NATIONAL Assessment Centre	Jeb description	110/8	Date & Time Completed	D	one py	lijes se
Date In: 15/1/19 - 15:08	SAS e-filing				Silv. Orange	
Res No: MA 146 19 200 65424	-					
Veh No: Shp 73570	E-mail (within S			1-1.1.		
D.O.A: 9/1/9-10:45	i-Motor Clain		M7 1027283-001	1211/16	1 20:7	7
OD : TB : Reporting Only	i-Motor W/O		, 7P 4hrs)			¥: 1
OD THE TECHNICAL ONLY	i-Photo Uploa	ided	-			
TRI	Assessment/Sur	rvey Report				-
TP Insurer:	Ass't Report by	Fax / Hand to	Owner/Wksp		- NO -	
Preferred Wksp / INC Assign Wksp / QW: (101.	Fax:		
TP Particulars: Veh No: "	17592.	INC ()/Non-INC().	n - V		
Owner / Driver: (Tel:)		
Policy No: () Pc	riod: ()	Cover Type: ()	-
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	Note-Est Status (W	VO): N: 0-20	0%; P: 21-79%. F: 80-	100%]		(6)
, car of region	Warranty: YES ()/NO()			
Excess: (\$) Loading: \$1,0	000()/\$2,000	Name and Address of the Owner, which the Owner, which the		5 15 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1011
General Remarks:-						
() Walk-In Customer: Customer's info	rmation strictly Cor	nfidential & St	rictly NO refer of repairer			
() Total Loss Case : to e-mail Insure						
Drive-In ()/ Towed-In (); Invoice		O();T	owing Co: (<u> </u>)
Remarks:- (INC horline: 6788 6616)			Date&Timic Completed	F3784 1	Done by	,
The state of the s	Courtesy Car ())		10.10	-	
Apply for Transport Allowance ()/C QC Check / Post Repair Inspection	()		***************************************			
3) Upload Resurvey Photo [Repair Cost > \$3)	T			
Injury:				Wales Service	2 3 en 2 3	29.8
Date/Time Actions	* (* * * * * * * * * * * * * * * * * *	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		\$45.00 C	dose.	
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		leader to the contract of		An	r (S)	Amt (
, 2060CDIAN	28	Invoice Pre	paration Checklist	Charles San San San San	Mary Property Services	Add B
aimant's Particulars :-	200	1) AR : Acciden	t Reporting (\$30); Assessment (\$100); INC	(\$80)	-	
		2) DA : Damage 3) TF : Towing	Fee .	40/\$45		
iver/Owner:		4) FT : Follow-T	Through Survey Through Survey (Resurvey)	\$120		
ntact No:	HIRONOGRA INGGES	For claiming	against INC Only (wef 10 Jan 20	105)		
maged Portion:		6) TR : Re-inspe		\$160		
inaged 1 or done	3	8) NTUC Additi	ional Services -			
						-77
Checked by (Engr-In-Charge):		OD*	v Car / Tpt Allowance	\$5	Joseph Mary	
C Checked by (Engr-In-Charge):	;	*N5: Courtes *N6: Repair (y Car / Tpt Allowance Co-ordination	510		
Control Control State of Control Control Control State State Control		*N5: Courtes *N6: Repair (Co-ordination pair Inspection	\$10 \$25 \$5		
uditors! Comments ::		*N5: Courtes *N6: Repair (*N7: Fost Re *N8: DV / Co TP (N11): T	Co-ordination pair Inspection bleet Excess Coordination P (N-n INC) against INC	\$10 \$25 \$5 \$20		
C Checked by (Engr-In-Charge): uditors: Comments :- 1: 2/3:		*N5: Courtes *N6: Repair (*N7: Fost Re *N8: DV / Co	Co-ordination pair Inspection bleet Excess Coordination P (N-n INC) against INC	\$10 \$25 \$5 \$20 30		utan

Figure 11 1 Art

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.

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.

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	10/01/2019 15:28
Date Of Accident	09/01/2019 20:45
Exact Location Of Accident	ALONG COLLEGE AVE WEST
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGP7792J
Insured/Policyholder	
Name Of Registered Owner	LIM LIAN KHENG (LIN LIANQING)
NRIC No	S7203306Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97779799
Alternative Phone No	OFFICE-97779799
Vehicle Particulars	
Manufacturer	HONDA
Model	EDIX 1.7 A
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5085442687-02
Cover Note Number	
Driver	
Name of Driver	LIM LIAN KHENG (LIN LIANQING)

 NRIC No
 \$7203306Z

 Date Of Birth
 02/02/1972

 Occupation
 INDOOR

 Date Of Driving Pass
 01/10/2002

Driving Experience 16 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97779799

Fax Number

Contact Number OFFICE-97779799

EMail Address NOEMAIL

BLK 10 WEST COAST CRESCENT Address

#04-04 128041

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

Weather Conditions CLEAR Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

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? YES

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

Number of Passengers (Including Driver)

NO

3

Passenger 1

NAME:

. .

GENDER: : MALE

Passenger 2

NAME:

83 2

GENDER: : FEMALE

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY VEHICLE B COMING OUT FROM BASEMENT CARPARK ENTRANCE AND HIT ONTO MY VEHICLE REAR RIGHT PORTION.

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 SJW1759Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

NRIC/Passport Number

TAY LIN CHOR S0164146H

Contact Number

Name of Driver

81189777

Address

Page 2 of 16

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)

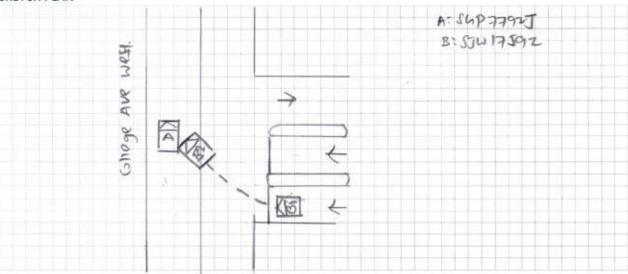
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

no loc to	statement.	
14(21) 13	Tratement.	
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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.:





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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 01 Oct 2002 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg



NP 428A





Pol	icy Information						
Policy No.	5085442687-02	Policyhold Name	er LIM LIAN K	CHENG (LIN LIANQING	Policyholder NRIC	S7203306Z	
Certificate No.							
Address	10 WEST COAST CRESCENT	#04-04 WEST	OVE SINGAPO	DRE 128041			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	20/12/2018	Effective Date	26/12/201	8 00:00	Expiry Date	25/12/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0			Young/Inexperience Driver Excess	
Agent	LIM KWOK ING JESSICA	Agent Tel.	62926378		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	10 WEST COAST CRE	SCENT Ad	dress 2	#04-04 WESTCOVE		Address 3	SINGAPORE 128041
Address 4		Ad	dress Type	Singapore address		Post Code	128041
Unit No.			ated Policy mber	5085442687-02			
	d Obj CCD77033						
) Insure	ed Object: SGP7792J						
D Insure							

Claim Handling					
Policy No.	5085442687-02	Vehicle No.	SGP77921	GST Registration No.	
Certificate No.				8	
Policyholder Name	LIM LIAN KHENG (LIN LIANGING)			Policyholder NRIC	\$7203306Z
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	97779799	Contact No. (Office)	0	Contact No.(Home)	0
imari Appress		Special Remark		eCode	OI V
CPIC.	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	Lines
CD Protection	Yes	NCO Entitlement(%)	50	Private Hire	No
	CONTR.	True Embrending ray	30	- Lineage steel	
report Date	10/01/2019 20:28	Accident Report Within 24 hrs	Yes		2411004000000000
Date of Accident				Accident Type	Collision - Major Minor Road
	09/01/2019	Time of Accident hh mm	20:45	Country of Accident	Singapore
Reporting Centre	NAME OF TAXABLE PARTY.	Orange Force		ICM No.	
ccident Location	ALONG COLLEGE AVE WEST				
Txcess .					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Innamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
hird Party Excess	0.00	Outside Singapore TP Excess	0.00		
▽ Benefits					
□ GST Registered Inform.	ation				
ST Kegntered	No		GST Registration Date		
SST Registration No.			OST Status Verified	Yes	
fodification History					
⇒ Policyholder Mailing Ad	dress				
ddress 1	10 WEST COAST CRESCENT	waster w	WAL WAS COMPANY OF	102270002	72000009100000
	10 WEST COAST CRESCENT	Address 2	#04-04 WESTCOVE	Address 3	SINGAPORE 129041
Address 4		Address Type	Singapore address	Post Code	128041
Jrit No.		Related Policy Number	5085442687-02		
→ OI Driver Info					
Driver Name	LIM LIAN KHENG	Driver Type	Main Driver		
innamed driver Name		Driver NR3C	\$7203306Z	Driver DOB	02/02/1972
Register Date of Driver License	81/10/2002	Driver Age	45	Driving Experience	16
ontact No.(Mobile)	97779799	Contact No.(Office)	0	Contact No.(Home)	0
ddress 1	10 WEST COAST CRESCENT	Address 2	WESTCOVE	Address 3	SINGAPORE 128041
Address 4		Address Type	Singapore address	Post Code	129041
ine No.	04-04				
loes he own a Singapore registered car?	○ Yes ® No.	Driver Vehicle No.		Driver Insurer Company	
eclaration			25 MILE - 100 A		
reathalyser or Blood Test reading?	0 mg	Any injury?	○ Yes ® No		
fodification History					
Claim 001 New					
100 00					
all was a	FOR MY	200000000000000000000000000000000000000	C	90000000	
Saim Type *	97779799	Insured Name	LIM LIAN KHENG (LIN LIANQIN)	Insured NRIC	\$7203306Z
Sontact No. (Mobile)		Contact No.(Home)		Contact No.(Office)	
mail Address	gabitm99@gmail.com	OI Vehicle Number	SGP77921	TP Vehicle Number	SJW1759Z
Nemant Type Claimant Type •		Type of Benefit *	Please Select		
Paimant Name *	55	Claimant NR3C *			
Jaimant Address					400
laim Description	50P77923 / S7W1759Z ON 9 Jan 2019			Name of Preferred Workshop	6
referred Workshop Contact 0.		Insured Liebility •	Not at Fault		
equire Finalisation	ves 💟	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received 💟
ate Registered	10/01/2019 20:30	Claim Close Date		Date Received	10/01/2019 00:00
eport Taken By	Jackson				
Print AK letter					
			Save Submit		
Attachment					
w.					
codent No.	MT/1/037363	Property.	001		
	MT/1027283	Claim No.	001		
ast Doc. Received	● Yes ○ No	Upload Date	10/01/2019 20:31		
	Path *		Category *	Confidential Urgen	
No.		Browse.	The second secon	(Normal	9
		Browse.	Clear Please Select V	Normal V	<u> </u>
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		Browse	Clear Prease Select		To C

