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VATIONAL Assessment Centre	Services paris	Dute &Time Compl	loted - Done by
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D.O.A: 0((04))00) 12,40	I-Motor Claim Por		16 26
OD TIN Reporting Only		lat OD 2hts, TP thrs):	10.00
City Tallorang City	I-Photo Uploaded		
MARKET & CHANGE TAKEY	Assessment/Survey	Report	
TP Insurer:	Ass't Report by Fax	/Hind to Owner/Wksp	The state of the s
Proforred Wksp / INC Assign Wksp / QW: (	**************************************	Toli	Faxt
IP Panticulary: Veli No: SC	C5663D -	INC( , )/Non-INC(	<u>) </u>
Owner / Driver: (		Teli	·
Policy No: ( ) Peri	od: (	) Cover Type: (	
Confirmed by ; (	· Di	itai, Thiai	7
Insured/Driver Liability: ( %) [N	ote-Est. Status (WO):	N: 0-20%; P: 21-79%.	F; 80-100%)
Year of Registration: ( ) W	farranty: YES ( )/	NO( )	
Excess: (\$ ' ) Londing: \$1,00	0()/52,000(	)	HARTHAN TO THE THE
Control temperature vicinity v	20世纪2000年100	以特別的法院的特殊的政治的	MARKAGE BULLET
( ) Walk-In Curtomar : Customer's Infor	mation strictly Confide	intial & Strictly NO refer of re	ipairor.
( ) Total Loss Case : to e-mail Insure	r URGENTLY.	1 1 1 1	<del></del>
Drive-In ( )/Towed-in ( ); Invoice	YES( ) / NO(	) ; Towing Co: (	The same of the sa
		10000000000000000000000000000000000000	The state of the s
1) Apply for Transport Allowance ( )/C	ourtesy Car ( )		
2) QC Check / Post Repair Inspection	( · )		
3) Upload Resurvey Photo [Repair Cost > \$3	000] ( )		1.1
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State and the selection of the selection	<b>建物及的原始的原始的的原则</b>	DAIDsmate Assessment (5100); TV:Towing Fee	ING (290)
Driver/Owner:	1-7	worst . Mallman, Theret Ph Billivay	\$120
	3	PT: Pollow-Through Survey (Resur Foreleimhis against INC Only (Wa	(10 Jin 2003)
Contact No:		TR: Re-Impedion	375
Damäged Pertion:		NI 1 Idao DA + 5MRT Survey	
		OTIVE .	- 31
QC Checked by (Engr-In-Charge):	ASCO: 0 in	NS: Courley Corr Tor Allowance	0829 129-00 OH-C1
Se trade annual apparation and a series the second of the second	POWER PROPERTY.	* NIL Past Repair Inspection	ation 35
wadding about the property of the second of	<b>经代表的证明的证明</b>	TP(N(1)) TP (Non INC) . (athre	Trong to
2al, 1;			Fee Charged
2/3:		Invoice dated	Pas Charges , Religion 1303

### SINGAPORE ACCIDENT STATEMENT

#### 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.
- 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.

- First 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.

By the lodgement of this report to the insurers, you hereby consei- foresaid	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	01/04/2019 14:59
Date Of Moderation	01/04/2019 12:40
Exact Location Of Accident	SLIP RD FROM TOH TUCK AVE TO PIE CHANGI AIRPORT
Country/State of Loss	SINGAPORE
DI CONTRACTOR DE CONTRACTOR DE	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJJ8725T
Insured/Policyholder	
Name Of Registered Owner	TOH WEE SIAN
NRIC No	S1499112C
Email Address	DATA_KIT@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97998153
Alternative Phone No	OTHERS-97998153
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ISIS-1.8 (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
Fleet Policy	NO
Policy Number	5103557987
Cover Note Number	
Driver	
Name of Driver	LIM SENG HOCK

LIM SENG HOCK Name of Driver S0216296B NRIC No 14/08/1953 Date Of Birth INDOOR Occupation 11/04/1973 Date Of Driving Pass 45 YEARS AND 11 MONTHS Driving Experience MALE Gender (LOCAL) +65-97998153 Mobile Number Fax Number

