

[sent 1 Jan'05]

14 MAY 2000 6546

15/01/2020  
1421

**Tel:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

INC( )/Non-INC( )Tel: . )Cover Type: ( )

Date: \_\_\_\_\_ Time: \_\_\_\_\_ )

%) [Note-Est. Status (WO): N: 0-20%: P: 21-79%: F: 80-100%]

Warranty: YES ( ) / NO ( )

Loading: \$1,000 ( ) / \$2,000 ( )

General Remarks:

( ) Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repolar.

( ) Total Loss Case : to e-mail Insurer **URGENTLY**.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Use 100% of 100%

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
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2) QC Check / Post Repair Inspection	( )		
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3) Upload Recovery Photo (Requir. Cost: \$30000)	( )				
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\_\_\_\_\_

*Injury:* \_\_\_\_\_

Digitized by Google

1

\_\_\_\_\_

\_\_\_\_\_

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10:00 AM

[illegible]

1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$10)	

Driver/Owner:	3) Towing Fee	340.143
	4) Towing Fee	1120

3) FT: Follow-Through Survey (Resurvey)	\$30
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6) TR: Re-inspection	375
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7) NI : Idaho DA + SMRT Survey	\$160
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1) NTUC Additional Services:	
ON:	

Checked by (Ingr-In-Charge):	* NS: Courtesy Car / Tpl Allowance	\$3
	NS: Bank Contribution	\$10

* No. Repair Combination	
* No. Post Repair Inspection	\$25

TP (NII) : TP (NIN INC) against INC	\$20	*
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2) NIZ: Idas Mobile	30	2004/04/20
London dated	Fee Charged	

2 / 3

Invoice dated  
Invoice dated

Fee Charged

**GRANT**



## 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	15/01/2020 09:48
Date Of Accident	14/01/2020 00:15
Exact Location Of Accident	ALONG ANG MO KIO AVENUE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB6057M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIM LEE HENG INVESTMENTS PTE LTD
Co Reg No	1XXXXX690E
Email Address	SLHENG32DS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96819494
Alternative Phone No	OFFICE-96519495

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5110827896
Cover Note Number	

### Driver

Name of Driver	LIM WEE MENG
NRIC No	SXXXX686D
Date Of Birth	22/10/1969
Occupation	OUTDOOR
Date Of Driving Pass	30/12/2016
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96819494
Fax Number	
Contact Number	OTHERS-96519495
Email Address	SLHENG32DS@GMAIL.COM

Address	BLK 116 ANG MO KIO AVENUE 4 #08-429
Postcode	560116
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### 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	SKV59K
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN JOHNNY
NRIC/Passport Number	
Contact Number	82898789
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
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.

利興私人有限公司  
SIM LEE HENG INVESTMENTS PTE LTD  
20 BUKIT BATOK CRESCENT  
#01-25 ENTERPRISE CENTRE  
SINGAPORE 658080  
TEL: 6270 0960 FAX: 6270 0986

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

Away from mo Kio Ave 3

A) GBB 6057M

B) SKV 59K



LORRY  
ROLL  
BACKWARD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 14/07/2020 AT ABOUT 00:15hrs I was stopping my lorry away from mo Kio Ave to wait for the red light to change & suddenly my lorry roll backward & hit the car SKV 59K which was behind my lorry GBB 6057M that all

DECLARATION

I/We declare the foregoing particulars are true in every respect.

SIM LEE HENG INVESTMENTS PTE LTD  
20 BUKIT BATOK CRESCENT  
#01-25 ENTERPRISE CENTRE  
SINGAPORE 658080  
TEL: 6270 0960 FAX: 6270 0986

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.:

15/01/2020

Report



Slaney Row Cols Stamp

# ACCIDENT STATEMENT

ACCIDENT DATE: 14.01.2020 (DD/MM/YYYY), TIME: 00.15 (HH:MM)

LOCATION: Along Auk Mo Kio Ave 3

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBB 607M  
b) INSURANCE COMPANY: AGAC  
c) POLICY NUMBER: 5110827896  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: BMW 1 Series  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: SIM CHIA HENG LIM (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 56936686 D CONTACT: 96819454  
c) ADDRESS: 10, 1965

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Lim Wai Meng (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 56936686 D CONTACT: 96819455  
c) ADDRESS: 10, 1965

\* d) DATE OF BIRTH: 10 / 1965 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

## 5. a) WEATHER CONDITION (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

## 6. WAS ANYBODY INJURED (YES/NO)

## 7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKV 59 K MODEL: MAHCHONZ  
b) DRIVER'S NAME: Not known  
c) NRIC/FIN/PASSPORT: 50110723 CONTACT: 52898789

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER:                      MODEL:                       
b) DRIVER'S NAME:                       
c) NRIC/FIN/PASSPORT:                      CONTACT:

Email: SLHeng3205@gmail.com  
VIDEO

Accident MT/1080210

Policy No.	5110827896	Vehicle No.	GBB6057M	GST Registration No.	M200446676
Certificate No.					
Policyholder Name	SIM LEE HENG INVESTMENTS PTE LTD			Policyholder NRIC	198105690E
Product Code	COMMERCIAL VEHICLE INSURAT	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	96519494	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	15/01/2020 14:16	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	14/01/2020	Time of Accident hh:mm	00:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG ANG MO KIO AVENUE 3				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/04/1994
GST Registration No.	M200446676	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	20 BUKIT BATOK CRESCENT	Address 2	#01-25 ENTERPRISE CENTRE	Address 3	SINGAPORE 658080
Address 4		Address Type	Singapore address	Post Code	658080
Unit No.		Related Policy Number	5094056102-02		

Of Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LSM WEE MENG	Driver NRIC	SXXXX686D	Driver DOB	22/10/1969
Register Date of Driver License	30/12/2016	Driver Age	50	Driving Experience	3
Contact No.(Mobile)	96519495	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 116 #08-429	Address 2	ANG MO KIO AVENUE 4	Address 3	KESUN BARU HEIGHTS
Address 4	SINGAPORE 560116	Address Type	Foreign address	Post Code	560116
Unit No.	08-429				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	NTUC	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes No
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Modification History

Claim 001 New

Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Insured Name

Insured NRIC

Contact No. (Home)

OT Vehicle Number

GBB6057M / SKV59K ON 14 Jan 2020

Insured Name

Insured NRIC

Contact No. (Office)

TP Vehicle Number

Name of Preferred Workshop

Preferred Workshop, Name unknown

GIA report

Received

15/01/2020 14:21

Claim Close Date

Date Received

15/01/2020 00:00

Report Taken By

ROSLI WANAB

Print AK letter

Save Submit

Attachment

Accident No.

MT/1080210

Claim No.

001

Last Doc. Received

Yes No

Upload Date

15/01/2020 14:21

Path \*

Choose File

No file chosen

Choose File

No file chosen

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No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Message Read

Category \*

Confidential

Urgency \*

Description \*

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

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Please Select

NO

Normal

Send Message

Upload

Attachment	Uploaded By/Date	Category	Urgency	Description	Hug Sent? (CD)	Action
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 15 Jan 2020 14:21	Photos	Normal	Photos 2020-1-15		Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 15 Jan 2020 14:21	Photos	Normal	Photos 2020-1-15		Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 15 Jan 2020 14:21	Photos	Normal	Photos 2020-1-15		Edit

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2020 14:21	Photos	Normal	Photos 2020-1-15	<a href="#">Edit</a>			
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2020 14:21	Photos	Normal	Photos 2020-1-15	<a href="#">Edit</a>			
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2020 14:21	Photos	Normal	Photos 2020-1-15	<a href="#">Edit</a>			
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2020 14:21	Photos	Normal	Photos 2020-1-15	<a href="#">Edit</a>			
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2020 14:21	Photos	Normal	Photos 2020-1-15	<a href="#">Edit</a>			
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2020 14:21	Photos	Normal	Photos 2020-1-15	<a href="#">Edit</a>			
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2020 14:21	Photos	Normal	Photos 2020-1-15	<a href="#">Edit</a>			
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2020 14:21	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-15	<a href="#">Edit</a>		
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2020 14:21	SAS	Normal	SAS 2020-1-15	<a href="#">Edit</a>			
<a href="#">Video List</a>								
Uploaded By/Date		Folder Date		File Name			Source	Action
				<a href="#">Display in New Window</a>		<a href="#">Scan and uploading</a>		



**THE SCHEDULE**

**Commercial Vehicle Insurance Policy**

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5110827896		
The Policyholder	: SIM LEE HENG INVESTMENTS PTE LTD 20 BUKIT BATOK CRESCENT #01-25 ENTERPRISE CENTRE SINGAPORE 658080		
Period of Insurance	: 20 Jul 2019 To 19 Jul 2020		
Sum Insured	: N/A		
Premium (inclusive GST)	: S\$1,154.14		
<b>Interest Insured</b>			
Cover Type	: Third Party		
Make/Model	: TOYOTA/DYNA 150D		
Capacity	: 1.86 ton(s)	Number of Seater	: 2
Registration Number	: GBB6057M	Registration Date	: 20 Jul 2009
Chassis Number	: JTFAT35Y20K200790	Insure with COE	: N/A
Excess (Section 1)	: N/A	NCD Entitlement	: 10%
Excess (Section 2)	: N/A	Loyalty Discount	: 5%
Hire Purchase Company	: N/A		

Memo A : N/A

Endorsement Operative : M1

Agency : PRO-LINK INSURANCE AGENCY (00000571869)  
Date of Issue : 04 Jul 2019 09:56 hrs

**DUTY OF DISCLOSURE**

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive