Date In: 18 11 19 - 14: 17	Jeb description	Date & Time Completed	d Don	e pi.
Res No: Na liveigovoysym	SAS e-filing			
Veh No: SMP608314	E-mail (within Shrs, AIC 2)	hrs)		,
D.O.A : 11/19 - 13:13	i-Motor Claim Form	M7/107/1886-001	18/11/19 1	7:35
OD . TP Reporting Only	i-Motor W/O (Within: O	D 2hrs, TP 4hrs)		
OD . TP / Reporting Only	i-Photo Uploaded	1		10
TP Insurer:	Assessment/Survey Rep	ort		
17 Insurer:	Ass't Report by Fax / H	and to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: W	11 . CPORI AP	VC()/Non-INC().	1	
Owner / Driver: (40.17	Tel:)	
Policy No: ()	Period: () Cover Type: ()	to end or a street
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	1,000 ()/\$2,000 ()			
General Remarks;-		NEEDEL AND AND AND ADDRESS OF THE PERSON OF		
() Walk-In Customer : Customer's in		- Hallander A. B. C.		CON-SU
() Total Loss Case : to e-mail Insu	arer URGENTLY.		(#)	
Drive-In ()/ Towed-In (); Invoi	ice: YES () / NO ()); Towing Co: ()
		and the same of th	SESTIMATE OF THE SESTIM	NIN PROPERTY.
Remarks:- (INC hotline: 6788 6616)		Date & Time Completed	Done	s by
	AND THE REAL PROPERTY AND ADMINISTRATION OF THE PARTY AND ADMI	Date&Time Completed	Don	by
Apply for Transport Allowance ()/	/ Courtesy Car ()	Date&Time Completed	Done	e by
Apply for Transport Allowance ()/ QC Check / Post Repair Inspection	/ Courtesy Car ()	Date&Time Completed	Don	eby
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 2)	/ Courtesy Car ()	Date&Time Completed	Don	e by
Apply for Transport Allowance ()/ QC Check / Post Repair Inspection	/ Courtesy Car ()	Date Time Completed	Don	e by
1) Apply for Transport Allowance () / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 2)	/ Courtesy Car ()	Date&Time Completed	Don	въу
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 1 Injury:	/ Courtesy Car ()	Date&Time Completed	Don	e by
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 1 Injury:	/ Courtesy Car ()	Date&Time Completed	Done	e by
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 1 Injury:	/ Courtesy Car ()	Date&Time Completed	Don	e by
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 1 Injury:	/ Courtesy Car ()	Date & Time Completed	Don	e by
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	() \$3000] ()			
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 1 Injury:	/ Courtesy Car ()	Preparation Checklist.	Anit (5)	Amil
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	/ Courtesy Car ()	Preparation Checklist	Ant (5)	Amu
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	Courtesy Car ()	Preparation Checklist: cident Reporting (\$30); mage Assessment (\$100); INC (ring Fee \$	Ant (5) fie Bill (580) (40/545	Алі
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	Courtesy Car ()	Preparation Checklist cident Reporting (530); mage Assessment (5100); INC (ring Fee Sow-Through Survey ow-Through Survey (Resurvey)	Anit (5) The Bill (\$80) 40/\$45 \$120 \$30	Алі
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	Courtesy Car () () ()	Preparation Checklist: cident Reporting (\$30); mage Assessment (\$100); INC (ring Fee Sow-Through Survey ow-Through Survey (Resurvey) ping against INC Only (wef 10 Jan 20)	Anit (5) fit Bill (880) (40/\$45 \$120 \$30 05)	Amti
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	Courtesy Car ()	Preparation Checklist: cident Reporting (\$30); mage Assessment (\$100); INC (ring Fee Sow-Through Survey ow-Through Survey (Resurvey) ping against INC Only (wef 10 Jan 20)	Anit (5) The Bill (\$80) 40/\$45 \$120 \$30	Алі
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Nations Laimant's Particulars :-	Courtesy Car ()	Preparation Checklist: cident Reporting (\$30); mage Assessment (\$100); INC (ring Fee Sow-Through Survey ow-Through Survey (Resurvey) ping against INC Only (wef 10 Jan 20) inspection	Ant (5) fit Bill \$80) 40/\$45 \$120 \$30 05) \$75	Amu
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Laimant's Particulars: Priver/Owner: ontact No: arnaged Portion:	Courtesy Car ()	Preparation Checklist: cident Reporting (\$30); mage Assessment (\$100); INC (ving Fee Sow-Through Survey (Resurvey) ming against INC Only (wef 10 Jan 20) inspection DA + SMRT Survey	Ant (5) fit Bill \$80) 40/\$45 \$120 \$30 05) \$75	Amu
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Lime Actions Laimant's Particulars:- Priver/Owner: Contact No: amaged Portion:	Courtesy Car ()	Preparation Checklist: cident Reporting (\$30); mage Assessment (\$100); INC (ring Fee Sow-Through Survey (Resurvey) myg against INC Only (wef 10 Jan 20) inspection DA + SMRT Survey additional Services:- curtesy Car / Tpt Allowanus pair Co-ordination	Ant (5) fit Bill (\$80) 40/\$45 \$120 \$30 05) \$75 \$160	Amil
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	Courtesy Car ()	Preparation Checklist cident Reporting (\$30); mage Assessment (\$100); INC (ving Fee Sow-Through Survey (Resurvey) my against JNC Only (wef 10 Jan 20) inspection DA + SMRT Survey dditional Services:-	Ant (5) fpt Bill (\$80) (40/\$45 \$120 \$30 05) \$75 \$160	Amu
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	/ Courtesy Car ()	Preparation Checklist cident Reporting (\$30); mage Assessment (\$100); INC (ring Fee Sow-Through Survey ow-Through Survey (Resurvey) ping against INC Only (wef 10 Jan 20) inspection DA + SMRT Survey additional Services: urtesy Car / Tpt Allowance bair Co-ordination Repair Inspection / Collect Excess Coordination): TP (Non INC) against INC	\$80) \$40/\$45 \$120 \$30 05) \$75 \$160 \$25 \$30 \$25 \$30	Add B
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	Courtesy Car ()	Preparation Checklist cident Reporting (\$30); mage Assessment (\$100); INC (ring Fee Sow-Through Survey ow-Through Survey (Resurvey) ping against INC Only (wef 10 Jan 20) inspection DA + SMRT Survey additional Services: urtesy Car / Tpt Allowance bair Co-ordination Repair Inspection / Collect Excess Coordination): TP (Non INC) against INC c Mobile	\$80) \$40/\$45 \$120 \$30 05) \$75 \$160 \$25 \$30 \$25 \$30	Amu (

