i Jamos M		Des	ne by
Date In: 2 18-17:05	Jcb description		Date &Time Completed	1001	ie o'i
Res No: NA INCROISERY ZY	SAS e-filing				
Veh No: JICDI206R	E-mail (within Shr	s, AIC 2hrs)			
D.O.A: 27/9/8-17:05	i-Motor Claim	Form	M7/10/3511-001	28/9/18	17:22
OD . TP Peporting Only	I-Motor W/O (v	Vithin: OD 2hr	s, TP 4hrs)		
	i-Photo Upload	ed			
TP Insurer:	Assessment/Surv	ey Report			
11 insurer.	Ass't Report by I	ax / Hand	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	ax:	
TP Particulars: Veh No: 05	18091	INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (1	Date:	Time:)	
Insured/Driver Liability: (%)	Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: ()	Warranty: YES ()	/NO()		77500
Excess: (\$) Loading: \$1	1,000 ()/\$2,000 ()	-		
	CALL PROPERTY OF THE PARTY OF T	22.72.72.22.		1845 174 17	-
() Walk-In Customer: Customer's in	San's A Chara Co. Handlete Son Base	eschelasteres	Mark 2. Color or Color Color A. A. A. C. C.	2000 St.	8
Remarks:- (INC hotline: 6788 6616)	ice: YES() / NO	(); T	owing Co: (Date&Time Completed	Don) bjby
	/ Courtesy Car ()				
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()				
Injurý:	-1				20104 14
Date/Time Actions	and the second	SUSTANIAN.		1)254 F	ATT , NO. 7.
	A SAN THE RESERVE AND A SAN THE SAN TH			RESERVANTE -	
**					
•		A COLUMN ASSESSMENT		Si	
NA1806222	ln	voice Prep	aration Checklist	Ant (S)	Amt (\$
aimant's Particulars :-	1) A	R : Accident l	Reporting (\$30);	S TREIN	Add Bil
iver/Owner:	the state of the s	OA : Damage A F : Towing Fe	ssessment (\$100); INC (\$8	0) /\$45	
	4) F	T : Follow-Th	rough Survey	120	
ntact No:			rough Survey (Resurvey) ainst INC Only (wef 10 Jan 2005)	\$30	
maged Portion:		R: Re-inspect		\$75	
	3 8) N	TUC Addition			
Checked by (Engr-In-Charge):		D* .	See / Trad Alberta	• •	
		N5: Courlesy (N6: Repair Co-	The state of the s	\$5 510	
ditors' Comments :-	• 1	N7: Post Repai	r Inspection	\$25	
<u>I:</u>			ct Excess Coordination Non INC) against INC	\$5 \$20	
2/3:	the same of the sa	112: Idac Mobi	le Fee Charged	30	and the
	1.00	ice dated	Fee Charged	SECTION .	

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,
- 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
 aforesaid.

A SHIP TO TO HOVING SHIPE IN	ACCIDENT STATEMENT
Date Of Report	28/09/2018 17:05

Date Of Accident 27/09/2018 17:05

Exact Location Of Accident PIE (CHANGI) BEFORE PAYA LEBAR RD EXIT

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKD1206R

Insured/Policyholder

Name Of Registered Owner PRIME LIMO PTE LTD

 Co Reg No
 201827388R

 Email Address
 NOEMAIL

 Mobile Phone No
 (LOCAL) +65-93860929

 Alternative Phone No
 OFFICE-93860929

Vehicle Particulars

Manufacturer TOYOTA

Model WISH 2.0 AUTO

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

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 5103355447

Cover Note Number

Driver

 Name of Driver
 HAN LI SIEW

 NRIC No
 \$8685812F

 Date Of Birth
 27/10/1986

 Occupation
 OUTDOOR

 Date Of Driving Pass
 26/04/2016

Driving Experience 2 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93860904

Fax Number

Contact Number OFFICE-93860904

EMail Address NOEMAIL

Address BLK 268B PUNGGOL FIELD

#04-145

Postcode 822268

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

in the second se

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?

Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : PATRICK

GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

in res, rease state which rolles stati

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

2

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?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20180928/2093.

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 SJS1809J

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)

1

A STORY MATERIAL AND SOCIETY	DETAILS OF INJURED PERSON 1
Name	HAN LI SIEW
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKD1206R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	

Address Postcode

1 0310006	
The state of the s	DETAILS OF INJURED PERSON 2
Name	PATRICK
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKD1206R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.
- 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:
 - 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 Personnel's Signature

Name:

NRIC/FIN No.:

Refer to place report-Tholsog 28/2093.	

DECLARATION

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

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.:





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 1 of 3 Report No. T/20180928/2093

Tel No: 65470000

	The same of the		
REPORT	OF A	TRAFFIC	ACCIDENT

Date/Time Report Made: 28/09/2018 14:42		Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars	NAME OF THE PERSON OF THE PERS	A THE LOWER TO LEASE WHEN TO	
Name of HAN LI	f Informant: SIEW		Address: APT BLK 268B PUNGGOL F SAPPHIRE SINGAPORE 822		
ID Type / ID No.: NRIC NO / S8685812F		12F	Contact No.: Home/Office: Mobile: 93860904		
National MALAYS			Email:		
Sex: Male	Age:	Date of Birth: 27/10/1986	Type of Informant: Driver		
Race: Chinese			Language: Institution / School Name		
Occupat GRAB D			Driving Licence Information: Class: 3	Date of Expiry:	

General Infor	mation of the Acci	dent	SHIP PARTY NAMED IN CO.	THE REPORT OF THE PERSON NAMED IN
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/09/2018 17:05	Type of Location: Straight Road
NEAR PAYA	EXPRESSWAY		1 2 7 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collis	ion:			Anyone conveyed by ambulance:

Details of V	ehicle Invo	lved				A STATE OF THE SE
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJS1809J	Car				Slightly Damaged	0
SKD1206R	Car				Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Police Station Of Origin: Traffic Police Division HQ 3 of 3 Report No. T/20180928/2093

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: TP / YOGENDRAN S/O RAJASAKARAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/09/2018 14:42
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	4





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20180928/2093

CONTINUATION OF REPORT

Driver		-				3. 少国的文艺的《
Name	HAN LI SIEW			ID No		S8685812F
Related Vehicle	NIL		Conta	ct No.	93860904	
Hospital/Clinic	NIL			Class Drivin Licen Expire	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	-	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o		NIL	

Brief Details.

ON THE ABOVE MENTIONED DATE AND LOCATION @ ABT 17008HRS,

I WAS DRIVING MY CAR ON THE LANE 1,AS I WAS GOING STRAIGHT THE VEHICLE INFRONT JAMMED BRAKED AND STOPPED. I STOPPED AS WELL BUT UNFORTUNATELY, THE CAR BEHIND ME COULDN'T STOP AND COLIDED ON MY CAR.
MY CAR IS SLIGHTLY DAMAGE BUT NO INJURIES.

I APPROACHED THE DRIVER AND SPOKE TO HIM.I TOOK PHOTOGRAPHS OF THE VEHICLES.THEN LEFT THE PLACE. THATS ALL

CENTRAL 24HR CLINIC (HOUGANG)

BLOCK 681 HOUGANG AVE 8 #01-831 SINGAPORE 530681

Medical Certificate

Date

: 27 Sep 2018

MC No.

: 0000403164

This is to certify that:

Name : HAN LI SIEW

NRIC : S8685812F

is Unfit for Duty for 3 days

from 28/09/2018 to 30/09/2018 inclusive.

DR WOO KIN FATT

For Health News and Updates: http://news.centralclinic.com.sg

24-Hour Clinics

	HOUGANG	Blk 681 Hougang Ave 8 #01-B31 Singapore 530681	Tel: 6387 6965
*This certif	ficate is not wanted for abse	nce from court on other judicial proceedings unless specifica	illy stated 122
and and an analysis of the same of the sam	PASIR RIS	Blk 446 Pasir Ris Drive 6 #01-122 Singapore 510446	Tel: 6582 2640
85	CLEMENTI	Bik 450 Clementi Ave 3 #01-291 Singapore 120450	Tel: 6773 2925
Š.	YISHUN	Blk 701A Yishun Ave 5 #01-04 Singapore 761701	Tel: 6759 7985
(Z)	JURONG WEST	Blk 492 Jurong Wast Street 41 #01-54 Singapore 640492	Tel: 6565 7484
80	PIONEER NORTH	Bik 959 Jurong West Street 92 #01-160 Singapore 640959	Tel: 6251 2775
1	WOODLANDS	Blk 788 Woodlands Ave 6 #02-06A Woodlands Mart Singapore 730768	Tel: 6365 4895
	MARRILING	Bill 303 Woodlands Street 31 #01-185 Singsnore 730303	Tel: 6365 2908

REPUBLIC OF SINGAPORE -IDENTITY CARD NO. S8685812F



HAN LI SIEW









27-10-1986 MALAYSIA





9394939





MALAYSIAN

02-03-2016

APT BLK 268B PUNGGOL FIELD #04-145 SINGAPORE 822268

NRIC No: \$8685812F Date: 16/09/2018 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 26 Apr 2016 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

hange Language	· Chan	ge Password	· Log Ou
			LOW OR
lent [27/09/2018 1	17:05	
umber [
Type Vehicle	Insured Object	Commence Date	Expiry Date
	SKD1206R	30/08/2018	29/08/2019
	Type Vehicle	Type Vehicle Insured No. Object	Type Vehicle Insured Commence No. Object Date

Policy No.	5103355447	Policyholder Name	PRIME LIM	O PTE LTD	Policyholder NRIC	201827388R	
Certificate No.							
Address	BLK 268B #04-145 PUNGGOL	FIELD PUNGGO	L SAPPHIRE	SINGAPORE 822268			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	30/08/2018	Effective Date	30/08/2018	3 00:00	Expiry Date	29/08/2019 2	3:59
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	g/Inexperience Driver Excess
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	BLK 268B #04-145	Addre	ss 2	PUNGGOL FIELD		Address 3	PUNGGOL SAPPHIRE
Address 4	SINGAPORE 822268	Addre	ss Type	Singapore address		Post Code	822268
Unit No.	04-145	Relate Numb	ed Policy er	5103355447			
) Insure	d Object: SKD1206R						
☑ Endors	sements						
	nce Date of Endorsem	Secret 5	Endorsemen	T	Endorsement	200	Endorsement Content

Claim Handling					
Accident MT/1013511					
Policy No.	5103355447	Vehicle No.	SKD1206R	GST Registration No.	
ertificate No.					
olicyholder Name	PRIME LIMO PTE LTD			Policyholder NR3C	2016273BBR
roduct Code	PRIVATE CAR INSURANCE	Cover Type	STVO CLASSIC	Loading	0
ontact No.(Mobile)	93860929	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	N.V
PK.	® No ○Yes	TCA	® No ⊜ Yes	eCode Reason	Alteria.
CD Protection	No	NCO Entitlement(%)	0	Private Hire	7922
Accident Details		These schools are the		Patricipe tata	Ves
port Date	28/09/2018 17:21	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Head to Rear
te of Accident	27/09/2018	Time of Accident hh:mm	17:05	Country of Accident	Singapore
porting Centre		Drange Force		ICM No.	
cident Location	PSE (CHANGE) BEFORE PAYA LEBAR RD EXIT				
Excess					
on damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess		Outside Singapore CD Excess	2,000.00		
ind Party Excess	1,500.00	Dutside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Inform	ation				
T Registered	No		CST Resistation Date		
T Registration No.	77		GST Registration Date GST Status Verified	No	
dification History			NAT AND ASSESSED.	100	
Policyholder Mailing Ad	dress				
idress 1	BLK 2686 #04-145	Address 2	awara par		
dress 4			PUNGGOL FIELD	Address 3	PUNGGOL SAPPHIRE
nt No.	SINGAPORE 622268	Address Type	Singapore address	Post Code	822268
	04-145	Related Policy Number	5103355447		
OI Driver Info					
iver Name mamed driver Name	HAM LI SIEW	Driver Type	Main Driver		
		Driver NR3C	56665812#	Driver DOB	27/10/1986
gister Date of Driver License		Driver Age	31	Driving Experience	2
ntact No. (Mobile)	93860904	Contact No.(Office)	0	Contact No. (Home)	0
dress 1	BLK 2688	Address 2	PUNGGOL FIELD	Adoress 3	PUNGGOL SAPPHIRE
diress 4	SINGAPORE 822268	Address Type	Singapore address	Post Code	822268
nt No.	04-145				
pes he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
rgistered car?	000000000000000000000000000000000000000	-0.07863804001		and the make of sometimes.	
diaration					
eathalyser or Blood Test	0 mg	Any injury?	® Yes ○No		
ading?		and admits	@ 143 C 140		
dification History					
Claim 001 New					
Claim 001 New					
im Type +	ОО-МХ	Insured Name	PRIME LING PTE LTD	Insured NRIC	201827388R
mach No. (Mobile)		Contact No.(Home)		Contact No. (Office)	NIL
ail Address		OI Vehicle Number	SKD1206R	TP Vehicle Number	\$3518091
imant Type Claimant Type *	Please Select	Type of Benefit *		- A Exercise Human	(4444444)
mant Name *			Please Select		
imant Address	22	Claimant NRIC *		1	
					<u> </u>
im Description	SKD1206R / S3S18093 (IN 27 Sept 2018	H19575 VALUE 11555	W. 101 Statement 111	Name of Preferred Workshop	
ferred Workshop Contact		Insured Liability *	Not at Fault		
puire Finalisation	Ves 🔍	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
te Registered	28/09/2018 17:22	Claim Close Date		Date Received	28/09/2018 00:00
port Taken By	Jackson				
Print AK letter	. 10.10000000				
Print, All relies					
			Save Submit		
Utachment					
7					
oident No.	MT/1013511	Claim No.	001		
at Doc. Received	● Yes ○ No	Upload Date	28/09/2018 17:24		
				40.4000000	90.00 Daniel Park
	Pach •		Category *	Confidential Urgen	
		Browse.		V Normal	▼ L
		Browse.	Clear Please Select S	y Sc ∨ Normal	V
		Browse.	Clear Please Select	Normal V Normal	V
		Post			

