NATIONAL Assessment Centre Services	(we' i Jan'05)	æ .		1	
Date In: 30 16 2018 15:37 Jeb description	on	Date & Time Cor	mpleted	Done	e p.v.
Ref No NA/INC 180 19741/F4 SAS e-filing	g .				
	in Shrs, AIC 2hrs)	i	<del>. i</del>		
D.O.A. 30/10/2018 14210 1-Motor Cl		MT/10178	71-601	311	0/18 09
i Metar W	O (Within: OD 2hrs	11	11 001		((0
OD (TP:) Reporting Only		<del></del>		**************	
	Survey Report	1			
This die.		to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:		
TP Particulars: Veh No: SHA 4406	L . INC(	)/Non-INC (	)		
Owner / Driver: (		Tel:		)	
Policy No: ( ), Period: (	)	Cover Type: (		)	
Confirmed by : (	Date:	Time:		7	
Insured/Driver Liability: ( %) [Note-Est. Status	(WO): N: 0-20	0%; P: 21-79%.	P: 80-100	%]	
Year of Registration: ( ) Warranty: YES (		)			
Excess: (\$ ) Loading: \$1,000 ( )/\$2,00	0()				
Seneral Remarks;-	18 C C C C C C C C C C C C C C C C C C C	4201685.CA-12	LEAN OF		
) Walk-In Customer's information strictly C	onfidential & St	cietly NO rafac of a			
Cemarks - (INC horling: 6788 6616)		owing Co: ( Date&Time Com	ple od v	K. Done	) by
Cemarks = (INC hosline: 6788 6616)  1) Apply for Transport Allowance ( )/ Courtesy Car ( 2) QC Check / Post Repair Inspection (			pleode	Bone	) Sby
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Cemarks = (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/ Courtesy Car ( 2) QC Check / Post Repair Inspection ( 3) Upload Resurvey Photo [Repair Cost > \$3000] ( Injury :	)		pletade		
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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.
- 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.
- 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

<b>能够用的能量是是他的第三人称单数</b>	ACCIDENT STATEMENT
Date Of Report	30/10/2018 15:37
Date Of Accident	30/10/2018 14:10
Exact Location Of Accident	ANG MO KIO AVE 5 EXIT TWDS CTE
Country/State of Loss	SINGAPORE
A STATE OF THE STA	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLZ2237S
Insured/Policyholder	
Name Of Registered Owner	LIM BEE HOON
NRIC No	S6821257Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98559261
Alternative Phone No	OTHERS-98559261
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE HYBRID 1.5 AUTO
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	5101221064
Cover Note Number	
Driver	
Name of Driver	ANG SIONG LIM

NRIC No S1500500I Date Of Birth 22/05/1961 Occupation INDOOR Date Of Driving Pass 21/12/1981 Driving Experience 36 YEARS AND 10 MONTHS

Gender MALE

Mobile Number

(LOCAL) +65-98559261

Fax Number

Contact Number OTHERS-98559261

EMail Address NOEMAIL

**BLK 14 EUNOS CRESCENT** Address

#08-2819

400014

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

Insurance Company of Driver's Own Vehicle

## General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions RAINING Road Surface WET

## Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by NO

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) 1

### **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

PLS REFER TO THE ATTACHED STATEMENT.

## Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

NO

NO

NO

Remarks/ Reasons:

REVERT

SHA4406L

TAXI

# Was there any audio recorded?

NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver CHUA KONG HWEE ( CAI GUANGHUI )

NRIC/Passport Number S7304853B Contact Number 96894699

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### 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: 30/10/2018

3.47 pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

1 1 1	A SLZ 22375
AK AVES XIT CIE BY	B SHA 4406 L
- TE SAN	
	DIRVENE
CTE -> towards Tou	wn

