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Date In: 17 /5/10-14: TY	Jeb description	Date &Time Completed	Done by
Res No: Majhicznoy 127 /14	SAS e-filing		
Veh No: 148115	E-mail (within Shrs, AIC 2hrs)		
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200 NO. 100 ALC: 100	i-Motor W/O (Within: OD 2hrs		19/15/10/15/14
OD TP' Reporting Only	i-Photo Uploaded	!	
TP Insurer:	Assessment/Survey Report		
Tr msurer.	Ass't Report by Fax / Hand to	Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (ax:
TP Particulars: Veh No: SUBG25	ic INC()/Non-INC()	
Owner / Driver: (Tel:	,
Policy No: () Period	d: ()	Cover Type: (
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Not	te-Est. Status (WO): N: 0-20	%; P: 21-79%. F: 30-1	00%]
	rranty: YES ()/NO ()	
Excess: (\$) Loading: \$1,000	()/\$2,000()		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

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.

	ACCIDENT STATEMENT
Date Of Report	17/03/2020 14:54
Date Of Accident	16/03/2020 15:05
Exact Location Of Accident	SLIP RD FERNVALE LINK TWDS SENGKANG WEST WAY
Country/State of Loss	SINGAPORE
Control of the Contro	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJH8315D
Insured/Policyholder	
Name Of Registered Owner	LIM JIAN ZHI, EDMOND
NRIC No	SXXXX249Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97407003
Alternative Phone No	OFFICE-97407003
Vehicle Particulars	
Manufacturer	тоуота
Model	WISH 1.8 AUTO
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	5104006078-01
Cover Note Number	
Driver	
Name of Driver	LIM JIAN ZHI, EDMOND
NRIC No	SXXXX249Z
Date Of Birth	02/02/1995
Occupation	OUTDOOR
Date Of Driving Pass	13/10/2016
Driving Experience	3 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97407003

OFFICE-97407003

NOEMAIL

Address BLK 981D BUANGKOK CRESCENT

#08-03

Postcode 537981

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 COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

ambulance?

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

YES

NO

1

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)

Police Station Address ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-2180000 - FAX NO: 64814246

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - F/20200317/7019.

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 SLB6250C

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)

1

DETAILS OF INJURED PERSON 1

LIM JIAN ZHI, EDMOND Name

Approximate Age

BODY Injuries Sustain Injured person in which vehicle? SJH8315D

YES Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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.

2

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sengkang West Way	(A) 82H 83150
	(B) SLB 6250
	13
9 11	vale
	<u>Ž</u>
RIBE CIRCUMSTANCES OF THE ACCIDENT	West of the second of the seco
Pls refer To Police	- Report
	1
No: 1 2020031	7/7019
/	/
The state of the s	

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

2

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.:

SJH 8315 D. Model/Make Toyota Wesh.
16/03/2020
15 0 7 HRS
& Ferrivale Lank Stop road lengthing west way
dent Prwate Used
Lim Jean Zhi, Edmond.
H/P: 9740 7003. Home: Office:
595042492.
BUK 9810 Buangkok Crescent \$08-03 (8) 537 981
OD THIRD PARTY REPORTING ONLY
NTUC.
Comprehensive Third Party Third Party / Fire /Theft
5104066078-01.
As Above If No,
Any Passengers: NA.
02/62/1995
Outdoor / Indoor
13/10/2016
Male b Female
H/P: Home: Office:
No, If yes, Reg No.
Employee, If no, state Owner
Clear Raining Other
Dry Wet Other
No, If Yes, Who?
Lim Jian Zhi , Edmand (+/P: 9740 7003)
No, If Yes, Where? Any No Beo Devision of .
SLB 6250 C . Any Passengers: N-A.
Contact No. :
Any Passengers :
Any Passengers :
Any Passengers:
Any Passengers:
Any Passengers :
N-A - Witness Contact : N- A.
Rear Portion.
Yes No
commond vermagenace @ gmail-com
Cartille Mary Co.
Twincar.
Twencar . 6842 0051 / 6744 0510





1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Ang Mo Kio Division HQ 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No:1800-2180000

Report No. F/20200317/7019

Vide Rep	oort No.		Station Diary No.	
APT BL			ENT #08-03	
		Mobile: 97407003		
Email Address edmondvermogenace@gmail.com				
Sex Male	Age 25	Date of Birth 02/02/1995	Race Chinese	
Languag English	je			
		t		
	Address APT BLF SINGAP Contact Home/O Email Ad edmond Sex Male Languag English Location	APT BLK 981D BUA SINGAPORE 53798 Contact No. Home/Office: Email Address edmondvermogena Sex Age Male 25 Language English	Address APT BLK 981D BUANGKOK CRESC SINGAPORE 537981 Contact No. Home/Office: Mobile: 97407003 Email Address edmondvermogenace@gmail.com Sex Age Date of Birth Male 25 02/02/1995 Language English Location Of Incident	

Brief details.

On the above mentioned date and time, I was driving SJH8315D along Fernvale link. I had entered the slip road towards Seng Kang west way and came to a stop to give way to oncoming traffic.

Suddenly, I felt a huge impact from my rear propelling my vehicle forwards. I alighted to realise that SLB6250C had collided into my rear.

The next morning, I woke up with soreness on my neck, both shoulders and lower back areas. As such, I

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: 17/03/2020 12:12
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20200317/7019

visited my family doctor at Internedical Kovan for treatment and I was given 5 days MC.

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: 17/03/2020 12:12
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



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)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA) Cover : drivo CLASSIC

Certificate Number: 5104006078-01

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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.

: SJH8315D

: 08 Oct 2019

: 25 Aug 2020

: JTDER12WX03000573

: LIM JIAN ZHI, EDMOND

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) : \$\$600 EXCESS (SECTION 2) : N/A : \$\$100 WINDSCREEN EXCESS ADDITIONAL EXCESS : \$\$1,500

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

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

: LIM JIAN ZHI, EDMOND PRIMARY DRIVER

: N/A NAMED DRIVER (1) NAMED DRIVER (2) : N/A

: GV CREDIT PTE LTD HIRE PURCHASE COMPANY

: MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/PARF SUM INSURED

VALUE 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

: META AGENCY PTE. LTD. (00000573430)

Date of Issue

Countersigned By:

: 26 Aug 2019 15:00 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Authorised Officer

Chief Executive

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_800	601	A LOS COMPANIES	- Control of the Cont	LIIOS WILL			• Change	Language	• Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.				Date o	f Accident	1	6/03/2020 1	5:05	
	Vehicle	No.(For Motor)	SJH831	5D		Certific	cate Number				
					E	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5104006078- 01		LIM JIAN ZHI, EDMOND	S9504249Z	GPC	drivo CLASSIC	SJH8315D	SJH8315D	08/10/2019	25/08/2020
	3				C	Continue					

	sements						
Insure	d Object: SJH8315D						** *************
Unit No.	08-03	Relate Numb	ed Policy er	5104006078-01			
Address 4			ss Type	Singapore address		Post Code	533699
Address 1	BLK 699C #08-35	Addre	ss 2	HOUGANG STREET	52	Address 3	SINGAPORE 533699
▼ Policy!	holder Mailing Address						
Certificate Info							
Open Policy Info							
nsurance Flag	No						
Co-	2.00						
Agent	META AGENCY PTE. LTD.	Agent Tel.	98585076		GST Flag	Y	
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
Additional Excess	1500	OS Premium	0				
Excess	0	damage Excess	600		Excess	100	
Type Third Party	-0.4000 BBC 18	Excess Own			Windscreen	7.1	
ssue Date Excess	Per Accident	All Claims					
Policy	26/08/2019	Effective Date	08/10/201	9 00:00		25/08/2020 2	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 699C #08-35 HOUGANG	STREET 52 SINC	SAPORE 533	699			
Certificate							
Policy No.	5104006078-01	Policyholder Name	LIM JIAN Z	HI, EDMOND	Policyholder NRIC	S9504249Z	

