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NATIONAL Assessment Co	entre Services	(wet I Jan'os) MI	16 & SYCHOPHAN		
Date In: 1/4/19-17:20	Jeb description		Date &Time Completed	Done	by:
Ref No: NA INC 19005935/24	SAS e-filing				0.00
Acti No: AFW8 ASAR	E-mail (within	Shrs, AIC 2hrs)			
D.O.A: 3/4/19-11:55	i-Motor Clai		100 to 200 c	21.1	
		(Within: OD 2hrs,	M7 103875 -201	3/4/4 13:	Lo_
OD (TP) Reporting Only	i-Photo Uplo		1		
	Assessment/Su				
TP Insurer:			0 1111		
Preferred Wksp / INC Assign Wksp / QW:	ASS TREPORT D	y Fax / Hand to	The same of the sa		
TP Particulars: Veh No:	The state of the s	Dio		Fax:	
Owner / Driver: (YP6863G	, INC()/Non-INC()	-	
Policy No: (Period: (Tel:)	
Confirmed by : (r criou. (Cover Type: ()	
	(A) Note Bet Status (II	Date:	Time:)	
Year of Registration: (Warranty: YES (2010 1 (2710 17 (2700 1)) (2700 1	%; P: 21-79%. P: 80-1	00%]	
Excess: (\$) Loading:)/NO()			
General Remarks:	\$1,000 () / \$2,000	()			
Drive-In ()/ Towed-In (); Inv	oice: YES () / N	O(); Tov	ving Co: ()
Remarks: (INC hotline: 6788 6616	6) \		Date&Time Completed	Done l	
1) 4 1 6 -	/ Courtesy Car ()	45.019-12.76 (F)	Satetic 1 at 1 to constitute out	MADONE 1	Ŋ
2) QC Check / Post Repair Inspection	()				
 Upload Resurvey Photo [Repair Cost > 	>\$3000] ()				-
Injury:			7 0		-
Date/Time Actions					
Date/Time Actions				724 808 0 10 10 15	· Act
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10.				Anit (S)	Amt
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timant's Particulars :-) AR : Accident Rep) DA : Damage Asse			
ver/Owner:	3) TF : Towing Fee	\$40/9	45	
ntact No:			gh Survey (Resurvey) 5	30	
maged Portion:	6	For claiming agains TR: Re-inspection	st INC Only (wof 10 Jan 2005)	775	
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Checked by (Engr-In-Charge):	8)	OD*	Services:-		
charge of (Engr-in-Charge):		*N5: Courtesy Car		\$5	
ditors' Comments :-	P 1 P 1 P 1 P 1 P 1 P 1 P 1 P 1 P 1 P 1	*N6: Repair Co-ord *N7: Fost Repair In	spection S	25	
1;		*N8; DV / Collect E TP (N11) : TP (Non	xcess Coordination	3 5	115.69
2/3:	9)	N12: Idna Mobile		30	
		voice dated voice dated	Fee Charged Fee Charged	SECTION 23	kin j
45	17/1		ree Chargen	Secretary Park	

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.
- 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.
- 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.

Well Land Control of the Control of	ACCIDENT STATEMENT
Date Of Report	03/04/2019 17:20
Date Of Accident	03/04/2019 11:55
Exact Location Of Accident	SLIP RD WOODLANDS AVE 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKM8404S
Insured/Policyholder	
Name Of Registered Owner	JON LIM WEI JIE
NRIC No	S8422196A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85188726
Alternative Phone No	OFFICE-85188726
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C200 K 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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101713807
Cover Note Number	
Driver	
Name of Driver	WONG WEI LING
NRIC No	S8726055J
Date Of Birth	28/08/1987
Occupation	INDOOR
Date Of Driving Pass	21/11/2006
Driving Experience	12 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-85188726
Fax Number	
Contact Number	OFFICE-85188726
EMail Address	NOEMAIL

BLK 524B TAMPINES CENTRAL 7 Address

#11-59

Postcode 522524

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? NO

Number of vehicles (including own vehicle)

involved in the accident

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) soliciting/offering accident claims assistance.

NO

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

YP6863G

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

ZHU DAWEI

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

G3118248X

DETAILS OF INJURED PERSON 1

Name

WONG WEILING

Approximate Age Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK & BACK

SKM8404S

YES

NO

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.
- 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:
 - (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.

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.:

DCA: 4/2/19	4
A: 3KM 84045	\overline{A}
B. 4P (863 G	12/2 / Woodlands Ave
	(3)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Wh	ile waiti	ng B1	the o	nain re	oad to	be c	-lear,	sudden	4
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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.:

4 T	
	Personal Particulars
	Date of Accident: 3 4 19 Time of Accident: 11 55 am
	Exact Location of Accident: Woodlands Ave 1 Stip Rd
	Owner's Name: Lim Wei Jie NRIC No: 58422 196AHP No: 8518873
	Driver's Name: Wong Wei Ling NRIC No: 587260551HP No: 81 3
	Date of Birth: 26 8 1987 Driving Licence Passing Date: 21 11 2006 Occupation: Indoor / Outdoor
	Address: 5248 Tampunes Central 7 # 11-59 (522524)
	Relationship of Driver with Insured: Spowl Email Address:
	Vehicle No: SKM 84045 Make & Model: Merceden C200
	Insurance Co: NTU C Coverage: Policy No:
	*Purpose of Reporting? Own Damage Claim / 3rd Party Claim / Not Claiming, Just Reporting Only
	*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work
55	*Weather Condition? (Raining / Others: Wet / (Dy / Others:
	* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:
ď	A: 1+0 B. 1+0 C: D:
	*Was Anybody Injured ? (Yes / No) If yes,
	Name / NRIC / In Vehicle: Word Wei Ling reck & back
	*Was The Accident Reported To The Police ?
	No O Yes, Which Police Station?
phagens of	*Does the Driver Own Any Other Vehicle?
	No O Yes, Vehicle Registration No:insurer:
	*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category:
	*Was there any video captured by Car Camera? (Ves/No)
	Third Party Driver's Particulars
	Vehīcle & No: YP 6863C Make & Model:
	Driver's Name: Zhu Dawei NRIC No: G3118248XHP No:
	Vehicle C No: Make & Model:
	Driver's Name: NRIC No: HP No:
	Witness Particulars
	NIDIO NA



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

		ADDE	NDUM
)	PARTICULARS OF PE	RSONMAKINGTHEAMENDN	IENTS:
	Original Report No :	MNA119043486	Vehicle Registration No: SKM8404S
	Name(as shown in NRIC) :	WONG WEI LING	NRIC/FIN/Passport No: S8726055J
	(*Vehicle Driver/ Vel	hiele Owner) (*) Please delete	as appropriate
	Address :	BLK 524B TAMPINES CE	NTRAL 7 #11-59Singapore(5225
	Contact (Tel) :		Mobile No. : 85188726
	Email Address :		
	Date of Accident :	03/04/2019	Time of Accident : 11:55
	Place of Accident :	SLIP RD WOODLANDS A	VE 1
	Insurance Company:	NTUC Income Insurance	e Co-operative Ltd
	Amend relationship	with owner/anver	
00 00 00			
	Policyholder / Driver's Date:	Signature	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Date:



REPUBLIC OF SINGAPORE

J IDENTITY CARD NO. S8726055J

DRIVE CENCE

THE STATE OF STREET

Marrie Number S8726055J

WONG WEI LING



WONG WEI LING

CHINESE

1524+ Date: 21 Nov 2006 Bith Duk: 26 Aug 1987

001460285F

Date of birth

Sex F

CountryPlace of turn SINGAPORE 26-08-1987

13-08-2018

NFILCHIA S8726055J

APT BLK 524B TAMPINES CENTRAL 7 #11-59 SINGAPORE 522524

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

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 21 Nov 2006 of the driver; and other motor vehicles =< 2500kg