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- Please report <u>correctly</u> 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.

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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	18/11/2019 14:57
Date Of Accident	12/11/2019 13:10
Exact Location Of Accident	BLK 925 YISHUN CENTRAL 1 LOADING BAY
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMP6083H
Insured/Policyholder	
Name Of Registered Owner	TAN LI GEK
NRIC No	S6804735H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94560533
Alternative Phone No	OFFICE-94560533
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE HYBRID 1.5 AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5112824311
Cover Note Number	
Driver	
Name of Driver	LIM HAI HENG
NRIC No	S1782151B
Date Of Birth	21/08/1966
Occupation	OUTDOOR
Date Of Driving Pass	02/12/1997
Driving Experience	21 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94560533
Fax Number	
Contact Number	OFFICE-94560533

NOEMAIL

BLK 657 YISHUN AVENUE 4 Address

#07-361

760657 Postcode

NO Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

NO

NO

0

CLEAR Weather Conditions DRY Road Surface

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?

Was any injured conveyed to hospital by

ambulance?

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?

If Yes, Please state which Police Station

YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE Police Station Name

NO

YES

ROAD: 31 YISHUN CENTRAL, POSTCODE: 768827, COUNTRY:

Police Station Address SINGAPORE

TEL NO: 1800-8529999 - FAX NO: 68522299 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191113/2176 & T/20191112/2114.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

VIDEO FOOTAGE WITH DRIVER Remarks/ Reasons:

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

GBA1759J Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GV9119J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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.:

KETCH PLAN	
C	Vehicle A: SMP60834. Vehicle B: GBA1759J. Vehicle C: GV9119J
Pefer -	Report No: T/20191113/2176
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.:

ehicle No.	SMP 6083H Model / Make Honda Shuttle
ate of Accident	12 11 2019
me of Accident	BIO HRS
ocation of Accident	BLK 925 Yishun Central 1 Looding Bay
xact purpose use during accid	lent Work
lame of Owner	Lim Hai Heng
elephone No.	H/P: 94560533 Home: Office:
RIC	S1782151B
ddress	BLK 657 Yishun Avenue 4 # 07-361 S(760657)
laim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTUC
ype of Coverage	Comprehensive Third Party / Fire /Theft
olicy No.	SMP 5112824311
Name of Driver	As Above If No,
IRIC	Any Passengers :
Date of birth	21/8/1966
Occupation	Outdoor / Indoor
Driving License Pass Date	5/12/1997
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 Spise .
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	
Name And Contact No.	1 A.D.
Police Report	No, Of Yes, Where? Yishun With NPC
Vehicle B No.	GBA 17591 Any Passengers: —
Name of Driver	Contact No. :
Vehicle C No.	GV91197 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	Front portion
Camera Recorder	Yes / No
Email Address	
PARTICULAR WORKSHOP	N-I Automotive Pte Ltd
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	
FAX NO	6741 0510





1 of 3

Report No. T/20191112/2114

Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

REPORT	OF A	TRAFFIC	ACCIDENT
--------	------	---------	----------

Date/Time Report Made: 12/11/2019 16:40			Vide Report No.:	Station Diary No.: 86	
Informa	nt's Partic	ulars			
Name of LIM HAI	f Informant: HENG		Address: APT BLK 657 YISHUN 760657	N AVENUE 4 #07-361 SINGAPORE	
ID Type / ID No.: NRIC NO / S1782151B		Contact No.: Home/Office: Mobile: 94560533			
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Age: Date of Birth: Male 53 21/08/1966		Type of Informant: Driver			
Race: Chinese		Language: English	Institution / School Name:		
Occupation: Baker (general)		Driving Licence Inform Class: 3	nation: Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 12/11/2019 13:10	Type of Location Straight Road	
Location: Along Road 1 YISHUN ČEN Blk 925 Yishu Weather:		y Road Surface:		Road Speed Limit:	
Raining		Wet			
		Traffic Control: Not Controlled		Traffic Volume: Light	
Traffic Flow: One Way				0.63(-0.63)	

Details of V	ehicle Invo	lved		stakila 🐇		200
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
GBA1759J	Van			Red		0
SMP6083H	Car	HONDA	SHUTTLE HYBRID 1.5 AUTO	Red	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3 Report No. T/20191112/2114

CONTINUATION OF REPORT

Driver Name	LIM HAI HENG			ID No		S1782151B
Related Vehicle	SMP6083H (Car)			Conta	ct No.	94560533
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date			charge	NIL	
No. of Days gran	ted Medical Leave	Degree o	f Injury	NIL	tors research the terms	

Brief Details.

On 12/11/2019 at about 1310hrs, I parked my car at Blk 925 Yishun Central 1 loading bay. Later at about 1335hrs, I returned to my vehicle and realized that there was a van that had collided onto the front of my car. There were some scratches and dents at my car and the van. I then enquired with the van driver whom affirmed that there was a gap between his van and my car.





3 of 3 Report No. T/20191112/2114

CONTINUATION OF REPORT

Sketch Plan

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 Ro L / Sgt 2 BENJAMIN TAN	7	Signature Of Informant:
Signature Of Interprete Not applicable	er:	Date/Time: 12/11/2019 16:40
Officer In Charge Of C TP / HRT / Staff Sgt MUHAMMAD Contact No.: 6547613	KHAIRIL BIN KAMAL	Classification Of Case:
Authentication Stamp NP168	Signature:	91095





Police Station Of Origin: Yishun North N.P.C

31 Yishun Central SINGAPORE 768827

Tel No: 1800-8529999

1 of 4 Report No. T/20191113/2176

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/11/2019 19:11		Vide Report No.: T/20191112/2114	Station Diary No.: 165	
Informa	nt's Partic	ulars		
Name of LIM HAI	Informant: HENG		Address: APT BLK 657 YISHUN 760657	AVENUE 4 #07-361 SINGAPORE
ID Type / ID No.: NRIC NO / S1782151B		Contact No.: Home/Office:		
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Age: Date of Birth: Male 53 21/08/1966		Type of Informant: Driver		
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Baker (general)		Driving Licence Information Class: 3	ation: Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 12/11/2019 13:10	Type of Location Straight Road
Weather:		Road Surface:		Road Speed Limit:
Raining Traffic Flow:		Wet Traffic Control:		Traffic Volume:
One Way		Not Controlled		Light

