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1710NAL Assessment Centre Sei	vices (we's 150/94)	5	
	description	Date &Time Completed	Done by
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SLV24574 E	-mail (within 8hrs, AIC 2hrs)		
the second secon	Motor Claim Form -	MT/1020229	001 19/11/18 09:
3 31 / Penoving Only	Motor W/O (Within: OD 2		
A	ssessment/Survey Report		
TUSALIZE A	ss't Report by Fax / Hand	d to Owner/Wksp	
eletted Wksp / INC Assign Wksp / QW: (Control of the Contro		Fax:
Particulars: Veh No: CLL	7154M INC	()/Non-INC()	
wacı / Driver (Tcl:)
* stey Nor () Period: () Cover Type: ()
Confirmed by : (Date:	Time:)
Lasured/Driver Liability* (%) [Note-l	Est. Status (WO): N: 0	-20%; P: 21-79%. F: 80	-100%)
heat of Registration: () Warra	nty: YES () / NO ()	
Excess (\$) Loading: \$1,000 ()/\$2,000()		
neral Remarks;	A STANDARD SANDARD SAN	ERRORLEN LL	Carlotte Harrison
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apply for Transport Allowance ()/ Courte	sy Car ()	81.541 F(2.8) × 9.00 (A) 00 (A)	
Of Check / Post Repair Inspection	()		
Upload Resurvey Photo [Repair Cost > \$3000]	()		
III fingle 3	and the same of th	And Parker in the residence of the con-	W. State Co.
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NA(8075	2.3 Invoice I	reparation Checklist	Amr (S) Amr (S)
The second of th	150,500,000,000	dent Reporting (\$30);	Tit Bill Add Bill
mount's Particulars :-	2) DA : Dun	nage Assessment (\$100); INC	(\$80) \$40/\$45
en/Dwner:	3) TF : Tow 4) PT : Follo	w.Through Survey	\$120
Lagr Mar	5) FT : Follo	ow-Through Survey (Resurvey) ing against INC Only (wef 10 Jan 2	\$30
and Dardon	6) TR : Re-in	aspection	\$75
eted Portion:		DA + SMRT Survey dditional Services:-	\$160
Charlend by Winer In Chargas	OD		\$5
Thecked by (Engr-In-Charge):		riesy Cer / Tpt Allowance air Co-ordination	\$10
dimes' Comments:		t Repair Inspection / Collect Excess Coordination	<u> 525</u>
1940 TAGE SEA SE	<u>TP</u> (N11)	: TP (Non INC) against INC	\$20
	9) N12: Ida	AND DESCRIPTION OF THE PARTY OF	30 MAD
	Invoice date	id Fee Charg	WINDS COME

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 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.

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

By the ladgement of this report to the insurers, you hereby cons aforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
A SALE STATE OF THE STATE OF THE SALE OF T	ACCIDENT STATEMENT
Date Of Report	17/11/2018 14:18
Date Of Accident	16/11/2018 14:35
Exact Location Of Accident	CAIRNHILL ROAD
Country/State of Loss	SINGAPORE
D. D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV2457U
Insured/Policyholder	
Name Of Registered Owner	KENNY LIM CHIN LIANG
NRIC No	\$73381811
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97692820
Alternative Phone No	OTHERS-97692820
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALPHARD 2.5 CVT ELEGANCE S/R
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	REPORTING ONLY
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 5097051203

Cover Note Number

Driver

Name of Driver JACK KOH KIM WAH

 NRIC No
 \$1483346C

 Date Of Birth
 15/02/1961

 Occupation
 OUTDOOR

 Date Of Driving Pass
 22/12/1979

Driving Experience 38 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97692820

Fax Number

Contact Number OTHERS-97692820

EMail Address NOEMAIL

Address

BLK 925 HOUGANG STREET 91

#06-39

Postcode

530925

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - CO OWNER

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?

Number of vehicles involved in the accident

NO

Was any body injured in the Accident? 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.

