		i i pri d	1 20
NATIONAL Assessment Ce	ntre Services   well James   M	11m119 09J68	
Date In: 20 15-15:24	Jeb description	Date &Time Completed	Done by
Rei No: Hall Heiga 1871 /24	SAS e-filing		
Veh No: 57467650	E-mail (within Shrs, AIC 2hrs)		
D.O.A : 7/7/19- 14:10	i-Motor Claim Form	M7/1654409-03/	20/2/15 15:
	i-Motor W/O (Within: OD 2hr		712111
OD P Reporting Only	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:			ax:
TP Particulars: Veh No: 50			
Owner / Driver: (	-1/11/10	Tel:	)
Policy No: ( )	Period: ( )	Cover Type: (	
Confirmed by : (	Date:	Time:	)
	6) [Note-Est. Status (WO): N: 0-2		100%1
	Warranty: YES ( )/NO (		
Excess: (\$ ) Loading:	the state of the s		
General Remarks:-	Man Constitution Commission Constitution	4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	प्राप्त स्टार्ट
CONTROL OF A CONTR	The state of the s	deathandara ()	(0.000 Project
( ) Walk-In Customer: Customer's		nctly NO rater of repairer.	
( ) Total Loss Case : to e-mail In	surer URGENTLY.		11t
Drive-In ( )/ Towed-In ( ); Inv	oice: YES( )/NO( );T	owing Co: (	
Remarks: (INC hotline: 6788 6616	Nation and the second	Date&Time Completed	2.2003.601.301
	A STATE TO SECURE AND SECURE SECURE AND SECURE AND SECURE	Datescrime completed	Manualmonerry
2) QC Check / Post Repair Inspection	/ Courtesy Car ( )	-	4
3) Upload Resurvey Photo [Repair Cost	530001		
	33000) ( )		
Injury:			
Date/Time Actions	respective Administrative		SER SOUTH
		200	No. of Contract of
•		And the second s	*
HAIGOSYTT .	Invoice Prep	paration Checklist	Anit (S) An
aimant's Particulars :-	1) AR : Accident	Reporting (\$30);	fitBill Ad
The second secon	2) DA : Damage A 3) TF : Towing Fe	Assessment (\$100); INC (\$8	
river/Owner:	4) FT : Follow-Th	rough Survey 5	120
ntact No:		rough Survey (Resurvey) ainst INC Only (wef 10 Jan 2005)	\$30
maged Portion:	6) TR : Re-inspec	tion	\$75
	7) N1 : Idao DA + 8) NTUC Addition	CONTRACTOR DESIGNATION OF THE PARTY OF THE P	160
Checked by (Engr-In-Charge):	on:		
	*N5; Courtesy (	Car / Tpt Allowance	\$10
ditors' Comments:-	•N7: Fost Repn	ir Inspection	\$25
1:		ect Excess Coordination (Non INC) against INC	\$20
	9) N12: Idae Mob	ile	30
2/3:	Invoice dated	Fee Charged Fee Charged	REAL PROPERTY.
TT 7 TT	I tuvotee aatea	1 or Gridiges	FORMA CONTRACT

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

Gender

- 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

	ACCIDENT STATEMENT
Date Of Report	22/07/2019 15:24
Date Of Accident	20/07/2019 14:10
Exact Location Of Accident	PIE (CHANGI) AFTER EUNOS LINK EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJN6765U
Insured/Policyholder	
Name Of Registered Owner	JACOB'S CAR LEASING PTE LTD
Co Reg No	201734207N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	WISH 1.8 AUTO
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
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	THIRD PARTY
Fleet Policy	YES
Policy Number	5110439289
Cover Note Number	
Driver	
Name of Driver	LIM WEI LIANG (LIN WEILIANG)
NRIC No	S8429841G
Date Of Birth	25/09/1984
Occupation	INDOOR
Date Of Driving Pass	26/05/2005

14 YEARS AND 1 MONTH

(LOCAL) +65-92305705

OFFICE-92305705

MALE

NOEMAIL

**BLK 27 JALAN BAHAGIA** Address

#10-316

Postcode 320027

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

## 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?

Number of vehicles (including own vehicle) involved in the accident

Was any body injured in the Accident?