	I was drving along Ang Mo kiu Ave 5 extoward CTE Express way. I saw there is an accident happen infront of me and I Jam my breaks. A taxi befind he and hit the rear of my Car.
	toward CTE Express Way, I saw there is
	an accident happen infront of me and I
	Jam my breaks. A taxi befind me and
	hit the rear of my Car.
	They can
17	

# 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: 30/10/2018 3.47pm

Reporting Centre Personnel's Signature

Name:

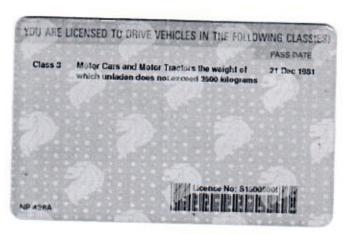
NRIC/FIN No.:

30/10/2018









Email: asl 220561@ Yahoo.com

<b>eBao</b> Tech				G						Genera	eneralClaim	
Hello, NAC_PAYA_UBI_80	0601			The state of the s	Andrew Challen	and the same	• Chang	e Languag	e → Chan	ge Password	· Log Ou	
My Desktop	Poli	cy Query										
Notice of Loss	Policy f	No.	9			Date	of Accident		30/10/2018	14:10		
	Vehicle	No.(For Motor)	SLZ22	375		Certi	ficate Numbe	r				
						Search						
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
		5101221064		HOON	S6821257Z	GPC	drivo CLASSIC	SLZ22375	SLZ2237S	12/06/2018	25/04/2019	
						Continue	1					

# Policy Information

Sequenc	e Date of Endorsement	Endorse	ment Type	Endorsement Status	Endorsement Content
▽ Endors	ements				
Insure	d Object: SLZ2237S				
Unit No.	08-2819	Related Policy Number	5101221064		
Address 4		Address Type	Singapore address	Post Code	400014
Address 1	BLK 14 #08-2819	Address 2	EUNOS CRESCENT	Address 3	SINGAPORE 400014
	nolder Mailing Address				
Certificate Info					
Open Policy Info					
Co- insurance Flag	No				
Agent	YETTA INSURANCE AGENCY PTE	Agent Tel.	67741318	GST Flag	Υ
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Additional Excess	0	OS Premium	0		
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Policy issue Date	11/06/2018	Effective Date	12/06/2018 00:00	Expiry Date	25/04/2019 23:59
Product Name	PRIVATE CAR INSURANCE	Plan	Group Policy Flag	N	
Address	BLK 14 #08-2819 EUNOS CRESO	ENT SINGAPO	ORE 400014		
Certificate No.		Name		NRIC	300212372
Policy No.	5101221064	Policyholder	LIM BEE HOON	Policyholder	S6821257Z

Continue

Cancel

# Claim Handling

Accident MT/1017871						
Policy No.	5101221064	Vehicle No.	SLZ2237S		CCT Do	a lak in a law y
Certificate No.			30222373		GST Reg	gistration
Policyholder Name	LIM BEE HOON				2 92 92 70 70	440 700230
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC			lder NRIC
Contact No.(Mobile)	98559261	Contact No.(Office)	0		Loading	
Email Address		Special Remark	š3			No.(Home
KFK	- No Yes	TCA	No Yes		eCode	
NCD Protection	No	NCD Entitlement(%)	0		eCode R	
					Private H	Hire
Report Date	31/10/2018 09:35	Accident Report Within 24 hrs	Yes		708 24-0 gANO	1427.077
Date of Accident	30/10/2018	Time of Accident hhamm			Accident	
Reporting Centre		Orange Force	14:10			of Accider
Accident Location	ANG MO KIO AVE 5 EXIT TWDS CTE	orange Porce			ICM No.	
⇒ Excess						
Own damage Excess	2,000.00	Additional Excess				
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0		Windscre	een Exces
Third Party Excess	1,500.00	Outside Singapore TP Excess		2,000.00		
<b>▽</b> Benefits	-1233.03	Course Singapore TP Excess		1,500.00		
GST Registered Informa	ation					
GST Registered	No		CCT D	Particular to the Control		
GST Registration No.	V-130			istration Date tus Verified		200701
Modification History			031 30	tus veraieu		Yes
Policyholder Mailing Add	dress					
Address 1	BLK 14 #08-2819	Address 2	FUNOS CRESCEN	+	27740	_
Address 4		Address Type	EUNOS CRESCEN		Address	
Unit No.	08-2819	Related Policy Number	Singapore addres	3	Post Code	е
OI Driver Info			5101221064			
Driver Name	ANG STONG LIM	Driver Type	Named Driver			
Unnamed driver Name		Driver NRIC	\$15005001		Driver DO	
Register Date of Driver License	21/12/1981	Driver Age	57			
Contact No.(Mobile)	98559261	Contact No.(Office)	0			xperience No.(Home)
Address 1	BLK 14 #	Address 2	EUNOS CRESCEN	т	Address 3	
Address 4		Address Type	Singapore address		Post Code	
Unit No.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Post Code	
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.			Driver Inc	surer Com
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	() Yes (a) No			
Modification History						
Claim 001 OD-MX New						
Claim Type •				F20000	Insured	_
				OD-MX	Name	LIM BEI
Contact No.(Mobile)				NIL.	Contact No.	
					(Home)	
Email Address					OI Vehicle	SLZ223
Claim Description					Number	177
Claim Description				SLZ2237S / SHA4406L	ON 30 Oct 2018	
Preferred Workshop	Insured Liability Not at Faul					
Bontuct No. Yes	▼ Repair Preferred Workshop, N	ame unknown V GIA Received				
Date Registered	Option	report [Necewed]		31/10/2018 09:42	Claim	
				P-17 107 EUTO U9:42	Close	
Report Taken By					Workshop	
					Repairer	

Print AK letter

Attachment			_5	Save Submit			
w .							
eccident No.		MT/1017871	Claim No.		001		
ast Doc. Receiv	ed	Yes O No	Upload Date		31/10/2018 09:45		
		Path *					
Choose File	No file chosen	7007		000	Category *	- 10	Confidenti
	No file chosen			Clear	Please Select	•	NO
Choose File	No file chosen			Clear	Please Select	•	NO
	No file chosen			Clear	Please Select		NO
	No file chosen			Clear	Please Select	•	NO
	No file chosen			Clear	Please Select	•	NO
Message Read	+			Clear	Please Select	•	NO
	Silvery and						
Attachmen	t	Uploaded By/Date	Category	9	Urgency		D
7 8475							
GT HELD	NAC_PAYA	UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Oct 2018 09:41	NRIC/ Driving License		Normal		NRIC/ Drivin
13	NAC_PAYA	UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Oct 2018 09:40	SAS		Normal		SAS
	NAC_PAYA	UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Oct 2018 09:40	Photos		Normal		Photo
T.	NAC_PAYA	UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Oct 2018 09:40	Photos		Normal		Photo
	NAC_PAYA_	UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Oct 2018 09:40	Photos		Normal		Photo
	NAC_PAYA_	UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Oct 2018 09:40	Photos		Normal		Photo
	NAC_PAYA_	UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Oct 2018 09:40	Photos		Normal		Photo
12	NAC_PAYA_	UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Oct 2018 09:39	Photos		Normal		Photo
	NAC_PAYA_	UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Oct 2018 09:39	Photos		Normal		Photo
4	NAC_PAYA_	UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Oct 2018 09:39	Photos		Normal		Photo
1	NAC_PAYA_	UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Oct 2018 09:39	Photos		Normal		Photo
	NAC_PAYA_	UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Oct 2018 09:39	Photos		Normal		Photo
	NAC_PAYA_	UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Oct 2018 09:39	Photos		Normal		Photo
=	NAC_PAYA_	UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Oct 2018 09:39	Photos		Normal		Photo
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