NATIONAL Assessment Centre	The second of th	ef 1 Jan'05] M L	Date & Time Completed	Done	by by
Date In: 11/1914:57	Jeb description		Date to Tame		
Rel No: NA INCIGOO 707 124	SAS e-filing			-	-
Veh No: 10 1908]	E-mail (within Sh	rs, AIC 2hrs)			*
D.O.A : 10/119-14:50	i-Motor Claim	Form	W1/102739~-001	11/1/19	16:30
	i-Motor W/O	Within: OD 2hrs,	TP 4hrs)		
OD : P Reporting Only	i-Photo Uploa	ded	1		
2002 VI	Assessment/Sur	vey Report	İ		
TP Insurer:	Ass't Report by	Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: 988	48589	, INC ()/Non-INC().		
Owner / Driver: (Tel:)	
Policy No: () Pe	riod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (W	O): N: 0-20	0%; P: 21-79%. F: 80	-100%]	
	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1,0	000 ()/\$2,000 (Y was a second of the second o	371 P.C. S. 177. 17	
General Remarks;-				S 19 19 19 19	
() Walk-In Customer: Customer's info	rmation strictly Con	fidential & Str	rictly NO refer of repaire	г	Sundra - Sult - Sult
Total Loss Case : to e-mail Insur			No. 20 10		7705000
Drive-In ()/ Towed-In (); Invoice		O();T	owing Co: ()
				# 7.50 B2.	a shart
temarks:- (INC hotline: 6788 6616)		1.4	Date & Time Completed	New York	G JUY
	Courtesy Car ()			-	
2) QC Check / Post Repair Inspection	()		 	-	
3) Upload Resurvey Photo [Repair Cost > \$3	3000] ()	7.0	<u></u>		
Injury:		-			
Date/Time Actions		1000		MACACANA	evilla illa e. Eraila
Actions		de-company deserving			
			paration Checklist	Ant (S)	1000
: 745co P1 Al	-	**************************************	SECTION AND SECURITION SECTIONS SECTION SECTIO	füBill	Add B
aimant's Particulars :-	200	1) AR : Accident	Assessment (\$100); INC	(580)	
: /O		3) TF : Towing I	ree .	\$40/\$45	
iver/Owner:		4) FT : Follow-T	hrough Survey (Resurvey)	\$120	
ntact No:	# (#)	For claiming a	goinst INC Only (wef 10 Jon 2	905)	
maged Portion:		6) TR : Re-inspe 7) N1 : Idao DA		\$160	
	3	8) NTUC Additi	onal Services:-		
Checked by (Engr-In-Charge):		OD.	Car / Tpt Allowance	\$5	
. Checked by (Birgi-In-Charge).		*N6: Repair C	o-ordination	\$10	-
rditors' Comments :-		*N7: Post Rep	onir Inspection Heat Excess Coordination	\$25	-
CHOIS COMMICHES A STATE OF THE					M- (PASSUE)
2. 19. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	\$0.75 p.00645 .as 0.1618020513	TP(N11): TI	(Non INC) against INC	\$20	
Lli		TP (N11): TI 9) N12: Idea Ma Invoice dated	(Non INC) against INC	\$20 30	

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.
- 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

atoresaid,	
	ACCIDENT STATEMENT
Date Of Report	11/01/2019 14:57
Date Of Accident	10/01/2019 14:50
Exact Location Of Accident	YISHUN AVE 2
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJD5908J
Insured/Policyholder	
Name Of Registered Owner	LIM KOK BENG
NRIC No	S7534785E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83880383
Alternative Phone No	OFFICE-83880383
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM 1.8X 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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099770256
Cover Note Number	
Driver	

Name of Driver LIM KOK BENG NRIC No S7534785E Date Of Birth 15/11/1975 Occupation OUTDOOR Date Of Driving Pass 15/09/1997

Driving Experience 21 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83880383

Fax Number

Contact Number OFFICE-83880383

EMail Address NOEMAIL Address BLK 555 WOODLANDS DRIVE 53

#05-29

Postcode 730555

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 - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

involved in the accident

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2

Was any body injured in the Accident?

YES

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)

NO

soliciting/offering accident claims assistance. 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

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 GBB6827H

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)

DETAILS OF INJURED PERSON 1

Name LIM KOK BENG

Page 2 of 15

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode BODY

SJD5908J

YES

NO

SKETCH PLAN

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 <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)

Lunderstand, 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.:

was driving vehicle along Yishun Rue 2. suddenly I feel a Strong inpact from my rear postion. A:SSD 5908J B: GBB 6827H

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 .:

Email: <u>sm@idac.com.sg</u> Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 10 / 0 //2019 (dd/mm/yy)	Time of Accident: 14:50 (24-HR-FORMAT)
Vehicle No. : SJD 5908 J Vehicle M	fake & Model:
Exact location of Accident: Vishun	Ave 2
Policyholder's Name / IC No. : Lin Ke	K Beng 57.5347 & E (As Above)
Driver's Name / IC No. :	(As Above)
Driver's Contact No.: 23F8 03F3	Company Contact No:
Insurance Company: NTUC	Email address (if any):
Relationship between Owner & Driver: (Plea Owner / Spouse / Children / Friend / Parents / S	se CIRCLE one only) ibling / Relative / Employee / Hirer or Others specify:
What do you wish to claim? (Please TICK	
Own Insurance / Other Vehicle (The or	ne you want to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident?	Occupation (nature of job) Indoor/ Outdoor
Private use / Work purpose	No. of Passengers (Including Driver): 0
Weather condition & Road conditions? (On the	he day of accident)
Clear & Dry / Raining & Wet /	After-Rain & Wet / Drizzling & Wet / Others:
Was there any video captured by your Car Ca	amera? Yes / No
Any Injuries: Yes / No (If YES) h	njured Person' Name: Lim Hok Beng
Injuries Sustain:	Injured Person in Which Vehicle:
	YES) Which Police Station:
T	he Other Party(s) Details:
	Vehicle No: 638 6827 M
1. Driver's Name / IC No:	G (Af and)
Driver's Contact No:	Insurance Company (If any):
2. Driver's Name / IC No:	Vehicle No:
Driver's Contact No:	Insurance Company (If any):
*Independent Witness (If Any):	Contact No:
Preferred Workshop Name:	Contact No:

^{*}If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7534785E



Name

LIM KOK BENG

明

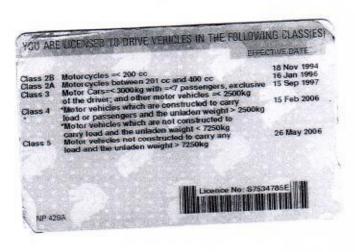
林 国 Race CHINESE

CHINESE Date of birth 15–11–1975 Country of birth SINGAPORE











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: 5099770256 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SJD5908J

Chassis Number

RN61057264

2. Name of Policyholder

: LIM KOK BENG

3. Effective Date of Insurance

: 16 Apr 2018

4. Expiry Date of Insurance

: 15 Apr 2019

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) : 55600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : S\$100 ADDITIONAL EXCESS ; N/A

: PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS

REPAIR AT OWNER'S PREFERRED WORKSHOP - NO : YES INSURE WITH COE NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO

PRIMARY DRIVER : LIM KOK BENG

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : MAYBANK

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

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)

: IVAN INSURANCE AGENCY (00000614519)

Date of Issue

: 16 Apr 2018 10:26 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



							Thank you for giving us the opportunity to serve you. We confirm that from 09 Oct 2018, the following amendment(s) is/are made to this policy: 1. The Policy is extended to cover use for hire or reward under Private Hire Usage. 2. An excess of \$\$2,000.00 is imposed under Section 1 of this Policy. 3. An excess of \$\$1,500.00
Sequer	nce Date of Endorsemen	t	Endorsemer	t Type	Endorsement	Status	Endorsement Content
	ements		W02-3 E	e e e e e e e e e e e e e e e e e e e		NO POLICE AND ADDRESS OF THE PARTY OF THE PA	Arrest Messes at the
) Insure	d Object: SJD5908J						
Unit No.	05-29	Numb	The second secon	5099770256			
Address 4			ss Type ed Policy	Singapore address		Post Code	730555
Address 1	BLK 555 #05-29	Addre	ss 2	WOODLANDS DRIV	E 53	Address 3	SINGAPORE 730555
□ Policyl	nolder Mailing Address						
info Certificate Info							
Flag Open Policy Info							
Co- Insurance	No						
Agent	IVAN INSURANCE AGENCY PTE.	Agent Tel.	64400220		GST Flag	Υ	
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Your	ng/Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Excess Type		All Claims Excess					
Policy ssue Date	16/04/2018	Effective Date	16/04/201	8 00:00	Expiry Date	15/04/2019	23:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
No. Address	BLK 555 #05-29 WOODLANDS D	RIVE 53 SINC	SAPORE 730	555			
Certificate	5099770256	Name	LIM KOK B	ENG	NRIC	S7534785E	
		Policyholder	CORNEL DESCRIPTION	and the same	Policyholder		

the following amendment(s) is/are made to this policy: 1. The Policy is extended to cover use for hire or reward under Private Hire Usage. 2. An excess of \$\$2,000.00 is imposed under Section 1 of this Policy. 3. An excess of \$\$1,500.00 is imposed under Section 2 of this Policy. 4. The Policy does not cover any driver who is below 22 years old or with less than 2 years driving experience. In view of this amendment, an additional premium of \$370.49 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque.

Thank you for giving us the opportunity to serve you. We confirm that from 22 Oct 2018, the following amendment(s) is/are

Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.

Entry Rejected

Basic Information

09/10/2018 00:00

aim Handling cident HT/1027392					
Hey No.	5099770256	Vehicle No.	\$3059083	GST Registration No.	
rtificate No.					
cyholder Name	LIM KOK BENG			Policyholder NRIC	\$7534785E
duct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
tact No (Mobile)	83880383	Contact No.(Office)	0	Contact No.(Home)	0
el Address		Special Remark		#Code	THE V
A STEEL STATE OF THE STATE OF T	® No ⊜Yes	TCA	® No C Yes	eCode Reason	6,112,014
		NCD Entitlement(%)	0	Private Hire	No
Protection	No	ACO Entraneus (a)		Trinace (in e	5.755
Accident Details					MD GROUND FRANCISCO
et Date	11/01/2019 16:28	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
of Accident	10/01/2019	Time of Accident hitcmm	14:50	Country of Acadent	Singapore
rting Centre		Orange Force		ICM No.	
tent Location	YISHUN AVE 2				
Excess					
damage Excess	2,000.0	O Additional Excess	0	Windscreen Excess	100.00
med Driver Excess	0.0	O Dutside Singapore OD Excess	2,000.00		
Party Excess	1,500.0	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Informa	ation				
egistered	No		GST Registration Date		
egistration No.			GST Status Ventiled	Yes	
ication History					
Policyholder Mailing Ad	dress				
ens I	BLK 555 #05-29	Address 2	WOODLANDS DRIVE 53	Address 3	SINGAPORE 730555
ess 4		Address Type	Singapore address	Post Code	730555
No.	05-29	Related Policy Number	5099770256		
OI Driver Info					
r Name	LIM KOK BENG	Driver Type	Main Driver		
med driver Name		Driver NRIC	\$7534785E	Driver DOB	15/11/1975
ster Date of Driver License	15/09/1997	Driver Age	43	Driving Experience	21
act No.(Mobile)	83880383	Contact No. (Office)	0	Contact No.(Home)	005-
ess t	BLK 555	Address 2	WOODLANDS DRIVE 53	Address 3	SINGAPORE 730555
ess 4		Address Type	Singapore address	Post Code	730555
No.	05-29	AC 400-1 TAX C 4 4 4 5 5			
s he own a Singapore		2010/04/2010/05		Date to Lance Company	
stored car?	O Yes ® Nα	Driver Vehicle No.		Driver Insurer Company	
eration					
sthalyser or Blood Test	1200	\$1000.00	® Yes ○ No		
ling?	D mg	Any injury?	a) Yes () No		
fication History					
A well there is					
aim 001 New					
Type •	00-MX	Insured Name	LIM KOK BENG	Insured NRIC	S7534785E
act No.(Mobile)		Contact No.(Home)	58944294	Contact No.(Office)	
Aggress		OI Vehicle Number	51059083	TP Vehicle Number	G886827H
nant Type Cleimant Type *	Please Select V		Please Select		Janes Control of the
iant Name *	The same of	≥≥ Claimant NRIC *			
ant Address		and the second s		1	
	CIDEDON ACRES NA DO AN	1an 2018		Name of Preferred Workshop	
Description	SJD59083 / G886827H ON 10			_ maine or Preferred Workshop	
rred Workshop Coreact		Insured Liability *	Not at Fault		
re Finalisation	res U	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Registered	11/01/2019 16:30	Claim Close Date		Date Received	11/01/2019 00:00
rt Taken By	Jackson				
mot AK letter					
			with Section		
			Save Submit		
tachment					
dent No.	MT/1027392	Claim No.	001		
Doc. Received	● Yes ○ No	Upload Date	11/01/2019 16:31		
	Path *		Category *	Confidential Urgen	cy * Description *
		Browse	Clear Please Select	Normal V	V
		Browse	Clear Please Select N	Normal	V
		Browse.		NO V Normal	<u> </u>
		Di Uwse.	The state of the s	- Lawrence	200