2 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)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

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

REFER TO STATEMENT.

### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

SLT1173E

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver KOW WEI HENG DUDLEY

NRIC/Passport Number S8630778B Contact Number 97228073

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF INJURED PERSON 1**

Name LIM WEI LIANG (LIN WEILIANG) Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode NECK & BACK SJN6765U

YES

NO

#### SKETCH PLAN

### IMPORTANT NOTICE

- 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 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.
- 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 insurers's) who have insured vehicle(s) involved in this accident (all insurers) 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)
  - (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.
- 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

(201734207)

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Mark the other pays

(If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No.:

Date & Time:

 $\mathbb{S}(h(u)) \leq (\log v_1) \cdot \mathcal{F}(\log v_2) \cdot \sqrt{v_2}$ 

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT 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.

  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.

## Accident details

Date and time of accident	Date: 2	July 201	8 (DD/M	M/YY) Tir	ne: ///	10	(HH:MM)
Exact location of accident		towards					

## Details of vehicle

Vehicle registration number	851	46765C	/		W120 72
Vehicle make and model		ota Wi		and the same of th	
Type of vehicle	Saloon  Lorry	MPV-er	The state of the s	Van 🗆 e 🗆 Others:	
Vehicle category	Private	-		torcycle	
Purpose of using at said time	Prive		1010	itorcycle II	
Are you claiming under your own insurance company?	Yes  Third part cla	Noa	if no, please se Reporting only		

## Insurance information

Insurance company	HTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TDb
	The state of the s	mind party me & their L	TP only

## Insured / Policy holder

Name	Jacob's	Car	Lanino	1260	401	Male 🗆	Female p
NRIC / Fin / Passport number			Taring	110	761	Iviale U	remale D
Contact							
Address							

### Driver

# Same as insured above □ (skip to D.O.B)

Name	Ling Les lians	Male Female
NRIC / Fin / Passport number	384298419	Maight remaie ii
Contact	8230 STOT	
Address	\$100k It Jalan Bahagia \$10-316 Rupapare 320027.	
Email address	310 319 9 300094.	
Date of birth	25 Sept 1884.	
Occupation	Indoor Outdoor D	
Driving date pass	26 May 205	

# General information of the accident

War and the second seco		
Was driver an employee of	Yes 🗆 No 🗷	2027//
the insured's company?	If no, relationship of the driver and insured:	Herer
Accident captured by camera	Yes No.	
Weather condition	Clear Raining Others:	
Road surface	Dry Wet a	
No of passenger		(Inclusive of drive
Passenger 1	SAME OF THE PARTY	-23
Name		
Gender	Male D Female D	
Passenger 2		
Name		
Gender	Male	
	Tennie d	
Passenger 3		
Name		
Gender	Male D Female D	
Passenger 4		
Gender	Male   Female	
Passenger 5		
Name		
Gender	Male D Female D	
	Male D Female D	2000
Passenger 6		
Name		
Gender	Male   Female	
A. Proposition of A. Della Company and A.		
Other information		
Was anybody injured?	es, No 🗆	
Was anybody injured?	es, No 🗆	
Was anybody injured?		
Was anybody injured?  Was other vehicle damaged?  Oetails of police action	es. No 🗆	
Was anybody injured?  Was other vehicle damaged?  Oetails of police action		station.

# Third party vehicle 1 (Vehicle B)

Name	tow Jei that Oudley.
Contact number	9700 8013.
NRIC / Fin / Passport number	8 86 30 7786
Vehicle registration number	SLT 1173E
Vehicle make model	

# Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

## Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

## Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

ter someon	1000		
AA C			-1
VVI	ш	iess	1

Name	
Witness 2	
Name	
Injured person 1	
Name	Leur wes Liang.
Injuries sustained	Heck & Back J.
Which vehicle person in?	SJN 67654.
Were seat belts worn?	Yes O No D
hospital by ambulance?	Yes D No.2
hospital by ambulance?  Injured person 2	Yes D No.2
Injured person 2	Yes D No.2
Injured person 2  Name Injuries sustained	Yes D No.22
Injured person 2  Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes D No D
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	
Name Injured person 2  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes D No D
Injured person 2  Name Injuries sustained Which vehicle person in? Were seat belts worn? Nas injured conveyed to nospital by ambulance?  Injured person 3	Yes D No D
Injured person 2  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to nospital by ambulance?  Injured person 3  Jame Injuries sustained	Yes D No D
Injured person 2  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to nospital by ambulance?  Injured person 3  Name Injuries sustained Which vehicle person in?	Yes D No D
Injured person 2  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes D No D

In	iured	person	4

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



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8429841G





LIM WEI LIANG (LIN WEILIANG)

Pace CHINESE K NAC USE O188429841G

Country/Place of birth SINGAPORE

For LKK/NAC Use Only

NP 428A



540980





KK/NAC Use Only

13-01-2015

APT BLK 27 JALAN BAHAGIA #10-316 SINGAPORE 320027



Policy No.	5110439289	Policyholder Name	JACOB'S C	AR LEASING PTE LTD	Policyholder NRIC	201734207N	
Certificate No.	5110439289-000003						
Address	10 UBI CRESCENT #05-16 UBI	TECHPARK SIN	GAPORE 40	8564			
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	14/06/2019	Effective Date	18/06/201	8/06/2019 00:00		17/06/2020 23:59	
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess			Windscreen Excess		
Additional Excess	0	OS Premium	3754.63				
Outside Singapore OD Excess		Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Agent	CITY INSURANCE AGENCY PTE.	Agent Tel.	64598677		GST Flag	Y	
Co- insurance Flag Open Policy	CITY INSURANCE AGENCY PTE. No	Agent Tel.	64598677		GST Flag	Y	
Co- nsurance Flag Open Policy Info Certificate		Agent Tel.	64598677		GST Flag	Y	
Co- nsurance Flag Open Policy Info Certificate Info		Agent Tel.	64598677		GST Flag	Υ	
Co- nsurance Flag Open Policy Info Certificate Info	No	Agent Tel.		#05-16 UBI TECHP		Address 3	SINGAPORE 408564
Co- nsurance Flag Open Policy Info Certificate Info Policyl	No holder Mailing Address	Addre		#05-16 UBI TECHP.	ARK	Address 3 Post Code	SINGAPORE 408564 408564
Agent Co- insurance Flag Open Policy Info Certificate Info PolicyI Address 1 Address 4 Unit No.	No holder Mailing Address	Addre Addre	sss 2 sss Type		ARK	SOUND DE THE	Vicesecold
Co- nsurance Flag Open Policy Info Certificate Info PolicyI Address 1 Address 4 Unit No.	holder Mailing Address 10 UBI CRESCENT	Addre Addre Relate Numb	sss 2 sss Type	Singapore address	ARK	SOUND DE THE	Vicesecold
Co- nsurance Flag Open Policy Info Certificate Info PolicyI Address 1 Address 4 Unit No.	holder Mailing Address  10 UBI CRESCENT  05-16  ed Object: 5110439289-00000	Addre Addre Relate Numb	sss 2 sss Type	Singapore address	ARK	SOUND DE THE	Vicesecold
Co- nsurance Flag Open Policy Info Certificate Info PolicyI Address 1 Address 4 Juit No. Insure	holder Mailing Address  10 UBI CRESCENT  05-16 ed Object: 5110439289-00000 sements	Addre Addre Relate Numb	iss 2 iss Type ad Policy er	Singapore address	ARK	SOUND DE THE	Vicesecold
Co- Insurance Flag Open Policy Info Certificate Info PolicyI Address 1 Address 4 Unit No. Insure Endors Sequer	holder Mailing Address  10 UBI CRESCENT  05-16 ed Object: 5110439289-00000 sements	Addre Addre Relate Numb	iss 2 iss Type ad Policy er	Singapore address 5110439289	ARK	Post Code	408564

e premium on this policy has cident HT/1054429	not been collected.				
cy No.	5110439289	Vehicle No.	53N6765U	GST Registration No.	
tricate No.		veracie no.	5,040,7050	GS1 Registration no.	
cyholder Name	5110439289-000003			*****	The state of the s
	MCON'S CAR LEASING PTE LTD			Policyholder NR1C	201734207N
luct Code	PLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
Sact No.(Motive)	0	Contact No.(Office)	0	Contact No.(Home)	0
ari Address		Special Remark		eCode	The V
G Santana	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
port Date	22/07/2019 15:34	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
te of Accident		Time of Accident Nh:mm			
	20/07/2019		14:10	Country of Accident	Singapore
porting Centre		Grange Force		ICM No.	
oident Location	PIE (CHANGI) APTER EUNOS LINK EXIT				
Total Excess Applicable					
tess Type	Per Accident	Windscreen Excess			
Standard Evcess		TP Standard Excess	1,500.00		
O OD Excess	0.00	YIED TP Excess		Driver is Covered?	
dibonal Excess	0				
at DD Excess Applicable	0.00	Total TP Excess Applicable			
Benefits					
GST Registered Informa	ation				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Verified	Yes	
dification History	22/07/2019 15:35:23 Seet	em changed GST Status Verified from		765	
77.000.000.000	2000,2000,2000,200,000	an charges and many reinted ou	THE WAY TO		
	V.				
Policyholder Mailing Ad					
dress I	10 UBI CRESCENT	Address 2	#05-16 UBI TECHPARK	Address 3	SINGAPORE 408564
dress 4		Address Type	Singapore address	Post Code	408564
t No.	05-16	Related Policy Number	5110439289		
OI Driver Info					
iver Name	Unnamed Driver	Driver Type	Unnamed Oriver		
named driver Name	LIM WEI LIANG (LIN WEILIANG)	Driver MRIC	58429841G	Driver DOB	25/09/1984
gister Date of Driver License	26/05/2005	Driver Age	34	Driving Experience	14
ntact No.(Mobile)	92305705	Contact No.(Office)	0	Contact No.(Home)	0
oress t	BLK 27				
		Address 2	JALAN BAHAGIA	Address 3	WHAMPOA GARDENS
dress 4.	SINGAPORE 320027	Address Type	Singapore address	Post Code	320027
hit No.	10-316				
oes ne own a Singapore ogistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
(6)					
daration					
eathalyser or Blood Test	0 mg	Any inquiry?	Yes ○ No		
ading?	O mg	Hilly togater	(a) Yes Chis		
diffication History					
someon Brook					
Taim 001 New					
im Type *	00-MX	Insured Name	JACOB'S CAR LEASING PTE LTD	Insured NAIC	2012242020
	A SECTION AND ADDRESS OF THE PARTY OF THE PA		ancod a CAN LEASING PIE LID	PROPERTY STORES	201734207N
fact No.(Mobile)	90303074	Contact No.(Home)		Contact No.(Office)	
el Address	- Control of the Cont	Of Vehicle Number	53N6765U	TP Vehicle Number	SLT1173E
mant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
mant Name *	>>	Claimant NR3C *			
mant Address					
m Description	S3N6765U / SLT1173E ON 20 Jul 2019			Name of Preferred Workshop	
ferred Workshop Contact		Insured Liability *	Not at Fault	en veryouser all out training.	
CONTRACTOR OF THE PARTY OF THE	No.				
uire Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
te Registered	22/07/2019 15:36	Claim Close Date		Date Received	22/07/2019 00:00
ort Taken By	Jackson				
200044100					
Frint AK letter					
Print AK letter			Save Submit		
Print AK letter					
Itachment	MT/1054429	Claim No.	001		
Print AK Jetter  stachment  r stent No. t Doc. Received	MT/1054429 <b>®</b> Yes ○ No	Claim No. Uptood Date	001 22/07/2019 15:36		

