NATIONAL Assessment Centre Services	S (Mer : Javios)	CONTRACT CON	
Date In: 11/06/19 Jeb descri		Done	by
Ref No NA/07/19010253/13 SAS e-11	ling		
Vch No SKOJJJJ E-mail (v	Othin Stars, AIC 2hrs,	-7.	
	Claim Form		
	W/O (Within: OD 2hrs, TP 4hrs)		
i-Photo I	Uploaded	WCC=28800 - 66	11010
TP Insurer: Assessme	nt/Survey Report		
	ort by Fax / Hand to Owner/Wksp		ov annie a
Preferred Wksp / INC Assign Wksp / QW: (PRECISE		1	
TP Particulars: Veh No: SGK355		1050500	ale call
Owner / Driver: (Policy No: () Period: (Tel:)	
Confirmed by: () Cover Type: ()	
	Date: Time:)	
	is (WO): N: 0-20%; P: 21-79%. F: 80-100	9%]	
F			
General Remarks:-	The state of the s		
	Manager Commission of the Comm	27	
() Walk-In Customer: Customer's information strictly () Total Loss Case : to e-mail Insurer URGENTL			
Deine In / N/m 11 / N 1			
Drive-In ()/Towed-In (); Invoice: YES ()	/ NO (); Towing Co. ()
Remarks:- (INC horline: 6788 6616)	Date&Time Completed	Done b	у
Apply for Transport Allowance () / Courtesy Car (
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		
Injury:			
Date/Time Actions		Sel.	
Zate Actions	The state of the s	2	- 1
			- 72.53
	Land department	Taras T	(2)
NA1904343	Invoice Preparation Checklist	Amt (S)	Amt (\$)
laimant's Particulars :-	1) AR : Accident Reporting (\$30); 2) DA : Damage Assessment (\$100); INC (\$80)		
river/Owner:	3) TF : Towing Fee \$40/\$4:		
ontact No:	4) FT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		W
amaged Portion:	6) TR: Re-inspection \$7: 7) N1: Idac DA + SMRT Survey \$160		
C Charlest M. C.	8) NTUC Additional Services:- OD*		
C Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5	the second second second	
mita de	*NG: Repair Co-ordination \$10 *N7: Post Repair Inspection \$2:		
uditors' Comments :-	*N8: DV / Collect Excess Coordination \$5	5	
<u>1.1:</u>	TP (N11): TP (Non INC) against INC \$20 9) N12: Idae Mobile 30		100
1. 2 / 3:	Invoice dated Fee Charged		of of You

SINGAPORE ACCIDENT STATEMENT

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 truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available
 aforesaid.

and the track and the track and the	ACCIDENT STATEMENT	
Date Of Report	11/06/2019 09:32	
Date Of Accident	10/06/2019 10:45	
Exact Location Of Accident	TRAFFIC JUNC BETWEEN BUKIT PANJANG RD & PENDING RD	
Country/State of Loss	SINGAPORE	
C. C	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKD2223J	
Insured/Policyholder		
Name Of Registered Owner	MR LIM BENG HWEE(LIN MINGHUI)	
NRIC No	S7528325C	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-97710808	
Alternative Phone No	OTHERS-97710808	
Vehicle Particulars		
Manufacturer	MERCEDES-BENZ	
Model	E300	
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	DMPCSN3028541904	
Cover Note Number		
Driver		
Name of Driver	MR LIM BENG HWEE(LIN MINGHUI)	
NRIC No	S7528325C	
Date Of Birth	23/09/1975	
Occupation	OUTDOOR	
Date Of Driving Pass	15/03/2000	
Driving Experience	19 YEARS AND 2 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-97710808	
Fax Number		
Contact Number	OTHERS-97710808	
EMail Address	NOEMAIL	

Address 17 PUNGGOL FIELD WALK

#13-08

Postcode 828747

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

OWNER

CONTROL CONTROL PROGRAMMENT OF MICHIGAN PROGRAMMENT OF

-

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

.

involved in the accident

NO

Was any body injured in the Accident?

Inches of the

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

YES

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO 1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH WORKSHOP

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGK3557A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

SUGITOH BIN NGATIJO

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN			(A) SKO 222 37
←	pending Road.	>	(B) SGL 3557A
6		V ABURIT Panjary	2
DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT	V BULLT PARIS	loac',
Road in 3rd lane of traffic light on red in for the traffic light impact from behind	t turn green in my favo		; felt an S7A) did not

On 10-06-2019 & about 10:45am, was driving along Bukit Panjang
Road in 3rd lane from the right. Upon reaching the trathe junction about
traffic light on red in my favour so i sow down & stop to waiting
for the trette light turn green in my favour. Suddenly ; letter
impact from behind and i realized that Veh. B (SGK3557A) did not
stop in time and collided anto near portion of my car. Hence thereto
lodge this report to claim agenst let B is Insurance for my accident
danges. My car has installed cor conera recorder and it willy to
provide accident video hortege for my accident claim purpose. It i feel
any uncomfortable after the will go to see dector.

DECLARATION

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

Policyholder's Signature Date & Time: Driver's Signature (If driver's not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

11/06/19

Name:

NRIC/FIN No.:

VEHICLE NO: SKD 2223 T MAKE & MODEL: MBenz E300. 10 / 06/ 2019 Date of Accident (0: 45 (AM) / PM Time of Accident Traffic Junction Between Bukit Panjang Rd Manding Rd Location of Accident Personal / Private Hire (Uber / Grab) / Commercial **Exact Purpose Usage** NAME OF OWNER: Lim Bene Hwee 8080 IFFP Contact No. S7528325C. Nric No Third Party / Own Damage / Reporting only Type Of Claim China Taiping Insurance Insurance Co. Comprehensive / Third Party / Third Party Fire & Theft Type of Coverage DMPCSN 30254 1904 Policy No NAME OF DRIVER: As above / If No : AcAboure. Nric No Any Passenger: Date Of Birth 23/09/1975 Occupation Outdoor / Indoor 15 / 03 / 200 Date Of Driving Pass Gender Male / Female 9771 of Uf Office: -Contact no Home: 17 Auggol Field walk #13-4 5(828747) Address NO / If Yes (Reg no): Driver Have Any Own Vehicle Employee / If No : Owner Relationship Weather Condition Clear / Raining / Other: Road Surface Dry / Wet / Other: Any Injuries (NO) / If Yes Who? Name Contact: Name Contact: Police Report No / If Yes : Where? Vehicle B No: SGK 3557A. Any Passenger: Name Of Driver Swaiton Bin Ngatiso Contact No: Vehicle C No: Any Passenger: Vehicle D No: Any Passenger: Vehicle E No: Any Passenger: Vehicle F No: Any Passenger: Any Witness Witness Contact No. with wishop car camera, yes Have you been approach by unknow person soliciting (s) / offering accident claims assistance? YES / NO PARTICULAR WORKSHOP PRECISE AUTO SERVICE Address 1 Kaki Bukit Ave 6 #02-34 Kaki Bukit @ Auto Bay Singapore 417883

Tel: 6745 7367

Fax: 6841 3390

Email: Edwing Lian YICK . com .sg.



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7528325C

Name





LIM BENG HWEE (LIN MINGHUI)

林 明

CHINESE Date of birth 23-09-1975

SINGAPORE

575283250

5650923

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES) EFFECTIVE DATE

Motorcycles =< 200 cc
Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg
*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg
*Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg

28 Aug 200 1

For LKK/NAC U

NP 428A



21-09-2016

17 PUNGGOL FIELD WALK

#13-08 SINGAPORE 828747



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MX1ER SN AN0166A Cov. Type: C AUTOSAFE

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

215,35

CERTIFICATE No.

DMPCSN3028541904

Engine No :27295231944976 Chassis No: WDD2120542A508291

 Index Mark and Registration Number of Vehicle

SKD2223J *

2. Name of Policy Holder

MR LIM BENG HWEE (LIN MINGHUI)

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment

8 MAY 2019

4. Date of Expiry of Insurance

7 MAY 2020

EX SECT. I - AGE <= 25......\$\$3,000.00 EX SECT. I - AGE >= 26......\$\$500.00

* AGE AS AT DATE OF ACCIDENT

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 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: *

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS. THE POLICY DOES NOT COVER USE FOR HIRE OR REWARD TUITION DRIVING TEST RACING PACE-MAKING, RELIABILITY TRIAL, SPEED-TESTING, THE CARRIAGE OF GOODS OTHER THAN SAMPLES IN CONNECTION WITH ANY TRADE OR BUSINESS OR USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

EXCESS WHICHEVER IS APPLICABLE FOR LOSSES OCCURRING OUTSIDE SINGAPORE (CONSTRUCTIVE TOTAL LOSS/THEFT) WILL BE DOUBLED.

ONE TIME WAIVER OF EXCESS FOR THE FIRST S\$1,000 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.

HIRE PURCHASE CO. : OCBC BANK LTD AS HP OWNER

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (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 headings.

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). Please see reverse

LQ BUSINESS PTE LTD

UEN NO. 201700648N 180B BENCOOLEN STREET #04-D2, THE BENCOOLEN SINGAPORE 189648 Tel: 6333-4136 Fax: 6334-5238 For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

Countersigned By:

Authorised Officer