Date In: 4 6119 - 17:18		MOCEUPII AUN	930000000000000000000000000000000000000	
The second secon	Jeb description	Date &Time Completed	Done	by
Ref No: Hay INC 14009414/24	SAS e-filing			
Veh No: JKN 6933M	E-mail (within Shrs, AIC 2hrs)			
D.O.A : 3/6/19-18:30	i-Motor Claim Form	M/1047676-01	01(1: 17	1 . 10
OD / TP Reporting Only	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)	4/6/19/17	4
	i-Photo Uploaded	1		
TP Insurer:	Assessment/Survey Report			_
	Ass't Report by Fax / Hand	to Owner/Wksp		-
Preferred Wksp / INC Assign Wksp / QW: (ax:	
TP Particulars: Veh No: SUL	3085 L INC (
Owner / Driver: (Tel:)	88
	Period: (Cover Type: (300
Confirmed by : (Date:	Time:)	
	[Note-Est Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]	
	Warranty: YES ()/NO()		
΄	,000 ()/\$2,000 ()		MANAGE CONTRACT	
General Remarks:			St. Carrie	
() Walk-In Customer: Customer's infe	ormation strictly Confidential & Str	ictly NO rafer of repairer		
() Total Loss Case : to e-mail Insur	rer URGENTLY.			_
		owing Co: (
		owing Co: ()
Remarks: (INC horline: 6788 6616)		Date&Time Completed	Done by	v
1) Apply for Transport Allowance ()/(Courtesy Car ()		20114	_
2) QC Check / Post Repair Inspection		T		
	()	1		
3) Upload Resurvey Photo [Repair Cost > \$	3000] ()			
 Upload Resurvey Photo [Repair Cost > \$3 	3000] ()			
	3000] ()			
 Upload Resurvey Photo [Repair Cost > \$3 	3000] ()			
3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	()			
3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	()			
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3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	()			
3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	()			
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Injury: Actions Actions	Invoice Prepa	ration Checklist	Cal Print, Services	
Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions United Actions United Actions	Invoice Preparation of the Prepa	porting (\$30);	G1212 Series	
Injury: Actions Actions	Invoice Prep: 1) AR: Accident R 2) DA: Damage As 3) TF: Towing Fee	eporting (\$30); seasment (\$100); INC (\$80) \$40/\$4	TH BILL A	
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Upload Resurvey Photo [Repair Cost > \$: Injury: Pate/Time Actions United Actions United Actions United Actions United Actions Ver/Owner:	Invoice Preps 1) AR: Accident R 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thre 5) FT: Follow-Thre For claiming aga 6) TR: Re-inspectic 7) N1: Idao DA + S	sporting (\$30); seasment (\$100); INC (\$80)	Tat Bill A	
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Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions Up 14044 Limant's Particulars: ver/Owner: Itact No: Diaged Portion: Checked by (Engr-In-Charge):	Invoice Preps 1) AR: Accident R 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thre 5) FT: Follow-Thre For claiming agai 6) TR: Re-inspectic 7) N1: Idao DA + S 8) NTUC Additiona OD* *N5: Courtesy Ce *N6: Repair Co-6 *N7: Fost Repair *N8: DV / Collect	Seporting (\$30); Seasone (\$100); INC (\$80)	14 Bill A	dd B

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,
- Information provided must be as <u>truthful and accurate</u> 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	04/06/2019 17:18	
Date Of Accident	03/06/2019 18:30	
Exact Location Of Accident	ALONG AIRPORT RD	
Country/State of Loss	SINGAPORE	

はお客様のできる。	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKN6977M	
Insured/Policyholder		
Name Of Registered Owner	8888	
Co Reg No	53307448K	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-93834135	
Alternative Phone No	OFFICE-93834135	
Vehicle Particulars		

No.	
Manufacturer	NISSAN

Model SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

COMMERCIAL USE

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 5101647326

Folicy Number 5101647326

Cover Note Number

Driver

Name of Driver LIM MEI LING FLORENCE (LIN MEILING)

 NRIC No
 S7734673B

 Date Of Birth
 20/12/1977

 Occupation
 OUTDOOR

 Date Of Driving Pass
 27/05/2003

Driving Experience 16 YEARS AND 0 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-93834135

Fax Number

Contact Number OFFICE-93834135

EMail Address NOEMAIL

BLK 44 SIMS DRIVE Address

#09-181 380044

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

Postcode

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

YES

Was any other material or property damaged?

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? YES

If Yes, Please state which Police Station

Police Station Name MACPHERSON NEIGHBOURHOOD POLICE POST

ROAD: BLK 54 PIPIT ROAD #01-82/84, POSTCODE: 370054, COUNTRY: Police Station Address

SINGAPORE

NO

Police Station Contact TEL NO: 1800-7449999 - FAX NO: 65476366

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190604/2155.

