NATIONAL Assessment Cer	itre Services. wet 1 James	SI MNAINDOM394	
Date In: 14 M20-15:1V	Jeb description	Date & Time Completed	Done by
Ref No: 4M/14C20002607/14	SAS e-filing	İ	
Veh No: 3[W3]3[L	E-mail (within Shrs, AIC 2	hrs)	
D.O.A: 13/420-18:00	i-Motor Claim Form	m11084779-001	14/1/20 15:49
3	i-Motor W/O (Within: C		
OD / (P)/ Reporting Only	i-Photo Uploaded		
	Assessment/Survey Rep	oort	
TP Insurer:	Ass't Report by Fax / H	and to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:
TP Particulars: Veh No	IFMI I	NC()/Non-INC().	
Owner / Driver: (Tel:)
Policy No: ()	Period: () Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%	(WO): Note-Est. Status (WO): N	100000000000000000000000000000000000000	-100%]
Year of Registration: ()	Warranty: YES ()/NC)()	
Excess: (\$) Loading:	\$1,000()/\$2,000()	North annual Control	7935 N. C
General Remarks:-			
() Walk-In Customer: Customer's		& Strictly NO refer of repaire	г.
() Total Loss Case : to e-mail In			
Drive-In ()/ Towed-In (); Inv	oice: YES () / NO (); Towing Co: ()
Remarks:- (INC hotline: 6788 661)	6)	Date&Time Completed	Done by
Control of the Contro) / Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		(3)
3) Upload Resurvey Photo [Repair Cost:	> \$3000] ()	- 21	
Injurý:		 	
Date/Time Actions			MREASCHOUT.
•			
position of the position of the position	Inveio	e Preparation Checklist	Amit (S) Amit (S)
1/2001/12/MAZOO 1/1	200 X 200 X	ocident Reporting (\$30);	T(ac) Sinching Transfer
laimant's Particulars :-	2) DA : I	Damage Assessment (\$100); INC	(\$80) \$40/\$45
Driver/Owner:	4) FT : F	ollow-Through Survey	\$120
Contact No:	S) FT : F	ollow-Through Survey (Resurvey) siming against INC Only (wef 10 Jan 2	\$30 (<u>00</u> 5)
	6) TR: I	le-inspection	\$75 \$160
Parriaged Portion:	7) N1 : I 8) NTU	dac DA + SMRT Survey Additional Services:-	3100
C Cheeked by Come to Charge)	OD.		\$5
C Checked by (Engr-In-Charge):	•N6:	Courtesy Cer / Tpt Allowance Repair Co-ordination	510
Auditors Comments:	C. Law To State Control of the Property • N7:	Fost Repair Inspection DV / Collect Excess Coordination	S25 S3
Auditors! Comments ::	TP(N	11): TP (Non INC) against INC	\$20
	9) N12:	Idae Mobile Fee Charg	ai 30
at. 2/3;	Invoice	n . cl	MARKET CELET

Figure 1 to 100

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 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

aforesaid.	and to copies of the report being made available
New York and the Control of the Cont	ACCIDENT STATEMENT
Date Of Report	14/02/2020 15:12
Date Of Accident	13/02/2020 18:00
Exact Location Of Accident	ECP TWDS CITY BEFORE STILL RD EXIT
Country/State of Loss	SINGAPORE
THE COLD WILLIAM TO THE STREET	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SCW7171L
Insured/Policyholder	THE STATE OF THE PROPERTY OF T
Name Of Registered Owner	LIM BENG WEE
NRIC No	SXXXX061Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96184343
Alternative Phone No	OFFICE-96184343
Vehicle Particulars	
Manufacturer	BMW
Model	118I AT ABS D/AIRBAG 2WD HID 5DR
Exact Purpose for which vehicle was being used at time of accident	
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	5112114356
Cover Note Number	
Driver	
Name of Driver	LIM WEI KIAT, DARREN
IRIC No	SXXXX683F
Date Of Birth	31/10/1995
Occupation	INDOOR

Occupation INDOOR Date Of Driving Pass 17/10/2017

Driving Experience 2 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96638303

Fax Number

Contact Number OFFICE-96638303

EMail Address NOEMAIL Address

29 FLORA ROAD

#04-07

Postcode

509742

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

CHILDREN

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

CHAIN COLLISION

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

6

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

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)

2

Passenger 1

NAME:

: NG JOE YEE

GENDER:

FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200213/7016.

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

SMF123T

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

Contact Number

JORIS

NRIC/Passport Number

97615995

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLJ8304B

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

OLIVIA

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SLH6324S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

ALASTAIR

NRIC/Passport Number

Contact Number

97568302

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number

SJR964E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

JAMES

NRIC/Passport Number

Contact Number

96493017

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number

SLQ7025B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

VEERAPPAN

98584007

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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>.
- 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time: Oriver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time: A: SCW7171L B: SMF123T C: SLJ 8304B D: SLH6324S E: SJR 964E F: SLQ7035B

	DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
-	
	Refer to police report
1	
/	

DECLARATION

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

Policy holder's signature Date & time:

Driver's signature (if driver is not policy holder) Date & time:

reporting centre personnel's Signature NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 traffic police department for investigation.

Market Committee	ACCIDENT DETAILS	
Date of accident	13/02/2020	(DD/MM/YY)
Time of accident	12/02/12020 10:00	(HH:MM)
Exact location of accident		
	ECP (City) before still Road toit	

	D	ETAILS OF VE	HICLE	4	Market 199
Vehicle registration number	S	CW 7171 L			
Vehicle make and model	9	shw its			
Type of vehicle	Saloon Lorry	MPV Bus	CRV □ Motorcy	Van de cle	Others: Hatch Back
Vehicle category	Private □	Private Commercial Motorcycle			
Purpose of using at said time	Perso	Personal			
Are you claiming under your own insurance company?	Yes □ Third part c	Yes □ No. If no, please select: Reporting only □			

Meaning of Panel-San	INSURANCE IN	FORMATION	ACES TO THE PERSON NAMED IN
Insurance company	NTUC		
Policy number			-
Type of policy	Comprehensive ≠	Third party fire & theft \square	TP only

	INSURED / POLICY HOLDER		The same
Name	Lim Beng Wee	Male 🗆	Female 🗆
NRIC / Fin / Passport number	516490612		
Contact	96184343		
Address	29 Flora Road #04-07 (5) 509742		

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)					
Name	Lim wei kiat Darren	Male 🗹	Female 🗆			
NRIC / Fin / Passport number	S9539683F					
Contact	96638303					
Address	29 Flora Road #04-07 (s) 509742					
Email address	lim - Dayren@ outlook. com					
Date of birth	31/10/1995					
Occupation	Indoor Ø Outdoor 🗆					
Driving date pass	17/10/2017					

ARTHUR DESIGNATION	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes □ No Ø
the insured's company?	If no, relationship of the driver and insured: Former & Son
Accident captured by camera?	Yes □ No Ø
Weather condition	Clear A Raining Others:
Road surface	Dry Ø Wet □
No of passenger	2 (Inclusive of driver)
MESSAGE PROPERTY OF THE PERSON	PASSENGER 1
Name	Ng Joe Yee
Gender	Malé 🗆 Female 🗹
PRINCIPLE VICTORIAL VICTOR	PASSENGER 2
Name	
Gender	Male Female
THE RESERVE THE PARTY OF THE PA	PASSENGER 3
Name	
Gender	Male Female
Marin Carlotte Marin Carlotte Control	PASSENGER 4
Name	
Gender	Male D Female D
Contract	
NAME OF THE OWNER,	PASSENGER 5
Name	
Gender	Male Female
The second secon	PASSENGER 6
Name	
Gender	Male Female
Cenga	
	OTHER INFORMATION
Was anybody injured?	Yes No z
Was other vehicle damaged?	Yes p No 🗆
Was other remere admenses	
ASSESSMENT OF THE PROPERTY OF	DETAILS OF POLICE STATION ACTION
Reported to police?	Yes ≠ No □ If yes, please state which police station.
Police station name	Online
	/
A STATE OF THE STA	WITNESS 1
Name	
Trome	
EVER DE LA COMPANIE D	WITNESS 2
Name	THE STEE STEE STEE STEE STEE STEE STEE S
Name	

Vehicle registration number	SLQ 7025B	
Vehicle make model	314 (0190	
Name		
NRIC / Fin / Passport number	Vaccalib an	
Contact	veerappan 9858 4007	
Contact	78384001	,
THE REPORT OF THE PARTY AND	THIRD PARTY VEHICLE 2	
Vehicle registration number	STR 964E	
Vehicle make model	2011-10-10	
Name	James	
NRIC / Fin / Passport number	oures	
Contact	96493017	
	10 (1301)	
	THIRD PARTY VEHICLE 3	
Vehicle registration number	SHOW SLH 6324S	
Vehicle make model		
Name	Alastair	
NRIC / Fin / Passport number		
Contact	9756 8302	
	THIRD PARTY VEHICLE 4	TO SOME MANAGEMENT
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
		NAME OF THE OWNER, WHEN PER
WELL STATE OF THE PARTY OF THE	THIRD PARTY VEHICLE 5	
Vehicle registration number	SMF 123T	
Vehicle make model		
Name	Javis	
NRIC / Fin / Passport number		
Contact	9761 50918	
Comparison of the Comparison o		Mary and the same of the same
	THIRD PARTY VEHICLE 6	
Vehicle registration number	SLJ 83048	
Vehicle make model		
Name	Olivia	
NRIC / Fin / Passport number		
Contact	98 69 0362	
		3
	THIRD PARTY VEHICLE 7	THE WALLS
MANUFACTURE OF THE PARTY OF THE		
Vehicle registration number		
Vehicle make model		
Vehicle registration number Vehicle make model Name NRIC / Fin / Passport number		

Contact

MARINE SPECIAL PROPERTY.	THE REAL PROPERTY.	INJURED PERSON	1
Name		INJURED PERSON	
Injuries sustained		-	
Which vehicle person in?		· ·	
Were seat belts worn?	Yes	No 🗆	
Was injured conveyed to	Yes 🗆	No ≠	
hospital by ambulance?	internation of		
AND DESCRIPTION OF THE PARTY OF		INJURED PERSON	2 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Name		INJUNEDIERSON	S THE PROPERTY OF THE PARTY OF
Injuries sustained			
Which vehicle person in?		VV	
Were seat belts worn?	Yes 🗹	No 🗆	
Was injured conveyed to	Yes 🗆	No gr	
hospital by ambulance?			
Lancard March and Lancard Control (1997)		9)	/
ENTERNA DE LA COMPONIO		INJURED PERSON	
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?	0.75.00-0.0		
AND SHAPLY SHOW STATES	ALC: UNK	INJURED PERSON	4
Name			
Injuries sustained			
Which vehicle person in?		/	
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?	36505021630	1	
	STATE OF	INJURED PERSON	5
Name			
Injuries sustained			
Which vehicle person in?		/	
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No □	
hospital by ambulance?			
Medical Commencer Commencer	and the same of	INJURED PERSON	
Name	A		
Injuries sustained	/		
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes □	No 🗆	





1 of 4

Report No. T/20200213/7016

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 20 20:29	Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars .			
	Informant: KIAT, DAF		Address: 29 FLORA ROAD #04-07 SIN	IGAPORE 509742	
ID Type / ID No.: NRIC NO / S9539683F			Contact No.: Home/Office: Mobile: 96638303		
National SINGAP	ity: ORE CITIZ	EN	Email: lim_darren@outlook.com		
Sex: Male	Age: 24	Date of Birth: 31/10/1995	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Retail			Driving Licence Information: Class: Date of Expiry:		

	mation of the Accident	CAN THE STATE STATE OF THE STAT				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/02/2020 18:00	Type of Location Straight Road		
Location: EAST COAS	T PARKWAY					
Clear Traffic Flow:		Road Surface: Dry	R	Road Speed Limit: Traffic Volume: Moderate		
		Traffic Control: Not Controlled				
		ear		nyone conveyed by		

Vehicle No.:	Type	Make	Model	Color	Condition	No of Passenge
SCW7171L					Seriously Damaged	2
SJR964E	Car				Slightly Damaged	0
SLH6324S	Car				Seriously Damaged	0
SLJ8304B	Car				Seriously Damaged	0
SLQ7025B	Car				Slightly Damaged	0





2 of 4

Report No. T/20200213/7016

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Details of V	ehicle involv	ed:		50年19月1日日	交流产 的	经产生的
Vehicle No	Type	Make	Model	Golor	Condition.	No of Passenger
SMF123T	Car				Seriously Damaged	0

Any Pedestrian In No. of Pedestrian		Use of Per	lestriar	Cross	ing: NA	
Passenger	HOME HANDS OF BUILDING WARRING THE CONTROL OF THE PROPERTY OF	Use of Pedestrian Crossing: NA				
Name	NG JOE YEE		ID No.		S9425831F	
Related Vehicle	SCW7171L (Car)			ct No.	82314183	
Hospital/Clinic	NIL			of g ce & Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disc	Date Discharge NIL			
No. of Days gran	ted Medical Leave 01	Degree of	Injury	Slight		
Driver		10.00		2.5		
Name	LIM WEI KIAT, DARREN		ID No	•8	S9539683F	
Related Vehicle	SCW7171L (Car)			ct No.	96638303	
Hospital/Clinic	NIL			of g ce & Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disc		NIL		
No. of Days gran	ted Medical Leave 01	Degree of	Injury	Slight		

Brief Details.

On stated time and date, I was the driver of vehicle bearing carplate number SCW7171L travelling at ECP towards City before still road exit at lane 1.

The 1st car jam break and came to a full stop due to a flat tyre. Thus all of the behind car had to jam break. I managed to break in time.

Suddenly, I felt an impact from the rear and thus my car collided into the front. I came down and realised it is a 6 car chain collision. SLJ8304B collided into SMF123T and it collided into me (SCW7171L) and I collided into SLH6324S and collided into SJR964E and collided into SLQ7025B.

After the accident, I sustained injuries and consult a doctor and got 1 day MC.



T/20200213/7016

3 of 4

Report No. T/20200213/7016

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

4 of 4 Report No. T/20200213/7016

CONTINUATION OF REPORT

01	-L F	N 10
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ORCE		I CI I

Authentication Stamp

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 13/02/2020 20:29
Officer In Charge Of Case: TP / TPIB / NORAMEERA BINTE MOHAMED HUSSEIN Contact No.: 65476236	Classification Of Case:

Hello, NAC_PAYA_UBI_80	00601						· Chang	ge Languag	e • Chan	ge Password	· Log O
My Desktop	Policy Query										
Notice of Loss	Policy f	No.				Date	of Accident	[13/02/2020	18:00	
	Vehicle	No.(For Motor)	SCW71	71L		Certif	ficate Number	į			
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5112114356		LIM BENG WEE	S1649061Z	GPC	drivo CLASSIC	SCW7171L	SCW7171L	23/08/2019	22/08/2020

Info Policyh Address 1 Address 4 Jnit No.		Relate Numbe	s Type d Policy	#10-80 WATERTOV Singapore address 5112114356 t Type	219	Address 3 Post Code	SINGAPORE 828758 828758 Endorsement Content Thank you for giving us the
Policyh Address 1 Address 4 Jnit No. Insured	77 PUNGGOL CENTRAL 10-80 1 Object: SCW7171L	Addres Relate	s Type d Policy	Singapore address	219	- ich co-voc v	274274444444
Info Policyh Address 1 Address 4 Jnit No.	77 PUNGGOL CENTRAL 10-80	Addres Relate	s Type d Policy	Singapore address	219	- ich co-voc v	1900 Maria (1900)
Info Policyh Address 1 Address 4	77 PUNGGOL CENTRAL	Addres Relate	s Type d Policy	Singapore address	219	- ich co-voc v	2000 March 1960
info Policyh Address 1		0.00000000	5372	Wassing and American Street	219	- ich co-voc v	1900 Maria (1900)
info Policyh		Addres	ss 2	#10-80 WATERTON	VN A	Address 3	SINGAPORE 828758
nfo	older Mailing Address						
Policy Info Certificate							
pen							
Co- nsurance Flag	No						
Agent	TECK WEI CREDIT PTE. LTD.	Agent Tel.	64650020	null	GST Flag	Υ	
Singapore OD Excess	600	Singapore TP Excess	0			Your	ng/Inexperience Driver Excess
Excess Outside		Premium Outside	0				
Additional	0	Excess OS	the contract of the contract o		Excess		
Third Party Excess	0	Own damage	600		Windscreen	100	
Excess Type	Per Accident	All Claims Excess					
Policy ssue Date	23/08/2019	Effective Date	23/08/20:	19 00:00	Expiry Date	22/08/2020	23:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	29 FLORA ROAD #04-07 SING	APORE 509742					
Certificate No.		Policyholder Name	LIM BENG	G WEE	Policyholder NRIC	S1649061Z	

