Date In: 27/19/18 - 15:54	Jeb description	Date &Time Completed	Done by
Ref No: 44/WC18019789/24	SAS e-filing		
Veh No: 3626609B	E-mail (within Shrs, AIC 2hrs)	i	
D.O.A: 14/10/18-22:45	i-Motor Claim Form	14211 1/0/	
	I-Motor W/O (Within: OD 2h	M7/10/6860-031	20198 20190
OD (TP) : Reporting Only	i-Photo Uploaded	rs, 11 4brs)	
			
TP Insurer:	Assessment/Survey Report Ass't Report by Fax / Hand	to Oumer/Wise	
Preferred Wksp / INC Assign Wksp / QW: (Ass t report of Pax7 Haild		ax:
TP Particulars: Veh No: JKN9	INC (4.
Owner / Driver: (1937M	Tel:	
	riod: (Cover Type: (
Confirmed by : (Date:	Time:	
	Note-Est. Status (WO): N: 0-2		00061
		:0%, P: 21-79%. P: 50-1	00%]
	Warranty: YES ()/NO ()	
Excess: (\$) Loading: \$1,00	00 ()/\$2,000 ()		
General Remarks			Con S
() Walk-In Customer: Customer's infor			
() Total Loss Case : to e-mail Insure	r URGENTLY.		
Drive-In ()/ Towed-In (); Invoice:	:YES()/NO();T	Cowing Co: (.)
Remarks: (INC hotline: 6788 6616)		The same particular	770736737

	6 /	Date&Time Completed	Done by
1) Apply for Transport Allowance ()/Co	ourtesy Car ()	Dates till is civilipie su	, and a specific part of the s
Apply for Transport Allowance ()/Co QC Check / Post Repair Inspection	()	Dates: 11116 Couple 31:	, and the by
Apply for Transport Allowance ()/Co QC Check / Post Repair Inspection	()	Dates: 19116 Couple 31: 1	, Done by
Apply for Transport Allowance ()/Co QC Check / Post Repair Inspection	()	Dates: 11116 Complet 31:	, and the by
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()	Dates: 19116 Couple 31:	, Done by
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()	Dates: 11116 Complet 34	A DONG BY
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()	Dates: 19116 Collipse 34:	Done by
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()	Dates:19115 Couple 34:	A COLOR
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()	Dates 19116 Couple 34:	A COLOR
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()	Lacce 19116 Couple 34:	A CONTRACTOR OF THE PARTY OF TH
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()	Dates 19116 Couple 34:	A CONTRACTOR OF THE CONTRACTOR
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions	()		Ant (S) Am
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions	() 000] () linvoice Pre	paration Checklist	A CONTRACTOR OF THE CONTRACTOR
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Onto Time Actions	() 000] () Invoice Pre 1) AR: Accident 2) DA: Damage	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$80	Ant (S) Am In Bill Add
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Oute Time Actions Actions Also 68 ov	Invoice Pro 1) AR: Accident 2) DA: Darrage 3) TF: Towing F	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$80 os \$40/	Ant (S) And In Bill Add
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Actions Actions Allowance ()/Co	Invoice Pro 1) AR: Accident 2) DA: Darnage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$80); ce \$40/ hrough Survey \$ hrough Survey (Resurvey)	Ant (S) Am. Tit Bill Add 545 120 530
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Actions Actions Allowance ()/Co	Invoice Pre Invoice Pre I) AR: Accident 2) DA: Darnage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$80); ee \$40/ hrough Survey \$ hrough Survey (Resurvey) toinst INC Only (wef 10 Jan 2005)	Ant (5) Am In Bill Add 545 120 530
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Actions Actions Allowance ()/Co	Invoice Pro 1) AR: Accident 2) DA: Darnage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$80); ee \$40/ hrough Survey \$ hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005)	Ant (S) Am. Tit Bill Add 545 120 530
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Actions Actions Allowance ()/Co	Invoice Pre Invoice Pre I) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For elsiming a 6) TR: Re-inspec 7) N1: Idao DA: 8) NTUC Addition	Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$80 oe \$40/brough Survey \$ shrough Survey (Resurvey) Rejust INC Only (wef 10 Jan 2003) Reinst INC Survey \$ \$	Ant (S) Am (D) Add (S)
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions NA 18068 ov aimant's Particulars:- iver/Owner: intact No: maged Portion:	Invoice Pre Invoice Pre I) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idao DA: 8) NTUC Addition QII*	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$80 or \$40) Arough Survey (Resurvey) Reporting (\$100); INC (\$80 or \$40) Reporting (\$100); INC (\$80 or \$40) Smrough Survey (Resurvey) Reporting (\$100); INC (\$80 or \$40) Smrough Survey (\$80 or \$40) Smrough Surve	Ant (S) Amil 1st Bill Add 20 545 120 530 575
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions NA 18068 ov alimant's Particulars:- iver/Owner: intact No: imaged Portion:	Invoice Pre Invoice Pre I) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idao DA: 8) NTUC Addition QII*	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$80 ee \$40/ hrough Survey (Resurvey) tainst INC Only (wef 10 Jan 2005) stion SMRT Survey \$ nal Services:- Cer / Tpt Allowance	Ant (S) Am (D) Add (S)
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions NA 18068 ov aimant's Particulars: iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge):	Invoice Pre Invoice Pre I) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For elsiming a 6) TR: Re-inspec 7) N1: Idao DA: 8) NTUC Additio OI!* *N5: Courtesy *N6: Repair Co *N7: Fost Repair	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$80 ee \$40/ hrough Survey (Resurvey) tainst INC Only (wef 10 Jan 2003) stion SMRT Survey \$ nal Services:- Cer / Tpt Allowance perdination in Inspection	Ant (S) And (S) And (S)
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions NA 18068 ov almant's Particulars:- iver/Owner: ntact No: rmaged Portion: Checked by (Engr-In-Charge):	Invoice Pre Invoice Pre I) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For elsiming a 6) TR: Re-inspec 7) N1: Idao DA: 8) NTUC Additio QII* *N5: Courtesy *N6: Repair Co *N7: Fost Repair Co *N8: DV / Coll	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$80 or \$40/2) Arough Survey (Resurvey) Rejust INC Only (wef 10 Jan 2003) Sition SMRT Survey S and Services:- Cer / Tpt Allowance Perdination In Inspection lect Excess Coordination	Ant (S) Amil (St Bill Add) (St Bill Add) (St Bill Add) (St Bill Add) (St Bill Add) (St Bill Add) (St Bill Add)
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	Invoice Pre Invoice Pre I) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For elsiming a 6) TR: Re-inspec 7) N1: Idao DA: 8) NTUC Additio QII* *N5: Courtesy *N6: Repair Co *N7: Fost Repair Co *N8: DV / Coll	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$80 or \$40) Arough Survey (Resurvey) Rejust INC Only (wef 10 Jan 2003) Silion SMRT Survey S nal Services:- Cer / Tpt Allowance Perdination In Inspection lect Excess Coordination (N-in INC) against INC	Ant (S) And (S) And (S)

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 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.
- 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

	ACCIDENT STATEMENT
Date Of Report	23/10/2018 15:54
Date Of Accident	14/10/2018 22:45
Exact Location Of Accident	BLK 403 YISHUN AVE 6 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLZ6609B
Insured/Policyholder	
Name Of Registered Owner	LIN ZHIWEI
NRIC No	S8422735H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98715355
Alternative Phone No	OFFICE-98715355
Vehicle Particulars	
Manufacturer	BMW
Model	118I AT ABS D/AIRBAG 2WD HID 5DR
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	5100616925
Cover Note Number	
Driver	
Name of Driver	LIN ZHIWEI
NRIC No	S8422735H
Date Of Birth	05/08/1984
Occupation	INDOOR
Date Of Driving Pass	25/04/2008
Driving Experience	10 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98715355
Fax Number	

OFFICE-98715355

NOEMAIL

Address BLK 511A YISHUN STREET 51

#10-405

Postcode 761511

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 Registration Number of Driver's Own

cle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

YES

NO

NO

NO

0

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? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

2

Was there any video captured by Car Camera?

NO

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKW9437M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

venicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>trushful</u> and accurate as <u>possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiete 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.
- 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 aforesald.
- 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 Monétary 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.

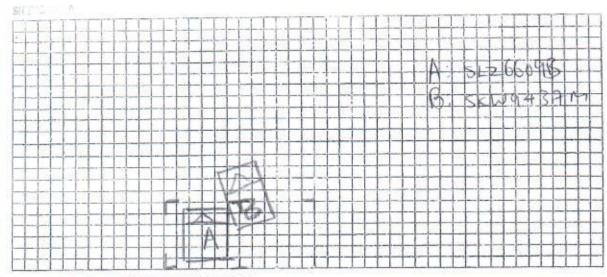
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUINSTANCES OF THE ACCIDENT

Mu	V	hich	was part	ed at	open	space	corpo	rk of	Yishun
Ave	6	171K	403 1	15 1	Was	anoy	for	5 1	lays, aft
I (M	from	Houday	onl	wanted	to	delve	my	car.
tho	out.	Z	Treeine	na	a piece	of	paper	Stall	ny that
Letic	A B	nod	Lonock	ords	my ve	tiel .			
		200							
				10-01-02-7					
					-				
	Action Comments	V			9. 11. 1. 1. 1. 1.			WALL WALL TO SERVE	14. 0011100008
	5-1-2-11	N 6774	Section of the sectio	(17.5					
MEZ E				the second					

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.:

- Complete and submit this form to the individual insurance authorized reporting centre. Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible, Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.

 The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies. Any false reporting may be referred to the traffic police department for investigation,

CHEATCHEACHERS STATEMENT

THE RESIDENCE OF THE PERSON OF	AGG	GIENNI (I	ETTAIL	5	METERS			一种企业
Daka of a ocident		1241	0/18				(0	D/MM/VY)
Time of applicant.		2	24	5				[HM:MARA]
Duest location of accident	Yishun	Ave	6	BIK	403	open	Space	Cospak

NATIONAL PROPERTY.	(DETIA) LIS OF MEHITOLE
Vehicle registration number	SLZ 6609B
Vehicle make and model	18 mw
Type of vehicle	Saloon MPV CRV Van CRV Others:
Vehicla category	Private & Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes □ No ☑ if no, please select: Third part claim ☑ Reporting only □

The state of the s	INSTURVALMED LINE	OTRIVIALITION.	AND DESCRIPTION OF THE PERSON			
Insurance company		NTUC				
Policy number	5100616925					
Type of policy	Comprehensive D	Third party fire & theft o	TP only a			

and the second second	INSURED / POLICY HOLDER	
Name '	Lin zhiwe; Male o	Female o
NRIC / Fin / Passport number	5x422735H	
Contact	98715355	25-27
Address	BLK 511 A Yishun Strut SI #10-405 S(761511)	

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	
Vame	Male 🗉	Female D
VRIC / Fin / Passport number		
Contact		
Address		52
mail address	Zhiwei-330 @ Notaroil.com.	
late of birth	05/08/1984	
)ccupation	Indoor Ø Outdoor 🗆	
triving date pass	25/04/2008	

Report Name of the State of the	的性質可以的		(A)	CHARLE SERVICE
Was odver an amportable?	Yes D	No 2		auner
the Insurso's company?	If no, rela	donship of the	e driver and insured:	CONTEST
Accident captured by camera?	Yes 🗆	Nop		
Weather condition	Clear	Raining 🗆	Others:	
Read surface	Dry Ø	Weto		2. 1. 1. 2.1.
No of passenger	8	2		(Inclusive of drive
	100			Carlo I and Carlo
AND RESIDENCE TO SELECTION OF THE PERSON OF	Marie Sept. 3	PASSENG	R.L	17世代以下,其中
Mains				
Gandar	Male D	Female D		
St. Mark Cont. (St.)		9 1 10 10		and the same of th
ALL DE LANGE OF THE PARTY OF TH	Manager Mark	PASSENE	(R. 2	产品的企业方面的
Name				
Gender .	Male o	Female D		
The state of the s			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A second to the side
SECRETARIA SELECTION OF THE PROPERTY AND ADDRESS OF THE PARTY AND ADDRE	THE REPORT OF THE	PASSENG	ER V	二十岁 100 100 100 100 100 100 100 100 100 10
Name				W
	Male D	Female D		
Gender	TWILITO CI			The second
		PASSENG	ER 4	- POTE WERE BUILDING
GO BOOK OF SHEET SHEET SHEET SHEET	STATISTICS OF THE PARTY OF THE	(roal) march		The state of the s
Name	Male 🗆	Female D		
Gender	I Wate D	Turnatur	AND THE RESERVE OF THE PERSON	30 13
	or coverage and	PASSERG	SP S - 4 The Book of	SPORT FOR STORY
THE REAL PROPERTY.	THE REAL PROPERTY.	1974 A BIEICO	Give	
Name	Male []	Female D	W	
Gender	IMale D	remaie D		St. Dr. of the spanning way to
	The state of the s	PASSENG	E9/6	The state of the state of the state of
THE RESERVE OF THE PARTY OF THE		PASSEING	EIN O	
Mame	na-1- ==	Female	Particular de la late	
Gender	Male 🗆	remaie L	40	
		at the representation	wiston.	SALES SERVICES
可以而此可能。 化分类性 医皮肤	Control of the last of	OTHER INFOR	WAITON	
Was anybody Injured?	Yes 🗆	No		
Was other vehicle damaged?	Yes 🗹	No 🗆		
		to the same of	THE RESERVE OF A COMMUNICATION OF	
· · · · · · · · · · · · · · · · · · ·	-	TAILS OF POL	IGE ACTION	ich mellen stetten
Reported to police?	Yes 🗆	No.6	yes, please state wh	iich police station,
Police station name				
W W S			- but a second of the Second	
The second secon	A THE PARTY OF	WITNES	S 1	The state of the s
Name		THE STATE OF THE S		

Name

successive and an artist of the property of	一直运行员 使自由主义 (4.44)
AND DESCRIPTION OF THE PARTY OF	SKW 9437 M
Vanima magistration member	
Webtele malke workel	
Warne	
MRIC / Fin / Passport number	
Contact	
	- Apply Major at 1 and 1
RESIDENCE OF THE PERSON	THE WEIGHT WEIGHT 2
Vehicle registration number	
Vehicle make model	
Name	
MRIC / Fin / Passport number	
Contact	
THE RESERVE THE PARTY OF THE PA	THIAD IN ARMY WERICHES
Vehicle registration number	
Vehide make model	
Wame	
MRIC / Fin / Passport number	
Contact	
	THURD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
MRIC / Fin / Passport number	
Contact	
CANADA SELECTION OF SELECTION O	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Property of the Party of the Pa	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

to the second second second						
		MAN SWED STEELS		dribes in the		Manager and A
Nerros						
injurios sustainas			7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
Which wehicle person in?						
Were sest belts worn?	Yes 🗆	No 🗆				
Was injured conveyed to	Yes 🗆	No D				
hospital by ambulance?			10-11-2-2-11			
	Vicinity Company					
		INTURED PER	SOW Z			Mean Const
Name				2000		
Injuries sustained						
Which wehicle person in?		ve sive-englender i ando				- 32
Ware seat belts worn?	Yes 🗆	No 🗆	PENDE			
Was injured conveyed to	Yes D	Non				
hospital by ambulance?	1000000	2000 M				
Hospital by sincerentiat				A) FOLISTS	74 14V 15 - 2	4
Approximation of the second	20000	INTO THE PER	ISON 3	ie in this	TO STORY	4年2月14日 (1111) 1111 日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日
Wame						
Injuries sustained				AND PROVIDE	0)(6)	
Which vehicle person in?					poster reservation	
Were seat belts worn?	Yes D	No D	- Territor At Administra	W. (7 - CT)		
	Yes 🗆	No D				u. An White Day 1932/A
Was injured conveyed to hospital by ambulance?	163 1	140 1				
nospital by amburence:		COSTRUCTION NO		Ti-		2 00 12000
	The wife	INJURED PER	8SON 4	-declaration	100 100 100	معارجه الب
1	CHINESES SERVICES					
Name	-					
Injuries sustained						
Which vehicle person in?	Yes 🗆	No 🗆		1000		
Were seat belts worn?	Yes	No D				
Was injured conveyed to	Yes	NOL				
hospital by ambulance?				- 35 VA 11091		
	orden and the second	INTURED PER	CONE	e division in	COLUMN TO SERVICE	MARKET TAKE
BENEAU OF BUILDING		INTUKED PER	REMINIE			
Name			<u> </u>			
Injuries sustained				W 202 123		
Which vehicle person in?						
Were seat belts worn?	Yes 🗆	Non				
Was injured conveyed to	Yes □	No D				
hospital by ambulance?						
				SCHOOL SERVICE SALES		A STATE OF THE PARTY OF THE PAR
AN COMPANY OF THE REAL PROPERTY.	Colta Statement	INJURED PER	RSON 6			
Name						
Injuries sustained		10-1-				
Which vehicle person in?			P. II			
Were seat belts worn?	Yes 🗆	No D				
Was injured conveyed to	Yes	No 🗆				
Maa Hilaren comeden co	1					

hospital by ambulance?





Scoot Booking Reference O7GR5J





Your Itinerary Details Booking Status:

Please check your flight and note the departure time. In some instances, your flight may be just after midnight; which means that you actually have to be at the airport the day before your flight date.

Check in opens 3 hours and closes 1 hour before departure time. We recommend that you be at the airport at least 90 minutes before departure time. Extra time would need to be taken into consideration in case of congestion at the airport.

Web Check-in is available on selected flights between 72 hours and 1 hours to departure at checkin, flyscoot.com. (Read more)

Be entertained with ScooTV: If you are travelling on our Boeing 787 Dreamliners, download the 'ScooTV' app to watch your favourite movies and to shows! (Read more)

Checked Baggage: For each checked baggage, the sum of the length, width and height should not exceed 158cm (62 inches). (Read more)

Cabin Baggage: Two (2) pieces of carry-on luggage not exceeding the dimensions of 54cm X 38cm X 23cm per piece, with a maximum total combined weight of 10kg. (Read more)

Note: Consumption of outside food & beverages is not allowed on board Scoot flights.

1 Depart: Singapore to Bangkok

Depart Sin

Arrive

Singapore (SIN)

Singapore - Changi Airport Terminal 2

Bangkok (BKK)

Bangkok - Suvamabhumi Intl

Fly

Fly

06;35 15 October 2018

08:00

15 October 2018

1

2 Return: Bangkok (Don Mueang) to Singapore

TR 869 (Scoot B787-8) - 2h 30min

797

Fare Class: W1

Check-in time :Frl, 19 Oct 2018 14:00

TR 608 (Scoot A320) - 2h 25min

Check-in time: Mon, 15 Oct 2018 03:35

Fare Class: N1

All times displayed are local

Depart Bangkok (Don Mueang) (DMK)

Bangkok (Don Mueang) - Don Mueang International Terminal 1

Arrive Singapore (SIN)

Singapore - Changi Airport Terminal 2

17:00

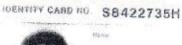
19 October 2018

20:30

19 October 2018



REPUBLIC OF SINGAPORE







LIN ZHIWEI

林

CHINESE Bate of birth 05-08-1984 M Country of birth

SINGAPORE

0012270BH

OU ARE LIGENSED TO ORIVE VEHICLES IN THE FOLLOWING CLASSIES! MASSICALIS. ches 28 Managolis wc 200 CC 19 Jan 2016 Managette between 201 CC and 401 CC Class 2A Class 2 Monte option to ROCC 2011 Co. Class 20 Monte option to 35 Aur 24% 22 Jun 2013 19 Mer 2014 S/No. 9000211137. \$11,27,1571 Licence No: Set22735H 80-426A

INIC No S8422735H

Date of Stone 15-06-2011

APT BLK 511A YISHUN STREET 51 ₽10-405 SINGAPORE 761511

NRIC No: \$8422735H

Date: 28/05/2018



Certificate of Insurance

- 6K6666Y SLZ6609B

: WBA1A32000J06741S

: LIN ZHIWEI

: 10 May 2018

09 May 2019

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) RUI

	CHE LANGE TARGET	V2) UOTE2' 1223	(MALAYSIA)	The second second second
Certificate Number	5100616925			
	Desire and the second		Cover :	drivo CLASSIC

e Number: 5100616925

- 1. Index mark and Registration Number of Vehicle Chassis Number
- 2. Name of Policyholder
- 3. Effective Date of Insurance
- 4. Expiry Date of Insurance
- 5. 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.
- 6. Umitations as to Use#
 - (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

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

EXCESS (SECTION 1) EXCESS (SECTION 2) ; N/A WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS · N/A UNNAMED DRIVER EXCESS PLEASE REFER OVERLEAF REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCO PROTECTION : YES TRANSPORT ALLOWANCE E NO EXCESS WAIVER . NO PRIMARY DRIVER : LIN ZHIWEI NAMED DRIVER (1) N/A NAMED DRIVER (2). 1 N/A

SUM INSURED MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS I/We bereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor

KENSO LEASING PTE LTD

Vehicles [Third Party Risks and Compensation] Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Date of Issue

HIRE PURCHASE COMPANY

: DICKSON AUTO AGENCY (00000614645)

5 09 May 2018 15:25 hrs.

FOR NTUCINCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

uery			Date		Language	+ Chang	ge Password	• Log Ou
			Date	*******				5
or Motor) S1766			Date o	a wasanana	-			
or Motor) S1766			Date (of Accident	1	4/10/2018 2	22:45	
Ser ou	09B		Certifi	cate Number				
		- 1	Search					
cy No. Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
516925	LIN ZHIWEI	S8422735H	GPC	drivo CLASSIC	SLZ66098	SLZ6609B	10/05/2018	09/05/2019
	y No. Number	y No. Number Name	y No. Number Name NRIC 516925 LIN ZHIWEI S8422735H	y No. Certificate Policyholder Policyholder Product	y No. Certificate Number Name Policyholder NRIC Product Cover Type NINC Product Cover Type S16925 LIN ZHIWEI S8422735H GPC CLASSIC	y No. Certificate Policyholder Policyholder Product Cover Type Vehicle No. S16925 LIN ZHIWEI S8422735H GPC CLASSIC SLZ6609B	y No. Certificate Number Name Policyholder NRIC Product Cover Type Vehicle Insured No. Object. S16925 LIN ZHIWEI S8422735H GPC CLASSIC SLZ6609B SLZ6609B	y No. Certificate Number Name Policyholder NRIC Product Cover Type Vehicle Insured Commence No. Object Date Commence Object Date Cover Type LIN ZHIWEI S8422735H GPC CLASSIC SLZ6609B SLZ6609B 10/05/2018

Policy No.	5100616925	Policyholder Name	LIN ZHIWEI		Policyholder NRIC	S8422735H	
Certificate No.		Name			NRIC		
Address	BLK 254 #06-1089 YISHUN R	ING ROAD YISH	UN SUNSHIN	E SINGAPORE 76025	54		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
olicy ssue ate	09/05/2018	Effective Date	10/05/2018	00:00	Expiry Date	09/05/2019	23:59
xcess ype		All Claims Excess					
hird arty xcess	0	Own damage Excess	600		Windscreen Excess	100	
dditional xcess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Your	ng/Inexperience Driver Excess
Agent Co- nsurance Flag	DICKSON AUTO AGENCY	Agent Tel.	NIL		GST Flag	Υ	
-0.9							
open olicy nfo certificate							
open olicy nfo certificate nfo Policyl	holder Mailing Address		Species O			2002 5000-2	
Open Policy Info Certificate Info Policy Info Info Info Info Info Info Info Info	BLK 254 #06-1089	Addre		YISHUN RING ROA	791	Address 3	YISHUN SUNSHINE
Open Policy nfo Certificate nfo	With the second	Addre Relat	ess Type ed Policy	YISHUN RING ROA Singapore address 5100616925	791	Address 3 Post Code	YISHUN SUNSHINE 760254
Open olicy onfo Certificate onfo Policyl oddress 1 ddress 4 Init No.	BLK 254 #06-1089	Addre	ess Type ed Policy	Singapore address	791		
open olicy info ertificate info Policy! ddress 1 ddress 4 init No. Insure	BLK 254 #06-1089 SINGAPORE 760254 ad Object: SLZ6609B	Addre Relat	ess Type ed Policy	Singapore address	791		
Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	BLK 254 #06-1089 SINGAPORE 760254 ad Object: SLZ6609B	Addre Relat Numb	ess Type ed Policy	Singapore address 5100616925	791	Post Code	

Claim Handling						
Policy No.	5100616925		Vehicle No.	SLZ66098	GST Registration No.	
Certificate No:						
Policyholder Name	LIN ZHIWEI				Policyholder NR3C	S8422735H
Product Code	PRIVATE CAR INSURAN	ice	Cover Type	drivo CLASSIC	Loading	0
Contact No (Mobile)	98715355		Contact No.(Office)	0	Contact No. (Home)	0
Email Address			Special Remark		eCode	THE V
KFK	® No ○ Yes		TCA	® No ○Yes	eCode Reason	
NCD Protection	Yes		MCD Entitlement(%)	50	Private Hire	No
⇒ Accident Details						
Report Date	23/10/2018 20:38		Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Acodem	14/10/2018		Time of Accident hhome	22:45	Country of Academi	Singapore
Reporting Centre			Drange Force		ICM No.	
Accident Location	BLK 403 YISHUN AVE 6	OPEN SPACE CARPA	VAK .			
♥ Excess						
Own damage Excess		600.00	Additional Excess	0	Windscreen Excess	100.00
Mnamed Driver Excess		0.00	Outside Singapore OD Excess	600.00		
fried Party Excess		0.00	Outside Singapore TP Excess	0.00		
9 Benefits						
GST Registered Inform	ation					
ST Registered	No			GST Registration Date		
ST Registration No.				GST Status Verified	Yes	
fodification History						
	3					
Policyholder Hailing Ad			2000 30			
Address 1	BLK 254 #06-1089		Address 2	YISHUN RING ROAD	Address 3	YESHUN SUNSHINE
Address &	SINGAPORE 760254		Address Type	Singapore address	Post Code	760254
Unit No.			Related Policy Number	5100616925		
● OI Driver Info			ton water			
Driver Name	LIN ZHIWEI		Driver Type	Main Driver		
Unnamed driver Name			Driver NRIC	S8422735H	Driver DOB	05/08/1984
tegister Date of Driver License			Driver Age	34	Driving Experience	10
Contact No.(Mobile)	98715355		Contact No.(Office)	0	Contact No.(Home)	0
Address T	BLK 511A		Address 2	YISHUN STREET 51	Address 3	OLEANDER BREEZE @ YISHUN
Address 4	SINGAPORE 761511		Address Type	Singagore address	Post Code	761511
Just No.	10-405					
Does he own a Singapore registered car?	Yes ® No		Driver Vehicle No.		Driver Insurer Company	
reathalyser or Blood Test						
teading?	0 mg		Any injury?	○ Yes ® No		
odification History						
Claim 001 OD-MX New	· li					
laim Type *	00-MX	V	Insured Name	LIN ZHIWEI	Insured NRIC	S8422735H
Contact No. (Mobile)	98715355		Contact No.(Home)	68523267	Contact No.(Office)	
mail Address	Zhiwei_330@hotmail.co	m	OI Vehicle Number	SLZ66098		CAMPATTAL
Jaimant Type Claimant Type *			Type of Benefit *	Please Select.	TP Vehicle Number	SKW9437M
Jaimant Name *		22	Claimant NRIC *			
Jaimant Address						
laim Description	SLZ66098 / SKW9437M	ON 14 Oct 2018			Name of Preferred Workshop	
referred Workshop Contact	Paragraph Company		tenned Luxure, a	No. of France	nearne of Preferred Workshop	
d. equire Finalisation	Yes	V	Insured Liability *	Not at Fault		
ate Registered	23/10/2018 20:40	121	Preferend Repair Option Claim Close Date	Preferred Workshop, Name unknown	GIA report	Received
eport Taken By	Jackson				Date Received	23/10/2018 20:41
	Jan. Kilon		Workshop Repairer		Total Loss but Repaired	
Print AK letter						
Attachment				Save Submit		
9						
	1631501501		100			
codent No.	MT/1016860		Claim No.	100		
sst Doc. Received	Yes ○ No		Upload Date	23/10/2018 20:41		
gaestroca es	Pa	th •		Category *	Confidential Urgen	cy * Description *
			Browse.	Ovar Please Select	V (40 V Normal	
			Browse.	Clear Please Select	▼ Normal:	¥ .
			Browse.	Cear Mease Select	▼ Normal	V
			Browse	Class Salari	G Inc. C Inc.	EI C