OTHERS-97998153 Contact Number

DATA\_KIT@HOTMAIL.COM EMail Address

Address

82 HILLVIEW AVENUE

#10-11

Postcode

669581

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SPOUSE

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

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

YES

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

QUEENSTOWN N.P.C

Police Station Address

ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4719999 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190401/2104

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

SKR5663D

Vehicle Make/Model/Colour

AUDI

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

# **DETAILS OF INJURED PERSON 1**

Name

LIM SENG HOCK

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SLIGHT INJURY

SJJ8725T

YES

YES

#### 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.
- 3. 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.
- 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. 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:
  - (i) 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.

Driver's Signature

(If driver is not the policyholder)

Date & Time: 1-4-19 15-00

Policyholder's Signature Date & Time:

BSJ 8721 BSKR 566		A PIE Toward Chang
DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT	Minor
	of Andrew	aller
DECLARATION  I/We declare the foregoing particu  Policyholder's Signature  Date & Time:	Driver s Signature (If driver is not the policyholder) Date & Time: 1/4/19	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:





1 of 3

Report No. T/20190401/2104

Police Station Of Origin: Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

REPORT OF	ATR	AFFIC	ACCI	DENT
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Date/Time Report Made: 01/04/2019 14:45			Vide Report No.:	Station Diary No.:	
Informa	nt's Partice	ılars			
	Informant: IG HOCK	4	Address: 82 HILLVIEW AVENUE #	#10-11 SINGAPORE 669581	
	ID Type / ID No.: NRIC NO / S0216296B		Contact No.: Home/Office: Mobile: 97998153		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Age: Date of Birth: Male 65 14/08/1953		Type of Informant: Driver			
Race: Chinese		Language:	Institution / School Name:		
	Occupation: ELECTRONIC ENGINEER		Driving Licence Information: Class: 3 Date of Expiry:		

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 01/04/2019 12:40	Type of Location Bend	
PRINTED TO SECURE OF COLUMN TO SECURE OF THE PRINTED TO SECURE OF THE P	VENUE	E towards Changi Air	port, before Zebra Cross	sing Road Speed Limit	
Weather: Clear		Dry		A MARK MASS BOURS IN	
Traffic Flow:		Traffic Control: Pedestrian Cross	12	Traffic Volume: Moderate	
	sion:		13	Anyone conveyed by	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SJJ8725T	Car	TOYOTA	MPV	Black	Slightly Damaged	0
SKR5663D	Car	AUDI		White	Slightly Damaged	0

Details of Vo	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJJ8725T	NTUC Income Insurance Co-Operative Limited			





2 of 3

Report No. T/20190401/2104

Police Station Of Origin: Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

CONTINUATION OF REPORT

Details of Perso		SHARES		2100		
Any Pedestrian Ir	rvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Ped	lestrian	Cross	ing: NA
Driver						
Name	LIM SENG HOCK			ID No.		S0216296B
Related Vehicle	SJJ8725T (Car)			Conta	ct No.	97998153
Hospital/Clinic	NIL			Class Driving Licence Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date D			narge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	Slight	
Driver		The second			High	A PRINCIPAL STATE
Name	Alan			ID No		NIL
Related Vehicle	SKR5663D (Car)	SKR5663D (Car)			ct No.	98282680
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

#### Brief Details.

On 01/04/2019 at about 1240hrs, I was driving vehicle SJJ8725T along Toh Tuck Ave. I then change to the filter lane which head to PIE towards Changi Airport. At the Zebra crossing there was a pedestrian crossing the road, so I stopped my car. A few seconds later I heard a loud bang on my rear. I went down to check and noticed that vehicle registration SKR5663D collided onto my rear of my vehicle. We then exchanged particulars.

There were no visible injuries on anyone, however I feel pain on my chest and back of my neck. My rear was damaged badly on the center portion to the extend the boot unable to open and also both the signal lights were no longer working. When I made further checks, I also noticed that my reverse camera is also spoiled. My vehicle still can be driven. I will be seeking medical attention later on.