NO

Number of Passengers (Including Driver)

1

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

REVERT

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLL7154M

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)

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 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 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:
 - (i) 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

111/2018

Name:

NRIC/FIN No .:

SKETCH PLAN				200
	CAJRNHIL PLAZA	L		7
CA:	IRN HILL ROAD	8 D A	->	ROAD
SLV2457U SLL7154M			4	SINGLE WHITE
DESCRIBE CIRCUMSTA	NCES OF THE ACCIDENT			
Vehicle Vehicle A	A was driving was behind	g along	cairn lo Baft	hill Road.
Vehicle	LA shift to t	le nght	-	take and
Vehicl	1 - 1	elf to	squeun this A	in the to
Vehic	le A domage	war a	t my Le	oft side portion
and	scratch on -	to my	Vehicle	Ac
10 Table 10	e B, Driver re	fused to		on private
	ement, he see			20n fident in
	eage, he just	graps of	rove off	and tell me
70 (1)	aka a prepart			
DECLARATION				
DECLARATION I/We declare the foregoing	particulars are true in every respe	ct.		\
	Nobe -			17/11/20
Policyholder's Signature	Driver's Signature		Reporting Con	ntre Personnel's Signature
Date & Time:	(If driver is not the pol Date & Time:	icyholder)	Name: NRIC/FIN No.:	
			inis/file ito.	3. XXV







YOU APE DECENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 28 illutorcycles =< 200 cc 03 Sep 1982
Class 3 Motor Cars =< 3040kg with =<7 passengers, exclusive 22 Dec 1979
of the driver; and other motor vehicles =< 2840kg

NP 428A

Licence No: S1483346C



Certificate of Insurance

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: 5097051203	Cover : drivo CLASSIC		
1. Index mark and Registration Number of Vehicle	: SLV2457U		

Chassis Number : JTNGF3DH108005428 2. Name of Policyholder

: KENNY LIM CHIN LIANG 3. Effective Date of Insurance : 29 Dec 2017 4. Expiry Date of Insurance : 23 Feb 2019

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. 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.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: \$\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: EFIZZIG CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

: ASSURE (SINGAPORE) PTE. LTD. (00000615327) Date of Issue

: 29 Dec 2017 11:42 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By: **Authorised Officer** Chief Executive

eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 16/11/2018 14:35 Vehicle No.(For Motor) SLV2457U Certificate Number Search Policyholder Name Certificate Policyholder NRIC Commence Date Vehicle Insured Select Policy No. Product Cover Type Expiry Date Number No. Object KENNY LIM CHIN LIANG drivo CLASSIC 5097051203 S73381811 SLV2457U SLV2457U 29/12/2017 23/02/2019 Continue

Policy Information Policyholder S73381811 Policyholder Policy No. 5097051203 KENNY LIM CHIN LIANG Name NRIC Certificate No. Address 87 LORONG L TELOK KURAU #04-12 SINGAPORE 425525 Product PRIVATE CAR INSURANCE Group Plan Name N Policy Flag Policy Effective issue 03/01/2018 29/12/2017 00:00 Expiry Date 23/02/2019 23:59 Date Date Third Own Windscreen Party 1500 damage 2000 100 Excess Excess Excess Additional 05 0 Excess Premium Outside Outside Singapore 2000 Singapore 1500 OD TP Excess Excess ASSURE (SINGAPORE) PTE, LTD Agent Tel. Agent 68038751 GST Flag Y Coinsurance: Flag Open Policy Info Certificate Info Policyholder Mailing Address

Address 1 7 PALM ROAD Address 2 #02-02 FORTUNE SPRING Address 3 SINGAPORE 456442 Address

Address 4 Singapore address Post Code 456442 Type

Related Unit No. 04-12 Policy 5097051203

Number

Insured Object: SLV2457U

♥ Endorsements

Sequence Date of Endorsement **Endorsement Type Endorsement Status Endorsement Content**

