NATIONAL Assessment Centre	Services well Janos	MAA1191619 VO			
Date In: 11 11 19-14:15	Jcb description	Date & Time Compl	eted	Done l	py.
Reino: Halinciaszyn zy	SAS e-filing				
Veh No: PC68439.	E-mail (within Shrs, AIC 2h	rs)			
D.O.A: 21/1/19-02:25	i-Motor Claim Form	M7/10767110	31 711	vlig	14:36
	i-Motor W/O (Within: O)				
OD TP Reporting Only	i-Photo Uploaded	\			
TP Insurer:	Assessment/Survey Repo	rt			
17 insurer:	Ass't Report by Fax / Ha	nd to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
TP Particulars: Veh No: Pers 36	c IN	C()/Non-INC()		
Owner / Driver: (The state of the s	Tel:)	
Policy No: () Period	1: () Cover Type: (- Andrew)	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Not	te-Est. Status (WO): N:	0-20%; P: 21-79%. P:	80-100%]		
Year of Registration: () Was	rranty: YES ()/NO)			
Excess: (\$) Loading: \$1,000	()/\$2,000()				
General Remarks;-			Paris and	C. 1	
() Walk-In Customer : Customer's informa				•	-
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() Total Loss Case : to e-mail Insurer I	JRGENTLY.				
Drive-In ()/ Towed-In (); Invoice: Y	ES()/NO()	; Towing Co: ()
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SINGAPORE ACCIDENT STATEMENT

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 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	21/12/2019 14:15
Date Of Accident	21/12/2019 02:25
Exact Location Of Accident	PASIR RIS DR 6 TWDS DOWNTOWN EAST
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PC6843P
Insured/Policyholder	
Name Of Registered Owner	LEXLIM TRANSPORT SERVICES
Co Reg No	5XXXX190W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91732408
Alternative Phone No	OFFICE-91732408
Vehicle Particulars	

Manufacturer TOYOTA

Model HIACE SUPER GL DARK PRIME 3.0 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

If No. Please state action to be taken

THIRD PARTY

Vehicle Category

BUS

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5097664308-01

Cover Note Number

Driver

Name of Driver LIM CHUAN SENG NRIC No SXXXX209E

 Date Of Birth
 28/11/1969

 Occupation
 OUTDOOR

 Date Of Driving Pass
 06/10/1993

Driving Experience 26 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91732408

Fax Number

Contact Number OFFICE-91732408

EMail Address NOEMAIL

BLK 6 HOLLAND CLOSE Address

#15-08

271006 Postcode

Was driver an employee of the Insured's Company

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

COLLISION - MAJOR/MINOR RD Type Of Accident

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? YES

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

EUNOS NEIGHBOURHOOD POLICE POST Police Station Name

NO

NO

1

YES

NO

ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE:

Police Station Address 470629 . COUNTRY: SINGAPORE

TEL NO: 1800-4439999 - FAX NO: 62444376 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191221/2064

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

NO

NO

YES

DETAILS OF OTHER VEHICLE PROPERTY 1

PC2536C Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

BUS Vehicle Category

GOH BENG GUAN Name of Driver

SXXXX903D NRIC/Passport Number 90183543 Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 27

2

NO

DETAILS OF INJURED PERSON 1

LIM CHUAN SENG Name

Approximate Age

BODY Injuries Sustain PC6843P Injured person in which vehicle? YES Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode

Page 3 of 27

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 <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)

Lunderstand, 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.

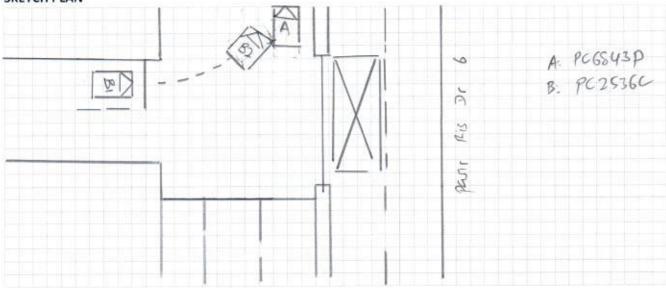
Policyholder's Signatur Date & Time: Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refir fo	o plice	1904-7/019m21/2064.	
	-		

DECLARATION

I/We declare the long 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 .:





Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

1 of 3 Report No. T/20191221/2064

REPORT OF A TRAFFIC ACCIDENT

	OF A TRAFFIC		10 20	
	ne Report M 019 13:31	ade:	Vide Report No.:	Station Diary No.
Informa	nt's Partict	lárs		
	f Informant: JAN SENG.	*	Address: APT BLK 6 HOLLAND CLC	SE #15-08 SINGAPORE 271006
The second secon	/ ID No.: O / S694720		Contact No.: Home/Office:	Mobile: 91732408
National SINGAP	ity: ORE CITIZE	EN	Email:	
Sex: Male	Age:	Date of Birth: 28/11/1969	Type of Informant: Driver	-
Race: Chinese		- W	Language: Mandarin	Institution / School Name:
Occupat	ion: MPLOYED	25	Driving Licence Information	Date of Expire

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/12/2019 02:25	Type of Location Straight Road
Location: Along Road 1 PASIR RIS D	RIVE 6	, BLK 406-411 PASIR R	IS CARPARK CLUSTI	ER BY THE LEFT.
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage	e Way	Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collis Between Mov	ion: · ring Vehicles - Head	d To Side	11 32	Anyone conveyed by ambulance:

Details of V	ehicle Invo	lved			A STATE OF THE STA	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
PC2536C	Van	TOYOTA	Hiace	White		0
PC6843P	Van `	TOYOTA	Hiace	Black	Slightly	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/20191221/2064

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

CONTINUATION OF REPORT

Driver					HELINA SELECTION AND ADDRESS OF THE PERSON A	200170005
Name	LIM CHUAN SENG			ID No.		S6947209E
Related Vehicle	PC6843P (Van)			Conta	ct No.	91732408
Hospital/Clinic	HEALTHPLUS CLIN	IIC & SUR	RGERY	Class Drivin Licend Expiry	g	Class: 3,4 Date of Expiry: NIL
Date Treatment	21/12/2019		The second second second	Discharge		2/2019
No. of Days gran	ted Medical Leave	04	Degr	ee of Injury	Sligh	t ·
Di er						COURTNOOLIAN
Name	GOH BENG GUAN			ID No		GOHBENGGUAN
Related Vehicle	NIL			Conta	act No.	90183543
Hospital/Clinic	NIL			Class Drivir Licen Expir	ng	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	714A-1986		Discharge	1112	
No. of Days gran	nted Medical Leave	NIL	Deg	ree of Injury	NIL	<i>3</i> .

Brief Details.

On the above mentioned date, time and location. I was driving a black Toyota Hiace along first lane on a two lane road. Suddenly a white Toyota Hiace drove out from Blk 406-411 Pasir Ris Carpark by my left. The said van collided onto my left van body and side-swiped the left side of my van. I wish to mention that the said van did not turn into the second lane due to a stationary car at the carpark entrance, but instead turned into the first lane.

As a result, the left car body at my van had dents and scratches. The left taillight was also damaged.

Due to the collision, I felt pain on my neck and shoulder region.

After exchanging particulars, I went to Healthplus Clinic & Surgery at a later timing and was given 4 days of Medical Leave.





Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

3 of 3 Report No. T/20191221/2064

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: G / Sgt 1 TAN LI JIE	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	21/12/2019 13:31
Officer In Charge Of Case: TP / AEIT /	Classification Of Case:
SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	

eBao Tech										Genera	alClaim
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My Desktop	Polic	y Query									ř
Notice of Loss	Policy N	0,				Date	of Accident	21	/12/2019 0	02:25	
	Vehicle	No.(For Motor)	PC6843	Р		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	5097664308- 01		TRANSPORT SERVICES	53375190W	GBS	Comprehensive	PC6843P	PC6843P	31/01/2019	30/01/2020
						Continue	l				

Policy No.	5097664308-01	Policyholder Name	LEXLIM TR	ANSPORT SERVICES	Policyholder NRIC	53375190W	
Certificate No.							
Address	BLK 6 #15-08 HOLLAND CLC	OSE SINGAPORE 2	71006				
Product Name	BUS INSURANCE	Plan			Group Policy Flag	N	
olicy ssue Date	28/12/2018	Effective Date	31/01/201	9 00:00	Expiry Date	30/01/2020 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	g/Inexperience Driver Excess
Agent	THINK ONE AUTOMOBILE &	TRA Agent Tel.	65553300		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
→ Policyl	nolder Mailing Address						
Address 1	BLK 6 #15-08	Addre	ss 2	HOLLAND CLOSE		Address 3	SINGAPORE 271006
Address 4		Addre	ss Type	Singapore address		Post Code	271006
Unit No.	15-08	Relate Numb	ed Policy er	5097664308-02			
lnsure	d Object: PC6843P						
	sements						
			Endorsemer		Endorsement	olecuración de	Endorsement Content

March Mar	aim Handling								
Ministry	cident MT/1076711		VXXXXX	normal na	8	CET Decistration No.			
Michael Mic	ley No.	5097664308-01	Vehicle No.	PCB843P	4	GST Registration No.			
Control Cont					-			PARTITOR !	
Control 1, 100 (100 (100 (100 (100 (100 (100 (1				S We					
Section Sect	duct Code	BUS INSURANCE							
This	react No. (Mobile)	91732408	Contact No.(Office)	0					
Marcial Control Marcial Co	all Address		Special Remark		33	eCode	1	1 ×	
Marche March 1970 March 1970	t	® No ○ Yes	TCA	® No ○Yes	8	eCode Reason			
MIT ADMINISTRATION OF THE PROPERTY OF THE PRO	D Protection	No	NCD Enddement(%)	10		Private Hire	*	Ha .	
March Marc	Accident Details								
March Marc	ort Date	21/12/2019 14:35	Accident Report Within 24 hrs	Yes.	- 3	Accident Type		Collision - Major Min	or Road
March 150 pt 170 pt 1	e of Accident	21/12/2019	Time of Accident Inhimm	02:25		Country of Accident		lingapore	
Part	orting Centre		Orange Force			IOM No.			
Part		PASIR RIS DR 6 TWDS DOWNTOWN BAST							
Marriage									
March Date		2,000,00	Additional Excess			Windscreen Excess	1	00.00	
		20075250	Dutside Singapore OD Excess						
### Tapper to T		. 700 00							
## PARTICIPATION 10		1,500.00	Outside Singapore IP Excess						
Magazination Maga									
Magnetication Magneticati					-				
### 2012-02-03 1-0 Address 2 ### Address 2 ### Address 3 ### Ad	The state of the s	Nia				222			
### Pilotopiase Halling Address 12			and the same of th		No.	765			
March Marc	fication History	21/12/2019 14:36:04 Syste	m cranges GST Status Verified fro	H1 AU 10 185					
March Marc	Policyholder Mallins Ad	dress							
### 16-08 #### Address Type ###### Singspore address ###################################			Address 2	HOLLAND CLOSE		Address 3		SINGAPORE 27100	6
15-06		and a contract of					Š.	271006	
OF Driver Info Unitaries Driver Or Human of Private Unitaries Driver Or Human of Street Unitaries Street 2 (1) 1/1999 Execution of Street Execution		15.06							
## Aller Under Briver Direct Type Oncert Age Direct 2008 2871/1389 Direct 2008 2871/1389 Direct 2008 2871/1389 Direct 2008 2871/1389 Direct 2008 Direct 200		Loren	received rained manufact.	- ARTHUMANUM NE					
### SUBSTANCE CONTRACT NOTIFICATION CONTRACT NOTI		Conserved Debugs	Oriver Type	Unnamed Driver					
Driver Description Descr						Deuer DOB		28/11/1969	
Back No. Modern									
### ### ##############################	ister Date of Oriver License	06/10/1993	Driver Age			건강님 집 얼마를 다시하다			
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