3 of 3

Report No. T/20190401/2104

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

CONTINUATION OF REPORT

## Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
D /
Sgt 2 SURAIYAH PARVEEN BINTE HABIB
MUHAMAD

Signature Of Interpreter:
Not applicable

Date/Time:
01/04/2019 14:45

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

#### Claim Handling Accident HT/1038385 Policy No. \$403337981 VANCE No. 1007257 GET Registration for Certificate No Policyholder Name TOW WHY SUAN Pelicytolger MIDE 514991112 Promot Code PRIVATE CAR INSURANCE Siner Type Third-Party Lauden D Centam No.(Mexis) 87548112 Cornect No.(Office) Contact No.Dooms Creat Address Special Nemark e Cutte 160.0 - No Yes KTK TEA No. 199 eCitle Reimen NCO Extillament(%) No. drivate like - Accident Details Report Date 00/04/2009 16:00 Accident Report Willia 24 hrs Vére Acodenic Typic Cotta on - mad to Hear Cate of Accident DESIRORE Time of Account time on 12 (0) Country of Accident Reporting Centre **Orange Finne** TOM NO. Apprent Linguisto SLIF RE FROM TON TURY AND TO PIE CHARGE ASSESSED. Encosy Own thimage because 0.00 Automoral Excess Windscrept Excess. = 00 Unnamed Orlvar Excess 2,100:00 Outside Tingapore OD Excess 1100 Three Party Excess 0.20 Dutaria Singapore TP Excess 9.00 - Benefits - GST Hegistured Information QST Repiritaria UST Registration Date GST Registration No. GST Stidus Ventral 796 Number Helich Publishabler Mailing Address Address T SECHLESTEW ASSISTED Attent 7 \*35/32 CHARTILIC SIDE Antonia 3 STRGWORD RESELL Address 4 Address Type Singature aldress Hast Class 889583 UH 96. Relation Policy Number 3303333961 OI Driver Info Driver Name Uncarned Once Drivet Table Monwelled Driver 9011103999 Uncarned driver Name CHI STNG HTCH Briver NRIE Dress DOR reservota Register Date of Other License 11/04/2019 Driver Age Origing Expension Contact No (Minhae) 97996153 Contact No.10/Morb Ewitaci Nacimina) Appropria 1 62 HILSVIEW AVENUE Address 2 WISHIE CHARTELY ASSE Address 1 SUNCERCRE SEVER. Approva 4 вайтель Турс Foreign address Fret Code 619561 DYNE Mar. Stell Does he own a Singaprox Registered car? 2017 (+) NO DEWER VEHICLE No. 83107757 Driver Insurer Consumy MEDIC Declaration Energy along the Book Test Arry inpury? 161 - 20 Modification theory Claim 061 New Warner FOR WEE SIAM Claim Type 7 22110101115 Contact No. Office Contest. Cortact No. (You'de) **Einstl Address** 2001501 54336630 Germ Description 51387257 / NO(S0030 ON 1 Apr 2019 Insured Dability Net at Paul: # Roper Preferred Workship ProOption Worketorp Benning No. Yes Finalisation Yes Preferred Workshop: Name unknown Date 01/04/2019 00:00 EL/64/2019 16:27 Report Tolern By HOSES HAPPE Print All letter Save Submit Acodest No. ME/SUBSTREE Claim but Last Divi. Received \* Yes No Assisted times 01/04/2019 10:24 Category = Buth! Choose File No file chosen Clear Choose File : No Sie shosen \* NO \* Normal Chee Please Seign) Choose File No Ne chosen Clear Phone Select \* 100 Choose File No file chosen \* NG Ottar \* Normal Prease Select Choose File No Ele chosen Clear Heate Select \* NO T for Choose File. No file chosen \* N0 Clear I Present Select Hastage Kend Sent Prosept. - Attachment List Attachment Unlaughed toy/Clubs Category Lingency Description NAC\_BURLT\_NEGATE NATIONAL ASSESSMENT CENTRE SERVICE S (BURLT MERAH)) on 01 Apr 2019 16:24 Phutus 2019-4-1 North NAC\_BURTT\_HEARH\_850676; NATIONAL ASSESSMENT CENTRE BENVICE 8 (BURTT MERAH)) on 01 Apr 2019 18:24 Phrios 3819-4-1 RAC\_BLIKIT\_MERAH\_BD0474/ NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) (# 01 Apr 2019/10/24 Phone 2019-4-1