> Continue Cancel

Claim Handling Accident MT/1020229

Policy No.	5097051203	Vehicle No.	SLV2457U		GST Rec	gistration /
Certificate No.					C2.5/65.5	
Policyholder Name	KENNY LIM CHIN LIANG				Policyho	lder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading	
Contact No.(Mobile)	97692820	Contact No.(Office)	0			No.(Home
Email Address		Special Remark			eCode	
KFK	» No Yes	TCA	» No Yes		eCode R	03500
NCD Protection	No	NCD Entitlement(%)	0		Private I	
Accident Details		2000 CO			Private i	nire.
Report Date	19/11/2018 09:43	Accident Report Within 24 hrs	Yes		7.5.15.00	T
Date of Accident	16/11/2018	Time of Accident hh:mm			Accident	
Reporting Centre		Orange Force	14:35			of Acciden
Accident Location	CAIRNHILL ROAD	10.00			ICM No.	
Own damage Excess	2,000.00	Additional Excess	0		100,00000000	0.00002.000000
Unnamed Driver Excess	0.2672-2632	Outside Singapore OD Excess	. 40	2 000 00	Windscre	en Excess
Third Party Excess	1,500.00	Outside Singapore TP Excess		2,000.00		
→ Benefits	4,000,00	Outside Salgapore IF Excess		1,500.00		
GST Registered Informa	tion					
GST Registered	No					
GST Registration No.	710		GST Registrat			W
Modification History			GST Status Vi	ermed		No
Policyholder Mailing Add	ress					
Address 1	7 PALM ROAD	Address 2	#02-02 FORTUNE SPR	ING	Address	
Address 4		Address Type	Singapore address	areta.		
Unit No.	04-12	Related Policy Number	5097051203		Post Code	e
OI Driver Info			3097031203			
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Unnamed driver Name	JACK KOH KIM WAH	Driver NRIC	S1483346C		0	
Register Date of Driver License	22/12/1979	Driver Age	57		Driver DO	
Contact No.(Mobile)	97692820	Contact No.(Office)	0			xperience
Address 1	BUK 925 #	Address 2	HOUGANG STREET 91			lo.(Home)
Address 4		Address Type	Singapore address		Address 3 Post Code	
Unit No.		14.00	- Horaco Salar Car		Post Code	
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.			Driver Ins	surer Com
ectaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes . No			
Modification History						
Claim 001 OD-MX New						
			957		1000000000	
Claim Type *			0	D-MX	▼ Insured Name	KENNY
Contact No.(Mobile)					Contact	Con
			L.		No. (Home)	NIL
mail Address					OI Vehicle	SLV245
					Number	DEVI 45
laim Description			su	V2457U / SLL7154M ON 1	6 Nov 2018	
referred Vorkshop	Insured Liability Pastially at	F- 1-				
inalisation Yes	Preferered Repair Preferred Workshop, Na	ame unknown V GIA Parelyed	*			
ate Registered	Option Option	report Received		/11/2018 09:52	Claim	
eport Taken By			(0)		Date	
					Workshop Repairer	
Print AK letter						

Save Submit Attachment Accident No. MT/1020229 Claim No. 001 Last Doc. Received e yes No Upload Date 19/11/2018 09:50 Path * Category * Confidential Choose File No file chosen Clear * NO Please Select Choose File No file chosen Clear Please Select . NO Choose File No file chosen Clear Please Select . NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select • NO Chaose File No file chosen Clear Please Select * NO Message Read Attachment List Attachment Uploaded By/Date Category Urgency Des NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on NRIC/ Driving License NRIC/ Driving L 19 Nov 2018 09:51 Normal NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on SAS Normal 19 Nov 2018 09:49 SAS 20 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal 19 Nov 2018 09:49 Photos : NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Nov 2018 09:49 Photos Photos 2 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Nov 2018 09:49 Photos Normal Photos 1 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal 19 Nov 2018 09:49 Photos : NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Nov 2018 09:49 Photos Normal Photos 2 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal 19 Nov 2018 09:48 Photos 7 NAC_PAYA_UBI_80D601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Nov 2018 09:48 Photos Normal Photos: NAC_PAYA_UBI_8006D1(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Photos 7 Normal 19 Nov 2018 09:48 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Nov 2018 09:48 Photos Photos : NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal Photos : NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Nov 2018 09:48 Photos Normal Photos : NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos 19 Nov 2018 09:48 Normal Photos 2 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Nov 2018 09:48 Photos Normal Photos: NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Nov 2018 09:48 Photos Normal Photos 2 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos 19 Nov 2018 09:48 Normal Photos 2 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal Photos :