Date In: Thing aveil	Jeb description		Date & Time Completed	Done	pi.
Res No: HA INC 19000270124	SAS e-filing				
Veh No: JWG6081	E-mail (within Shr	rs, AIC 2hrs)			
	i-Motor Claim		1 CO- EC 59 401 LW	5 1 1 9 M	77
D.O.A : 4 119 - 1800	i-Motor W/O		Charles Williams		
OD (TP) ' Reporting Only	i-Photo Upload				
	Assessment/Surv				S-out
TP Insurer:	Ass't Report by		Owner/Wksp	 	
D. C. LING Assistantian Com-		TAT ALL TO	Tel:	Fax:	-
Preferred Wksp / INC Assign Wksp / QW:		INC ()/Non-INC().	2050	
TP Particulars: Veh No:x	164029	. INC (Tel:	1	
Owner / Driver: (Period: (Cover Type: (
Policy No: (Date:	Time:		
Confirmed by : (6) [Note-Est. Status (WC	ACMINISTRATION		100%]	
)/NO()		-13070]	
)/NO()			
	\$1,000 () / \$2,000 ()		Marille 18	
General Remarks;-	The state of the s				-
() Walk-In Customer: Customer's		dential & Stric	tly NO refer of repaire	r.	
() Total Loss Case : to e-mail In	surer URGENTLY.	1			
Drive-In ()/ Towed-In (); Inv	oice: YES () / NO) () ; To	wing Co: ()
Remarks:- (INC hotline: 6788 6610			Date&Time Completed	Done	by -
) / Courtesy Car ()	Control of the second		100000	
2) QC Check / Post Repair Inspection	()			12 12 12 12 13 14	3
				 	
3) Upload Resurvey Photo [Repair Cost:	> \$3000]	100			
Injury:					
	Vicinity of the Control of the Contr			Madoni	
		04-07-5			er en en
	The second secon			Marion F.	· (**; y.
			(a) (c) (c)	Mor one.	o Congress
				Professions.	
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	1			Aut (5)	Amt (3
Date/Time Actions	**************************************		ration Checklist		
Date/Time Actions	1) AR : Accident R	nration Checklist	Anc(s)	
Date/Time Actions Major 64. Inimant's Particulars:-	1 2) AR : Accident R) DA : Damege A:) TF : Towing Fee	ration Checklist: sporting (\$30); ssessment (\$100); INC	Amit (\$) The Bill (\$80) \$40/\$45	
Date/Time Actions Major 64. Inimant's Particulars:-	3) AR : Accident R) DA : Damege A:) TF : Towing Fee) FT : Follow-Thr	nration Checklist. sporting (\$30); ssessment (\$100); INC	(\$80) \$40/\$45 \$120	
Date/Time Actions Actions Particulars Particulars	3) AR : Accident R) DA : Damage A:) TF : Towing Fee) FT : Follow-Thr) FT : Follow-Thr	ration Checklist: sporting (\$30); ssessment (\$100); INC	(\$80) \$40/\$45 \$120 \$30 \$995)	
Date/Time Actions Actions Actions Inimates Particulars:- river/Owner:	3 3 4 5) AR : Accident R) DA : Damage A:) TF : Towing Fee) FT : Follow-Thr) FT : Follow-Thr For claiming aga) TR : Re-inspecti	nration Checklist. sporting (\$30); seasment (\$100); INC ough Survey ough Survey (Resurvey) inst INC Only (wef 10 Jan 2 on	(\$80) \$40/\$45 \$120 \$30 \$905) \$75	
Date/Time Actions Actions Actions Inimates Particulars:- river/Owner:	3 3 4 5) AR : Accident R) DA : Damage A:) TF : Towing Fee) FT : Follow-Thro) FT : Follow-Thro For claiming aga	pration Checklist. sporting (\$30); sessment (\$100); INC bugh Survey pugh Survey (Resurvey) inst INC Only (wef 10 Jan 2 on SMRT Survey	(\$80) \$40/\$45 \$120 \$30 \$995)	
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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 <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.
- 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
Date Of Report	05/01/2019 12:15
Date Of Accident	04/01/2019 15:00
Exact Location Of Accident	SHUNLI IND COMPLEX
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJW6608T
Insured/Policyholder	
Name Of Registered Owner	LOOI CHENG MUN
Co Reg No	S6945333C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97979889
Alternative Phone No	OFFICE-97979889
Vehicle Particulars	
Manufacturer	SUBARU
Model	LEGACY SEDAN 2.0I AWD CVT ABS AIRBAGS
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	5099679254
Cover Note Number	
Driver	

Driver

 Name of Driver
 LIM CHOON TECK (LIN JUNDE)

 NRIC No
 \$7102376A

 Date Of Birth
 23/01/1971

 Date Of Birth
 23/01/1971

 Occupation
 OUTDOOR

 Date Of Driving Pass
 30/09/1995

Driving Experience 23 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90038002

Fax Number

Contact Number OFFICE-90038002

EMail Address NOEMAIL

Address 161B JALAN LOYANG BESAR

#02-17

Postcode 509410

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

Vehicle Registration Number of Driver's Own

Vehicle

.