# Claim Handling(accident reporting Claim Task )

2000	S (BUKIT HERAH))						
	NAC_BURIT_MERAH_BISSOR() NAT B_IBORT_MERAH)	COMMA ASSESSMENT CENTRE RETAILS LON DS ANY JULY 15:24	Proton	Notifiel	Pho	nus 2019-4-1	
	MAC_BUKIT_MERAN_800676/, NAT S (BUKIT MENAN)	TONAL ASSESSMENT CENTRE SERVICE Line OL ANY 2010 16: 24	Property	Normal	ma	nue 2018+4-1	
3	NAC_BURST_MERAH_B00676; NAT E_BURST_MERAH]	TIDHAL AUSESSMENT CONTRIBUTION OF T IN DI ANY 2013 16:23	Phone	Normal	90	nist 2013-4-1	
9	NAC_BUNCT_MERAH_BIRDETS; NAT S (BLACIT MERAH)	TIONAL ASSESSMENT CENTRE SEMUJOR ) on BL Agr JSEN 18-23	Efectors	Scimil	3892	inv 2019-4-1	
QCC	PARC BURCH PREMAIN BOOKING NA 3 (BURCH MERAN)	TIDAM, ADDESDMENT CONTRO GRAVICE ( IN CL. Age 2019, 18, 23	PHILIDS.	Notival	900	(iii 2016-0-1)	
	NAC_BURIT_MERAH_BDD678( NA 8 (BURIT MCBAN)	TIONAL ASSESSMENT CENTRE SERVICE (1 an 41 Apr 2018 18-22	Photol	Normal	m	ma 2018-#-1	
119	NWC_BURTT_MERAN_BOGGTE( NA S (BURTT MERAN)	TIONAL ASSESSMENT CENTRE SERVICE If on RI Age 2015 16 13	545	No-mail	5	A\$ 2019-4-E	
	TIAZ_BUKIT_MERAH_BIDIC?B  TIA S_HUKIT MERAH	TIONAL ASSESSMENT CENTRE SHRVICE () on Ot Apr 2018 19-23	NRIC; Drong Loose	Normal	ARICO DA	ving cicerose 2019-4-1	
g Viden List							
	Valoaded By/Cate	Publish Date	-Filk	Name	7	Source	Action

Dazza in high Hindux | Starr and uphalding

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. S0216296B





LIM SENG HOCK

林成福

CHINESE

14-08-1953 M

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE S0216296B LIM SENG HOCK me Las 14 Aug 1953 -- b- 19 Mar 2003

2856462



₩ S0216296B

22-07-1996

82 HILLVIEW AVENUE #10-11 SINBAPORE 669581

NRIC No: \$02162968

Date: 26-06-2000 No: 3732185

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE

Motorcars we show kig to be 7 permanents with the driver; and motor tractions which x = 2500 kg

11 Apr. 2923

34216296B

S / No.9000294455

NP 42RA



# Certificate of Insurance

Certificate Number: 5103557987	Cover : Third Party
the Motor Vehicle or has been so permitted an enactment or regulation in that behalf from dri  6. Limitations as to Usell  (a) Use for social domestic and pleasure purposes  This Policy does not cover  (a) Use for hire or reward.  (b) Use for racing, pace-making, reliability trial or  (c) Use for the carriage of goods (other than samp  (d) Use for any purpose in connection with the Mi  # Limitations rendered inoperative by Section 8 of Act (Chapter 189) and Section 95 of the Road T	a accordance with the licensing or other laws or regulations to drive d is not disqualified by order of a Court of Law or by reason of any wing the Motor Vehicle. and in connection with the Policyholder's business or profession. speed-testing. sizes] in connection with any trade or business.
headings.  EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	; NO
INSURE WITH COE	; N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: TOH WEE SIAN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
	: N/A

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)

: N/A

Agency

: YES MOTORING PTE. LTD. (00000615381)

Date of Issue

SUM INSURED

: 11 Sep 2018 11:09 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive