

[waf 1 Jan'65]

MNH 420035476

<p>1/18/2002226</p> <p>Claimant's Identification:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Eng-In-Charge):</p> <p>Auditor's Comments:</p> <p>SAL 1:</p> <p>1/2/3:</p>		<table border="1"> <tr> <td>1) AR: Accident Reporting (\$30)</td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100)</td> <td>INC (\$10)</td> </tr> <tr> <td>3) TP: Towing Fee</td> <td>\$40/\$45</td> </tr> <tr> <td>4) FT: Follow-Through Survey</td> <td>\$120</td> </tr> <tr> <td>5) FT: Follow-Through Survey (Re-survey)</td> <td>\$30</td> </tr> <tr> <td colspan="2">For claiming against INC Only, (as of 10 Jan 2003)</td> </tr> <tr> <td>6) TR: Re-inspection</td> <td>\$75</td> </tr> <tr> <td>7) NI: Ideal DA + SMRT Survey</td> <td>\$160</td> </tr> <tr> <td>8) NTUC Additional Services:-</td> <td></td> </tr> <tr> <td>ON:</td> <td></td> </tr> <tr> <td>*N5: Courtesy Car / Tpl Allowance</td> <td>\$3</td> </tr> <tr> <td>*N6: Repair Co-ordination</td> <td>\$10</td> </tr> <tr> <td>*N7: Post Repair Inspection</td> <td>\$25</td> </tr> <tr> <td>*N8: DV / Collect Access Coordination</td> <td>\$5</td> </tr> <tr> <td>TE (N11): TP (N-11 INC) against INC</td> <td>\$20</td> </tr> <tr> <td>9) N12: Ideal Mobile</td> <td>\$0</td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> </tr> </table>	1) AR: Accident Reporting (\$30)		2) DA: Damage Assessment (\$100)	INC (\$10)	3) TP: Towing Fee	\$40/\$45	4) FT: Follow-Through Survey	\$120	5) FT: Follow-Through Survey (Re-survey)	\$30	For claiming against INC Only, (as of 10 Jan 2003)		6) TR: Re-inspection	\$75	7) NI: Ideal DA + SMRT Survey	\$160	8) NTUC Additional Services:-		ON:		*N5: Courtesy Car / Tpl Allowance	\$3	*N6: Repair Co-ordination	\$10	*N7: Post Repair Inspection	\$25	*N8: DV / Collect Access Coordination	\$5	TE (N11): TP (N-11 INC) against INC	\$20	9) N12: Ideal Mobile	\$0	Invoice dated	Fee Charged	Invoice dated	Fee Charged
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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 withholding 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	23/03/2020 12:07
Date Of Accident	22/03/2020 14:45
Exact Location Of Accident	CROSS JUNCTION OF NEW UPPER CHANGI RD/BEDOK RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFW9895H
Insured/Policyholder	
Name Of Registered Owner	LIM POH BENG
NRIC No	SXXXX415A
Email Address	GIOVANNIELLIM@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96681384
Alternative Phone No	OTHERS-96681384
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALPHARD
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	5111722569
Cover Note Number	
Driver	
Name of Driver	LIM JUN XIAN GIOVANNIEL
NRIC No	SXXXX953H
Date Of Birth	08/05/1998
Occupation	OUTDOOR
Date Of Driving Pass	01/11/2016
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96681384
Fax Number	
Contact Number	OTHERS-96681384
Email Address	GIOVANNIELLIM@HOTMAIL.COM

Address	3 JALAN KUANG
Postcode	488862
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	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?	NO
Was any injured conveyed to hospital by ambulance?	NO
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)	4
Passenger 1	NAME: : LIM POH BENG GENDER: : MALE
Passenger 2	NAME: : TSAN NAM KIANG GENDER: : FEMALE
Passenger 3	NAME: : HERNANDES LIM JUN NING 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

PLEASE REFER TO SKETCH PLAN

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	GBJ3125C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

- Address
- Postcode
- Insurance Company Name
- Nature Of Damage
- No. Of Passenger (Including Driver)

SKETCH PLAN

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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:
 - (i) 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.

