		VALIGOTORYT	
Date In: 3/3/19 - 20.25	Jeb description	Date &Time Completed	Done by
Ref No: MA/INC 1428057/27	SAS e-filing		
Veh No: 11ca 904X	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 7/5/19-09:30	i-Motor Claim Form	M+ 1047414-201	7/ Iliq elit
OD / (FP.) Reporting Only	i-Motor W/O (Within: OD 2h)	s, TP 4hrs)	
OB / (FF) Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
Transact.	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(Tel: F	ax:
TP Particulars: Veh No: 1	AFJSTE INC)/Non-INC()	St.
Owner / Driver: (Tel:)
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:)
Insured/Driver Liability: (9	6) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 30-1	00%]
Year of Registration: () Warranty: YES ()/NO ()	
Excess: (\$) Loading:	\$1,000()/\$2,000()		
General Remarks		ANNEL CONTRACTOR	<u> खरहरू स्टिप्स</u>
() Walk-In Customer : Customer's	information strictly Confidential & St	sight NO safes of sensions	K-6-6
() Total Loss Case : to e-mail In		noty NO 1ster of repailer.	
		Sanda o Co. (
		owing Co: (
Remarks: . (INC horline: 6788 661	<u>6)</u>	Date&Time Completed	Done by
1) Apply for Transport Allowance ()/Courtesy Car ()		
Apply for Transport Allowance (QC Check / Post Repair Inspection) / Courtesy Car ()	-	
	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost	()		
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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.
- 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	07/05/2019 20:25
Date Of Accident	07/05/2019 07:30
Exact Location Of Accident	BKE (PIE) BEFORE DAIRY FARM RD EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKB9028X
Insured/Policyholder	
Name Of Registered Owner	LIM YUAN JIN CALLURN
NRIC No	S9140600D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98782341
Alternative Phone No	OFFICE-98782341
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	SCIROCCO 1.4L AT TSI 1372Q5
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	5105962486
Cover Note Number	
Driver	
Name of Driver	THE WAY WAY TO SEE THE PARTY OF

Name of Driver TEO KAI JUN KENNETH

 NRIC No
 \$9621641F

 Date Of Birth
 16/06/1996

 Occupation
 INDOOR

 Date Of Driving Pass
 13/01/2017

Driving Experience 2 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81003505

Fax Number

Contact Number OFFICE-81003505

EMail Address NOEMAIL

Address BLK 310 CANBERRA ROAD

#06-127 750310

Postcode 750

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

FRIEND

•

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

2

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)

Passenger 1

NAME:

: NG SIEW TENG

GENDER: :

: FEMALE

Passenger 2

NAME:

: LIM YUAN JIN CALLURN

GENDER:

: MALE

Passenger 3

NAME:

: KOH CHUN HOWL

GENDER:

: MALE

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?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLA7552E

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

Name LIM YUAN JIN CALLURN

Approximate Age

NECK & BACK Injuries Sustain SKB9028X Injured person in which vehicle?

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name TEO KAI JUN KENNETH

Approximate Age

Injuries Sustain NECK & BACK Injured person in which vehicle? SKB9028X

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 3

Name NG SIEW TENG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKB9028X Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 4

Name KOH CHUN HOWL

Approximate Age

NECK & BACK Injuries Sustain Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

SKB9028X

YES

Address

NO

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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>.
- 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) 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.
- 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time:

SKETCH PLAN A SKB 90 28 2 STATE FOR THE PLAN SKB 90 20 STATE FOR THE PLAN SKB 90 STA

	I was travelling along the 3 rd lane of BKE towards PIE before
	Dairy Farm. The traffic was heavy and all vehicles were ———
	moving slowly. Vehicle B from the 4th lane suddenly cut into
	my lane without making sure that the road is clear before
	doing so and collided onto the front left portion of my
	vehicle. I have video footage to prove my statement.
	- verificie. I flave video footage to prove my statement.
_	
-	

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policy holder's signature Date & time: Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature Name: NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

TANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- Please report correctly on the details of the accident to speed up the claim process.

 This form must be filled up by the policy holder and/or authorised driver.

 Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.

 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 traffic police department for investigation.

Date of accident	ACCIDENT DETAILS	
Time of accident	7:280.m	(DD/MM/YY)
Exact location of accident	BKE towards PIE before Dairy Farm	

Vehicle registration number	SKB9018X
Vehicle make and model	
Type of vehicle	Saloon MPV CRV Van
Vehicle category	Private of Others:
Purpose of using at said time	Commercial Motorcycle
Are you claiming under your own insurance company?	Yes No if no, please select: Third part claim Reporting only

	INSURANCE IN	FORMATION	THE RESERVE OF THE PERSON NAMED IN
Insurance company	NTUC		Edward St. Nath 1989.
Policy number	.4140		
Type of policy	Comprehensive		
	comprehensive [Third party fire & theft	TP only

Name	INSURED / POLICY HOLDER		27-11 P 19-11
NRIC / Fin / Passport number	Callurn Lim Yuan Jin S9140600 D	Male	Female =
Contact	9878 2341		
Address	BIK 556 Hougang St 57 # 07-377 S(530 S	373)	

Name	SAME AS INSURED ABOVE (SKIP TO Kenneth Teo Kai Jun	D.O.B)	
NRIC / Fin / Passport number	59621641F	Male	Female 🗆
Contact	8100 3505		
Address	Apt Blk 310 Canberra Road #06-127 S(750310)		
Email address	(450310)		
Date of birth	16/06/1996		
Occupation			
Driving date pass	Indoor ☐ Outdoor □ ☐ 13/01/2017		

SANTAN SANTAN SANTAN	GENERAL INFORMATION OF THE ACCIDENT	OLEX CONTROL
Was driver an employee of	Yes O No p	owner friend.
the insured's company?	If no, relationship of the driver and insured:	owner friend
Accident captured by camera?	Yes No 🗆	
Weather condition	Clear Raining Others:	
Road surface	Dry Wet 🗆	
No of passenger	φ.	(Inclusive of driver
	PASSENGER 4	
Name	KINNIHM TIO KOI JUN	是自然是對於
Gender	The state of the s	
delider	Male, Female	
	PASSENGER 2	STREET OF STREET
Name	Na Silw Tina	
Gender	Male □ Female Z	
TO THE REAL PROPERTY.	PASSENGER 3	为为这种基础
Name	Callurn Lim Yhan Jin	
Gender	Male, Female	
	DASSENGED AND SECOND	
Name	Koh Chun Howu	NOT SHEET THE
Gender		
Gender	Male, ✓ Female □	
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Name	PASSENGER'S	The Authority (Intelligence
Gender	Male D Female Q	
Jenuer	Wide B Felliale B	
ALL ELVIS THE ALL OF S	PASSENGER 6	50 P. S.
Name		
Gender	Male Female	
经产生产品的	OTHER INFORMATION	
Was anybody injured?	Yes, No 🗆	
Was other vehicle damaged?	Yes No 🗆	
	DETAILS OF POLICE STATION ACTION	
Reported to police?	Yes No If yes, please state which p	olice station
Police station name		one station
	WITNESS 1	Res Street Street
Name		
	X	
或在海岸的 200mm (1995)	WITNESS 2	石成的 医眼线
Name		

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	THIRD PARTY VEHICLE 1
Vehicle registration number	SLA 75525
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 3
Vehicle registration number	The state of the s
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THIRD PARTY VEHICLE A
V-bi-l	THIRD PARTY VEHICLE 4
Vehicle registration number Vehicle make model	
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And the last of th	THEO PARTY VEHICLE E
Valida and the same has	THIRD PARTY VEHICLE 5
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第一元的人员的人员的人员	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehiclé make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1	
Name	Callurn Lim Yuan Jin
Injuries sustained	Nick and Back
Which vehicle person in?	SKB9038X
Were seat belts worn?	Yes, No a
Was injured conveyed to hospital by ambulance?	Yes 🗆 No,e

INJURED PERSON 2	
Name	Na Siw Tina
Injuries sustained	Nick and Back
Which vehicle person in?	SKB 9028 X
Were seat belts worn?	Yes No D
Was injured conveyed to hospital by ambulance?	Yes 🗆 No 🗷

THE PERSON NAMED IN	INJURED PERSON 3
Name	Kinneth Tio Kai Jun
Injuries sustained	Neck and Back
Which vehicle person in?	SKB9028X
Were seat belts worn?	Yes, No D
Was injured conveyed to hospital by ambulance?	Yes D No 2

	INJURED PERSON 4
Name	Kon Chun Howe
Injuries sustained	Nick and Back
Which vehicle person in?	SKBOD8X
Were seat belts worn?	Yes 🗷 No 🗆
Was injured conveyed to hospital by ambulance?	Yes No,

	INJURED PERSON 5
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes D No D

· · · · · · · · · · · · · · · · · · ·	INJURED PERSON 6
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes No



IDENTITY CARD NO. S9621641F REPUBLIC OF SINGAPORE



TEO KAI JUN KENNETH







4703419 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIEST NRIC No. S9621641F APT BLK 310 CANBERRA ROAD #06-127 SINGAPORE 750310 Ciess 3 NP 428A

eBao Tech									Genera	Claim
Hello, NAC_PAYA_UBI_80	0601					• Change	e Language	· Chan	ge Password	· Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date	of Accident	7	07/05/2019	07:30	
	Vehicle No.(For Motor)	SKB90	128X		Cert	ficate Number			275.40	
					Search	Ė				
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5105962486		CALLURN	59140600D	GPC	drivo CLASSIC	SK89028>	SKB9028X	06/12/2018	05/12/2019
					Continue					

		LIM TUAN	JIN CALLURN	Policyholder	S9140600D	
	Name			NRIC	391400000	
BLK 556 #07-344 HOUGANG ST	REET 51 SING	APORE 530	556			
PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
06/12/2018	Effective Date	06/12/201	8 00:00	12 90000	05/12/2019 2	3:59
	All Claims Excess					
0	Own damage Excess	600		Windscreen Excess	100	
0	OS Premium	0				
600	Outside Singapore TP Excess	0			Young	g/Inexperience Driver Excess
ASSURE (SINGAPORE) PTE. LTD	Agent Tel.	68038751		GST Flag	v	
No				OST Flog	N.	
older Mailing Address						
BLK 556 #07-344	Addre	ss 2	HOUGANG STREET	51	Address 3	SINGAPORE 530556
	Addre	ss Type	Singapore address	- 3	Post Code	530556
			5105962486			W923429288
Object: SKB9028X		76				
ements						
e Date of Endorsement		ndorsemen	t Type	Endorsement	Status	Endorsement Content
	PRIVATE CAR INSURANCE 06/12/2018 0 0 600 ASSURE (SINGAPORE) PTE. LTD No older Mailing Address BLK 556 #07-344	PRIVATE CAR INSURANCE Plan D6/12/2018 Effective Date All Claims Excess Own damage Excess OS Premium Outside Singapore TP Excess ASSURE (SINGAPORE) PTE. LTD Agent Tel. No Older Mailing Address BLK 556 #07-344 Addre Addre Relate Numb	### PRIVATE CAR INSURANCE Plan	Description Description	### PRIVATE CAR INSURANCE Plan Group Policy Flag	### PRIVATE CAR INSURANCE Plan Group Policy Flag N ### D6/12/2018 Effective Date D6/12/2018 00:00 Expiry Date 05/12/2019 2 ### All Claims Excess Down damage 500 Excess D00 Exc

		CATACASA	CHERT-WAY	200	
Cy No.	5105962486	Vehicle No.	5K89028X	GST Registration No.	
ificate No.					
cyholder Name duct Code	LIM YUAN JIN CALLURN	207277		Policyholder NR3C	S9140600D
tact No.(Mobile)	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
el Address	96782341	Contact No.(Office)	0	Contact No.(Home)	0
	® No ○ Yes	Special Remark TCA	St. Car	eCode	No.
Protection	No.	NCD Entitlement(%)	® No ○ Yes	eCode Reason	
Accident Details		neb enablement ny		Private Hire	No
ort Date	07/05/2019 21:43	Accident Report Within 24 hrs	Yes		
e of Accident	07/05/2019			Accident Type	Collision - Change / Cross lane
orting Centre	07/00/2019	Time of Accident hintern	07:30	Country of Academt	Singapore
ident Location	BKE (PIE) BEFORE DAJRY FARM RD EXIT	Orange Force		IOM No.	
Excess	AND THIS BELONG DATE LAND IND EXT				
damage Excess	600.00	Tale control of	2		
amed Driver Excess	2,500.00	Additional Excess Outside Singapore OD Excess	0	Windscreen Excess	100.00
d Party Excess	0.00	Outside Singapore TP Excess	600.00		
Benefits	100.000	Course Singapore IP Excess	0.00		
GST Registered Inform	ation				
Registered	No		GST Registration Date		
Registration No.			GST Status Verified	Yes	
fication History				00.005	
Policyholder Mailing Ad	Sdregs				
ess 1	RLK 556 #07-344	Address 2	HOUGANG STREET 51	Address 3	ANI T. 1 ANI
ress 4	THE STATE OF	Address Type	Singapore address	Address 3	SINGAPORE SI0556
No.		Related Policy Number	5105962486	Post Code	530556
OI Driver Info					
er Name	Unnamed Driver	Driver Type	Unnamed Driver		
amed driver Name	TEO KAI JUN KENNETH	Driver NRIC	\$9621641F	Driver DOB	16/06/1996
ster Date of Driver License	13/01/2017	Driver Age	22	Driving Experience	2
fact No.(Mobile)	81003505	Contact No.(Office)	0	Contact No.(Home)	0
ress 1	BLK 310	Address 2	CANBERRA ROAD	Address 3	SINGAPORE 750310
ress 4		Address Type	Singapore address	Post Code	750310
			The second secon		730210
Na.	06-127	Conservations		NAME OF STREET	730310
s he own a Singapore	06-127 ○ Yes	Driver Vehicle No.		Driver Insurer Company	730310
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s he own a Singapore intered car? aration schalyser or Blood Test		Driver Vehicle No.	Charles Carlos C		, and a
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No. Is the own a Singapore sistered car? aration Sthatyser or Blood Test drig?	○ Yes ® No	Driver Vehicle No.	Charles Carlos C		20050
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s he own a Singapore stered car? shakkon chalyser or Blood Test sing? Clation History aim 001 New	○ Yes ② No	Driver Vehicle No.	Charles Carlos C		5914D6000
s he own a Singapore stered car? shakkon chalyser or Blood Test sing? Clation History aim 001 New	○ Yes No	Driver Vehicle No. Any Injury?	® Yes ○ No	Driver Insurer Company	
the own a Singapore offered car? praction chalyser or Blood Test ling? Challon History aim 001 New Type *	○ Yes No	Driver Vehicle No. Any injury?	Yes ○ No LIM YUAN JON CALLURN	Driver Insurer Company Insured NR3C	591406000
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