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TP Particulars: Veh No XB 709	YC. INC	()/Non-INC().	
Owner / Driver: (Tel:	
Policy No: () Period: ()	Cover Type: ()
Confirmed by : (· Date:	Timer)
Insured/Driver Liability: (%) [Note-B	st. Status (WO): N: 0-	20%; P: 21-79%. P: 80	-100%]
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as 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 aforesaid.

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	ACCIDENT STATEMENT
Date Of Report	07/11/2018 18:58
Date Of Accident	07/11/2018 15:30
Exact Location Of Accident	BLK 156 BUKIT BATOK STREET 11 CARPARK
Country/State of Loss	SINGAPORE
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMD7775B
Insured/Policyholder	
Name Of Registered Owner	LIM CHUI WAN
NRIC No	S7283849A
Email Address	LEONGTIANSON@YAHOO.COM
Mobile Phone No	(LOCAL) +65-92214254
Alternative Phone No	OTHERS-92214254
Vehicle Particulars	
Manufacturer	тоуота
Model	PICNIC
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	5104150955
Cover Note Number	
Driver	

Driver

 Name of Driver
 LIM CHUI WAN

 NRIC No
 \$7283849A

 Date Of Birth
 05/08/1972

 Occupation
 INDOOR

 Date Of Driving Pass
 29/11/2007

Driving Experience 10 YEARS AND 11 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-92214254

Fax Number

Contact Number OTHERS-92214254

EMail Address LEONGTIANSON@YAHOO.COM

Address

BLK 186 WESTWOOD AVENUE

#09-15

Postcode

648148

OWNER

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

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 ambulance?

NO

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)

NO

Passenger 1

NAME:

: HUSBAND

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-6659999 - FAX NO: 66655793

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE NOTICE OF REPORTING (TYPE OF COLLISION IS HEAD TO SIDE)

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

XB7094C

Vehicle Make/Model/Colour

LORRY

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

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 truthful 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.
- 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 insurers) 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 Senature

NRIC/FIN No

SKETCH PLAN	156 BUKIN BATOK	- S78447 11	CHEPBER
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DECLARATION			
I/We declare the foregoing p	particulars are true in every respect.		palulmid
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Name:	Centre Personnel's Signature
	Date & Time:	NRIC/FIN	No: COSM WITHOUT

NOTICE OF REPORTING

This is to confirm that <u>Lim Chui Wan</u>, NRIC/FIN: <u>S7283849A</u>, has reported to the Police a traffic accident. The traffic accident does not consist of the below following criteria:

- i) Involvement with foreign vehicle
- ii) Involvement with Pedestrian/Cyclist
- iii) Involving parties obtained more then 3 days of Medical Leave
- iv) Government property damage
- v) Hit and Run Accident

Incident happened on 07/11/2018 at about 1530 hrs at Blk 156 Bukit Batok Street 11 Carpark. Whereby XB 7094C had collided onto my vehicle SMD7775B. V1 was moving out of the carpark when I saw V2 was moving towards me. I horned to alert the driver but he did not hear anything thus collided onto my vehicle. We exchanged particulars. The said driver said he heard the horn but could not see my vehicle (V1)

Involving the following vehicles:

V1) SMD7775B driven by <u>Lim Chui Wan</u>, NRIC/FIN: <u>S7283849A</u> HP: 92214254

V2) XB 7094C driven by Ailani Bin Bujor NRIC/FIN: S1695048C

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Muhammad Hanis

Date: 07/11/2018 Time: 1600 hrs

S/D Ref: 95

Police Post/Unit: Bukit Batok NPC

MS HAMIS

REAL BATCH LAST AVE .

SINGAPONE ASSESS

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	LIM JUHO MEL	Cover Type	envo CLASSIC		Luading	0
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oreact No. (Mobile)	92214254	Special Remark			eCode	No. *
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ete of Accident	87/11/2018	Time of Accident hitman	15:30		ICM No.	
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adress 6		Malaced Policy Number	5104150955			
HIE NO.		mencan which unimper				
♥ OI Oriver Info	A Disc Tracel Madel	Driver Type	Main Driver			
Piver Name	LIM CHUI WAN	Driver NRSC	57293849A		Driver DOB	05/08/2972
distanced driver Name		Driver Age	46		Driving Experience	10
Register Clara of Driver License	20/11/2007 92214254	Contact No.(Office)	124.1		Contact No.(Home)	
Contact No. (Metale)	186 WESTWOOD AVENUE	Address 2	#09-15 WESTWO	OG RESIDENCI	Address 3	SINGAPORE 648148
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ACCIDENT STATEMENT

1 100 1

ACCIO	ENT DATE 1 7. 175	MYMMYDD) 110KIS	YY), TIME: 15. : 10)(HH:MM)
	A	BUKIT BATO		1 CARROTS
*******	15.5			2 2 20
1.	DETAILS OF VEHICLE	0 0	. 0	£ 8
	a) YEHICLE NUMBER	SMU 777	5 15 '	70
	b)INSURANCE COM		ncomp	
SE	CIPOLICY NUMBER	5100/509	H.	
	d)POLICY TYPE: (CC	MEREHENSIVE / THIRD P	ARTY / THIRD PARTY F	IRE LIHEFT)
	BIMAKE & MODEL!	TOYOTO PICH	16:	
	I)TYPE: (SALOON / C	OUPE / MPY /VAN /LO	RRY / MOTORCYCLE,	O LUEROL
	givenicus carego	RY: [PRIVATE / COMME	Devient ud	31
	MIPURPOSE OF USIN	GAT ACCIDENT TIME:_	STIP ANCE IVES WO	_
		GUNDER YOUR OWN IN		
	INSURED / POLICY H	E (THIRD PARTY CLAIM)	KELOKNIAO ÓLACIT	1(5)(
21.	A) NAME: 4h	CHUI WAN	IMALE /	FEMALE)
†1.	b) NRIC/FIN/PASSPC	ORT: , 572838	YS ACONTACT: 5	2214254
	CIADDRESS: BIK	186 Westwood	of AUR #09-1	X
1	<u> </u>		1101000	
husband	그 [전체회 회사 1] [2] 교육하는 1일([2] 전시 22]	IF DRIVER ALSO POLICY	HOLDER	¥0
14 No of passony 3	DRIVER LIM C	Chui Was	IMALE	FEMALE)
(Including driver)	A TOTAL CONTRACTOR OF THE PARTY		CONTACT:	
(2)	b) NRIC/FIN/PASSPC	/K1:		
5 — 2	CONTRACTOR OF THE CONTRACTOR			
(4	'd) DATE OF BIRTH!	05/08/1972/10	OD/MM/YYYY)	5 ×
4	· eloccupation: (II	A SCOOL OULDOOR	71 (8)	
W	INDATE OF DRIVING	MPLOYEE OF THE INS	LIDED'S COMPANY?	(YES Y NOT
4,	WAS DRIVER AND	SHIP OF THE DRIVER	WITH INSURED!	mer
5	HIWEATHER CONDI	TION: (CLEAR / RAINING	G / OTHERS	
~ 1	BIROAD SURFACE	(DRY / WET / OTHERS_	1.4	• •
6.	WAS ANYBODY INJ	URED (YES / NO)	es no N	f _a s _a so
. 7.	a) REPORTED TO PO	TE WHICH POLICE STAT	ION BUEIT BO	tok
· g	THIRD PARTY VEHIC		I a	
4 No of passenger	a) VEHICLE NUME	BER: XB 7094	C_MODEL: 10	rry -
	LI SERVEDICALLE			
(Induding driver)	c) HRIC/FIN/PAS		CONTACT:	-
() 9.	THIRD PARTY VEHIC		AND ARREST AND A	
16 111 10 - 20011-	d) VEHICLE HUME		MODEL!	
(Including driver			CONTACT	
Cluster Mind aring) H HRIC FIN PAS	SFORT.		
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96		fax =	W.	t) <u>1</u>
Ψ.		11.00=	09	

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7283849A





LIM CHUI WAN

CHINESE Date of birth 05-08-1972 Country/Place of birth MALAYSIA



5296565



NAIC No. S7283849A



21-04-2014

BLK 186 WESTWOOD AVENUE #09-15 SINGAPORE 646148

NRIC No: \$7283849A

Date: 13/12/2017

JU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIE

FASS DATE

Class 2B Ministrycles =< 50) CC

Class 3A Ministrycles =< 50) CC

sex. In the care without church pedale == 3000 kg with == 9 passengers, exclaime of the device; and motior tractory-chicks without chick pedale == 2500 kg.

57283841A

S / No. 9000074905

Licence No: 57283849A

NP 428A

Hello, NAC_BUKIT_MERA	H_800676						* Chang	e Languag	e ' Chang	e Password	• Log Ou
My Desktop	Polic	y Query									
Notice of Loss	Policy N	0.				Date	of Accident		07/11/2018 1	7:59	1
	Vehicle	Vehicle Na.(For Motor)		SMD77758		Certificate Number		ır			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5104150955		LIM CHUI WAN	S7283849A	GPC	drivo CLASSIC	SMD77758	SMD77758	27/09/2018	27/11/2019



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: 5665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: _Vehicle Registration No: M Original Report No: NRIC/FIN/Passport No: Name(as shown in NRIC): (*Vehicle Driver / Wehicle Owner) (*) Please delete as appropriate Address Singapore(Contact (Tel) Email Address Time of Accident : Date of Accident Place of Accident Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: VEHICLE LUMBER TO XB70940 Reporting Centre Personnel's Signature Policyholder / Driver's Signature Name: Date: NRIC/FINNO

Date:

PACK MANAGES