Accident MT/1084379 Policy No.					
POSICY No.		was a second			
Certificate No.	5112114356	Vehicle No.	SCW7171L	GST Registration No.	
Olicyholder Name	LIM BENG WEE			Policyholder NRIC	\$1649051Z
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96184343	Contact No.(Office)	0	Contact No.(Home)	0
Smell Address		Special Remark		eCode	N. Y
OFK.	No ○ Yes	TCA	® No ⊜Yes	eCode Reason	Land
ACD Protection	No	NCD Entitlement(%)	50		
W Accident Details			~	Private Hire	No
leport Date	14/02/2020 15:47	Academ Report Within 24 hrs			
late of Accident	13/02/2020		s Yes	Accident Type	Chain Collision
eporting Centre	1701/2020	Time of Accident hh;mm	18:00	Country of Accident	Singapore
Ccident Location		Orange Force		1CM No.	
Total Excess Applical	ECP TWDS CITY BEFORE STILL RD EXIT				
coes Type					
constitution of the consti	Per Accident	Windscreen Excess	100.00		
D Standard Excess	600.00	TO Provide the same			
ED OD Excess	0.00	TP Standard Excess	0.00		
dditional Excess		YJED TP Excess	0.00	Driver is Covered?	Covered
otal OD Excess Applicable	0	201020300000000000000000000000000000000			
P Benefits	600.00	Total TP Excess Applicable	0.00		
	A 1420				
GST Registered Infor					
T Registered	No		GST Registration Date		
T Registration No.			GST Status Verified	Yes	
Section Pattory					
Policyholder Mailing A	Address				
lovess 1					
	77 PUNGGOL CENTRAL	Address 2	#10-80 WATERTOWN	Address 3	SINGAPORE 828758
Adresa 4		Address Type	Singapore address	Post Code	828758
nit No.	10-80	Related Policy Number	5112114355		
OI Driver Info					
iver Name	LIM WEI KIAT, DARREN	Driver Type	Named Driver		
named driver Name		Driver NRIC	S9539683F	Driver DOB	31/10/1995
gister Date of Driver Licens	e 17/10/2017	Driver Age	24	Driving Experience	2
ntect No.(Mobile)	96638303	Contact No.(Office)	0	Contact No.(Home)	0
Oress 1	29 FLORA ROAD	Address 2	ESTELLA GARDENS	Address 3	
dress 4		Address Type	Singapore adcress		SINGAPORE 509742
E No.	04-07		Singapore address	Post Code	509742
es he own a Singapore	O Yes ® No				
gistered car?	CHESIC	Driver Vehicle No.		Driver Insurer Company	
Saration					
athelyser or Blood Test	0 ma				
rathalyser or Blood Test	0 mg	Any injuny?	○ Yes ® No		
claration eatheryser or Blood Test ading?	0 mg	Any injury?	○ Yes ® No		-10-5
rathalyser or Blood Test	0 mg	Any injuny?	○ Yes ® No		
athalyser or Blood Test sting? infration History	0 mg	Any insury?	○ Yes ® No		
athalysier or Blood Test sting? afcation History	0 mg	Any injury?	○ Yes ® Mo		
athalyser or Blood Test ding? fication History	0 mg	Any injuny?	○ Yes ® Mo		
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atheryser or filcod Test ding? dication History laim 001 New		Insured Name	LIM BENG WEE	Insured NRIC	S1649061Z
atharyser or Blood Test string? Incation History Ialim 601 New Type * Tact No.(Mobile)	ор-мх <u>v</u> 96184342	Insured Name Contact No.(Home)	LIM BENG WEE 65997117	Contact No.(Office)	S1649061Z 65469357
ethalyser or filcod Test ding? fication History laim 001 New Type * tact No. (Mobile) il Address	96184343 BENLIM7171@YAH00.COM.SG	Insured Name Contact No.(Home) OI Vehicle Number	LIM BENG WEE 06997117 SCW7171L		Part of the same o
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athelyser or Blood Test ding? fication History laim 001 Mew m Type * tact No.(Mobile) til Address mant Type Claimant Type * mont Name *	96184343 BENLIM7171@YAH00.COM.SG	Insured Name Contact No.(Home) OI Vehicle Number	LIM BENG WEE 05997117 SCW7171L	Contact No.(Office)	65469357
athalyser or Blood Test ding? fication History laim 001 New Type * tact No.(Mobile) iii Address mant Type Claimant Type * mant Name *	OD-MX 95184342 BENLIM7171@YAHOO.COM.SG Please Select	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit *	LIM BENG WEE 05997117 SCW7171L	Contact No.(Office)	65469357
athalyser or Blood Test ding? fication History laim 001 New Type * lact No.(Mobile) iii Address mant Type Claimant Type * mont Name * ment Address in Description	GO-MX S6184342 BENLIM7171@YAHOO.COM.SG Please Select	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit *	LIM BENG WEE 05997117 SCW7171L	Contact No.(Office)	65469357
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athelyser or Blood Test string? Infloation History Ialim 001 New Type * Iacc No. (Mobile) Isli Address mant Type Claimant Type * mant Address In Description Erred Workshop Contact	OD-MX 95184342 BENLIM7171@YAHOO.COM.SG Please Select	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	LIM BENG WEE 05997117 SCW7171L Please Select	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	65469357 SMF123T
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atheriyaer or Blood Test ding? dication History laim 001 New Type * tact No.(Mobile) iii Address mant Type Claimant Type * mant Address in Description erred Workshop Contact uire Finalisation Registered	OD-MX	Insured Name Coreact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	LIM BENG WEE 05997117 SCW7171L Please Select	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	65469357 SMF123T
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3	NAC_PAYA_UBI_800601[NATI CES) on 14	CONAL ASSESSMENT CENTRE SERVI Feb 2020 15:49	Photos		Normal		Photos 2020-2-14	
3	NAC_PAYA_UB3_800603(NAT: CES) on 14	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Feb 2020 15:49			Normal		Photos 2020-2-14	
3	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Feb 2020 15:49		Photos		Normal		Photos 2020-2-14	
	NAC_PAYA_UB1_B00601(NAT CES) on 14	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Feb 2020 15:49			Normal		Photos 2020-2-14	
	NAC_PAYA_UB1_800601(NAT CES) on 14	TONAL ASSESSMENT CENTRE SERVI Feb 2020 15:49	Photos		Normal		Photos 2020-2-14	
3	NAC_PAYA_UBI_800601[NAT CES) on 14	TONAL ASSESSMENT CENTRE SERVI Feb 2020 15:49	Photos		Normal		Photos 2020-2-14	
3	NAC_PAYA_UB1_800601(NAT CES) on 14	TONAL ASSESSMENT CENTRE SERVI 9 Feb 2020 15:50	Photos		Normal		Photos 2020-2-14	
	NAC_PAYA_UBI_800603(NAT CES) on 1-	TONAL ASSESSMENT CENTRE SERVI Feb 2020 15:50	Photos		Normal		Photos 2020-2-14	
3	NAC_PAYA_UBI_B00601(NAT CES) on 1	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Feb 2020 15:50			Normal	Photos 2020-2-14		
	NAC_PAYA_LIBI_800601(NA CES) on 1	TIONAL ASSESSMENT CENTRE SERVI 4 Feb 2020 15:50	Photos		Normal		Photos 2020-2-14	
	NAC_PAYA_UBI_800601(NA CES) on 1	TIONAL ASSESSMENT CENTRE SERVI 4 Feb 2020 15:50	Photos		Normal		Photos 2020-2-14	
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	NAC_PAYA_UB1_800601(NA CES) on 1	TIONAL ASSESSMENT CENTRE SERVI 4 Feb 2020 15:50	Photos		Normal		Photos 2020-2-14	
63	NAC_PAYA_UBI_B00601(NA CES) on :	TIONAL ASSESSMENT CENTRE SERVI 14 Peb 2020 15:50	SAS		Normal		SAS 2020-2-14	
28	NAC_PAYA_UB1_800601(NAC_PAYA_UB1_800601) NAC_PAYA_UB1_800601(NAC_PAYA_UB1_800601)	ATIONAL ASSESSMENT CENTRE SERVI 14 Feb 2020 15:S1	NRIC/ Driving License	Y	Normal	NROC	/ Driving License 2020-2-14	
\$.R	NAC_PAYA_UBI_800601(NAC_PAYA_UBI_800601(NAC_PAYA_UBI_800601) NAC_PAYA_UBI_800601(NAC_PAYA_UBI_800601)	ATIONAL ASSESSMENT CENTRE SERVI 14 Feb 2020 15:51	NRIC/ Driving License	Y	Normal	MRIC	7 Driving License 2020-2-14	100)
ttachment	Uplo	eaded By/Date	Category	?	Urgency		Description	Msg Sent? (CO)