Fryend Co. MMA 119069540. NATIONAL Assessment Centre Services. [wel 1 Jan'03] . Done by Date &Time Completed Jeb description Date In: 2815/19 16:44 SAS c-filing Ref No: NA1 Inc 1900 9395/ h4 E-mail (within this, AIC 2hrs) Veh No: 5JU 3714 X i-Motor Claim Form 2815/19 MOR 2414/19 03:00. I-Motor W/O (Within: OD 2hrs, TP 4hrs) (P) ! Reporting Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wkon Fax: Preferred Wksp / INC Assign Wksp / QW: (Vch No: INC ()/Non-INC (IP Particulars: YP 6817 R. Owner / Driver: (Tcl:) Period: (Cover Type: (Policy No: (Confirmed by: (Dates Time: P: 80-100%1 %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. Insured/Driver Liability: (Year of Registration: (Warranty: YES ()/NO(Excess: (\$ Loading: \$1,000 (Concent Reinheitze & These) Walk-In Customer's Information strictly Confidential & Strictly NO refer of repelier.) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In () ; Towing Co: ()/Towed-In (); Invoice: YES (Remarks: - (1) (1) (1) (1) (1) (1) 1) Apply for Transfort Allowance ()/ Courtesy Car (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury ; Dutez Cinck MA1903968 1) AR : Analdent Reporting (530); Chimanats Particulary DA : Damege Assessment (5100) \$40/\$45 3) TF : Towing Pee Driver/Owner: \$120 4) PT : Follow-Through Survey 5) PT : Follow-Through Survey (Resurvey \$30 Contact No: Por claiming agains ONC Only (well 10 Jan 2005) \$75 6) TR : Re-inspection Damaged Portion: 7) NI : Idao DA + SMRT Survey 8) NTUC Additional Services:-OU. QC Checked by (Engr-In-Charge): 23 *NS: Courtesy Car / Tpt Allowance 510 * NG: Repair Co-ordination \$25 * N7; Post Repair Inspection

*NS: DV / Collect Excess Coordination

TP (NII): TP (Kin INC) against INC

9) N12: Idao Mobile

involve dated

Involce dated

Jal. 1:

11 2/3:

22

520

Fee Charges

Fee Charged

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.
- 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	28/05/2019 16:44
Date Of Accident	24/04/2019 03:00
Exact Location Of Accident	216G SYED ALWI RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJU3314X
Insured/Policyholder	
Name Of Registered Owner	VISION LIMO SERVICES
Co Reg No	5330883B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90618886
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	PARKED
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f 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	5095881570-01
Cover Note Number	
Driver	
Name of Driver	LIM ZHEN YANG
NRIC No	S9538503F
Date Of Birth	25/10/1995
Occupation	OUTDOOR
Date Of Driving Pass	15/04/2014
Oriving Experience	5 YEARS AND 0 MONTHS
Sender	MALE
Mobile Number	(LOCAL) +65-81015277
ax Number	20 kumat ya qarabalah di Rical Tarabida
Contact Number	
Mail Address	NOEMAIL

Address

BLK 183 YUNG SHENG RD #13-69

Postcode

610183

OTHER - HIRER

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

General Information of the Accident

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR

Road Surface

DRY

NO

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

0

Number of Passengers (Including Driver) **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

MY VEH WAS PARKED INFRONT 216G ALONG SYED ALWI RD, I SAW A LORRY WHILE TURING LEFT INTO TOWNSHEND RD AND GRAZED ONTO MY VEH RIGHT FRONT PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

YP6817R

Vehicle Make/Model/Colour Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

MUHAMMAD ALIF SYAHMI BIN JUMEMI

NRIC/Passport Number

G2508845Q

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

5 53508583B

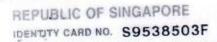
Policyholder's Signature Date & Time: zlandig

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

STARMC Stotch ManForm At





Name

LIM ZHEN YANG

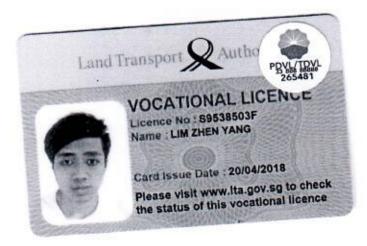
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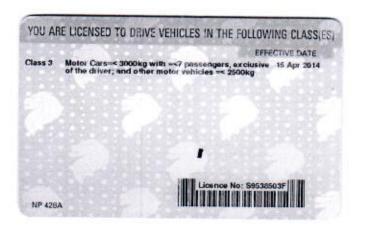
CHINESE Date of birth

25-10-1995 Country of birth SINGAPORE S\$533903F









This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type

Description

Issue Date

13

PRIVATE HIRE CAR VL

20/04/2018



eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 24/04/2019 16:41 Certificate Number Vehicle No.(For Motor) SJU3314X Search Policyholder NRIC Certificate Policyholder Vehicle Commence Date Insured Select Policy No. Product Cover Type Expiry Date Number Name No. Object 5095881570-VISION LIMO drivo CLASSIC 5330883B GPC SJU3314X SJU3314X 28/11/2018 27/11/2019 01 SERVICES Continue

Claim Handling

Accident MT/1046570 Policy No. 5095881570-01 Vehicle No. SJU3314X GST Registration No. Certificate No. Policyholder Name VISION LIMO SERVICES Policyholder NRIC 53308F Product Code PRIVATE CAR INSURANCE Cover Type drivo CLASSIC Loading 0 Contact No.(Mobile) 90618886 Contact No.(Office) Contact No.(Home) Email Address Special Remark No * KEK + No Yes TCA * No Yes eCode Reason NCD Protection NCD Entitlement(%) 20 Private Hire Yes Accident Details Report Date 28/05/2019 17:44 Accident Report Within 24 hrs Yes Accident Type Damag Date of Accident 24/04/2019 Time of Accident hh:mm 03:00 Country of Accident Singap-Reporting Centre Orange Force ICM No. Accident Location 216G SYED ALWI RD ▽ Excess Own damage Excess 2,000.00 Additional Excess n Windscreen Excess 100.00 Unnamed Driver Excess Outside Singapore OD Excess 2,000.00 Third Party Excess 1,500.00 Outside Singapore TP Excess 1,500.00 → Benefits GST Registered Information GST Registered No GST Registration Date GST Registration No. GST Status Verified No Modification History 28/05/2019 17:46:34 System auto update fall: The format of the UEN is incorrect or UEN is invalid. Policyholder Mailing Address Address 1 73 #01-01 MACKENZIE ROAD Address 2 SINGAPORE 228729 Address 3 Address 4 Address Type Singapore address Post Code 228721 Unit No. 01-01 Related Policy Number 5095881570-01 V OI Driver Info Driver Name Unnamed Driver Driver Type Unnamed Driver Unnamed driver Name LIM ZHEN YANG Driver NRIC S9538503F Driver DOB 25/10/ Register Date of Driver License 15/04/2014 Driver Age Driving Experience 81015277 Contact No.(Office) Contact No.(Home) Address 1 BLK 183 #13-69 Address 2 YUNG SHENG ROAD Address 3 Address 4 SINGAPORE 610183 Address Type Singapore address Post Code 61018: 13-69 Does he own a Singapore Registered car? Yes + No Driver Vehicle No. Driver Insurer Company Declaration Breathalyser or Blood Test Reading? 0 mg Any injury? Yes . No Modification History Claim 001 New Claim Type * OD-MX VISION LINO SERVICES Contact No. (Home) Contact No. (Mobile) 01 Email Address Vehicle Number 5JU3314X Claim Description SJU3314X / YP6817R ON 24 Apr 2019 Insured Liability Not at Fault Preferenced Repair Option Preferred Worksh Preferred Workshop Ronuict No. Yes Finalisation GIA Received Preferred Workshop, Name unknown Claim Close Date Date Registered 28/05/2019 17:47 Report Taken By LIEW SHAN HUI Print AK letter Save Submit Attachment

Claim No.

001

MT/1046570

Accident No.

Last Doc. Received

Yes No

Path *

Upload Date

28/05/2019 17:46

Urgency *

	Uploaded By/Date Folder Date			File Name			9		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 May 2019 17:47	Photos		Normal Photos 2019-5-28				
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Attachment		Uploaded By/Date	Category	9	Urgency			Description	
Attachment L	ist								
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