	ntre Services	Date &Time Completed	Done by	
Date In: 13 12-19:43				96
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Veh No: SKR3852M	E-mail (within Shrs, AIC 2hrs		121/2 19:5	
D.O.A : 10 M 12- 00.05	i-Motor Claim Form	100, whise 1 Lw	17101	
1	i-Motor W/O (Within: OD	2hrs, TP 4hrs)		
OD : TP)! Reporting Only	i-Photo Uploaded			
	Assessment/Survey Repor	t j		
TP Insurer:	Ass't Report by Fax / Har	nd to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	:(	Tel:	Fax:	)
TP Particulars: Veh No.		C( )/Non-INC( ).		
Owner / Driver: (		Tel:		
Policy No: ( )	Period: (	) Cover Type: (		
5 6 11 /	Date:	Time:	,	
Insured/Driver Liability: (	%) [Note-Est. Status (WO): N:	0-20%; P: 21-79%. P: 80	100%]	
Year of Registration: (	) Warranty: YES ( )/NO			
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General Remarks:  ( ) Walk-In Customer : Customer	's information strictly Confidential	& Strictly NO refer of repaire	er	
( ) Total Loss Case : to e-mail I	Insurer URGENTLY.	No orac 14 of		
	nvoice: YES ( ) / NO (	; Towing Co: (		)
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### 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.
- 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	17/02/2020 19:43
Date Of Accident	17/02/2020 00:05
Exact Location Of Accident	MARYMOUNT RD BEFORE SHUNFU RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKR3852M
Insured/Policyholder	
Name Of Registered Owner	LIM KOON CHAI
NRIC No	SXXXX954B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91472116
Alternative Phone No	OFFICE-91472116
Vehicle Particulars	
Manufacturer	HONDA
Model	ODYSSEY 2.4 EXV-S CVT LED SR
Exact Purpose for which vehicle was being used at ime of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f 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	5115313673
Cover Note Number	
Driver	
Name of Driver	LIM SIANG KIAT DOUGLAS

SXXXX425C NRIC No Date Of Birth 15/04/1996 Occupation INDOOR Date Of Driving Pass 03/05/2016

**Driving Experience** 3 YEARS AND 9 MONTHS

MALE Gender

Mobile Number (LOCAL) +65-93890418

Fax Number

OFFICE-93890418 Contact Number

NOEMAIL **EMail Address** 

Address

128 PUNGGOL WALK

#16-11

Postcode

828775

CHILDREN

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle

Vehicle Registration Number of Driver's Own

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?

YES

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: TRICIA LAU LING XUAN

GENDER:

: FEMALE

## **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

REFER TO STATEMENT.

# 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

SJU6269C

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)

# Name DETAILS OF INJURED PERSON 1 LIM SIANG KIAT DOUGLAS

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKR3852M

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

### **DETAILS OF INJURED PERSON 2**

Name TRICIA LAU LING XUAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKR3852M

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
- 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 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.
- 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)

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 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 Person

Signature

NRIC/FIN No.

	Vihille A= SKR 3852 m.
A	Vehicle 8= 824 6269 C
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On the stated date all time I consul it was stationary on the stated come as in traffic lights were red. Sudden I felt as insect
stated came as in traffic 1.51765 were red. Sulderly I felt an impart
al romalised that valle B has collided noto my rear. My passenger and
I delt unrell after him author of new to lacendran clinic to see the
dacter and my given sdays of me early

# **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 Personne Signature

Name:

NRIC/FIN No.:

Date of Acci	ident	17/02/2020 Accident Time: 00:05 (24-HR-Format)
Accident Pla	ice	MARYMOUNT ROAD BEFORE SHUNDU ROAD
Vehicle No.	(Car Plate No.)	SKK3852m Make Model HONDA ODESSEY
Insurace Con	npany	Policy No: SI15313673
Owner or Co	mpany Name /IC No.	: LIM KOON CHAI 51417 954B
Owner or Cor	mpany Contact No.	: 91472116 Owner's Hp Company Tel
DRIVER'S N	lame / IC No.	LIM SIANG KIAT DOUGLAS.
DRIVER'S D	ate Of Birth	15/04/1996 DRIVER'S License Pass Date 03/05/2016
Relationship o	of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S A	ddress	: 128 PUNGGOL WALK #16-11 DNLAPORG 828775
DRIVER'S Co	ontact No./ Alt No.	:1) 9389 0418 2)
DRIVER'S Oc	ccupation	: NDOOR \OUTDOOR (e.g. working inside or outside office)
Email Address		
Weather & Ro	ad Surface	CLEAR & DRY RAINING & WET AFTER RAIN & WET
Reporting Type	e	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Pas	sengers (Including D	river): Ø 2
Exact purpose i	video Captured by ca for which vehicle was YES, Pls state): YE	being used at the time of accident: Private use \ Work purpose
	Other P	arty Driver's Particular (if any)
Vehicle. No:	SJY 626AC	Vehicle. No:
Vehicle Make\N	Model:	Vehicle Make Model:
Name Driver:		Name Driver:
IC No. Driver/C	ontact:	IC No. Driver/Contact:
* NEW - Pass	senger's name &	gender:

TRICIA LAN LINK XUAN - FEMALE



# 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)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5115313673

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SKR3852M

Chassis Number

: JHMRC1890EC204806

2. Name of Policyholder

: LIM KOON CHAI

3. Effective Date of Insurance

: 03 Feb 2020

4. Expiry Date of Insurance

: 02 Feb 2021

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 business or profession.

### This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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)** : N/A WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : YES TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : YES

PRIMARY DRIVER : LIM KOON CHAI

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY

: OCBC BANK 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

: ASSURE (SINGAPORE) PTE. LTD. (00000615327)

Date of Issue

: 07 Jan 2020 17:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

**Chief Executive** 

Hello, NAC_PAYA_UBI_80	0601		7.57		Section Control of	THE RESERVE	. Chan				alClaim
My Desktop Notice of Loss	Poli	cy Query					Chan	ge Languag	e Chan	ge Password	Log O
World of Loss	Policy !	No.				Date	of Accident		17/02/2020 (	00:05	
	Vehicle	No.(For Motor)	SKR38	SKR3852M Certificate Number							
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5115313673		LIM KOON CHAI	S1417954B	GPC	drivo CLASSIC	SKR3852M	12-27	03/02/2020	02/02/2021

Policy No.	5115313673	Policyholder Name	LIM KOON	CHAI	Policyholder NRIC	S1417954B	
Certificate No.							
Address	128 PUNGGOL WALK #16-11 EC	OPOLITAN SI	NGAPORE 8	28775			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	07/01/2020	Effective Date	03/02/202	0 00:00	Expiry Date	02/02/2021 23	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	0.0		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	0.0	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
Agent	ASSURE (SINGAPORE) PTE. LTD	Agent Tel.	68038751		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
Address 1	128 PUNGGOL WALK	Addre	ss 2	#16-11 ECOPOLI	TAN	Address 3	SINGAPORE 828775
Address 4		Addres	ss Type	Singapore address	s	Post Code	828775
Unit No.		Relate Numb	d Policy er	5115313673			
▶ Insured	d Object: SKR3852M						
<b>▽</b> Endors	ements						

Continue Cancel

State   Stat	ocident MT/1084722									
Section 1.		5115313673	Vehicle No.	SKR385	2M		GST Registration No	(i)		A CHARLES
Moderation   Mo	ertificate No.						510 / E1 (510 /			
Moderation   Mo	plicyholder Name	LIM KOON CHAI					Policyholder NR3C		514179	548
Control to   Con			Cover Type	drive C	ASSIC					
Secure		Park Company of the C			MINER.					
Committee   Comm		217.2.2								
C2   Prediction   Table		® No ○ Yes		@ No. C	TVer				100.00	
Water Service		English and the second			, 103				No.	
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The Marked   10020033			10000				5 50 55		2220	65 W62
Part	eport Date	17/02/2020 19:55	Acadent Report Within 24	nrs Yes			Accident Type		Collision	- Head to Rear
MARCHOLINE MARCHES BRUNNE BURNES   1800   1	ate of Accident	17/02/2020	Time of Accident hh:mm	00:05			Country of Acadent		Singapo	
Production Sequence	eporting Centre		Orange Force				ICM No.			
Distance   Part Applicate   Supplication   Suppli	codent Location	MARYMOUNT RD BEFORE SHUNPU RD								
20 co Cores   200	7 Total Excess Applicable									
100 Defents	cess Type	Per Accident	Windscreen Excess		100.00					
100 Orders										
## ADDRESS   1500 00   1561 17   1501 00   1561 17   15	Standard Excess	0.00	TP Standard Excess		0.00					
200 Care   1900	ED OD Excess	2500.00	YIED TP Excess				Driver is Covered?			
Part	ditional Excess	0								
Part	eal OD Excess Applicable	2500.00	Total TP Excess Applicable							
## PAST REPAIR AND PAST PAST PAST PAST PAST PAST PAST PAST			A SUMEAN STORY AND SUME							
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Driver Name    Driver Name	OI Driver Info									
## Down	iver Name	Unnamed Driver	Driver Type	Unname	Ø Driver					
Carried No. (Probley)   93 9964   8	named driver Name	LIM SIANG KIAT DOUGLAS	Driver NRIC	500004	25C		Driver DOB		15/04/1	996
Agrees 2   128 P.MCGOL, WALK   Agrees 2   BCOPQLITAN   Agrees 3   SINGAPORE 628775	gister Date of Driver License	03/05/2016	Driver Age	23			Driving Experience		3	
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Imant Address  Im Description  SKR3852M / SJU6269C ON 17 Feb 2020  Insured Liability * Not at Fault  Quire Finalisation  Yes  Preferenced Repair Option  Preferred Workshop, Name unknown  GlA report  Received  17/02/2020 19:58  Claim Close Date  Date Received  17/02/2020 00:00  Print AK letter   Attachment  Print AK letter  Attachment  Print AK letter  Attachment  Print AK letter  Browse  Description  Browse  Description  Preferred Workshop  Name of Preferred Workshop  Received  17/02/2020 00:00  Received  17/02/2020 00:00  Preferred Workshop  And Tributed Liability * Not at Fault  Attachment  Date Received  17/02/2020 19:59  Category * Confidential Urgency * Description  Browse  Browse  Description  Browse  Description  Description  Preferred Workshop  And Tributed Liability * Not at Fault  Action  Received  17/02/2020 19:59  Confidential Urgency * Description  Browse  Description  Browse  Description  Description  Description  Description  Received  17/02/2020 19:59  Confidential Urgency * Description  Descr	imant Type Claimant Type *	Please Select	Type of Benefit *	Please 5	Select					
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