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

SLZ3085G

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

WEE GEE JIN CALVIN

NRIC/Passport Number

S8306990B

Contact Number

96370999

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3

Passenger 1

NAME:

GENDER:

Passenger 2

NAME:

GENDER:

DETAILS OF INJURED PERSON 1

Name

LIM MEI LING FLORENCE (LIN MEILING)

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKN6977M

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

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:

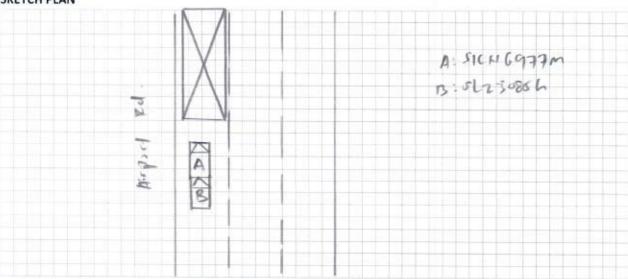
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

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.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	- 70	8.00	W. 9 8432	
refer to	Blice	report - thoughous	NAT.	
	10	9 20 20 10	s.!	
ECLADATION.				

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 Personne's Signature Name:

NRIC/FIN No.:





Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054 1 of 3 Report No. T/20190604/2155

Tel No: 1800-7449999

REPORT OF A TRAFFIC ACCIDENT

Date/Time 04/06/201	e Report M 19 15:53	/lade:	Vide Report No.:	Station Diary No.: 21			
Informan	t's Partice	ulars	THE REPORT OF THE PARTY OF	The same of the same of the same of			
	nformant: LING FLO		Address: APT BLK 44 SIMS DRIVE #09-181 SINGAPORE 380044				
ID Type / NRIC NO	ID No.: / S77346	73B	Contact No.: Home/Office: Mobile: 93834135				
Nationalit SINGAPO	y: DRE CITIZ	ΈN	Email:				
Sex: Female	Age:	Date of Birth: 20/12/1977	Type of Informant: Driver				
Race: Chinese			Language:	Institution / School Name:			
Occupation: SELF-EMPLOYED			Driving Licence Information: Class: 3 Date of Expiry:				

General Inform	mation of the Accid	lent			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/06/2019 18:30	Type of Location: Straight Road	
Location: AIRPORT RO Heading towa	OAD ards KPE tunnel				
Weather: Roa		Road Surface: Dry	F	Road Speed Limit:	
Traffic Flow: Traffic One Way		Traffic Control:		raffic Volume: leavy	
Type of Collis Between Mov	ion: ring Vehicles - Head	To Rear	а	inyone conveyed by mbulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SKN6977M	Car				Slightly Damaged	1
SLZ3085G	Car				1	0

Details of Person Involved	A STATE OF THE PARTY OF THE PAR
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

CONTINUATION OF REPORT

2 of 3 Report No. T/20190604/2155

Tel No: 1800-7449999

Driver				District of the	La Track		
Name	LIM MEI LING FLORENCE			ID No.		S7734673B	
Related Vehicle	SKN6977M (Car)			Conta	ct No.	93834135	
Hospital/Clinic	PARKWAY EAST HOSPITAL			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL	
Date Treatment	04/06/2019		Date Discl	charge 04/06		3/2019	
No. of Days gran	ted Medical Leave	04		Degree of Injury Slight			
Driver		Designation of the last of the				AND DESCRIPTION OF THE PARTY OF	
Name	WEE GEE JIN CALV	WEE GEE JIN CALVIN		ID No.		S8306990B	
Related Vehicle	SLZ3085G (Car)			Contact No.		96370999	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL		
Date Treatment	NIL		Date Disc		NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL		

Brief Details.

I am a Gojek driver and is driving my vehicle as a private-hire driver.

On 03/06/2019 at around 1630hrs, I was driving my vehicle, SKN6977M along Airport Road heading towards KPE tunnel. On that stretch of road, there is a yellow box. I had seen one red vehicle, which had stopped on the front side of the vehicle. As I do not want to have my vehicle in the yellow box, I stopped my vehicle just before the yellow box. Suddenly, there was a loud crash. I went out to check my vehicle. I discovered that there was one vehicle behind me, SLZ3085G, which had hit the rear portion of my vehicle. We exchanged particulars and we went our ways. I had intended to lodge a report with IDAC the next day.

I then reported Gojek regarding the accident. However, I felt some pain on my back so I went to the doctor. The doctor then informed me that I have sprain on my neck, back, chest and sides.

The damage to my vehicle are as follows:

- 1.) Crack on the rear bumper
- 2.) Scratches on the rear bumper
- 3.) Dents on the rear bumper
- 4.) Damage to exhaust pipe





T/20190604/2155

3 of 3

Report No. T/20190604/2155

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

Tel No: 1800-7449999

Sketch Plan

NP168 Block 54 Pipit Road

#01-82/84 Singapore 370054 Tel: 1800-7449999

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: G / Staff Sgt MUHAMMAD HAZWAN BIN ADNAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/06/2019 15:53
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65472076	Classification Of Case:
Authorization Stamp NDD	





LIM MEI LING FLORENCE (LIN MEILING)

美

CHINESE

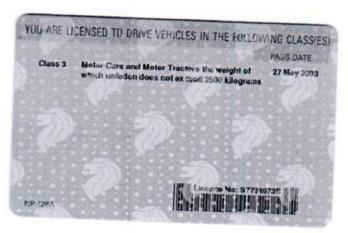
20-12-1977 Country of birth

SINGAPORE



For LKK/NAC Use Only





eBao Tech								GeneralClaim			
Hello, NAC_PAYA_UBI_80	0601					• Chang	e Language	· Chang	e Password	Log Out	
My Desktop	Policy Que	ery									
Notice of Loss	Policy No.				Date	of Accident	1	03/06/2019 1	8:30		
	Vehicle No.(For	Motor)	SKN6977M		Certi	ificate Numbe	r [
					Search	į.					
	Select Policy		ificate Policyholder mber Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date	
	O 510164	7326	8888	53307448K	GPC	drivo CLASSIC	SKN6977M	SKN6977M	27/06/2018	06/07/2019	
				- 1	Continue						

Seque	nce Date of Endorsement		Endorseme	nt Type	Endorsement Status		Endorsement Content
	sements						
D Insure	ed Object: SKN6977M	11.000000	***				
Init No.	09-181 Related Poli Number						
Address 4	SINGAPORE 380044	Addre	ess Type	Singapore address		Post Code	380044
ddress 1	BLK 44 #09-181	Addre	ess 2	SIMS DRIVE		Address 3	SIMS VISTA
Policy	holder Mailing Address						
Certificate nfo							
Open Policy nfo							
lag	1875						
Co- nsurance	No						
Agent	ALL INS AGENCY PTE, LTD.	Agent Tel.	FAX 6451	4549	GST Flag	Y	
DD xcess	2000	Singapore TP Excess	1500			Young	g/Inexperience Driver Excess
Outside Singapore	2000	Outside	4500				
Additional excess	0	OS Premium	0				
arty xcess	1500	damage Excess	2000		Windscreen Excess	100	
ype hird		Excess					
xcess		All Claims	Date 27/06/2018 00:00			06/07/2019 23:59	
olicy ssue	25/06/2018	Effective			Expiry Date		
roduct lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 44 #09-181 SIMS DRIVE						
Certificate lo.							
olicy No.	5101647326	Policyholder Name	8888		Policyholder NRIC	53307448K	

Claim Handling					- Exit
Accident MT/1047636					
Policy No.	5101647326	Vehicle No.	SKN6977M	GST Registration No.	
Certificate No.				:5)	
Policyholder Name	8888			Policyholder NR3C	53307448K
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No. (Mobile)	93834135	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	N. V
KFK	® No ⊜Yes	TCA	® No ○Yes	eCode Reason	Inc. v
NCO Protection	No	NCD Entitlement(%)			
Accident Details	110	reco chouement(se)	20	Private Hire	Yes
Report Date	04/06/2019 17:45				
		Accident Report Within 24 hrs.		Acodent Type	Collision - Head to Rear
Date of Accident	03/06/2019	Time of Accident hh:mm	18:30	Country of Accident	Singapore
Reporting Centre		Orange Force		3CM No.	
Accident Location	ALONG AIRPORT RD				
♥ Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windstreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Trind Party Excess	1,500,00	Outside Singapore TP Excess	1,500.00		
□ Benefits					
♥ GST Registered Inform	ation				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Venified	Yes	
Modification History	04/06/2019 17:46:32 System	n changed GST Status verified fro	m No to Yes		20
					13
Policyholder Mailing Ad	dress				
Address 1	BLK 44 #09-181	Address 2	SIMS DRIVE	Address 3	SIMS VISTA
Address 4	SINGAPORE 380044	Address Type	Singapore address	Post Code	380044
une No.	09-181	Related Policy Number	5101647326		
⇒ OI Driver Info					
Driver Name	LIM MIT LING FLORENCE	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	577346738	Driver DOB	20/12/1977
Register Date of Driver License	27/05/2003	Driver Age	41	Driving Experience	16
Contact No.(Mobile)	93834135	Contact No.(Office)	g	(100)	
Address 1	BLK 44	Address 2	SIMS DRIVE	Contact No.(Home)	0
Address 4	SINGAPORE 380044			Address 3	SIMS VISTA
Unit No.		Address Type	Foreign address	Post Code	380044
Opes he own a Singapore	09-161				
Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
500000					
Declaration					
Breathelyser or Blood Test Reading?	0 mg	Any injury?	Yes □ No		
Modification History					
SECTION STREET					
Claim 001 New					
Claim Type •	00-MX Y	Insured Name	8688		F35034464
Contact No.(Mobile)			0000	Insured NRTC	53307448K
		Contact No.(Home)		Contact No.(Office)	6444664
Email Address	Planta Garage	OI Vehicle Number	SKN6977M	TP Vehicle Number	SLZ3085G
Claimant Type Claimant Type *		Type of Benefit •	Please Select		
Claimant Name *	>>	Claimant NRIC *		18	
Claimant Address					
Claim Description	5KN6977M / SLZ3085G ON 3 Jun 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability +	Not at Fault		
Require Finalisation	Yes 🔍	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	04/06/2019 17:47	Claim Close Date		Date Received	04/06/2019 00:00
Report Taken By	Jackson			were needland	500/2019 00/00
Print AK letter	1				
The second second					
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