Duta Inc. ct. L.	The state of the s	OZSPYCHIAHO	
Date In: 6/4/9-14:29	Jcb description	Date &Time Completed	Done by
Ref No: No INCIGOD6106 124	SAS e-filing		
Veh No: DNIIN	E-mail (within Shrs, AIC 2hrs)		
D.O.A : 514114- 16:25	i-Motor Claim Form	M11239287-001	64 1.9 W:47
$\sim$	i-Motor W/O (Within: OD 2hr		
OD / TP/ Reporting Only	i-Photo Uploaded	1	
TP Insurer:	Assessment/Survey Report	i	
11 histori.	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	ax:
TP Particulars: Veh No: 681	46966 L . INC (	)/Non-INC()	
Owner / Driver: (	)	Tel:	)
Policy No: ( ) P	criod: ( )	Cover Type: (	)
Confirmed by : (	Date:	Time:	)
	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-1	100%]
Year of Registration: ( )	Warranty: YES ( )/NO(	)	
The state of the s	000 ( )/\$2,000 ( )		
General Remarks,-			
( ) Walk-In Customer: Customer's info			
( ) Total Loss Case : to e-mail Insur			
Drive-In ( )/ Towed-In ( ); Invoice		audia Ca (	<del></del>
		owing Co: (	
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done by
	Courtesy Car ( )		
2) QC Check / Post Repair Inspection	92 19		
	( )		V 100 - 100
3) Upload Resurvey Photo [Repair Cost > \$	3000] ( )		
	3000] ( )		
Upload Resurvey Photo [Repair Cost > \$     Injury :	3000] ( )		
Upload Resurvey Photo [Repair Cost > \$     Injury:	3000] ( )		ASSOCIATION OF THE PROPERTY OF
Upload Resurvey Photo [Repair Cost > \$     Injury :	( )		REPORTE.
Upload Resurvey Photo [Repair Cost > \$     Injury :	( )		
Upload Resurvey Photo [Repair Cost > \$     Injury :	( )		REPLOYED THE
Upload Resurvey Photo [Repair Cost > \$     Injury :	3000] ( )		
3) Upload Resurvey Photo [Repair Cost > \$ Injury:  ———————————————————————————————————	( )		ASSESSED TO SERVICE OF THE SERVICE O
3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions		paration Checklist	Ant (S) Am
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions	Invoice Pre	paration Checklist:	Ant (S) Am
3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions  Actions  Actions  Actions  Actions  Particulars:	Invoice Pre	Reporting (\$30); Assessment (\$100); INC (\$8	fitBill Add
3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions  Actions  Actions  Actions  Actions  Particulars:	Invoice Pres  1) AR: Accident 2) DA: Damage 3) TF: Towing F	Reporting (530); Assessment (5100); INC (58 ce	76.Bill Add
3) Upload Resurvey Photo [Repair Cost > \$ Injury:  Date/Time Actions  Actions  Limant's Particulars:	Invoice Pres  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) rT: Follow-Ti	Reporting (\$30); Assessment (\$100); INC (\$8 ee	78 Bill Add 0) 7545 5120 530
3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Fime Actions  Altorys  alimant's Particulars:- iver/Owner:	Invoice Prej  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T) 5) FT: Follow-T) For claiming as	Reporting (\$30); Assessment (\$100); INC (\$8 ce	78 Bill Add 0) 7545 5120 \$30 )
3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Fime Actions  Altorys  alimant's Particulars:- iver/Owner:	Invoice Prej  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idao DA	Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 brough Survey brough Survey (Resurvey) reinst INC Only (wef 10 Jan 2005) tion SMRT Survey	78 Bill Add 0) 7545 5120 530
3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Fime Actions  Altory 83  aumant's Particulars: iver/Owner: intact No: maged Portion:	Invoice Prej  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idao DA 4 8) NTUC Additio	Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 brough Survey brough Survey (Resurvey) reinst INC Only (wef 10 Jan 2005) tion SMRT Survey	78 Bill Add
3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions  Altory Particulars: iver/Owner: ontact No: imaged Portion:	Invoice Prej  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idao DA: 8) NTUC Additio OD: *N5: Courtesy	Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 brough Survey brough Survey (Resurvey) tainst INC Only (wef 10 Jan 2005) tion SMRT Survey hal Services:-	78 Bill Add
3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions  Laimant's Particulars:  inver/Owner:  ontact No:  amaged Portion:  Checked by (Engr-In-Charge):	Invoice Prej  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idao DA: 8) NTUC Additio OD: *N5: Courtesy *N6: Repair Co	Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 brough Survey trough Survey (Resurvey) tainst INC Only (wef 10 Jan 2005) tion SMRT Survey hal Services:- Cer / Tpt Allowance	78 Bill Add 10) 17545 5120 530 575 5160
3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions  Lamant's Particulars:  iver/Owner:  ontact No:  maged Portion:  Checked by (Engr-In-Charge):	Invoice Prej  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idao DA + 8) NTUC Additio OD: *N5: Courtesy *N6: Repair Co *N7: Fost Repair	Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 brough Survey trough Survey (Resurvey) tainst INC Only (wef 10 Jan 2005) tion SMRT Survey hal Services:- Cer / Tpt Allowance	78 Bill Add 10) 1/545 5120 530 575 5160
3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions  Lamant's Particulars:  iver/Owner:  ontact No:  maged Portion:  Checked by (Engr-In-Charge):	Invoice Prej  1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idao DA: 8) NTUC Additio OD: N5: Courtesy N6: Repair Co N7: Fost Repair N8: DV / Coll TP (N11): TP	Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 brough Survey brough Survey (Resurvey) tainst INC Only (wef 10 Jan 2005) tion SMRT Survey hal Services:  Cer / Tpt Allowance bordination ir Inspection ect Excess Coordination (Non INC) against INC	18 Bill Add  (0)  (745  \$120  \$30  )  \$75  \$160  \$25  \$30  \$25  \$30  \$25
3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions	Invoice Prej  1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-Ti 5) rT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idao DA: 8) NTUC Additio OD: *N5: Courtesy *N6: Repair Co *N7: Fost Repair *N8: DV / Coll	Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 brough Survey brough Survey (Resurvey) tainst INC Only (wef 10 Jan 2005) tion SMRT Survey hal Services:  Cer / Tpt Allowance bordination ir Inspection ect Excess Coordination (Non INC) against INC	18 Bill Add 10) 1545 5120 530 575 5160 510 525 530

### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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.

  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.

Market Market Control	ACCIDENT STATEMENT
Date Of Report	06/04/2019 14:27
Date Of Accident	05/04/2019 16:25
Exact Location Of Accident	PATERSON HILL TWDS GREAT WORLD CITY
Country/State of Loss	SINGAPORE
Market Company of the	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJN5254J
Insured/Policyholder	
Name Of Registered Owner	LIM MEI RONG (LIN MEIRONG)
NRIC No	S8126064H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92278050
Alternative Phone No	OFFICE-92278050
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS E AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5108239466
Cover Note Number	
Driver	
Name of Driver	LIM MEI RONG (LIN MEIRONG)
NRIC No	S8126064H
Date Of Birth	22/08/1981
Occupation	OUTDOOR
Date Of Driving Pass	12/04/2011
Driving Experience	7 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92278050
en consultation de la consultati	

OFFICE-92278050

NOEMAIL

BLK 655 YISHUN AVENUE 4 Address

#10-405

Postcode 760655

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 CHAIN COLLISION

Weather Conditions CLEAR Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

3

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

2

Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE

YES

ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-8529999 - FAX NO: 68522299

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190405/2198.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

YES

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

GBH6968C

Details Of Properties

Vehicle Make/Model/Colour

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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

E3334R

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)

# **DETAILS OF INJURED PERSON 1**

NO

Name LIM MEI RONG (LIN MEIRONG)

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJN5254J

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode

Page 3 of 25

### SKETCH PLAN

# IMPORTANT NOTICE

- 1. 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.
- 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 Parsonnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN	
	Paterson Hill
A: SIN 5254; B: GBH 6966 C: E 33346	
DESCRIBE CIRCUMSTANCES OF T	HE ACCIDENT
10 1 0	0 1 51 -/2/20
A Foilce	Report 1/20190405/2198
/	
DECLARATION	
I/We declare the foregoing particular	s are true in every respect.
Policyholder's Signature Date & Time:	Driver's Signature Reporting Centre Personner's Signature (If driver is not the policyholder) Name:

NRIC/FIN No.:

STARMIC SketchPlanForm\_V3

Date & Time:

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: 05/04/2019 (dd/mm	(24-HR-FORMAT)
Vehicle No. : SJN 5254 J Vehicle	cle Make & Model:
Exact location of Accident: Paterso	n Hill Towards Great World City
Policyholder's Name / IC No. : Ling A	Ne; Rong 58/2606441
Driver's Name / IC No. :	(As Above)
Driver's Contact No. : 92278 0-50	Company Contact No:
Driver's Address:	
Insurance Company: NTVC	Email address (if any):
Owner Spouse / Children / Friend / Paren	(Please CIRCLE one only) ts / Sibling / Relative / Employee / Hirer or Others specify:
What do you wish to claim? (Please TI	CK one only)
Own Insurance / Other Vehicle (7	he one 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): 02  male.
Weather condition & Road conditions? (	On the day of accident)
Clear & Dry / Raining & Wet /	After-Rain & Wet / Drizzling & Wet / Others:
Was there any video captured by your C	ar Camera? Yes / No
Any Injuries: Yes / No (If Y)	ES) Injured Person' Name: YISAMA No Fth
Injuries Sustain:	Injured Person in Which Vehicle: Lim Me i Rong
	(If YES) Which Police Station:
	The Other Party(s) Details:
1 Driver's Name / IC No:	Vehicle No: B GBH 6968 C  Insurance Company (If any):  Vehicle No: B GBH 6968 C  C E 3334R
1. Driver s Name / 10 No.	legurance Company (If any): (C) E 3334K
Driver's Contact No:	Vehicle No.
	Vehicle No:
Driver's Contact No:	Insurance Company (If any):
*Independent Witness (If Any):	Contact No:
	Contact No:

<sup>\*</sup>If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week





Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999 1 of 4 Report No. T/20190405/2198

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/04/2019 20:19		Made:	Vide Report No.:	Station Diary No.: 152	
Informan	t's Partic	ulars			
Name of Informant: LIM MEI RONG			Address: APT BLK 655 YISHUN AVENUE 4 #10-405 SINGAPORE 760655		
ID Type / ID No.: NRIC NO / S8126064H		64H	Contact No.: Home/Office: Mobile: 92278050		
Nationality: SINGAPORE CITIZEN		'EN	Email:		
Sex: Female	Age: 37	Date of Birth: 22/08/1981	Type of Informant: Driver	1248	
Race: Chinese			Language: Institution / School Nar English		
Occupation: GRAB CAR DRIVER		R	Driving Licence Information: Class: 3 Date of Expiry:		

General Infor	mation of the Acci	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/04/2019 16:25	Type of Location: Straight Road
Location: Along Road 1 PATERSON TOWARDS 0		Υ	777	
		Road Surface: Wet		Road Speed Limit:
		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collis Between Mov	sion: ving Vehicles - Head	To Rear	850	Anyone conveyed by ambulance: No

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
E3334R	Car	HONDA	CIVIC TYPE R	White	Slightly Damaged	0
GBH6968C	Lorry	ТОУОТА	DYNA	White	Slightly Damaged	0
SJN5254J	Car	TOYOTA	VIOS E AUTO	White	Slightly Damaged	1

Details of V	ehicle Insurance			Y DESCRIPTION OF THE PARTY OF T
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





2 of 4

Report No. T/20190405/2198

Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

# CONTINUATION OF REPORT

Details of Vo	ehicle Insurance		AND DESCRIPTION OF THE PARTY OF	
Vehicle No.	Insurance Company	Insurance No	Effective	-
SJN5254J NTUC Income Insurance Limited	NTUC Income Insurance Co Operation		Effective	Expiry Date
	Limited Co-Operative	5108239466	21/03/2019	20/03/2020

Any Pedestrian	Involved: No				
No. of Pedestria	ns Injured: NII	111 65			
Driver	STATE OF THE STATE	Use of P	edestria	n Cros	sing: NA
Name	BINWERN RUNE			5 W	
	BINVERNAKONE		ID No	<b>)</b> .	S8610494F
Related Vehicle	E3334R (Car)				
, , , , , , , , , , , , , , , , , , ,	=soon((oar)		Conta	act No.	NIL
Hospital/Clinic,	NIL		01	200 <b>e</b>	P West Control
	A A A COURT OF		Class		Class: NIL
			Drivin		Date of Expiry: NIL
<u> </u>			Licen		
Date Treatment	NIL	Data Dis		/ Date	
No. of Days gran	ted Medical Leave NIL	Date Disc Degree o	floius	NIL	
Driver		Degree 0	injury	NIL	
Name	SEKAR PRAKASH		ID No.		0040040
			ID No.		G2130487K
Related Vehicle	GBH6968C (Lorry)		Contact No.		AUC
					NIL
Hospital/Clinic	NIL		Class		
			A STATE OF THE STA		Class: NIL
\			Driving		Date of Expiry: NIL
			Licence		
	NIL	Doto Disa		-	
No. of Days grant	ed Medical Leave NIL	Date Disc	narge	NIL	
Driver		Degree of	injury	NIL	
Name	LIM MEI RONG	Service Servic	ID N		
	1.000 page 1.00 (2.00 page 1.00 page		ID No.		S8126064H
Related Vehicle	SJN5254J (Car)		Contro	4.81-	0000000
i	,,		Contac	I No.	92278050
lospital/Clinic	MOUNT ALVERNIA HOSPITAL		01		
82	NEVERNIA HOSPITAL		Class o	550	Class: 3
			Driving		Date of Expiry: NIL
		1	Licence	0.7155.00	
ate Treatment	05/04/2019	Date Di	Expiry [		
	d Medical Leave 05	Date Disch	arge	05/04/	2010





Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

3 of 4 Report No. T/20190405/2198

## CONTINUATION OF REPORT

Name	MALE INDIAN IN HIS 40S		ID No		NIL
Related Vehicle	SJN5254J (Car)		Conta	ct No.	NIL
Hospital/Clinic	NIL		Class Driving Licence Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Data Diag			
No. of Days gran	ted Medical Leave NIL	Date Disc Degree of		NIL NIL	

# Brief Details.

On 5/4/19 at about 1621hrs, I was driving my vehicle registration no. SJN 5254J (Private Hire, Grab Car White Toyota Vios) along Paterson Hill towards Great World City. At that time, I was on the lane 2 and the road was wet as the rain just stopped. I had a passenger, a male Indian in his 40s who was sitting at the rear left side passenger seat. As I was travelling, suddenly I felt a great impact at the rear of my vehicle. When the great impact occurred, my vehicle was forced forward and collided slightly onto rear left side of a vehicle registration no. E 3334R (White Honda) in front of me that was changing lanes ahead of me.

Subsequently, I stepped out of my vehicle and noticed a white lorry registration no. GBH 6968C had collided onto the rear side of my vehicle causing the rear of my vehicle to have damaged badly. I observed that the front of the said lorry only was slightly damaged on its front part. My passenger informed me that he was in a hurry for a meeting and he does not require any medical attention at that slightly on its rear left side bumper.

I exchanged my details with the driver of both vehicles at the scene. Traffic police or ambulance was not at the scene. Due to the bad damage on my vehicle caused by this collision, my vehicle SJN 5254J had to be towed away from the scene. I have reported this matter to Grab Car and I do not have the details of my passenger. After the accident, I felt pain on the back of my head due to the impact during the accident. I went to Mount Alvernia Hospital to seek medical treatment. I was given 5 days of medical leaves and medication by the said hospital.





Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

4 of 4 Report No. T/20190405/2198

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: L / Staff Sgt GHAZALI BIN IBRAHIM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/04/2019 20:19
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
outhentication Stamp P168	Dr.

# IDENTITY CARD NO. S8126064H REPUBLIC OF SINGAPORE



(LIN MEIRONG)

神

Sex 22-08-1981

Country of birth SINGAPORE

58126064H

DRIVING LICENCE REPUBLIC OF SINGAPORE

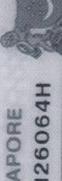
(LIN MEIRONG)

Birth Date: 22 Aug 1981

Issue Date 12 Apr 2011

001954825C











Date of Issue 07-05-2012

AB 1 21 K 655 YISHUN AVENUE 4 #10-405 SING PORE 760655

02/08/2017

VIEW ARE LICENSED TO DRIVE VEHICLES IN THE FOLLSTING CLASS(ES)

Class 3

Motor Cars=<3000kg with =<7 passengers, exclusive 12 Appearance of the driver; and other motor vehicles =< 2500kg

Licence No. Sa126064H

NP 428A

# Certificate of Insurance

A	(MICHAMA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULE:	5 1959 (MANI AVEIA)
MANAGEDRI ALL, 1987 [MALAYSIA]	
THE PART IN THE PA	OMPENSATION) BLUES 4000
MOTOR VEHICLES (THIRD PARTY RISKS AND C	DAMPENIE ATIONII ACT (C. LA COTTO

Certificate	Number:	5108239456
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Cover : drivo CLASSIC

WUZ I

1. Index mark and Registration Number of Vehicle

: SJN5254J

Chassis Number

2. Name of Policyholder

: MR053HY9305101027

3. Effective Date of Insurance

: LIM MEI RONG (LIN MEIRONG)

: 21 Mar 2019

4. Expiny Date of Insurance

: 20 Mar 2020

5. 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 or Hirer's business.

