NATIONAL Assessment Ce	ntre Services wet 1 James	IMNA 11911854	
Date In: 26/8] 19-10-11	Jeb description	Date & Time Completed	Done by
ROFNO: NO INCIGO 15072/24	SAS e-filing		
Veh No: JAGAGN	E-mail (within Shrs, AIC 2h	15)	
D.O.A: 8/8/19-14:05	i-Motor Claim Form	M7 105 4578-301	26/5/19 n:46
the State of the S	I-Motor W/O (Within: Of	D 2hrs, TP 4hrs)	
OD / TP)' Reporting Only	i-Photo Uploaded		
TDI	Assessment/Survey Repo	ort	
TP Insurer:	Ass't Report by Fax / Ha	and to Owner/Wksp	<u> </u>
Preferred Wksp / INC Assign Wksp / QW	: (Tel:	Fax:
TP Particulars: Veh No:	IN . YEFF IN	C()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: ()	Period: () Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Note-Est. Status (WO): N:	0-20%; P: 21-79%. P: 80-	100%]
Year of Registration: () Warranty: YES ()/NO	()	
Excess: (\$) Loading	\$1,000()/\$2,000()		
General Remarks:-			3.00
() Walk-In Customer : Customer		HA A A A A A A A A A A A A A A A A A A	The second of the second secon
() Total Loss Case : to e-mail I		* -a 1 1	
		; Towing Co: (.)
		Date&Time Completed	Done by
Remarks:- (INC hotline: 6788 66		Dates Time Completed	A SER CARROLLY
1) Apply for Transport Allowance ()/Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cos	t>\$3000] ()		
Injury:			
Date/Time Actions			1880 CH
500000000000000000000000000000000000000	8 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4		
		61-10-2	Anit (S) Ami
HQ 19 0 6431 "	7.82	Preparation Checklist	fit Bill Add !
laimant's Particulars :-		cident Reporting (\$30); mage Assessment (\$100); INC (\$80)
river/Owner:	3) TF : Tov	ving Fee . S	40/\$45
	5) FT : Fol	low-Through Survey low-Through Survey (Resurvey)	\$120 \$30
ontact No:	For clair	ning against INC Only (wef 10 Jan 20)	05) \$75
amaged Portion:	6) TR : Re- 7) N1 : Ida	DA + SMRT Survey	\$160
	3 8) NTUC A	Additional Services:-	
C Checked by (Engr-In-Charge):	OD* *N5: Co	urlesy Car / Tpt Allowance	\$5
- 1	• N6: Re	pair Co-ordination	510
uditors' Comments :-		st Repair Inspection //Collect Excess Coordination	\$25
	TP (NII): TP (Non INC) against INC	\$20
	9) N12: Ide		30
1.2/3:	Invoice date		ACCRECATE VALUE OF THE PARTY OF
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Frynd tat

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.
- 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.
- 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.

ACCI	DENT	SIA	IEW	ΕN	П

 Date Of Report
 26/08/2019 10:11

 Date Of Accident
 25/08/2019 14:05

Exact Location Of Accident JUNC PIE (CHANGI) & PAYA LEBAR RD

Country/State of Loss SINGAPORE

DETA			

Vehicle Registration Number SJA6362S

Insured/Policyholder

 Name Of Registered Owner
 GOH HAN LIM

 NRIC No
 \$7605830Z

 Email Address
 NOEMAIL

 Mobile Phone No
 (LOCAL) +65-98787081

 Alternative Phone No
 OFFICE-98787081

Vehicle Particulars

Manufacturer BMW

Model 218I CONVERTIBLE LED NAV

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 5106925978

Cover Note Number

Driver

 Name of Driver
 GOH HAN LIM

 NRIC No
 \$7605830Z

 Date Of Birth
 02/03/1976

 Occupation
 INDOOR

 Date Of Driving Pass
 21/07/1994

Driving Experience 25 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-98787081

Fax Number

Contact Number OFFICE-98787081

EMail Address NOEMAIL

BLK 2 BUTTERWORTH LANE Address

#01-01 439445

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

2

NO

NO

1

NO

NO

Weather Conditions CLEAR Road Surface DRY

Other Information

Postcode

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?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, AS TRAFFIC JUNCTION WAS GREEN, I PROCEED TO TURN RIGHT FROM PIE (CHANGI) TWDS PAYA LEBAR RD. VEHICLE B WAS TRAVELLING 2ND LANE SUDDENLY CUT ONTO MY LANE AND HIT ONTO MY VEHICLE REAR RIGHT PORTION.

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 SLH7773Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number 90486897

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

NAME: :

3

Passenger 1

GENDER: :

Passenger 2

NAME: :

GENDER: :

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 truthful 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.
- 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)

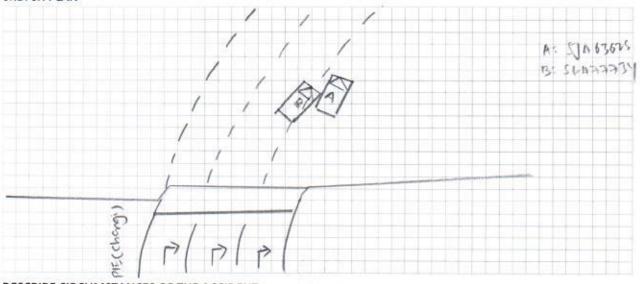
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

keler to Hatemant.	

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 Personnel's Signature

Name:

NRIC/FIN No.:





eBao Tech										Genera	alClaim
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My Desktop	Poli	cy Query									
Notice of Loss	Policy !	Vo.				Date	of Accident	2	5/08/2019	14:05	r
	Vehicle	No.(For Motor)	SJA63	52S		Certif	icate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5106925978		GOH HAN LIM	57605830Z	GPC	drivo PREMIUM	SJA6362S	SJA6362S	10/01/2019	25/01/2020

Policy No.	5106925978	Policyholder	GOH HAN I	IM	Policyholder	\$76058302	
Certificate No.		Name		T(15)	NRIC	370030301	
Address	2 BUTTERWORTH LANE #01-01	BUTTERWOR	TH 8 SINGAP	ORE 439445			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	10/01/2019	Effective Date	10/01/2019	9 00:00	Expiry Date	25/01/2020	23:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			You	ang/Inexperience Driver Excess
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667		GST Flag	Υ	
Co- nsurance lag	No						
Open							
Policy Info							
Info Certificate							
nfo Certificate nfo	oolder Mailing Address						
nfo Certificate nfo Policyh	older Mailing Address 2 BUTTERWORTH LANE	Addre	:ss 2	#01-01 BUTTERWO	DRTH 8	Address 3	SINGAPORE 439445
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March	Claim Handling					
Section Sect	Palicy No.	E106925978	Vehicle No.	53463625	GST Registration No.	
## MINISTER CAN INCOMENTED MINISTER MI	Certificate No.					
Ministration Ministration Ministration Court Type Ministration Court Ministration Court Ministration Court Ministration Ministrat	Policyholder Name	GOH HAN LIM			Policyholder NR1C	576058302
Control No.	Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMOUM		
Companies Comp	Contact No:(Mobile)	98757051	Contact No. (Office)	0		
March Marc	mail Address		Special Remark		eCode	
## Account Station ***Control Station*** ***Control Station** ***Control Station*** ***Control Station*** ***Control Station** ***Contro	IPIC.	® No ○ Yes	TCA	® No ○Yes		(MATATA)
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## A ABSTORED 10 mm of A ABSTORED HOMBO 14 mm of ABSTORED	eport Date	25/08/2019 21:44	Acodent Report Within 24 hrs.	Yes	Accident Type	Collision - Change / Cross lene
Control Control Control Control Control Control Control Control Co	ate of Accident	25/08/2019	Time of Accident hhomm	14:05		
## Market	eporting Centre		Orange Force		ICM No.	8714468
## Additional Excess 0.00 Additional Excess	codent Location	JUNC PIE (CHANGI) & PAYA LEBAR RD				
March Control Contro	♥ Ercess					
Comment of the Comment Comment of the Comment	wn damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
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St Registrier No	hird Party Excess	0.00	Outside Singapore TP Excess	0.00		
Majoration Maj	9 Benefits					
Taguestan No.	GST Registered Inform	ation				
Talgarian Ans.		No		GST Registration Date		
## Principhotder Mailing Address Principhotder Mailing Address					Yes	
2 BUTTERWORTH LANE	odification History					
Address 2 BUTTERWORTH LANE	Policyholder Mailing Ad	idress				
## Address Type ## Brigspore actives ## Address Type ## Brigspore actives ## Part Code ## 239445 ## 24944			Address 2	#01-01 BUTTERWORTH R	Address 3	SINGAPORE ADDIAG
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### Direct Total ### CONTENT T	rvt No.				Post Code	429443
Driver Name			-13000000000000000000000000000000000000	330032370		
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Page Date of Driver (Joseph 25 Drive	nnamed graver Name				Driver DOB	07/07/1976
Market No. (Mobile) 95757081 Correct No. (Coming) Correct No. (Home) Options 2 SUTTEMORTH LANE Address 2 SUTTEMORTH 8 Address 3 SINGAPORE 439445	igister Date of Driver License	21/07/1994				
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Address Add						
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