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OD TP Reporting Only	i-Motor W/	O (Within: OD 2hr	s, TP 4hrs)		
			- 	-	
TP Insurer:		by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (, , , , , , , , , , , , , , , , , , , ,	Tel:	Fax:	
TP Particulars: Veh No: 681	1 X COB	INC ()/Non-INC()	70,692	- 117
Owner / Driver: (TALLE CONTRACTOR OF THE	Tel:)	
Policy No: () Pe	riod: ()	Cover Type: ()
Confirmed by : (Date:	Time:		
Insured/Driver Liability: (%)	Note-Est. Status ((WO): N: 0-2	0%; P: 21-79%. F: 8	0-100%]	
	Warranty: YES ()		
Excess: (\$) Loading: \$1,0	000 ()/\$2,000	0()			
General Remarks:-	74.6500.000	5 - 5 Y N	ARTEMATICAL ST	Charles Co.	
() Walk-In Customer: Customer's info	rmation strictly Co	onfidential & St	ictly NO rafac of rapairs		
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() Total Loss Case : to e-mail Insure			, " · · · · · · · · · · · · · · · ·		
Drive-In ()/ Towed-In (); Invoice	: YES()/	NO(); T	owing Co: ()
Remarks: (INC hotline: 6788 6616)	And the second second	war war and the second property			
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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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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. 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.

	ACCIDENT STATEMENT
Date Of Report	08/10/2018 14:23
Date Of Accident	06/10/2018 13:10
Exact Location Of Accident	SLIP RD EUNOS AVE 5 TWDS PAYA LEBAR RD
Country/State of Loss	SINGAPORE
C. C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJL5586L
Insured/Policyholder	
Name Of Registered Owner	TW AUTOMOBILE
Co Reg No	53333500X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT 1.3G A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	THIRD PARTY
Fleet Policy	YES
Policy Number	5104194055
Cover Note Number	
Driver	
Name of Driver	DANIEL LIM ZHAN VI

Driver	
Name of Driver	DANIEL LIM ZHAN YI
NRIC No	S9537463H
Date Of Birth	18/10/1995
Occupation	OUTDOOR
Date Of Driving Pass	02/12/2014
Driving Experience	3 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82980285
Fax Number	
Contact Number	OFFICE-82980285
EMail Address	NOEMAIL

BLK 497G TAMPINES STREET 45 Address

#05-126 525497

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Postcode

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 2

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 2

Number of Passengers (Including Driver)

Passenger 1

NAME:

: MELISSA CHAN

GENDER: : FEMALE

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

REFER TO STATEMENT.

Attachment(s)

YES Are accident photos available for attachment? NO Was there any video captured by Car Camera? Was there any audio recorded?

GBB2650B

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE HONG RUOYU, RAYMOND Name of Driver

S8205687D NRIC/Passport Number Contact Number 81221508

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 19

DETAILS OF INJURED PERSON 1

DANIEL LIM ZHAN YI Name

Approximate Age

Injuries Sustain BODY SJL5586L Injured person in which vehicle? Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

MELISSA CHAN Name

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? SJL5586L 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.
- 1. This Form must be completed by the Pollcyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withinglashig of material
 facts may allow insurance companies to repudiete policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the cart 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 aforeseid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurence 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 insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers lawyers/law firms, the Monstary 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 discipute 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 low in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (notuding their lawyers/faw firms), which may be sked outside of Singapora, for one or more of the above Purposes.
- (6) 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 datms.
- (a) the information so collected under (a) 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:

REG NO

Oriver signature (if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

VEHICLE A: SJL5586L VEHICLE B: GBB 2650B

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

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature Name:

Date of Accident	6 Oct 2018 Accident Time: 13.10.0(24-HR-Format)
Accident Place	Euros Ave 5, paya Lebar
Vehicle Reg. No. (Car Plate No.)	SJL 5586 L
Vehicle Make/Model	HONDA FIT 1.3A
Insurance Company	NTUC Policy No
Owner or Company Name /IC No.	TW Automobile
Owner or Company Contact No. :	Owner's HpCompany Tel
DRIVER'S Name / IC No.	DANIEL LIM ZHAN YI
DRIVER'S Date Of Birth	2/18 -10 - 1995 DRIVER'S License Pass Date & 02 Dec 20
Relationship of Owner & Driver :	Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: APT BLK 497G TAMPINES STREET 45, #05-126.
DRIVER'S Contact No. / Alt No.	1)82980285 2)
DRIVER'S Occupation	: INDOOR (QUTDOOR)(e.g. working inside or outside office)
Email Address	: weiguan 0312 Qgmail.com
Weather & Road Surface (CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
Reporting Type	Reporting Only \Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Dri	ver):
Was there any video Captured by car Exact purpose for which vehicle was	camera: YES \NO being used at the time of accident: Private use Work purpose
Other Pa	arty Driver's Particular (if any)
Vehicle Reg. No: GBB 2650	B Vehicle Reg. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver: HONG RUOYU	
IC No. Driver: 582056870	
Driver's Contact & Add: 8122	Driver's Contact & Add:

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$9537463H





DANIEL LIM ZHAN YI

CHINESE Date of birth 18-10-1995

Country of birth SINGAPORE



NRIG No. S9537463H



26-04-2010

APT BLK 497G TAMPINES STREET 45 #05-126 SINGAPORE 525497



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

Motor Cars=< 3000kg with =<7 passengers, exclusive 02 Dec 2014 of the driver; and other motor vehicles =< 2500kg

NP 428A



Certificate of Insurance

Cover : Third Party

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: 5104194055

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder 3. Effective Date of Insurance

4. Expiry Date of Insurance

Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission. 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.

