	re Services. Well Jan	OSIMNAN OUNTO	ed Done by
Date In: 2/2/2015	Jeb description	Date & Time Complet	ed Doue of
Ref No: 44 14 C2003 369 24	SAS e-filing	i	
Veh No: SICP3487K	E-mail (within Shrs, AIC	2hrs)	
D.O.A: 23/2/20-11:30	i-Motor Claim Form	m7/1085569-00	1 2/1/10 15:24
	I-Motor W/O (Within:	OD 2hrs, TP 4hrs)	
OD / TP-/ Reporting Only	i-Photo Uploaded		
	Assessment/Survey Re	port	
TP Insurer:	Ass't Report by Fax /	Hand to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No: Jev	39568	INC()/Non-INC()
Owner / Driver: (Tel:)
Policy No: () P	eriod: () Cover Type: (
Confirmed by : (Date)
Insured/Driver Liability: (%)	[Note-Est. Status (WO):	N: 0-20%; P: 21-79%. P:	80-100%]
Year of Registration: ()	Warranty: YES ()/N	0()	to and
Excess: (\$) Loading: \$1,	,000 ()/\$2,000 ()		
General Remarks:	Access and access and access and		265524 5
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() Total Loss Case : to e-mail Insu		* 1 .j.	-
	ce: YES() / NO(); Towing Co: (.)
		- 1	ad Done by
Remarks:- (INC hotline: 6788 6616)		Date& Time Comple	ade Sectionary
1) Apply for Transport Allowance ()/	Courtesy Car ()		
	()		
2) QC Check / Post Repair Inspection	()		
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost >]	()		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.

	ACCIDENT STATEMENT
Date Of Report	24/02/2020 15:06
Date Of Accident	23/02/2020 11:30
Exact Location Of Accident	CTE TWDS CITY BEFORE BRADDELL RD EXIT
Country/State of Loss	SINGAPORE
District Control of the Control of t	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKP3481K
Insured/Policyholder	
Name Of Registered Owner	LIM MEI LIAN
NRIC No	SXXXX739H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-89210840
Alternative Phone No	OFFICE-89210840
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	CLA180 (R18 BI)
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105579829
Cover Note Number	
Driver	
Name of Driver	POH SENG LENG (FU CHENGLONG)
NRIC No	SXXXX240A
	0.4/05/4000

 NRIC No
 SXXXX240A

 Date Of Birth
 24/05/1982

 Occupation
 INDOOR

 Date Of Driving Pass
 03/11/2018

Driving Experience 1 YEAR AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82871124

Fax Number

Contact Number OFFICE-82871124

EMail Address NOEMAIL

Address

BLK 5 BEACH ROAD

#15-4937

Postcode

190005

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - EX SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

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?

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:

.

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?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

SKV3956B

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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 <u>truthful</u> and <u>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)

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:
 - 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 Personnel's Signature

Name:

NRIC/FIN No .:

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JOHN Gard-Platern VR

Date of Accident	: 23/02/2020 Accident Time: 1130 (24-HR-Format)
Accident Place	: CTE City before Braddell
Vehicle Reg. No. (Car Plate No.)	SKP 3481K
Vehicle Make/Model	MERCEDES BENZ CLA 180
Insurance Company	:NTUCPolicy No. 5105579829
Owner or Company Name /IC No.	: LIM MEL LIAN S8+38739H
Owner or Company Contact No.	: 89210840 Owner's HpCompany Tel
DRIVER'S Name / IC No.	: POH SENG LENG 58214140 A
DRIVER'S Date Of Birth	: 24/05/1982 DRIVER'S License Pass Date 03/11/2018
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	BLK 5 BEACH RD # 15-4937
DRIVER'S Contact No./ Alt No.	:1) 8287 1174. 2)
DRIVER'S Occupation <	: INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	: ADMIN@MYCAR.SG
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	Driver): 02 - no injury / female.
Was there any video Captured by ca Exact purpose for which vehicle wa	ar camera: VES \ NO as being used at the time of accident Private use \ Work purpose
Other I	Party Driver's Particular (if anv)
Vehicle Reg. No: SKV 3956	Vehicle Reg. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver:	
Driver's Contact & Add:	Driver's Contact & Add:

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My Desktop	Poli	cy Query									
Notice of Loss	Policy f	No.(For Motor)	SKP348	31K			of Accident cate Number	2	3/02/2020 1	11:30	
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	DOMESTIC OF	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	•	5105579829		LIM MEI LIAN	S8438739H	GPC	drivo CLASSIC	5KP3481K	SKP3481K	16/11/2018	29/02/2020

Policy No.	5105579829	Policyholder Name	LIM MEI LIA	AN	Policyholder NRIC	S8438739H			
Certificate		Name			NAIC				
Address	1189 UPPER SERANGOON RO	AD #08-02 MID	TOWN RESID	ENCES SINGAPORE	534785				
Product Name	PRIVATE CAR INSURANCE Plan			Group Policy Flag					
Policy ssue Date	16/11/2018	Effective Date	16/11/2018	3 00:00	Expiry Date	29/02/2020	23:59		
Excess Type		All Claims Excess							
hird Party excess	0	Own damage Excess	600		Windscreen Excess	100			
Additional Excess	0	OS Premium	0						
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Your	ng/Inexperience Driver Excess		
Agent	INSURE LINK PTE LTD	Agent Tel.	64444644		GST Flag	Y			
nsurance	No								
Co- insurance Flag Open Policy Info	No								
insurance Flag Open	No								
nsurance Flag Open Policy Info Certificate Info	No nolder Mailing Address								
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Accident MT/1085569					
Policy No.	5105579829	Vehicle No.	SKP3481K	GST Registration No.	
ertificate No.				CH 40 NOT #000/4125 L0000	
olicyholder Name	LIM MEI LIAN			Policyholder NRIC	\$84387394
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
ritact No.(Mobile)	89210840	Contact No.(Office)	0	Contact No.(Home)	0
nail Address		Special Remark		eCode	R V
ĸ	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	Alleria.
CD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
port Date	24/02/2020 15:16	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
ite of Accident	23/02/2020	Time of Accident hh:mm	11:30	Country of Accident	Singapore
porting Centre		Orange Force	0.00000	ICH No.	Singapore
cident Location	CTE TWDS CITY BEFORE BRADDEU, RD EXIT			2022,000	
Excess					
en damage Excess	600.00	Additional Excess	0	Washington Francis	
named Driver Excess	0.00	Outside Singapore OD Excess		Windscreen Excess	100.00
rd Party Excess	0.00		600.00		
Senefits	0.00	Outside Singapore TP Excess	0.00		
GST Registered Inform	ation				
Registered	No No		242 2070 NOTES 1		
Registration No.	40		GST Registration Date GST Status Venified	100	
diffication History			A CONTRACTOR OF THE PARTY OF TH	Yes	
Policyholder Hailing Ad	ldress				
fress 1	1189 UPPER SERANGOON ROAC	Address 2	#08-02 MIDTOWN RESIDENCES	Address 3	SINGAPORE 534785
iress 4		Address Type	Singapore address	Post Code	534785 534785
t No.	06-02	Related Policy Number	5105579829		334/63
Of Driver Info					
ver Name	POH SENG LENG (PU CHENGLONG)	Onver Type	Main Driver		
named driver Name		Driver NR3C	58214240A	Driver DOB	24/05/1982
ister Date of Driver License	03/11/2018	Driver Age	37	Driving Experience	1
Eact No.(Mobile)	89210840	Contact No.(Office)	0	Contact No.(Home)	0
ress 1	BUX 5	Address 2	BEACH ROAD	Address 3	A State of the Sta
ress 4		Address Type	Singapore address	Post Code	SINGAPORE 190005
t No.	15-4937		origopore autoress	Post Code	190005
es he own a Singapore	○ Yes ® No	Process Makesta No.		41000000000000000000000000000000000000	
gistered car?	C) sea @ no	Driver Vehicle No.		Driver Insurer Company	
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