Details of V	ehicle Invol	ved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBA1759J	Van	FIAT	DOBLO CARGO MAXI 1.6 MTJ AMT GLAZE	Red		0
GV9119J	Lorry	NISSAN	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO	Silver		0





2 of 4

Report No. T/20191113/2176

Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

CONTINUATION OF REPORT

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SMP6083H	Car	HONDA	SHUTTLE HYBRID 1.5 AUTO	Red	Slightly Damaged	0

Any Pedestrian In	volved: No			and the second		Resource and the Control of the Cont				
No. of Pedestrian	s Injured: NIL		Use of Ped	estrian	Cross	ing: NA				
Driver										
Name	Unknown Driver		ID No.		NIL					
Related Vehicle	GBA1759J (Van)			Contact No.		NIL				
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL				
Date Treatment	NIL	Date Disch	narge	NIL						
	ted Medical Leave	Degree of		NIL						
Driver		NIL		2012/01/01						
Name	Unknown Driver		ID No.		NIL					
Related Vehicle	GV9119J (Lorry)			Contact No.		NIL				
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL					
Date Treatment	NIL		Date Disch			1000				
No. of Days gran	ted Medical Leave	NIL	Degree of							
Driver										
Name	LIM HAI HENG			ID No.		S1782151B				
Related Vehicle	SMP6083H (Car)			Contact No.		94560533				
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Dat		Class: 3 Date of Expiry: NIL				
Date Treatment	NIL	West of the second	Date Disc	harge	NIL	Callegia - Table				
	ted Medical Leave	NIL			NIL	The state of the s				





3 of 4 Report No. T/20191113/2176

CONTINUATION OF REPORT

Brief Details.

I am lodging this report to add further facts from my previous report T/20191112/2114:

On 12/11/2019 at about 1310hrs, I parked my car at Blk 925 Yishun Central 1 loading bay. Later at about 1335hrs, I returned to my car and realized that there was a red van, GBA1759J, that had reversed collided onto the front of my car. There were some scratches and dents on my car and the van but there was no driver in the said van. The van driver came later and I enquired with the van driver whom affirmed that there was a gap between his van and my car. He also affirmed that he did not reverse collided into my car earlier. I then lodged a police report reference T/20191112/2114 for Hit and Run accident. I did not note down the particulars of the van driver.

When I returned home at night at about 7pm, my relatives assisted me to view my car CCTV camera and captured actual footage of accident whereby there was another lorry GV9119J a Silver Nissan which was parked infront of the van and the driver of the said lorry who is a male Chinese had reversed his lorry and banged on the front portion of the van which was parked at the loading bay. As such, the impact had caused the van to reverse backwards and hit onto my parked car. The van driver was not in his van during the accident.

The lorry driver alighted from his lorry and observed what had happened but immediately returned back to his lorry and quickly drive off. My car sustained damages on the front bumper. The van sustained damages on the rear and on the front body. No one was injured.

I still have the recording and able to provide to the traffic police for viewing. The said lorry number is GV9119J, a Silver Nissan with a male Chinese about 70 plus year old driver. That is all,







4 of 4 Report No. T/20191113/2176

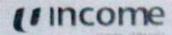
CONTINUATION OF REPORT

Sketch Plan

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: L / SI ZULKARNAIN BIN SOONARI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/11/2019 19:11
Officer In Charge Of Case:	Classification Of Case:
Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL Contact No.: 65476131	ISN URS HET & RUM
Authentication Stamp NP168 Signature	Jim.