: SJL5586L

: GE61144201

: 27 Sep 2018

: 26 Sep 2019

: TW AUTOMOBILE

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.
 - # 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.

incoming.	. 11/4
EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	; NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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)

: DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)

Date of Issue

: 26 Sep 2018 09:28 hrs

Countersigned By:

Authorised Officer

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive



Policy No.	5104194055	Policyholder Name	TW AUTO		Policyholder NRIC	53333500X	
Certificate No.							
ddress	9 TAGORE LANE #02-01 9 @ TA	AGORE SINGAR	PORE 7874	172			
roduct lame	FLEET INSURANCE	Plan			Group Policy Flag	N	
olicy ssue Date	26/09/2018	Effective Date	25/09/20	018 00:00	Expiry Date	15/01/2019	23:59
xcess Type		All Claims Excess					
Third Party	1500	Own			Windscreen	727	
xcess	1500	damage Excess	0		Excess	0	
Additional Excess	0	OS Premium	283.74				
Outside Singapore OD	0	Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
Excess	DISPEDIUM INSURANCE ASSENCE		5744755	-			
Agent Co-	DICKSON INSURANCE AGENCY	Agent Tel.	6344766	12	GST Flag	Y	
nsurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	older Mailing Address						
Address 1	9 TAGORE LANE	Addre	ss 2	#02-01 9 @ TAGOR	E	Address 3	SINGAPORE 787472
Address 4		Addre	ess Type	Singapore address		Post Code	787472
Unit No.	02-01	Relate	ed Policy per	5104194055			
) Insure	d Object: SJL5586L						
	ements						
Sequen	ce Date of Endorsement	Endorseme	nt Tyne	Endorsement Number	Endorson	ment Status	Endorsement Content
1	25/09/2018 00:00	Basic Informa Endorsement		000001286913634	Endorseme Effective		Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL. GST) 1. SJN2704Y 01-10-2018 \$283.74 In view of this amendmer an additional premium of \$283.74 (inclusive of GST) is payable under your policy Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it you could make payment to us within 14 days from the date of thi letter. For cheque payment, please issue the cheque in favour of "NTU Income" with your name and polic number indicated on the reverse of the cheque. Alternatively, you coul also make payment at any of our branches by cash or NETS.
							Thank you for giving us the opportunity to serve you. We confirm that this policy is extended

Claim Handling The premium on this policy has	s not been cullected.				· £a
Accident HT/1014936					
Policy No.	5104194055	Vehicle No.	53L5586L	GST Registration No.	
Certificate No.				A VOICE THE CONTRACTOR	
Policyholder Name	TW AUTOMOBILE			Policyholder NR3C	53333500X
Product Code	FUEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	o .	Contact No. (Home)	0
Email Address		Special Remark		wCode	[m V
KFK	® No ○ Yes	TCA	® No ○Yes	eCode Reason	46
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
S Accident Details					
Report Date	09/10/2018 t5:32	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	06/10/2018	Time of Accident hhomm	13:10	Country of Accident	Singapore
Reporting Centre		Crange Force		ICM No.	
Accident Location	SLIP RD EUNOS AVE 5 TWDS PAYA LEBAR RD				
⇒ Excess					
Own damage Excets	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
⇒ Benefits					
□ GST Registered Inform					
GST Registered	No		GST Registration Date		
GST Registration No. Modification History			GST Status Verified	No	
The state of the s					
Policyholder Mailing Ar	ddress				
Address 1	9 TAGORE LANE	Address 2	#02-01 9 @ TAGORE	Address 3	SINGAPORE 787472
Address 4		Address Type	Singapore address	Post Code	787472
Umt No.	02-01	Related Policy Number	5104194055	Pull Code	767472
OI Driver Info		SCHOOL PORTY CHARLES	*************		
Driver Name	Unnamed Driver	Oriver Type	Unnamed Driver		
Unnamed driver Name	DANIEL LIM ZHAN YI	Onver NRIC	S9537463H	Oriver DOB	18/10/1995
Register Date of Driver License	02/12/2014	Driver Age	22	Driving Experience	3
Contact No (Mobile)	82960285	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 497G	Address 2	TAMPINES STREET 45	Address 3	SINGAPORE \$25497
Address 4		Address Type	Singapore address	Post Code	525497
Unit No.	05-126				
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Declaration	17.				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	⊕ Yes ○ No		
Modification History					
Meaning of March					
Claim 001 New					
Claim Type *	OD-MX	Insured Name	TW AUTOMOBILE	Insured NRIC	53333500X
Contact No.(Mobile)	06865535	Contact No.(Home)		Contact No.(Office)	33333AA
Email Address		OI Vehicle Number	SJL5586L	TP Vehicle Number	G8826508
Claimant Type Claimant Type *	Please Select	Type of Benefit +	Please Select	10 TOTAL MATERIAL	0.000
Clamant Name *	>>	Claimant NRIC *			
Claimant Address				1	
Claim Description	SJL5586L / G882650B ON 6 Oct 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	09/10/2018 15:34	Claim Close Date		Date Received	09/10/2018 00:00
Report Taken By	Jackson		()		
☑ Print AK letter					
			Save Submit		
Attachment					
9					
	:85.6500000	V2002-04-0	Was a		
Accident No.	MT/1014936	Claim No.	001		
Last Doc. Received	® Yes ○ No	Upload Date	09/10/2018 15:35		
	Path *		Category •	Confidential Urgeno	y • Description •
		Browse	A STATE OF THE STA		⊻
The second second		Browse	Dear Please Select	Normal ∨	<u> </u>