NP 428A

3999391

















Certificate		Name			NRIC	S8422196A	
No. Address	BLK 524B #11-59 TAMPINES CE	NTRAL 7 TAM	PINES GREE	NI FAF SINGAPORE	522524		
Product	PRIVATE CAR INSURANCE	Plan	TITLD ONLE	INCER SINGAPORE	Group	22	
Name	PRIVATE CAR INSURANCE	Plan			Policy Flag	N	
Policy ssue Date	28/06/2018	Effective Date	28/06/201	8 00:00	Expiry Date	25/09/2019	23:59
xcess ype		All Claims Excess					
hird arty xcess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			You	ing/Inexperience Driver Excess
Agent	AURIC INSURANCE AGENCY PTE	Agent Tel.			GST Flag	Y	
0-							
nsurance Flag Open Policy nfo	No						
lag Open Policy onfo Certificate onfo							
lag open olicy nfo certificate nfo Policy	holder Mailing Address BLK 524B #11-59	Addre	ess 2	TAMPINES CENTR	Δ1 7	Aridrace 3	TAMPINES CREEN FAF
elag Open olicy offo Certificate offo Policyl ddress 1	holder Mailing Address	Addre		TAMPINES CENTRA		Address 3	TAMPINES GREENLEAF
lag Open Policy nfo Certificate nfo	holder Mailing Address BLK 524B #11-59	Addre	ess Type ed Policy	TAMPINES CENTRA Singapore address 5101713807		Address 3 Post Code	TAMPINES GREENLEAF 522524
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CV No.	5101712907	Vehicle No.	SKM84045	GST Registration No.	
tificate No.					
cyholder Name	JON LIM WET JIE			Policyholder NRIC	584221964
duct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
ntact No.(Mobile)	85188726	Contact No. (Office)	0	Contact No.(Home)	0
rail Address		Special Remark		eCode	[m.v]
K	® No ○ Yes	TCA	® No ○Yes		(Joseph)
D Protection	No.			eCode Reason	
	140	NCD Entitlement(%)	20	Private Hire	No
Accident Details					
ort Date	03/04/2019 17:48	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
e of Accident	03/04/2019	Time of Accident Nicmm	11:55	Country of Academt	Singapore
porting Centre		Orange Force		ICM No.	(2000)
ident Location	SLIP RD WOODLANDS AVE 1	0.000		140	
Excess	SELF TO MUCCUMODAYE :				
n damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
amed Driver Excess	500,00	Outside Singapore OD Excess	600.00		
rd Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits		SERVICE STATE OF STAT	(273)		
GST Registered Informa	ation				
Registered	No		200 P - PC 4 Sept. 19 (2007 5 17)		
Registration No.	rec.		GST Registration Date	Arres	
ification History			GST Status Verified	Yes	
www.commons.com					
Bellevike Mary 15	2000				
Policyholder Mailing Ad					
Vess 1	BLK 5248 #11-59	Address 2	TAMPINES CENTRAL 7	Address 3	TAMPINES GREENLEAF
dress 4	SINGAPORE 522524	Address Type	Singapore address	Post Code	522524
t No.	11-59	Related Policy Number	5101713807		
OI Driver Info		CONTRACTOR CONTRACTOR	60 and \$60 to		
er Name	Unnamed Oriver	Driver Type	Unnamed Driver		
amed driver Name	WONG WEI LING	Driver NRIC		V-20000223	
			\$87260553	Driver DOB	28/08/1987
ister Date of Driver License		Driver Age	31	Driving Experience	12
tact No.(Mobile)	85188726	Contact No.(Office)	0	Contact No. (Home)	0
ress 1	BLX 524B	Address 2	TAMPINES CENTRAL 7	Address 3	TAMPINES GREENLEAF
ress 4	SINGAPORE 522524	Address Type	Singapore address	Post Code	522524
t No.	11-59				
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pistered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Company	
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