Lim

Policyholder's Signature
Date & Time:

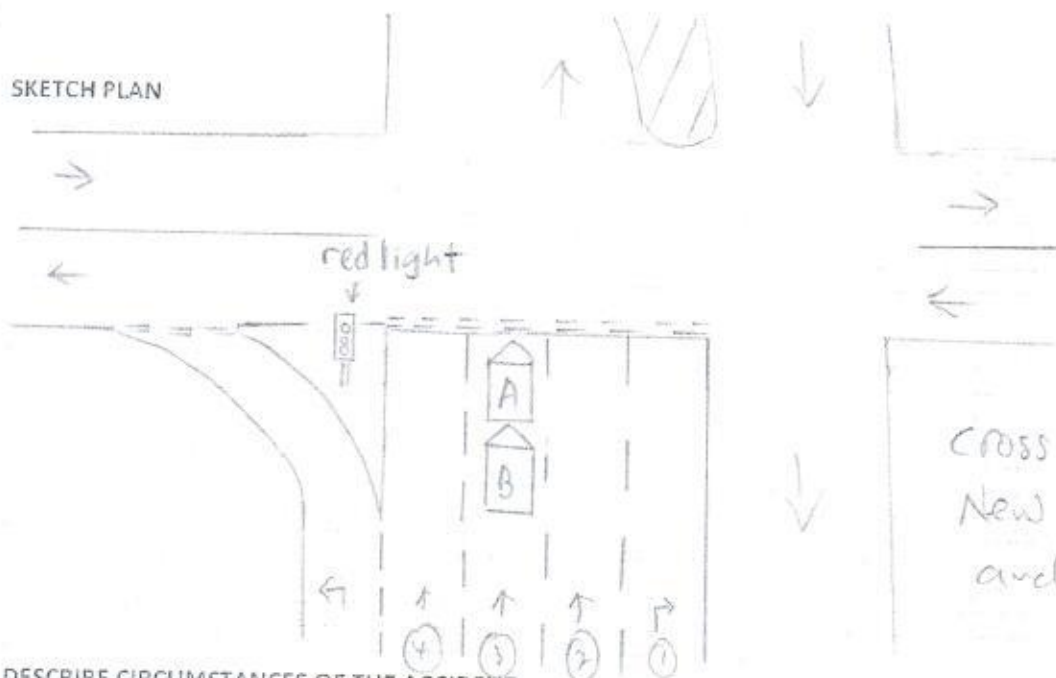
Car

Driver's Signature
(If driver is not the policyholder)
Date & Time:

23/03/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Paul L. Lian

SKETCH PLAN



Cross Junction Of
New Upper Changi Road
and Bedok Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached

DECLARATION

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

Lim
Policyholder's Signature
Date & Time:

Gr
Driver's Signature
(If driver is not the policyholder)
Date & Time:

23/03/2022
Reporting Centre Personnel's Signature
Name: [Signature]
NIC/FIN No.:

On 22.03.2020 at about 14:45 hours at Cross Junction of New Upper Changi Road and Bedok Road. I was travelling straight on lane 3 (along New Upper Changi Road towards Upper Changi Road East), when I approaching the above mentioned junction and the traffic light was turning to red from amber, hence I slowed down and stopped.

Suddenly I heard a loud bang from behind. When I alighted I realised vehicle (B) had collided onto rear portion of my vehicle (A). I wish to state that I have 3 passengers inside my vehicle (A).

Vehicle (A): SFW 9895H

Vehicle (B): GBJ 3125C

Lim

Cay

Am/23/03/2020

SINGAPORE ACCIDENT STATEMENT

Accident Date:	22/03/2020	Time:	14:45	(hh:mm) 24 hr format
Location	Cross Junction of New Upper Changi Road and Bedok Road			
Vehicle Number	SFW 9895H			
Insured Name	Lim Poh Beng			
NRIC / FIN	S1800415A	Contact Number	96681384	
Make	Toyota	Model	Alphard	
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes If No, Pls select: (✓) Third Party () Reporting				
Insurance Company	NTUC			
Type of Policy (✓) Comprehensive () Third Party Fire & Theft () TP Only				
Policy Number	5111722569			
Name of Driver	Lim Jun Xian Giovanniell	() Same as Insured		
NRIC / FIN	S9814953H	Contact Number	81283618	
Date of Birth	08/05/1998			
Driving Pass Date	01/11/2016			
Occupation () Indoor (✓) Outdoor				
Gender (✓) Male () Female				
Email Address	giovanniellim@hotmail.com	() NO EMAIL		
Address of Driver	3 Jalan Kuang Singapore 488062			
Was driver an employee of the Insured's Company? () Yes (✓) No				
If No, Relationship of the Driver with the Insured				
() Owner () Spouse () Friend () Relative (✓) Children () Sibling				
Does the Driver Own Any Other Vehicle? () Yes () No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle				
Weather Conditions (✓) Clear () Raining () Others				
Road Surface (✓) Dry () Wet () Others				
Was any foreign vehicle involved in this accident? () Yes (✓) No				
Was anybody injured in the accident? () Yes (✓) No				
If yes, injured detail				
Was there any video captured by Car Camera? () Yes (✓) No				
Was the Accident reported to the Police? () Yes (✓) No If yes attach police report				
DETAILS OF 3 rd party Name / Nric Contact				
Veh B	GBJ 3125C			
Veh C				
Veh D				
Veh E				
Veh F				

Passenger = 1) Lim Poh Beng (M)
 2) Tsun Nam Heng (F)
 3) Hernandez Lim Jun Ning (M)

Claim Handling

Accident MT/1089228

Policy No.	SL11721569	Vehicle No.	SPW9895H	GST Registration No.	
Certificate No.					
Policyholder Name	LIM POH BENG			Policyholder NRIC	S1805415A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	96681384	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	21/03/2020 14:25	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	22/03/2020	Time of Accident hh:mm	14:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CROSS JUNCTION OF NEW UPPER CHANGE RD/BEDOK RD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	2500.00	YIED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	2500.00	Total TP Excess Applicable	0.00		

Benefits

Coverage		Sum Insured	99990399.99		
Excess Waiver					

GST Registered Information

GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					

Policyholder Mailing Address

Address 1	3 JALAN KUANG	Address 2	EAST VIEW GARDEN	Address 3	SINGAPORE 48862
Address 4		Address Type	Singapore address	Post Code	48862
Unit No.		Related Policy Number	SL11721569		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	08/05/1998
Unnamed driver Name	LIM JUN KIAN GIOVANNIEL	Driver NRIC	SXXXX953H	Driving Experience	3
Register Date of Driver License	01/11/2015	Driver Age	21	Contact No.(Office)	
Contact No.(Mobile)	91263618	Contact No.(Office)		Address 3	SINGAPORE 48862
Address 1	3 JALAN KUANG	Address 2	# EAST VIEW GARDEN	Post Code	48862
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SPW9895H	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes No		
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Modification History

Claim 001 New

Claim 001 New

Claim Type *	OD-MX	Insured Name	LIM POH BENG	Insured NRIC	S1805415A
Contact No.(Mobile)	96681384	Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	SPW9895H	TP Vehicle Number	GB/3125C
Claim Description	SPW9895H / GB/3125C ON 22 Mar 2020			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
OTTOR No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Claim Close Date	23/03/2020 14:29
Date Registered				Date Received	23/03/2020 00:00
Report Taken By	ROSLE WANAB				

Print AK letter

Save Submit

Attachment

MT/1089228

Claim No. 001

Upload Date 23/03/2020 14:30

Last Doc. Received Yes No

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CC)	Action
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Mar 2020 14:30	Photos	Normal	Photos 2020-3-23		Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Mar 2020 14:30	Photos	Normal	Photos 2020-3-23		Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Mar 2020 14:30	Photos	Normal	Photos 2020-3-23		Edit

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)

Certificate Number: 5111722569

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : SFW9895H
Chassis Number : ANH208128287
2. Name of Policyholder : LIM POH BENG
3. Effective Date of Insurance : 30 Aug 2019
4. Expiry Date of Insurance : 29 Aug 2020
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	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: YES
PRIMARY DRIVER	: LIM POH BENG
NAMED DRIVER (1)	: LIM JUN LONG FERDINAND
NAMED DRIVER (2)	: TSAN NAM KIANG (ZENG NANZHEN)
HIRE PURCHASE COMPANY	: N/A
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 : AUTOSHIELD PTE. LTD. (00000573469)
Date of Issue : 06 Aug 2019 10:14 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MAY 20035476 Vehicle Registration No: SFW 9895H
Name (as shown in NRIC) : Lim Jun Xian GIOVANNI NRIC/FIN/Passport No : SXXXX 953H
(* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 96681384
Email Address : _____
Date of Accident : 22/03/2020 Time of Accident : 14:45
Place of Accident : Cross Junction of New Upper Changi Rd / Bedok Rd
Insurance Company : MSH

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Insurance Company / should be NRIC & not MSH

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Paul Lim
NRIC/FIN No.: 23/03/2020
Date: