NATIONAL Assessment Cent	re Services. Met 1 Janios M	1NA 119010093		
Date In: 21/19-13:40	Jcb description	Date &Time Completed	Done	by .
Ref No: NA [NC 19001379] 24	SAS e-filing			
Veh No: Sus 2798 B	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 7/1/19 - 7:25	i-Motor Claim Form	m 1028893-021	21/197	vin.
	i-Motor W/O (Within: OD 2hr		2111111	
OD / TP / Reporting Only	i-Photo Uploaded			
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		and with them
Preferred Wksp / INC Assign Wksp / QW: (Fax:)
TP Particulars: Veh No: Jes	rige INC()/Non-INC()		
Owner / Driver: (Tel:)	wastering areas
Policy No: () Pe	eriod: (Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-	100%]	98
Year of Registration: ()	Warranty: YES ()/NO ()		
Excess: (\$) Loading: \$1,6	000()/\$2,000()			
General Remarks:	A Property of the State of the		THE THE THE	
() Walk-In Customer : Customers info	ormation strictly Confidential & St	rictly NO refer of repairer.		
() Total Loss Case : to e-mail Insur		5 mg / 1		
Drive-In ()/ Towed-In (); Invoic	AND THE RESIDENCE AND ADDRESS OF	'owing Co: ()
			C74507387	30.5
Remarks: (INC hotline: 6788 6616)		Date&Time Comple 34	NEW WARDE	ру
	Courtesy Car ()	3		
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$:	3000] ()			
Injury:				
Date/Time Actions	Commence of the Commence of th		STATE OF THE	, the second
			3.45000 10011301.01	
migas summer and a	•			1/1
Nalgoos83	Invoice Pre	paration Checklist	Ant (S)	Amt (\$)
laimant's Particulars :-	1) AR : Accident			(12),011
	2) DA : Damage 3) TF : Towing F	Assessment (\$100); INC (\$	80) 0/\$45	
river/Owner:	4) FT : Follow-T	hrough Survey	\$120	may enjoyed
ontact No:	5) FT : Follow-T	hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 200	530	
amaged Portion:	6) TR : Re-insper	rtion	\$160	
,	7) N1 : Idao DA 8) NTUC Additio		2100	
C Checked by (Engr-In-Charge):	OD.		\$5	
C. Checked by (Birgi-th-Charge).	*N5: Courtesy *N6: Repair C	Car / Tpt Allowance	510	
aditors! Comments :-	•N7: Fost Rep	nir Inspection Heet Excess Coordination	\$25 \$5	
it_1:		(Non INC) against INC	\$20	5
	9) N12: Idec Mo Invoice dated		30	cartina Fection
1. 2/3;	Invoice dated	Fee Charged	Marketon College	

to prost the

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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	21/01/2019 17:41
Date Of Accident	21/01/2019 07:25
Exact Location Of Accident	BLK 125 LOR 1 TOA PAYOH OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS2798B
Insured/Policyholder	
Name Of Registered Owner	LIM AH CHUAN
Work Permit No	S1179580S
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96390712
Alternative Phone No	OFFICE-96390712
Vehicle Particulars	
Manufacturer	BMW
Model	316I 1.6 AT D/AB 4DR ABS HID
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096272299-01
Cover Note Number	
Driver	
Name of Driver	LIM HER MIN, EUGENE (LIN HEMIN)
NRIC No	S8825789H
Date Of Birth	15/07/1988
Occupation	OUTDOOR
Date Of Driving Pass	17/01/2007
Driving Experience	12 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83837898
Fax Number	**************************************
Contact Number	OFFICE-83837898
EMail Address	NOEMAIL

Address BLK 144 LORONG 2 TOA PAYOH

#10-208

Postcode 310144

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured CHILDREN

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) 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

intities.

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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY PARKED ONTO THE PARKING LOT. WHEN I RETURN TO MY VEHICLE AND SAW A NOTE ON MY WINDSCREEN. VEHICLE B MAKE AN ILLEGAL RIGHT TURN AND HIT ONTO MY VEHICLE FRONT PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKS5239R

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)

(iver)

Passenger 1

NAME:

2

GENDER: :

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)

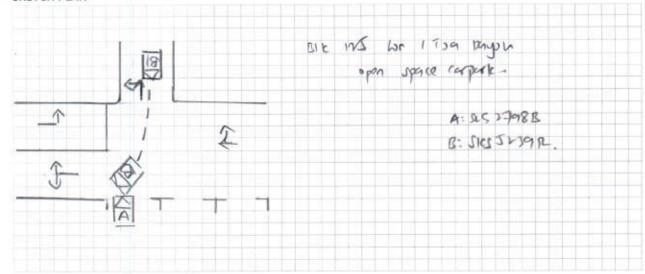
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

peler to	Hostement.	