# This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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

EXCESS (SECTION 1) EXCESS (SECTION 2)	: 5\$2,000
WINDSCREEN EXCESS	: S\$1,500 : S\$100
ADDITIONAL EXCESS UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: PLEASE REFER OVERLEAF : NO
INSURE WITH COE NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO : NO
EXCESS WAIVER PRIMARY DRIVER	: NO
NAMED DRIVER (1)	: LIM MEI RONG (LIN MEIRONG)
NAMED DRIVER (2)	: N/A : N/A
HIRE PURCHASE COMPANY SUM INSURED	: GV CREDIT PTE LTD
	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency

: LQ INSURANCE AGENCY PTE LTD (00000613125)

21 Mar 2019 10:45 hrs

LQ INSURANCE AGENCY PTE LTD 1808 BENCOOLEN STREET

#04-01 THE BENCOOLEN

TEL 0-334-0703 FAX: 6-334-06 Ca. Reg. No: 199005500W

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Hello, NAC_PAYA_UBI_80	0601					New Section 1	, Change	Language	• Chan	e Password	lClaim
My Desktop	Polic	cy Query							3,500		109 01
Notice of Loss	Policy N	io.				Date o	of Accident	0	5/04/2019 1	16:25	
	Vehicle	No.(For Motor)	S3N525	64j		Certifi	cate Number				
					- 1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5108239466		LIM MEI RONG (LIN MEIRONG)	S8126064H	GPC	drivo CLASSIC	SJN5254J	SJN5254J	21/03/2019	20/03/2020

Policy No.	5108239466	Policyholder Name	LIM MEI RO	NG (LIN MEIRONG)	Policyholder	S8126064H	
Certificate No.		ivame			NRIC		
Address	BLK 655 #10-405 YISHUN AVEN	UE 4 NEE SO	ON CENTRAL	VIEW SINGAPORE 7	60655		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	21/03/2019	Effective Date	21/03/2019	00:00	Expiry Date	20/03/2020 23	:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young/	Inexperience Driver Excess
Agent	LQ INSURANCE AGENCY PTE LT	Agent Tel.	63340783		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
O Policy	holder Mailing Address						
	BLK 655 #10-405	Addre	ss 2	YISHUN AVENUE 4		Address 3	NEE SOON CENTRAL VIEW
Address 1	DEK 033 #10-403			- FOR THE PROPERTY OF THE PARTY			
nes manel	SINGAPORE 760655	Addre	ss Type	Singapore address		Post Code	760655
Address 1			d Policy	Transfer common consultation and a second		Post Code	760655
Address 1 Address 4 Unit No.		Relate	d Policy	Singapore address		Post Code	760655
Address 1 Address 4 Unit No.	SINGAPORE 760655	Relate	d Policy	Singapore address		Post Code	760655

