

[over 1 Jan'08] . MHA/2000/50/

NA200007.2		INVOICE REPORTING		DATE: 1/11/07		PAGE: 1 of 1	
Damages/Particulars:		1) AR: Accident Reporting (\$30)		2) DA: Damage Assessment (\$100)		ING (\$10)	
Driver/Owner:		3) TP: Towing Fee		340/345			
Contact No:		4) FT: Follow-Through Survey		\$120			
Damaged Portion:		5) FT: Follow-Through Survey (Resurvey)		\$30			
C. Checked by (Engr-In-Charge):		For claiming against ING Only (as of 10 Jan 2007)					
Auditors' Comments:		6) TR: Re-inspection		\$75			
Date:		7) NI: Idas DA + SMRT Survey		\$160			
2/3		8) NTUC Additional Services:					
		ON:					
		*N5: Courtesy Car / Tpl Allowance		\$3			
		*N6: Repair Co-ordination		\$10			
		*N7: Post Repair Inspection		\$25			
		*N8: DV / Collect Access Coordination		\$3			
		TP (NI): TP (N8) ING against ING		\$20			
		9) NI2: Idas Mobile		\$0			
		Invoice dated		Fee Charged			
		Invoice dated		Fee Charged			



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 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. 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	04/01/2020 15:18
Date Of Accident	03/01/2020 18:00
Exact Location Of Accident	TAN BOON LIAT BUILDING CARPARK DRIVEWAY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGJ6276X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM JOO GEK (LIN RUYU)
NRIC No	SXXXX131A
Email Address	DYEO120@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91727688
Alternative Phone No	OTHERS-91386603
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5082093860-03
Cover Note Number	
<b>Driver</b>	
Name of Driver	LIM WILLIE
NRIC No	SXXXX969J
Date Of Birth	11/01/1979
Occupation	OUTDOOR
Date Of Driving Pass	06/01/2003
Driving Experience	16 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91727688
Fax Number	
Contact Number	OTHERS-91386603
EMail Address	DYEO120@GMAIL.COM

Address	BLK 221 ANG MO KIO AVENUE 1 #10-761
Postcode	560221
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	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) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 81 ANG MO KIO AVE 3 , <b>POSTCODE:</b> 569929 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4519999 - <b>FAX NO:</b> 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200104/2036

#### 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	SGK15S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG CHOW LIN
NRIC/Passport Number	
Contact Number	96300273
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

3

**DETAILS OF INJURED PERSON 1**

Name	LIM WILLIE
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SGJ6276X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



## SKETCH PLAN

### IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
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3. 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.
7. 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:

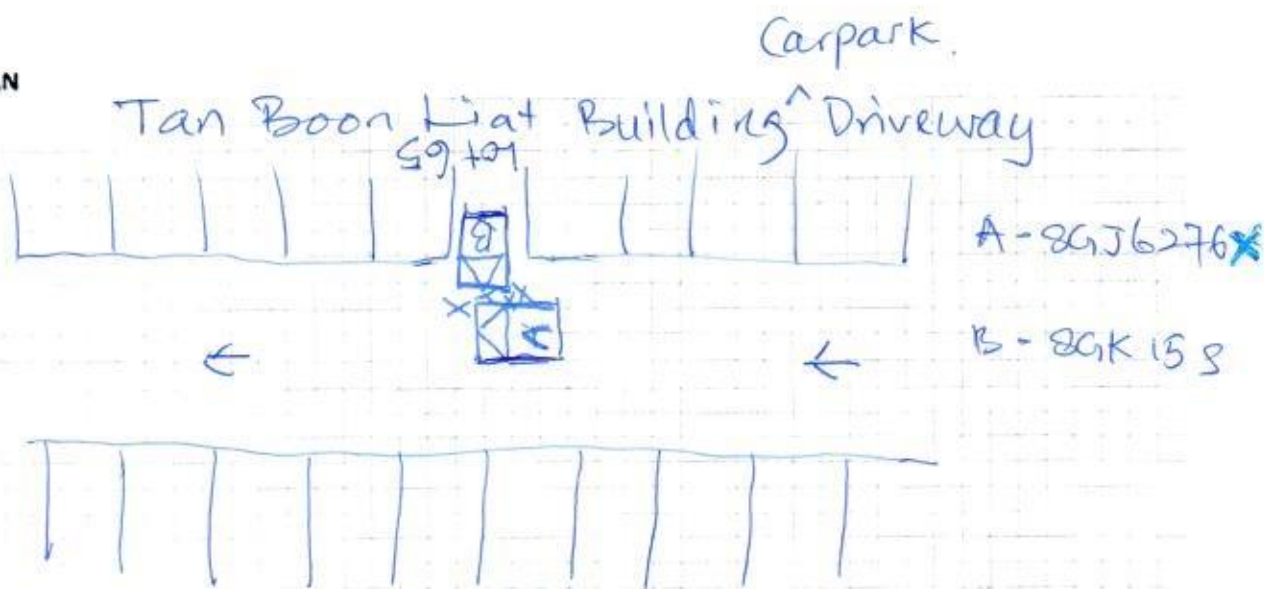
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
  - (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.
- (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:
  - (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  
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

Refer to police Report No:  
T/20200104/2036

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.	SGJ6276X	Model / Make	Toyota Wish
Date of Accident	03/01/2020		
Time of Accident	1800 HRS		
Location of Accident	Tan Boon Liat Building carpark driveway.		
Exact purpose use during accident	work		
Name of Owner	Lim Joo Gek		
Telephone No.	H/P : 91727688	Home :	Office :
NRIC	S8215131A		
Address	Blk 213A, Compassvale Lane # 12-252 S'541213		
Claim type	OD (THIRD PARTY) REPORTING ONLY		
Insurance Company	NTUC		
Type of Coverage	Comprehensive Third Party (Third Party / Fire / Theft)		
Policy No.	5082093860-3		
Name of Driver	As Above If No, Lim Willie		
NRIC	S79019695	Any Passengers :	
Date of birth	11-01-1979		
Occupation	(Outdoor) / Indoor		
Driving License Pass Date	06 Jan 2003		
Gender	(Male) / Female		
Contact No.	H/P : 91886603	Home :	Office :
Address	Blk 221, Ang Mo Kio Ave 1 #10-761 S'560221		
Driver have any own vehicle	(No,) If yes, Reg No.		
Relationship	Employee, If no, state Brother		
Weather condition	(Clear) Raining Other		
Road Surface	(Dry) Wet Other		
Any Injuries	No, (If Yes, Who? Lim Willie		
Name And Contact No.			
Name And Contact No.			
Police Report	No, (If Yes, Where?) T/20200104/2036		
Vehicle B No.	SGK15S	Any Passengers : 3	
Name of Driver	Wong chow Lin	Contact No. : 96300273	
Vehicle C No.		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			
Camera Recorder	Yes / No		
Email Address	dyee0120@gmail.com		
PARTICULAR WORKSHOP	Twincar Automotive		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON			
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		





**SINGAPORE  
POLICE FORCE**



T/20200104/2036

1 of 3

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

Report No. T/20200104/2036

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/01/2020 10:57	Vide Report No.:	Station Diary No.: 69
<b>Informant's Particulars</b>		
Name of Informant: LIM WILLIE	Address: APT BLK 221 ANG MO KIO AVENUE 1 #10-761 SINGAPORE 560221	
ID Type / ID No.: NRIC NO / S7901969J	Contact No.: Home/Office:	Mobile: 91386603
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Male	Age: 40	Date of Birth: 11/01/1979
Type of Informant: Driver		
Race: Chinese	Language: English	Institution / School Name:
Occupation: GRAB DRIVER	Driving Licence Information: Class: Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 03/01/2020 18:00	Type of Location: Car Park
Location: Along Road 1 OUTRAM ROAD				
In the carpark of Tan Boon Liat building				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGJ6276X	Car				Slightly Damaged	0
SGK15S	Car				Slightly Damaged	4

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20200104/2036

2 of 3

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

Report No. T/20200104/2036

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	LIM WILLIE	ID No.	S7901969J
Related Vehicle	SGJ6276X (Car)	Contact No.	91386603
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/01/2020	Date Discharge	04/01/2020
No. of Days granted Medical Leave	04	Degree of Injury	NIL
<b>Driver</b>			
Name	WONG CHOW LIN	ID No.	S2659879F
Related Vehicle	SGK15S (Car)	Contact No.	96300273
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 3/1/2020 at about 1800hrs, I was driving GRAB and was about to pick up a passenger at Tan Boon Liat Building. I was driving slowly in the carpark when suddenly, the vehicle (SGK15S) came out from CarPark Lot 65 and crashed into the driver side of the vehicle. The impact resulted in dents and scratches. We then alighted and exchanged particulars. I then left shortly after. While driving, I heard some unknown sound coming from the vehicle. As such, i went to the workshop to report about the accident. As my hand was hurting after the accident, i went to see a doctor and had gotten 4 days of MC.



SINGAPORE  
POLICE FORCE



T/20200104/2036

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

3 of 3

Report No. T/20200104/2036

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:

F /

Sgt 2 JEREMY KHOO WEI LIANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

04/01/2020 10:57

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168





Claim Handling

Accident MT/1078529

Policy No.	5082093860-03	Vehicle No.	SGJ6276X	GST Registra
Certificate No.				
Policyholder Name	LIM JOO GEK			Policyholder f
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	91727688	Contact No.(Office)		Contact No.(
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire
Accident Details				
Report Date	04/01/2020 15:21	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	03/01/2020	Time of Accident hh:mm	18:00	Country of Ar
Reporting Centre		Orange Force		ICM No.
Accident Location	TAN BOON LIAT BUILDING CARPARK DRIVEWAY			
Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	0.00	
OD Standard Excess	0.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cov
Additional Excess				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00	
Benefits				
GST Registered Information				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History				
Policyholder Mailing Address				
Address 1	BLK 213A #12-252	Address 2	COMPASSVALE LANE	Address 3
Address 4	SINGAPORE 541213	Address Type	Singapore address	Post Code
Unit No.	12-252	Related Policy Number	5082093860-03	
OI Driver Info				
Driver Name	LIM WILLIE	Driver Type	Named Driver	
Unnamed driver Name		Driver NRIC	S7901969J	Driver DOB
Register Date of Driver License	06/01/2003	Driver Age	40	Driving Exper
Contact No.(Mobile)	91386603	Contact No.(Office)		Contact No.(
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SGJ6276X	Driver Insure
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No	
Modification History				

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	L
Contact No.(Mobile)	91727688	Contact No. (Home)	
Email Address	DYEO120@GMAIL.COM	OI Vehicle Number	S
Claim Description	SGJ6276X / SGK15S ON 3 Jan 2020		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			
Print AK letter			
		Claim Close Date	
		Workshop Repairer	

Save

Submit

Attachment

Accident No. MT/1078529

Claim No. 001

Last Doc. Received \* Yes No

Upload Date 04/01/2020 15:47

Path

Category

Confid

Choose File No file chosen

Choose File No file chosen

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Choose File No file chosen

Message Road

Clear

Please Select

NO

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Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2020 15:47	Photos		Normal	I
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2020 15:47	Photos		Normal	I
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2020 15:46	NRIC/ Driving License	Y	Normal	NRIC/ D
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2020 15:46	NRIC/ Driving License	Y	Normal	NRIC/ D
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2020 15:46	NRIC/ Driving License	Y	Normal	NRIC/ D
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2020 15:46	SAS		Normal	

Video List

Uploaded By/Date	Folder Date	File Name	?
<div><div>Display in New Window</div><div>Scan and uploading</div></div>			



## 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:** 5082093860-03

**Cover :** Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle : **SGJ6276X**  
Chassis Number : ZNE100316927
2. Name of Policyholder : LIM JOO GEK
3. Effective Date of Insurance : 17 Jul 2019
4. Expiry Date of Insurance : 16 Jul 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 or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
PRIMARY DRIVER	: LIM JOO GEK
NAMED DRIVER (1)	: LIM WILLIE
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: KENSO LEASING PTE LTD
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 : S & M ALLIANCE PTE LTD (00000614373)  
Date of Issue : 12 Jun 2019 18:45 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive