NATIONAL Assessment Cent			VAIGINGY		
Date In: 23/9/19-16:29	Job description		Date &Time Complete	Del	e py
Ref No: 49 1449 1675674	SAS e-filing		1		
Veh No: SUR8784A	E-mail (with	in Shrs, AIC 2hrs)			
D.O.A: Majg-18:50	i-Motor Cla	aim Form	My 1063626-001	23/9/19	16:44
OD : (TP)! Reporting Only	i-Motor W/	O (Within: OD 2hrs	s, TP 4brs)		
U mpaning only	i-Photo Upl	loaded			
TP Insurer:	Assessment/S	Survey Report			
Transaction.	Ass't Report	by Fax / Hand to	o Owner/Wksp	1	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Yeh No: JKX	81797	, INC ()/Non-INC()	10	
Owner / Driver: (Tel:)	
Policy No: () Po	eriod: ()	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	0()			×
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() Total Loss Case : to e-mail Insur	er URGENTLY.			25,000	
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Drive-In ()/ Towed-In (); Invoice	e: YES()/1		owing Co: ()
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.
- 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.

- 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	23/09/2019 16:29
Date Of Accident	22/09/2019 18:50
Exact Location Of Accident	CHANGI RD TWDS JALAN EUNOS
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR8189A
Insured/Policyholder	
Name Of Registered Owner	LIM SIN-PEI OLIVIA (LIN QINPEI OLIVIA)
NRIC No	S7440943A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81332261
Alternative Phone No	OFFICE-81332261
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 SEDAN 1.5 AT EU6
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	5100785952-02
Cover Note Number	
Driver	
Name of Driver	LIM SIN-PEI OLIVIA (LIN QINPEI OLIVIA)
NRIC No	S7440943A
Date Of Birth	13/12/1974
Occupation	OUTDOOR
Date Of Driving Pass	09/02/2000
Driving Experience	19 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81332261
Fax Number	
Contact Number	OFFICE-81332261

NOEMAIL

BLK 27 NEW UPPER CHANGI ROAD Address

#12-678

462027 Postcode

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

Weather Conditions CLEAR DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

1

YES Was any other material or property damaged?

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?

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKX8179J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

SARAH NAZURAH BINTI ABDUL RAHIM Name of Driver

NRIC/Passport Number

91696181 Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

LIM SIN-PEI OLIVIA (LIN QINPEI OLIVIA) Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SLR8189A

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 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 <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:

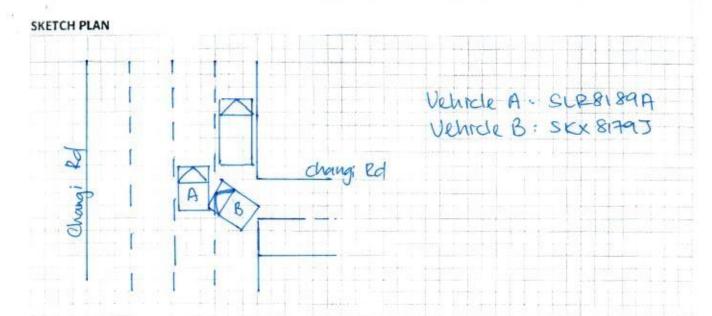
Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Persprinel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above said date & time, I was driving my vehicle
(SLR 8189A) traveling along Changi Road tods Jalan Euros
110/102
lane 2. Suddenly rehide B (SKX8179J) never my rehide
drove out from Changi Road (minor Road) and collided onto
my vehicle right portion causing my vehicle right portion
bodly damaged.

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.:

Vehicle No.	SLRX18917 Model/Make Marda 3
Date of Accident	22 09/2019
Time of Accident	1850 HRS
ocation of Accident	Along Changi Road tods Jalan Euros
Exact purpose use during acci	
Name of Owner	Lim Sin-Pei Olivia
Telephone No.	H/P: 8133 226 Home: Office:
NRIC	S7440943A
Address	BLK 27 New Upper Changi Road #12-678 S(4620)7)
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5100785952 - 02
Folicy No.	
Name of Driver	As Above If No.
NRIC	Any Passengers :
Date of birth	13/12/1974
Occupation	Outdoor / Indoor
Driving License Pass Date	09/02/2000
Gender	Male / Female
Contact No.	H/P: Home: Office:
Address	
Driver have any own vehicle	No. If yes, Reg No.
Relationship	Employee, If no, state Owner
Weather condition	Clear Raining Other
Road Surface	Ory Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	Lim Sin-Pei Olivia 81332261
Name And Contact No.	
Police Report	No. If Yes, Where?
Vehicle B No.	SKX 8179J Any Passengers:
Name of Driver	Carah Nazurah Birti Contact No.: 91696187
Vehicle C No.	Abdul Rahim Any Passengers:
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	Right Portion
Camera Recorder	Yes / No
Email Address	divialim13 2 amail com
PARTICULAR WORKSHOP	Twincar Automotre Pte Ltd
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Zi Ting
FAX NO	6741 0510
WORKSHOP EMAIL ADDRESS	s sales @ n51. com. sg



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)

Certificate Number: 5100785952-02

SIRR189A

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle Chassis Number

JM6BN22ABH0162745

2. Name of Policyholder

: LIM SIN-PEI OLIVIA (LIN QINPEI OLIVIA)

3. Effective Date of Insurance

: 29 Aug 2019

4. Expiry Date of Insurance

: 28 Aug 2020

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/her 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#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.
 - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

EXCESS (SECTION 1) 5\$600 **EXCESS (SECTION 2)** : N/A WINDSCREEN EXCESS : \$\$100 **ADDITIONAL EXCESS** N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE . YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO

PRIMARY DRIVER : LIM SIN-PEI OLIVIA

NAMED DRIVER (1) : JEREMIAH DON LIN ZHI HAO NAMED DRIVER (2) : ALVIN LIM SIN-LONG HIRE PURCHASE COMPANY

: MAYBANK SINGAPORE LIMITED SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency

: DIANA YAP KHAY YONG (00000521903)

Date of Issue

: 28 Aug 2019 12:07 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601						· Change	Language	• Chan	ge Password	· Log Out
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	lo.				Date o	f Accident	2	2/09/2019 1	8:50	
	Vehicle	No.(For Motor)	SLR818	9A		Certific	cate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5100785952- 02		LIM SIN-PEI OLIVIA (LIN QINPEI OLIVIA)	S7440943A	GPC	drivo CLASSIC	SLRB189A	SLR8189A	29/08/2019	28/08/2020

Policy No.	5100785952-02	Policyholder Name	LIM SIN-PE	EI OLIVIA (LIN QINPE	Policyholder NRIC	S7440943A	
Certificate No.							
Address	BLK 119 #11-512 SIMEI STR	EET 1 SINGAPO	RE 520119				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	28/08/2019	Effective Date	29/08/2019	9 00:00	Expiry Date	28/08/2020 23:	59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	926.95				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young/I	inexperience Driver Excess
Agent	DIANA YAP KHAY YONG	Agent Tel.	91006100		GST Flag	Y	
Co- insurance Flag Open Policy Info Certificate Info	No						
	nolder Mailing Address						
Address 1	BLK 119 #11-512	Addr	ess 2	SIMEI STREET 1		Address 3	SINGAPORE 520119
Address 4		Addr	ess Type	Singapore address		Post Code	520119
Unit No.		Relat Num	ed Policy ber	5100785952-02			
	d Object: SLR8189A		200 10-				
▶ Insure							
▶ Insure ▼ Endors	sements						

cident MT/1963626 licy No.	5100785952-02	Vehicle No.	SLR8189A	GST Registration No.	
rtificate No.	3100783332-02				
	LIM SIN-PEI OLIVIA (LIN QINPEI OLIVIA)			Policyholder NRIC	57440943A
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
intact No.(Mobile)	81332261	Contact No. (Office)	0	Contact No.(Home)	0
nail Address	M.2.2.2.	Special Remark		eCode	No V
rk	® No ○ Yes	TCA	® No ⊜Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
	23/09/2019 16:42	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Change / Cross lane
eport Date		Time of Accident hhomm	18:50	Country of Accident	Singapore
ste of Accident	22/09/2019	Orange Force	18:50	ICH No.	Series of the se
eporting Centre		Grange Force		307 700	
ccident Location	CHANGI RD TWDS JALAN EUNOS				
F Total Excess Applicable		Windscreen Excess	100.00		
cess Type	Per Accident	Windscreen sixcess	100.00		
5 Standard Excess	600.00	TP Standard Excess	0.00		
ED OD Excess	0.00	VIED TP Excess	0.00	Driver is Covered?	Covered
dditional Excess	0				
otal OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
₹ Benefits					
GST Registered Informa	ition				
T Registered	No		GST Registration Date	10 20 21 21 21	
ST Registration No.	0.00		GST Status Verified	Yes	
odification History					
Policyholder Mailing Ad	dress				
ddress 1	BUK 119 #11-512	Address 2	SIMEI STREET 1	Address 3	SINGAPORE 520119
ddress 4		Address Type	Singapore address	Post Code	520119
nt No.		Related Policy Number	5100785952-02		
♥ Of Driver Info					
river Name	LIM SIN-PEI OLIVIA	Driver Type	Main Driver		
nnamed driver Name		Driver NRIC	\$7440943A	Driver DOB	13/12/1974
egister Date of Driver License	09/02/2000	Driver Age	44	Driving Experience	19
ontact No.(Mobile)	81332261	Contact No.(Office)	0	Contact No.(Home)	0
ddress 1	BLK 27	Address 2	NEW UPPER CHANGI ROAD	Address 3	SINGAPORE 462027
ddress 4		Address Type	Singapore address	Post Code	462027
init No.	12-678				
oes he own a Singapore	() Yes ® No	Driver Vehicle No.		Driver Insurer Company	
egistered car?	O. a. G. a.	20030.30000000		CONSIDERATION CONTRACTOR	
eclaration					
reathalyser or Blood Test	0 mg	Any injury?	® Yes ○ No		
eading?	MATE.	53501			
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odification History					
and the second second second					
and the second second second					
Claim 001 New	To an and a second	0		Indused NO.15	57440543A
Claim 001 New	DD-MX	Insured Name	LIM SIN-PEI OLIVIA (LIN QINPE	Insured NRIC	57440943A
Claim 001 New laim Type * ontact No. (Mobile)	81332261	Contact No. (Home)	NOL	Contact No.(Office)	
Claim 001 New Isim Type * ontact No.(Mobile) mail Address	81332261 olivialim13@yahoo.com.sg	Contact No.(Home) OI Vehicle Number	NIL SLR8189A		\$7440543A (SKX8379)
Claim 001 Next	81332261 olivialim13@yahoo.com.sg	Contact No.(Home) OI Vehicle Number Type of Benefit +	NOL	Contact No.(Office)	
claim 001 New laim Type * ordact No.(Mobile) mail Address laimant Type Claimant Type *	81332261 olivialim13@yahoo.com.sg	Contact No.(Home) OI Vehicle Number	NIL SLR8189A	Contact No.(Office)	
claim 001 Next laim Type * ordact No. (Mobile) mail Address laimant Type Claimant Type * laimant Name *	81332261 olivisim13@yahoo.com.sg Please Sciect	Contact No.(Home) OI Vehicle Number Type of Benefit +	NIL SLR8189A	Centact No.(Office) TP Vehicle Number	
Laim Type * ontact No.(Mobile) mail Address Laimant Type Claimant Type * laimant Name *	81332261 olivialim13@yahoo.com.sg	Contact No.(Home) OI Vehicle Number Type of Benefit +	NEL SLR8189A Please Select	Contact No.(Office)	
Laim Type * ontact No.(Mobile) mail Address laimant Type Claimant Type * laimant Address laimant Address laimant Address	81332261 olivisim13@yahoo.com.sg Please Sciect	Contact No.(Home) OI Vehicle Number Type of Benefit +	NIL SLR8189A	Centact No.(Office) TP Vehicle Number	
Claim 001 Next laim Type * ontact No.(Mobile) mail Address laimant Type Claimant Type * laimant Name * laimant Address laim Description referred Workshop Contact to.	81332261 olivisim13@yahoo.com.sg Please Sciect	Contact No.(Home) OI Vehicle Number Type of Benefit + Claimant NRIC +	NEL SLR8189A Please Select	Centact No.(Office) TP Vehicle Number	SKX8379J
Isim Type * ontact No.(Mobile) mail Address Isimant Type Clement Type * Isimant Name * Isimant Address Isimant	81332261 Sivisim13@yahoo.com.sg Please Sciect >> SLR8189A / SKX81793 CN 22 Sept 2019	Contact No. (Home) Of Vehicle Number Type of Benefit + Claimant NRIC +	SLR8189A Please Select Mot at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	SKX8379J
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