ccident MT/1039083					
licy No.	5108239466	Vehicle No.	SIN5254)	GST Registration No.	
rtificate No.					
Acynolder Name	LIM MEI RONG (LIN MEIRONG)			Palicyholder NRIC	58126064H
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
ontact No (Mobile)	92278050	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	No. V
FK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	50	Private Hire	Yes
Accident Details					
eport Date	06/04/2019 14:39	Accident Report Wehin 24 hrs	Yes	Accident Type	Chein Collision
are of Acodent	05/04/2019	Time of Accident Nhimm	16:25	Country of Accident	Singapore
eporting Centre		Orange Force		ICM No.	
codent Location	PATERSON HOLL TWDS GREAT WORLD CITY				
✓ Total Excess Applicable					
ксеза Туре	Per Accident	Windscreen Excess	100.00		
D Standard Excess	3,000,00	The first of the control			
IED OD Excess	2,000.00	TP Standard Excess	1,500.00		
ddional Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not Applicable
otal DD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00		
7 Benefits	*, ************************************	one or ceress oppositione	1,500.00		
GST Registered Informa	ation				
ST Registered	No		GST Registration Date		
ST Registration No.			GST Status Verified	Yes	
odification History					
Policyholder Mailing Ad					
ddress I	BLK 655 #10-405	Address 2	YISHUN AVENUE 4	Address 3	NEE SOON CENTRAL VIEW
ddress 4	SINGAPORE 760655	Address Type	Singapore address	Post Code	760655
nit Na.		Related Policy Number	5108239466		
OI Driver Info					
river Name	LIM MEI RONG (LIN MEIRONG)	Driver Type	Main Driver		
named driver Name		Driver NRIC	58126064H	Driver DOB	22/08/1981
rgister Date of Driver License		Driver Age	37	Driving Experience	7
intact No.(Mobile)	92278050	Contact No. (Office)	0	Contact No. (Home)	0
idvess 1	BLK 655	Address 2	YISHUN AVENUE 4	Address 3	NEE SOON CENTRAL VIEW
odress 4	SINGAPORE 760655	Address Type	Singapore address	Post Code	760655
nit No.	10-405				
	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
oes he own a Singapore egistered car?					
egistered car?					
egistered car?					
egistered car? claration reathleyser or Blood Test	0 mg.	Any injury?	® Yes ○ No		
egatered car?  ictivation restnayser or Blood Test cading?	0 mg.	Any injury?	● Yes ○ No		
claration eathelyser or Blood Test eathelyser or Blood Test eating? diffication History.	0 mg.	Any injury?  Insured Name		Insured NRIC	58126064H
claration eatharyser or Blood Test adving?  diffication History.  Claim 001 New			● Yes ○ No	Insured MRIC Contact No.(Office)	58126064H
claration hathayser or Blood Test ading?  Idication History  Claim 001	ор-мх 🔻	Insured Name			58126064H GBH996BC
claration eathayser or Blood Test ading?  Infication History  Claim 001 New  Im Type * mact No.(Mobile) all Address	OD-MX 92278050 Isabelim@toshbadata.com.sg	Insured Name Contact No.(nome)	LIM METRONG (LIM METRONG)	Contact No. (Office)	
claration sathlyser or Blood Test string?  Infrastron History  Inf	OD-MX 92278050 Isabelim@toshbadata.com.sg	Insured Name Contact No.(Home) OI Venicle Number	LIM METRONG (LIM METRONG) S2W52542	Contact No. (Office)	
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claration bathayser or Blood Test ading?  dification History  Claim 001 New  im Type * mact No.(Mobile) bath Address imant Type Claimant Type * imant Address imant Address im Description	OD-MX 92275050 Isabelinin@toshbadata.com.ag Please Select	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit +	LIM METRONG (LIM METRONG) S2W52542	Contact No. (Office)	
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claration satharyser or Blood Test ading?  diffication History.  Claim 001 New  im Type * next No.(Mobile) sat Address imant Type Claimant Type * imant Address imant Address imant Address imant Address im Description ferred Workshop Cortact	OD-MX 92275050 isabelim@toshbadata.com.sg Please Select	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit + Claimant NRIC +	LIM MEI RONG (LIM MEIRONG) SINS3543 Prease Select	Contact No.(Office) TP Vehicle Number	GBr45968C
ctaration eatharyser or Blood Test ading?  diffication History.  Claim 001 New  wim Type * mact No. (Mobile) half Address simant Type Claimant Type * semant Address simant Address simant Address simant Address simant Address sim Description offerred Workshop Contact quire Finalsation	OD-MX 92275050 Isabellim@toshbadata.com.ag Please Select >>> SIM52541 / GBH6968C ON 5 Apr 2019	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit + Claimare NRIC +	LIM MEI RONG (LIN MEIRONG) SINS2543 Please Select  Not at Fault	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop	GBH5968C
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claration catharyser or Blood Test ading?  diffication History.  Claim 001 New  im Type * mact No.(Mobile) nat Address imant Type Claimant Type * imant Address imant Address imant Address imant Address im Description ferred Workshop Cartact jure Finalsation te Registered port Taken By	OD-MX     92275050	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimare NRIC *  Insured Liability * Preferend Repair Option	LIM MEI RONG (LIN MEIRONG) SINS2543 Please Select  Not at Fault	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	GBH5968C
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claration reathelyser or Blood Test reathelyser or Blood r	OD-MX     92275050	Insured Name Contact No.(Nome) Of Vehicle Number Type of Benefit * Claimaré NRIC *  Insured Liabiley * Préferèred Repair Option Claim Close Date	LIM MET RONG (LIM METRONG)  S7M52543  Please Select  Not at Pault  Freferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	GBH5968C
oes he own a Singapore egistered car?  cclaration restriction of the second of the sec	OD-MX     92275050	Insured Name Contact No.(Nome) Of Vehicle Number Type of Benefit * Claimaré NRIC *  Insured Liabiley * Préferèred Repair Option Claim Close Date	LIM MET RONG (LIM METRONG)  S7M52543  Please Select  Not at Pault  Freferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	GBH5968C