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:

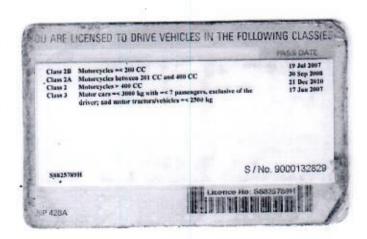
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:









eBao Tech									A Laboratoria	GeneralClaim	
Hello, NAC_PAYA_UBI_80060	1						• Change	Language	• Chang	je Password	Log Out
My Desktop	Poli	icy Query									
Notice of Loss	Policy	No.				Date	of Accident	2	1/01/2019 0	7:25	
	Vehicle	No.(For Motor)	SLS279	SLS27988		Certificate Number					
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5096272299- 01		LIM AH CHUAN	S1179580C	GPC	drivo CLASSIC	SLS2798B	SL\$27988	15/01/2019	14/01/2020
					E	Continue					

		BOHERETT			Budley to at the		
Policy No.	5096272299-01	Policyholder Name	LIM AH CH	UAN	Policyholder NRIC	S1179580C	
Certificate No.							
Address	BLK 144 #10-208 LORONG 2 T	OA PAYOH TOA	PAYOH HEI	GHTS SINGAPORE	310144		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	03/01/2019	Effective Date	15/01/201	9 00:00	Expiry Date	14/01/2020 2	3:59
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	/Inexperience Driver Excess
Agent	IVAN INSURANCE AGENCY PTE	. Agent Tel.	64400220		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 144 #10-208	Addre	ess 2	LORONG 2 TOA P	АУОН	Address 3	TOA PAYOH HEIGHTS
Address 4	SINGAPORE 310144	Addre	ess Type	Singapore addres	s	Post Code	310144
Unit No.	10-208	Relati Numb	ed Policy per	5096272299-01			
) Insure	ed Object: SLS2798B						
♥ Endon	sements						

icy Na						
	5096272299-01		Vehicle No.	92527988	GST Registration No.	
tificate No.						
cyholder Name	LIM AH CHUAN				Policyholder NRIC	51179580C
duct Code	PRIVATE CAR INSU	RANCE	Cover Type	drivo CLASSIC	Loading	0
tect No.(Mobile)	96390712		Contact No.(Office)	0	Contact No.(Home)	0
ali Address			Special Remark		eCode	No. V
C	@ No () Yes		TCA	® No ○ Yes	eCode Reason	
D Protection	No		NCD Entitlement(%)	10	Private thre	No
Accident Details						
ont Date	21 101 1201 0 22 26			7257	W11000201V	2514551112231000
	21/01/2019 22:20		Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
te of Accident	21/01/2019		Time of Accident hh:mm	07:25	Country of Accident	Singapore
porting Centre			Orange Force		ECM No.	
ident Location	BLK 125 LOR 1 TO	A PAYOH OPEN SPACE	CARPARK			
Excess						
n damage Excess		600.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess		500.00	Outside Singapore OD Excets	600.00		
nd Party Excess		0.00	Outside Singapore TP Excess	0.00		
Benefits						
GST Registered Informa	stion					
Registered	No			GST Registration Date		
Registration No.				GST Status Venfied	Yes	
diffication History						
Policyholder Hailing Ade	dress					
dress 1	BUK 144 #10-208		Address 2	LORONG 2 TOA PAYOH	Address 3	TOA PAYON HEIGHTS
dress 4	SINGAPORE 31014	4	Address Type	Singapore address	Post Code	310144
it No.	10-208		Related Policy Number	5096272299-01		3000007
OI Driver Info			378 378 378 378 378 378			
ver Name	Unnamed Driver		Driver Type	Unnamed Driver		
named driver Name	LIM HER MIN, EUG	EME /I W LIET	Driver NRIC	S8825789H	Driver DOB	15/07/1988
joter Date of Onver License		Die feri ier	Driver Age	30		12
otact No.(Mobile)	83837896				Oriving Experience	0
			Contact No. (Office)	0	Contact No. (Home)	E-maria managana
dress 1	BLK 144		Address 2	LORONG 2 TOA PAYOH	Address 3	TOA PAYOH HEIGHTS
dress 4	SINGAPORE 31014	4	Address Type	Singapore address	Post Code	310144
it No.	10-208					
es he own a Singapore gistered car?	○ Yes ® No		Driver Vehicle No.		Driver Insurer Company	
taration						
rathalyser or Blood Test	0 mg		Any injury?	○ Yes ® No		
eathalyser or Blood Test	0 mg		Any injury?	○ Yes ® No		
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