Certificate of Insurance

200 F 608 341

SEPTETALINE

TANILGER

02:091:2019

61 Oct 2010

MOTOR VEHICLES (THIRD PARTY BUSIS AND COMPENSATIONS ACT ICHAPTER 189)
MICHOR VEHICLES (THIRD PARTY ROSES AND COMPENSATION) RULES 1990
ROAD TRANSPORT ACT, 1967 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) ROLES, 1959 (MALKYSIA)

Certificate Number: 3111824311

- Index mark and Registration Number of Virticle Chassis Number
- 2. Name of Policybolder
- 3. Effective Date of Insurance
- 4. Expery Date of Insurance
- 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 higher permission.
 Provided that the person driving is permitted in accordance with the licensing or offer 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 exactment or regulation in that behalf from driving the Motor Vehicle.
- 5. Limitations as to Use#
 - (a) Use for social domestic and pleasure purposes and in connection with the Rollogholder's business or profession

This Policy does not cover

- (a) Use for here or reward.
- (b) Use for racing, pace making, reliability trial or spend-testing
- (c) Use for the carnage of goods (other than samples) in connection with any trade or business.
- (d) Lise for any purpose in connection with the Motor Trade
 - # Limitations rendered inoperative by Section B of the Alotor Value (Third Party Ricks and Compensation)
 Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these

EXCESS (SECTION 1)	55600
EXCESS (SECTION 2)	M/A COLONIA CO
WINDSCREEN EXCESS	\$5,100
ADDITIONAL EXCESS	N/A
LINNAMED DRIVER EXCESS	PLEASE REFER DVERIEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	NO NO
INSURE WITH COE	VES
NCD PROTECTION	VIS
TRANSPORT ALLOWANCE	NO
EXCESS WAIVER	NO
	TAN LIGEX
PRIMARY DRIVER	N/A
NAMED DRIVER (1)	N/A
NAMED DRIVER (2)	N/A
HERE PURCHASE COMPANY	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

INSMART (INSURANCE) AGENCY PTE LTD (00000615165)

Date of Issue

30 Sep 2019 16:58 hrs.

FOR NEUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Hello, NAC_PAYA_UBI_E	00601				- I movement with	ALC: UNKNOWN	+ Chanc	je Languag	e Chan	ge Password	· Log Ou
My Desktop	Policy Query					Change Lunguage Change Password FLog					
Notice of Loss	Policy N	No.				Date	of Accident		12/11/2019 1	13:10	
	Vehicle	No (For Motor)	SMP60	83H		Certif	icate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5112824311		TAN LI GEK	S6804735H	GPC	drivo CLASSIC	SMP6083H	SMP6083H	02/10/2019	01/10/2020

Policy No.	5112824311	Policyholder	TAN LI GE	K	Policyholder	56804735	4
Certificate No.		Name			NRIC	30004/33/	
Address	BLK 657 #07-361 YISHUN AVEN	UE 4 SINGAP	ORE 760657				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	30/09/2019	Effective Date	02/10/201	9 00:00	Expiry Date	01/10/2020	0.23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			You	ung/Inexperience Driver Excess
Agent	INSMART (INSURANCE) AGENC	Agent Tel.	68420766		GST Flag	Y	
Co- insurance Flag Open Policy Info	No						
Certificate Info							
Info Policyh	older Mailing Address	3.000	New Yel				VERNA TOP COMPANY STORY
info	older Mailing Address BLK 657 #07-361	Addres		YISHUN AVENUE 4		Address 3	SINGAPORE 760657
Info	Section of the Control of the Contro	Addres Relate	ss Type d Policy	YISHUN AVENUE 4 Singapore address 5112824311		Address 3 Post Code	SINGAPORE 760657 760657
Info Policyh Address 1 Address 4 Jnit No.	Section of the Control of the Contro	Addres	ss Type d Policy	Singapore address			
nfo Policyh Address 1 Address 4 Jnit No. Insured	BLK 657 #07-361 d Object: SMP6083H	Addres Relate	ss Type d Policy	Singapore address			
Info Policyh Address 1 Address 4 Unit No.	BLK 657 #07-361 d Object: SMP6083H	Addres Relate Numbe	ss Type d Policy	Singapore address 5112824311		Post Code	
Info Policyh Address 1 Address 4 Unit No. Insured Endorse	BLK 657 #07-361 d Object: SMP6083H	Addres Relate Numbe	ss Type d Policy er indorsement	Singapore address 5112824311 Type		Post Code Status	760657