ccident MT/1088568					
		777400000		221 5-5 VIII. (1991 III	
Nicy No.	5104006078-01	Vehicle No.	S3H83150	GST Registration No.	
ertificate No.					
olicyholder Name	LIM JIAN ZHI, EDMOND			Policyholder NRIC	S9504249Z
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
ontact No.(Mobile)	97407003	Contact No.(Office)	0	Contact No.(Home)	0
mail Address	1/2	Special Remark		eCode	No. V
PK .	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
ICD Protection	No	NCD Entitlement(%)	10	Private Hire	No
Accident Details					
eport Date	17/03/2020 15:05	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Head to Rear
ate of Accident	16/03/2020	Time of Accident Micmm	15:05	Country of Accident	Singapore
eporting Centre		Orange Force		ICM No.	80.000000
ccident Location	SLIP RD FERNVALE LINK TWDS SENGKANG			65.7EX	
Total Excess Applicable		WEST MAT			
		Windscreen Excess	400.00		
xcess Type	Per Accident	Windscreen Excess	100.00		
O Standard Excess	600.00	TP Standard Excess	0.00		
		VIED TP Excess	0.00	Driver is Covered?	Covered
1ED OO Excess	0.00	TIED IN EXCESS	0.00	Diliver is covered?	Covered
dditional Excess	1500				
otal OD Excess Applicable	2100.00	Total TP Excess Applicable	0.00		
♥ Benefits					
GST Registered Informa					
ST Registered	No		GST Registration Date	400	
ST Registration No.			GST Status Verified	Yes	
edification History					
	200				
→ Policyholder Mailing Ad		evaneure:	and the same of th		CHARLES CANCER
ddress 1	BLX 699C #08-35	Address 2	HOUGANG STREET 52	Address 3	SINGAPORE 533699
ddress 4		Address Type	Singapore address	Post Code	\$33699
mit No.	08-03	Related Policy Number	5104006076-01		
Of Driver Info					
Priver Name	LIM JIAN ZHI,EDMOND	Driver Type	Main Driver		
nnamed driver Name		Driver NRIC	595042492	Driver DOB	02/02/1995
egister Date of Driver License	13/10/2016	Driver Age	25	Driving Experience	3
ontact No.(Mobile)	97407003	Contact No. (Office)	0	Contact No. (Home)	0
ddress 1	BLK 981D	Apdress 2	BUANGKOK CRESCENT	Address 3	SINGAPORE 537981
ddress 4		Address Type	Singapore address	Post Code	537981
	AA AA	ALLESS TYPE	Singapore austress	Page Code	227.002
Jnit No. Does he own a Singapore	08-03	SEE 2375/NS			
Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
53					
Charles and the Control of the Contr					
ireathelyser or Blood Test	0 mg	Any injury?	Yes ○ No		
ireathelyser or Blood Test	⊕ mg ⊘	Any injury?	® Yes ○ No		
ireathalyser or Blood Test teading?	⊙ mg	Any Injury?	® Yes ○ No	= ===	
ireathalyser or Blood Test teading?	⊙mg /	Any injury?	® Yes ○ No		
ireathalyser or Blood Test leading? lodification History	⊙mg /	Any injury?	● Yes ○ No		
reachalyser or Blood Test eading?	⊙mg /	Any injuny?	Yes ○ No		
reathwiser or Blood Test eading? oddfication History Cleim 001 NEE		50.000000000000000000000000000000000000		\$440010000A	
reathwisser or Blood Test eading? oddication History Cleim 001 New	GD-MX	Insured Name	¥ Yes ○ No LIM 3IAN ZHI, EDMOND	Insured NRIC	59504249Z
reathwisser or Blood Test eading? oddication History Cleim 001 New		50.000000000000000000000000000000000000		Contact No.(Office)	Access to the second se
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