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NATIONAL Assessment Cent	tre Services	S. wef Jan'05 N	NA120025948		
Date 111. 12 11/12 -16:40	Job descrip	otion	Date &Time Completed	D	one by
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Veh No: SUE DAGTY	E-mail (w	ithin Shrs, AIC 2hrs)			
D.O.A: 17/42-00:35	i-Motor (Claim Form	my 1086069-001	29/2/20	16-
OD / (TP-)' Reporting Only	i-Motor V	W/O (Within: OD 2hr		MAN	3
OB . 117 Reporting Only	i-Photo U	The second secon			
TD I		t/Survey Report	+		
TP Insurer:		rt by Fax / Hand t	A Ours of (11/1)		
Preferred Wksp / INC Assign Wksp / QW: (Tax Tianut			
TP Particulars: Veh No: Hc8	(Frin	INC (ax:	
Owner / Driver: (· 0 / C	, INC(/ Non-INC().		
Policy No: () Pe	eriod: (7	Cover Type: ()	
Confirmed by : (Date:	Time:	,	
Insured/Driver Liability: (%)	Note-Est. Status	Secretary Co.	7876: 9%; P: 21-79%. P: 80-1	000/1	
VCD 1 1	Warranty: YES) I. 21-7570. F: 50-1	00%]	
Excess: (\$) Loading: \$1.0	000 ()/\$2.00	0.45 MV (0.000 (0.000 TOOM)	/	X	-
General Remarks -	120000000000000000000000000000000000000	R' Promovered VI Consul	SERVICE AND CALL OF THE CO.	ers sing or	
() Walk-In Customer : Customer's info	wh doors or subsential	and mention probabilities in	Carlo Car	3,000	5 .
() Total Loss Case : to e-mail Insure	er URGENTLY		1 4		
Drive-In ()/ Towed-In (); Invoice	: YES()/	NO (); To	wing Co: (
Part of		7,100	1		/
Remarks: (INC hotline: 6788 6616)	to contract and an area of the particular		Date&Time Complered	Don	e by
	ourtesy Car ()		78.19.18 ki? = 0 +	
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$30	000] ()			
Injury:			Control of the Contro		
Date/Time Actions				Section 1	
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A DOLLY~		Invoice Prepar	ration Checklist	Ant (S)	
umant's Particulars :-		1) AR : Accident Rep		THE BILL!	Add
ver/Owner:		2) DA : Damage Ass 3) TF : Towing Fee			
		4) FT : Follow-Throu			
tact No:			igh Survey (Resurvey) \$3 st INC Only (wef 10 Jan 2005)	0	
naged Portion:		6) TR : Re-inspection		s	
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litors! Comments :-		7) N1: Idao DA + SN 8) NTUC Additional OD* N5: Courtesy Car N6: Repair Co-ore N7: Fost Repair Ir N8: DV / Collect	/ Tpt Allowance \$: /instion \$10 respection \$22 Excess Coordination \$32	5 0 5 5 5 5	
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litors! Comments :-		7) N1: Idac DA + SN 8) NTUC Additional OD * N5: Courtesy Cer *N6: Repair Co-ord *N7: Fost Repair It *N8: DV / Collect TP (N11): TP (N2)	Tpt Allowance	5 0 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	May

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.

aforesaid,	AND THE REAL PROPERTY OF THE P
AND THE PERSON OF THE PERSON	ACCIDENT STATEMENT
Date Of Report	27/02/2020 16:40
Date Of Accident	27/02/2020 00:35
Exact Location Of Accident	TURF CLUB RD
Country/State of Loss	SINGAPORE
See a se	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLE2095U
Insured/Policyholder	
Name Of Registered Owner	JOSEPH LIM DIANNING
NRIC No	SXXXX776G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91263685
Alternative Phone No	OFFICE-91263685
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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	5082068312-03
Cover Note Number	
Driver	
Name of Driver	JOSEPH LIM DIANNING

010-1-010-1-0-1-0-1-0-1-0-1-0-0-1-0-0-1-0-0-1-0-0-1-0-0-1-0-0-1-0-0-1-0-0-1-0-0-1-0-0-1-0-0-1-0-0-1-0-0-1-0-0-1		
Driver		No.
Name of Driver	JOSEPH LIM DIANNING	
NRIC No	SXXXX776G	
Date Of Birth	13/08/1987	
Occupation	INDOOR	
Date Of Driving Pass	26/06/2006	
Driving Experience	13 YEARS AND 8 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-91263685	
Fax Number		
Contact Number	OFFICE-91263685	

NOEMAIL

Address BLK 219D BEDOK CENTRAL

#13-98

Postcode 464219

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

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?

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.

Number of Passengers (Including Driver) 5

Passenger 1

NAME: : -

GENDER: : FEMALE

Passenger 2 NAME: : -

GENDER: : MALE

Passenger 3 NAME: : -

GENDER: : MALE

Passenger 4 NAME: : -

GENDER: : MALE

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

SHC8582Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI
Name of Driver
NRIC/Passport Number
Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

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.
- 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>.
- 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.
- 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:
 - (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 Person Name:

Signature

NRIC/FIN No :

T 0 0 1		
Turf Club Rood		A - SLE 2095 4
	1 1	B - SHC 8582Z
	A	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On	the stated date & time, I was travelling on my vehicle
beari	ng (SLE 2095 U). A taxi, bearing, (SHC 8582 Z), com
an o	the carpark and collided ando my vehicle.

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.;

ACCIDENT STATEMENT

ACC	IDENT DATE: 27 / 02 / 3020 (DD/MM/Y	YYY), TIME:(00 : 32)(HH:MM
Loca	ATION: Turf Club Road	
	DETAILS OF VEHICLE GIVEHICLE NUMBER: SLE 2095 Y b)INSURANCE COMPANY: NTUC C)FOLICY NUMBER: 5082068312 - 03 G)POLICY TYPE: (COMPREHENSIVE / THIRD P B)MAKE & MODEL: Honda Vezel f)TYPE: (SALOON / COUPE / MAPD/V AN / LON G)VEHICLE CATEGORY FRIVATE / COMMER h)PURPOSE OF USING AT ACCIDENT TIME: i) ARE YOU CLAIMING UNDER YOUR OWN INSURED / POLICY HOLDER A)NAME: JOSEPH LIM DIAN NING b)NRIC/FIN/PASSPORT: S8724776 G- C)ADDRESS: BIK 2170 # 13-98 Beach	PARTY / THIRD PARTY FIRE &THEFT) PRRY / MOTORCYCLE / OTHERS) PRIVATE SURANCE (YES/NO) REPORTING ONLY) [MANE / FEMALE] CONTACT: 9126 3685
His of passonga Clindeding driver) (5)	* CONTINUE TO 3.d IF DRIVER ALSO POLICY H DRIVER a) NAME: Joseph Lim Dianting b) NRIC/FIN/PASSPORT:	(MALE / FEMALE)CONTACT:
Yonlada Samhmoov Ton Jia Wei	*d)DATE OF BIRTH: (13 / 08 / (187)(DD. 6)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 14 WAS DRIVER AN EMPLOYEE OF THE INSUR IF NO, RELATIONSHIP OF THE DRIVER WITH D)WEATHER CONDITION: (CLEAR / RAINING / D)ROAD SURFACE: (DRD/ WET / OTHERS	RED'S COMPANY? (YES / NO)
Tay Fook Grunn 6. 1	WAS ANYBODY INJURED (YES / NO) I) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION HIRD PARTY VEHICLE O) VEHICLE NUMBER: SHC 8582 Z	MODEL:
(Including driver)	b) DRIVER'S NAME:	CONTACT:
films the second of	DRIVER'S NAME: NRIC/FIN/PASSPORT:	CONTACT:

email =

Hello, NAC_PAYA_UBI_80066	01						+ Change	e Language	Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.				Date o	f Accident	2	7/02/2020 0	00:35	
	Vehicle	No.(For Motor)	SLE209	5U	- 9	Certific	cate Number				
					8	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5082068312- 03		JOSEPH LIM DIANNING	58724776G	GPC	drivo CLASSIC	SLE2095U	SLE2095U	13/07/2019	12/07/2020

Sequen	ce Date of Endorsement	E	ndorsement	Type	Endorsement	Status	Endorsement Content
▽ Endors	ements						
) Insured	Object: SLE2095U	ACCOUNTS					
Init No.	13-98	Relate Numbe	d Policy er	5082068312-03			
ddress 4			ss Type	Singapore address		Post Code	464219
ddress 1	BLK 219D #13-98	Addres	ss 2	BEDOK CENTRAL		Address 3	SINGAPORE 464219
→ Policyh	older Mailing Address						
Certificate nfo							
Policy Info							
lag Open							
Co- nsurance	No						
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667		GST Flag	Υ	
Singapore OD Excess	600	Singapore TP Excess	0			Young	/Inexperience Driver Excess
Outside		Outside					
Additional	0	OS Premium	0				
Excess	0	damage Excess	600		Windscreen Excess	100	
Type Third Party		Excess Own					
Excess	Per Accident	All Claims					
Policy ssue Date	13/07/2019	Effective Date	13/07/2019	9 00:00	Expiry Date	12/07/2020 2	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 219D #13-98 BEDOK CENT	RAL SINGAPO	RE 464219				
Certificate No.							
Policy No.	5082068312-03	Policyholder Name	JOSEPH LI	M DIANNING	Policyholder NRIC	58724776G	

Claim Handling					
Accident MT/1086069	200000000000000000000000000000000000000	VOOLENIO NO CO	nicotos:	70.000	
Policy No.	5082068312-03	Vehicle No.	5LE2095U	GST Registration No.	
Certificate No.					
Policyholder Name	JOSEPH LIM DIANNING			Policyholder NR3C	\$8724776G
Product Code Contact No.(Mobile)	PRIVATE CAR INSURANCE 91263665	Cover Type	drivo CLASSIC	Loading	0
Email Address	9110,0005	Contact No. (Office)	9	Contact No. (Home)	0
KFK	® No ○ Yes	Special Remark TCA	® No ○ Yes	eCode	Nr. 🗸
NCD Protection	No No	NCD Entitlement(%)	30 Tes	sCode Reason Private Hire	720
	100	read production, rey	2	Private Pare	No
Report Date	27/02/2020 16:51	Accident Report Within 24 hrs	Ver		
Date of Accident			Yes	Accident Type	Side Swipe
Reporting Centre	27/02/2020	Time of Accident hh:mm	00:35	Country of Accident	Singapore
Accident Location	TURF CLUB RD	Orange Force		1CM No.	
♥ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
***		ATTICATION LALESS	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
▼ Benefits	2021				
GST Registered Inform					
GST Registered GST Registration No.	No		GST Registration Date		
Modification History			GST Status Verified	Yes	
LOCALON POLICE SUCRE					
Policyholder Malling Ad	dress				
Address 1	BLK 2190 #13-98	Address 2	SEDOK CENTRAL	Address 3	SINGAPORE 464219
Address 4		Address Type	Singapore address	Post Code	464219
Unit No.	13-98	Related Policy Number	5082068312-03		V/1914000
♥ DI Driver Info	7.555	1750C100C044-0707			
Driver Name	JOSEPH LIM DIANNING	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	58724776G	Driver DOS	13/08/1987
Register Date of Driver License		Driver Age	32	Driving Experience	13
Contact No.(Mobile)	91263685	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 2190	Address 2	BEDOK CENTRAL	Address 3	SINGAPORE 454219
Address 4		Address Type	Singapore address	Post Code	464219
Unit No. Does he own a Singapore	13-98				
Registered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test		3003100320			
Reading?	0 mg	Any injury?	○ Yes No		
Modification History					
Claim 001 New					
The same of the sa					
Claim Type •	DD-MX	Insured Name	DOSEPH LIM DIANNING	Insured NRIC	\$8724776G
Contact No.(Mobile)		Contact No. (Home)	63447667	Contact No.(Office)	
Email Address Claimant Type Claimant Type •	Process Colons	Of Vehicle Number	SLE2095U	TP Vehicle Number	SHC85822
Claimant Name *	Please Select ✓	Type of Senetit * Claiment NRIC *	Mease Select		
Daimant Address	122	Control Ante		1	
Claim Description	PLEASURE LEGISLATION OF THE SAME			Name of Preferred Workshop	
Preferred Workshop Contact	15UE2U95U / 5MUB582Z ON 27 Feb 2020			T or referred workshop	
referred montainly contact	SLE2095U / SHC8582Z ON 27 Feb 2020	Intured Liability +	Nor at Fault Fault		
ia.		Insured Liability *	Not at Fault		
No. Require Finalisation	Yes 💟	Preferered Repair Option	Not at Fault Preferred Workshop, Name unknown	GIA report	Received V
No. Require Finalisation Date Registered	Yes 27/02/2020 16:53			GIA report Date Received	Received 27/02/2020 00:00
No. Require Finalisation Date Registered Report Taken By	Yes 💟	Preferered Repair Option			Cyclotic and a second
No. Require Finalisation Date Registered Report Taken By	Yes 27/02/2020 16:53	Preferered Repair Option			Cyclotic and a second
No. Require Finalisation Date Registered Report Taken By	Yes 27/02/2020 16:53	Preference Repair Option Claim Close Date			Cyclotic and a second
no. Require Finalisation Date Registered Report Taken By	Yes 27/02/2020 16:53	Preference Repair Option Claim Close Date	Preferred Workshop, Name unknown		Cyclotic and a second
to. Require Finalisation Date Registered Leport Taken By Print AK letter	Yes 27/02/2020 16:53	Preference Repair Option Claim Close Date	Preferred Workshop, Name unknown		Cyclotic and a second
Require Finalisation Date Registered Report Taken By Print AK letter Attachment	Yes	Preferered Repair Option Claim Close Date	Preferred Workshop, Name unknown		Cyclotic and a second
Attachment Secure No.	Yes	Preferenced Repair Option Claim Close Date	Preferred Workshop, Name unknown Seve Submit		Cyclotic and a second
Attachment Secure No.	Yes ▼ 27/02/2020 16:53 Dackson MT/1086069 ® Yes ○ No	Preferered Repair Option Claim Close Date	Preferred Workshop, Name unknown Seve Submit 001 27/02/2020 16:55	Date Received	27/02/2020 00:00
Attachment security five five five five five five five five	Yes	Preference Repair Option Claim Close Date Claim No. Upload Date	Preferred Workshop, Name unknown Seve Submit 001 27/02/2020 16:55 Category *	Date Received Confidential Urgens	27/02/2020 00:00
Attachment security five five five five five five five five	Yes ▼ 27/02/2020 16:53 Dackson MT/1086069 ® Yes ○ No	Preference Repair Option Claim Close Date Claim No. Upload Date Browse	Preferred Workshop, Name unknown Seve Submit 001 27/02/2020 16:55 Category * Oear Pease Select	Confidential Urgens No	27/02/2020 00:00 Description *
No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	Yes ▼ 27/02/2020 16:53 Dackson MT/1086069 ® Yes ○ No	Preference Repair Option Claim Close Date Claim No. Uploed Date Browse Browse	Preferred Workshop, Name unknown Seve Submit O01 27/02/2020 16:55 Caragory * Oear Pease Select Oear Pease Select	Confidential Urgeno [h0] V Normal	27/02/2020 00:00
Attachment Secure No.	Yes ▼ 27/02/2020 16:53 Dackson MT/1086069 ® Yes ○ No	Preference Repair Option Claim Close Date Claim No. Upload Date Browse Browse Browse	Preferred Workshop, Name unknown Seve Submit O01 27/02/2020 16:55 Ceregory * Cear Pease Select Ocar Pease Select Ocar Pease Select	Confidential Urgeno [h0	27/02/2020 00:00 Description *
Attachment Accident No.	Yes ▼ 27/02/2020 16:53 Dackson MT/1086069 ® Yes ○ No	Preference Repair Option Claim Close Date Claim No. Uploed Date Browse Browse	Preferred Workshop, Name unknown Seve Submit O01 27/02/2020 16:55 Ceregory * Cear Pease Select Ocar Pease Select Ocar Pease Select	Confidential Urgeni	27/02/2020 00:00 Description *