Claim Handling						
Accident HT/1071886						
Policy No.	9112824311	Vehicle Na	9MP6083H		GST Registration No.	
Certificate No.						
Policyholder Name	TAN LI GEK				Policyholder NRIC	86804735H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC		Loading	0
Contact No.(Mooile)	94560633	Contact No. (Office)	0		Contact No.(Home)	0.
mail Address	2002	Special Remark			eCode	19 W
PK	® No ○ Yes	TCA			eCode Reason	
CO Protection	Yes	NCD Entitlement(%)	50		Private Hire	No
Accident Details						
sport Date	18/11/2019 17:27	Accident Report Within 24 hrs	Yes		Accident Type	Damaged whist parked
ate of Accident	12/11/2019	Time of Accident hhomm	13:10		Country of Acodent	Singapore
iporting Centre		Orange Force			TCM No.	
cident Location	BLK 925 YISHUN CENTRAL I LOADING BAY					
Total Excess Applicable						
cess Type	Per Accident	Windscreen Excess		100.00		
Standard Excess	600.00	TP Standard Excess		0.00		
D OD Excess	500.00	YIED TP Excess		111110	Driver is Covered?	
ditional Excess	0	3100.1034000			Driver is Covered	
al OD Excess Applicable	1100.00	Total TP Excess Applicable				
Benefits						
GST Registered Inform	ation					
T Registered	No		GST Regis	tration Date		
Tilegistration No.			GST Statu		Yes	
dification History						
Policyholder Mailing Ad						
dress 1	BLK 657 +07-301	Address 2	YISHUN AVENUE		Address 3	SINGAPORE 760657
Oress 4		Address Type	Singapore address		Post Code	760657
r. No.		Related Policy Number	5112824311			
OI Driver Info	W000022	2010000	71 101			
ver Name named driver Name	LIM HA) HENG	Driver Type Driver NRIC	Unnamed Driver S1782151B		Onver DDB	NESTERNISTS
poter Date of Driver License		Driver Age	53		Oriving Experience	21/08/1966
stact No.(Mobile)	94560533	Contact No.(Office)	0.			21
iress 1	BUX 657	Address 2	YESHUN AVENUE		Contact No.(Home) Address 3	0
tress 4	SINGAPORE 760657					NEE SOON CENTRAL VIEW
t No.	07-361	Address Tyge	Singapore address	Ю.	Post Code	760657
es he own a Singapore	○ Yes ® No	2: 100030				
gistered car?	C 18 8 W	Oriver Vehicle No.			Driver Insurer Company	
daration						
rathalyser or Blood Test	0 mg	Any injury?	☐ Yes ⊕ No			
ading?	200	23.0303	0.000			
diffication History						
ancation History						
Claim 001 New						
m Type +	OD-MX	2000000000	articological			para 10 mm
		Insured Name	TAN LI GEK		Insured NRIC	S6804735H
tect No.(Mobile)	91783175	Contact No.(Home)	67581167		Contact No.(Office)	
el Address	haobang@singnet.com	Ot Vehicle Number	SMP6083H		TP Vehicle Number	GBA17593
mant Type Claimant Type* mant Name *	Please Select	Type of Benefit *	Please Select	~		
mant Address	22	Cammare NNOC *			78	
m Description	SMP6083H / G8A1759J ON 12 Nov 2019				Name of Preferred Workshop	
erred Workshop Contact		Insured Liability *	Not at Fault	101	welle of Preferred Workshop	
ure Finalisation	Yes				-	
ure rinatsation r Registered	18/11/2019 17:35	Preferend Repair Option Claim Close Date	Preferred Workshi	op, Name unknown 💟		Received 💟
ort Taken By	18/11/2019 17:35 Jackson	Liden Load Date			Date Necesynd	18/11/2019 00:00
	president.					
Print AK letter						
			Save Supmit			
tachment		,				
dent No.	MT/1071886	Claim No.	0	01		
Doc. Received	● Yes ○ No	Upload Date	83	8/11/2019 17:36		
	Path *			Category *	Confidential Urgen	cy * Description
		Browse	Clear Please	11.100.00000000000000000000000000000000	♥ V Normal	V
		Browse	Clear Please	Select	▼ Normal	V
		Browse	Clear Please		¥	•
		Browse	Clear Please		✓ Normal	
		Browse	Clear Please	1331		201209
		DIOMSE.	The same of the same	- constitution of the cons	V Normal	V