Insurance Company of Driver's Own Vehicle

General Information of the Accident

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

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident
Was any body injured in the Accident?

90000

W.

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged?

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

NO

Number of Passengers (Including Driver)

0

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)

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

XD6402D

Vehicle Make/Model/Colour

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 correctly 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>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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On	04 01 19 at @ 0800 Ws , I parked my vehicle (SIW 6602
	carpark lots of No. 705 Sem Drive, Shints Industrial comple
	and 1500 hrs, I received a call from the security
	formery me that a lorry (XD 64020) had colleded
	car . When I get back to my workhouse at @ 1700 hrs,
	n my car and found the sear right portion of
	e was badly damaged. The security quard passed
	contact number of the lorry driver company.
	the company and the supervisor, hard phone
	9100 4392) said that the driver had report the
	and we both agreed to report to insurance.
THE STATE OF	

DECLARATION

I/We declare the foregoing particulars are true in eyery respect.

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

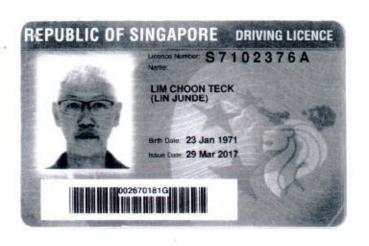
Date & Time:

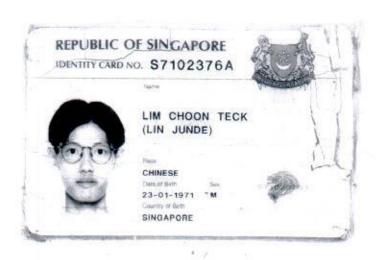
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

/ehicle No.	SJW 66087 Model/Make Subaru Legacy
Date of Accident	04/01/19.
ime of Accident	1500 HRS
ocation of Accident	No. 705 Sem Drive, Shunti Industreal Complex.
xact purpose use during ac	cident Private Used.
Name of Owner	LOOI CHENG MUN.
Telephone No.	H/P: 9797 9889. Home: Office:
VRIC	26945333 €.
Address	BUK 3A, Holland Close # 05-57 (8) 272003.
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTUC.
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5099679254.
Name of Driver	As Above If No, Lim Choon Teck.
NRIC	S 7102376 A Any Passengers: ~ A .
Date of birth	23/01/1971.
Occupation	Outdoor / Indoor
Driving License Pass Date	30/09/1995
Gender	Male Female
Contact No.	H/P: 9003 4001 . Home: Office:
Address	1618, Jalan Loyang Besar #02-17 (8) 509410.
Driver have any own vehicle	
Relationship	Employee, If no, state Friend
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	No, If Yes, Where?
Vehicle B No.	XD 6402 D · Any Passengers :
Name of Driver	Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact: N.A.
Accident Portion	Rear Right Portion.
Camera Recorder	Yes (No
Email Address	jason. 12m @ flst. com. 39.
PARTICULAR WORKSHOP	N-51
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Huixin ,
FAX NO	6741 0510
WORKSHOP EMAIL APPRES	s sales @ n51·com·s9





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

EFFECTIVE DATE

NP 428A

Class 2B Motorcycles =< 200 cc 01 Nov 1993
Class 3 Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NRC No S7102376A Bood Group Case of leave A+ 12-08-1994 161B JALAN LOYANG BESAR #02-17 SINGAPORE 509410 NRIC No. \$7102376A Date: 03/09/2018



Certificate of Insurance

MOTOR VEHICLES (T	HIRD PARTY RISKS AND COMPENSATION) ACT	(CHAPTER 189)
MOTOR VEHICLES (T	HIRD PARTY RISKS AND COMPENSATION) RULI	ES, 1960
ROAD TRANSPORT A	CT, 1987 (MALAYSIA)	

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5099679254

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SJW6608T

Chassis Number

: JF1BM5KC2AG004196

2. Name of Policyholder

: LOOI CHENG MUN

2. Ivame of Folicyholder

LOUI CHENG IVIC

3. Effective Date of Insurance

: 10 Apr 2018

4. Expiry Date of Insurance

: 09 Apr 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 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)
 : \$\$600

 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
NCD PROTECTION : NO
TRANSPORT ALLOWANCE : NO
EXCESS WAIVER : NO

PRIMARY DRIVER : LIM CHOON TECK

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : OCBC BANK 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)

Agency

: IMOTOR INSURE (00000573595)

Date of Issue

: 10 Apr 2018 10:19 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_800	0601) Change	e Languag	e + Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	vo.				Date	of Accident		04/01/2019	15:00	
	Vehicle	No.(For Motor)	53W66	08T		Certi	ficate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5099679254		LOOI CHENG MUN	56945333C	GPC	drivo CLASSIC	SJW6608	T SJW6608T	10/04/2018	09/04/2019
					1	Continue					

- 50	icy Information	(4550) (4 0)			-755-17517		
Policy No.	5099679254	Policyholder Name	LOOI CHEN	G MUN	Policyholder NRIC	S6945333C	
Certificate No.							
Address	BLK 3A #05-57 HOLLAND CLO	OSE SINGAPORE	272003				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	10/04/2018	Effective Date	10/04/2018	00:00	Expiry Date	09/04/2019 23	:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young/	Tnexperience Oriver Excess
Agent	IMOTOR INSURE	Agent Tel.	68411279		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 3A #05-57	Addre	ss 2	HOLLAND CLOSE		Address 3	SINGAPORE 272003
Address 4		Addre	ss Type	Singapore address		Post Code	272003
Unit No.		Relate Numb	ed Policy er	5099679254			
10000	ed Object: SJW6608T						
□ Insure							
□ Insure □ Endors □ Endors	sements						

olicy No.	5099679254	Vehicle No.	SJW6608T	GST Registration No.	
ertificate No.	3073073634				
olicyholder Name	LOOT CHENG MUN			Policyholder NRIC	\$6945333C
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	ů
ortact No.(Mobile)	97979889	Contact No. (Office)	Q Q	Contact No.(Home)	0
nail Address	**********	Special Remark	-5	eCode	No.
	200		8.00		1
K	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
ort Date	05/01/2019 15:04	Academi Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
e of Acodem	04/01/2019	Time of Accident fricing	15:00	Country of Accident	Singapore
orting Centre		Orange Force		ICM No.	
ident Location	SHUNLI IND COMPLEX				
Excess					
n damage Excess	600.00	Additional Excess	ò	Windscreen Excess	100.00
arried Driver Excess	0.00	Outside Singapore OD Excess	500.00		
d Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Inform	ation				
Registered	No		GST Registration Date		
Registration No.			GST Status Venfied	Yes	
Iffication restory					
					91
Policyholder Hailing Ad					
dress 1	BLK 3A #05-57	Address 2	HOLLAND CLOSE	Address 3	SINGAPORE 272003
dress 4		Address Type	Singapore address	Post Code	272003
t No.		Related Policy Number	5099679254		
OI Driver Info					
er Name	LIM CHOON TECK	Driver Type	Main Driver		
iamed driver Name		Driver NRIC	57102376A	Driver DOB	23/01/1971
ister Date of Driver License	30/09/1995	Driver Age	47	Driving Experience	23
stact No.(Mobile)	90038002	Contact No.(Office)	0	Contact No.(Home)	0
ivess 1	1618 JALAN LOYANG BESAR	Address 2	LIGHTHOUSE	Address 3	51NGAPORE 509410
fress 4		Address Type	Singapore address	Post Code	509410
t No.	02-17				
es he own a Singapore . gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
e. 30 P V C C C					
Saration					
athalyser or Blood Test	0 mg	Any injury?	○ Yes ® No		
ading?	3-20-2				
àding?	N. 10.7				
ading? dification History	335.0				
ading?					
ding?					
fication History					
fication History	GO-MX	Insured Name	LOGS CHEING MUN	Insured NRIC	56945333C
oing? Infration History Infra GOI New Type +	со-мх	Insured Name Contact No.(Home)	LOGE CHENG MUN	Injured NRIC Contact No. (Office)	56945333C
ing? Infaction History Inim 001 New In Type 4 tact No.(Mobile)			ND,		\$6945333C XD6402D
ing? Incation History Inim OOI New In Type + toct No.(Mobile) al Address	GD-MX 97979849	Contact No.(Home) OI Vehicle Number		Contact No. (Office)	
ing? Incation History In Type 4 tect No.(Mobile) Int Address mant Type Claimant Type 4	GO-MX 97979049	Contact No.(Home) OI Vehicle Number Type of Benefit *	ND. SJW6608T	Contact No. (Office)	
ing? Initiation History	GD-MX 97979849	Contact No.(Home) OI Vehicle Number	ND. SJW6608T	Contact No. (Office)	
ing? Initial Mass In Type * tact No.(Mobile) Initial Address Initial Name * Initial Address Initial A	GO-MX 97979889 Fleame Select	Contact No.(Home) OI Vehicle Number Type of Benefit *	ND. SJW6608T	Contact No. (Office) TP Vehicle Number	
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