NATIONAL Assessment Cer	ntre Services. wei	1 Janos MNANO6379	60								
Date In: 13/2 - 14:03	Jeb description	Date & Tin	ne Completed	Done	pi						
Ref No: NA/INCLOSO 4657/24	SAS e-filing										
Veh No: Ska 44184	E-mail (within Shrs	AIC 2hrs)									
D.O.A: 3/1/20-10-TS	i-Motor Claim I	orm	3021-031 3	13/10 IV	: (54						
3	i-Motor W/O (w	i-Motor W/O (Within: OD 2hrs, TP 4hrs)									
OD / P) Reporting Only	i-Photo Uploade	d									
Total and the second se	Assessment/Surve	y Report									
TP Insurer:	Ass't Report by F	ax / Hand to Owner/Wi	(SD								
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax	:							
TP Particulars: Veh No: 5	46189B	. INC()/Non-	MC()	Ties							
Owner / Driver: (Tel:	1,3)							
Policy No: ()	Period: () Cover Typ	oe: ()							
Confirmed by : (Time:)							
Insured/Driver Liability: (%	6) [Note-Est Status (WO): N: 0-20%; P: 21-	79%. P: 80-100	0%]							
Year of Registration: (Warranty: YES ()	/NO()									
Excess: (\$) Loading:	\$1,000 ()/\$2,000 ()									
General Remarks:											
() Walk-In Customer : Customer's	information strictly Confid										
() Total Loss Case : to e-mail In											
	oice: YES () / NO	(); Towing Co: ()						
			3 - 100	4:583@A* **	(A.17)						
Remarks:- (INC hotline: 6788 6610	5)) to 1 (1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Date&Tim	e Completed	Done	ру						
1) Apply for Transport Allowance (/Courtesy Car ()		7		4						
2) QC Check / Post Repair Inspection	()										
3) Upload Resurvey Photo [Repair Cost:	>\$3000] ()										
Injury:											
Date/Time Actions			Star Va-City at	TANK TO THE	er ver en e						
vare time Actions			00000000000000000000000000000000000000	W004 154. PCP. 16.5.							
					-						
	1	The state of the s		10							
				Anit (S)	Ami (\$)						
Marorya	388	voice Preparation Cl	iecklist	fie Bijt	Add Bill						
aimant's Particulars :-		AR: Accident Reporting (5 DA: Damage Assessment (5	30); 100); INC (\$80)	-							
	(3)	FF: Towing Fee	\$40/\$	45							
iver/Owner:	4)	FT : Follow-Through Survey FT : Follow-Through Survey	(Resurvey) 5	30							
ntact No:		or claiming against INC Only	y (wef 10 Jan 2005)	75							
maged Portion:		TR : Re-inspection N1 : Idac DA + SMRT Survey		60							
-11		NTUC Additional Services:-									
Checked by (Engr-In-Charge):		OD* N5: Courlesy Car / Tpt Allow	VARGE	\$5							
Chemica Dj (Diigi-An-Charge).	Control of the Contro	N6: Repair Co-ordination	5	10							
rditors! Comments :-	THE PROPERTY OF THE PROPERTY O	N7: Fost Repair Inspection N8: DV / Collect Excess Coo	The second secon	25 35							
1:		TP (N11): TP (Non INC) aga	inst INC S	20							
TARK 51 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9)	N12: Idno Mobile	Fee Charged	30	Carlotte Te						
. 2/3:		roice dated	Fee Charged	SECTION .							

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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	30/03/2020 14:03
Date Of Accident	30/03/2020 10:50
Exact Location Of Accident	PIE (TUAS) BEFORE BKE EXIT
Country/State of Loss	SINGAPORE
Market Color Charles Color	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKQ4418H
Insured/Policyholder	
Name Of Registered Owner	LIM KWO YIN (LIN GUYUN)
NRIC No	SXXXX428D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98166878
Alternative Phone No	OFFICE-98166878
Vehicle Particulars	
Manufacturer	BMW
Model	535I A
Exact Purpose for which vehicle was being used a time of accident	t 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	5113271798
Cover Note Number	
Driver	
Name of Driver	LIM KWO YIN (LIN GUYUN)
NRIC No	SXXXX428D
Date Of Birth	25/01/1977
Occupation	OUTDOOR
Date Of Driving Pass	18/11/2000
Driving Experience	19 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98166878

OFFICE-98166878

NOEMAIL

Address 289 JOO CHIAT PLACE

#04-01

Postcode 427970

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

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?

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)

1

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE IN A LOW SPEED AS THERE WAS AN ACCIDENT AHEAD. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

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

SLF6189B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver ONG THIAM HUAT

NRIC/Passport Number SXXXX879I

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

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 <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 Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN A. SICQ UYISH B. SLF6189B DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Refor to statement. DECLARATION I/We declare the foregoing particulars are true in every respect.

Driver's Signature

Date & Time:

(If driver is not the policyholder)

GIARMC SketchPlanForm_V3

Policyholder's Signature

Date & Time:

2

Reporting Centre Personne's Signature

Name:

NRIC/FIN No.:

eBao Tech								GeneralClaim			
Hello, NAC_PAYA_UBI_80		· Change Langu						age + Change Password			
My Desktop	Policy Query										
Notice of Loss	Policy N	No.				Date	of Accident		30/03/2020	10:50	
	Vehicle	No.(For Motor)	SKQ44	18H	- 75	Certif	icate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5113271798		LIM KWO YIN (LIN GUYUN)	S7701428D	GPC	drivo CLASSIC	SKQ4418H	SKQ4418H	17/10/2019	16/10/2020
	0	5113271798			2517121724774432	Continue		SKQ4418F	SKQ4418H	17/10/2019	16/10

Policy No.	5113271798	Policyholder Name	LIM KWO Y	IN (LIN GUYUN)	Policyholder NRIC	S7701428D	0.
Certificate No.		Name			MAIC		
Address	289 JOO CHIAT PLACE #04-01	SUNSHINE MA	NSIONS SIN	GAPORE 427970			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	17/10/2019	Effective Date	17/10/2019	00:00	Expiry Date	16/10/2020	23:59
Excess Type	Per Accident	All Claims Excess					
Third 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			You	ng/Inexperience Driver Excess
Agent	INXURE NETWORK SERVICES	Agent Tel.	62956108		GST Flag	Y	
Open							
Policy Info Certificate Info	older Mailing Address						
Policy Info Certificate Info Policyh	older Mailing Address 289 300 CHIAT PLACE	Addre	ss 2	#04-01 SUNSHINE	MANSIONS	Address 3	SINGAPORE 427970
Policy Info Certificate Info	La Servicio de Particio de Caración de Car		ss 2 ss Type	#04-01 SUNSHINE Singapore address	MANSIONS	Address 3 Post Code	SINGAPORE 427970 427970
Policy Info Certificate Info Policyh Address 1	La Servicio de Particio de Caración de Car	Addre	ss Type ed Policy		MANSIONS		
Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	La Servicio de Particio de Caración de Car	Addre Relate	ss Type ed Policy	Singapore address	MANSIONS		
Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	289 300 CHIAT PLACE	Addre Relate	ss Type ed Policy	Singapore address	MANSIONS		
Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	289 JOO CHIAT PLACE d Object: SKQ4418H ements	Addre Relate Numb	ss Type ed Policy	Singapore address 5113271798	MANSIONS	Post Code	

Claim Handling											
Accident MT/1090021											
Policy No.	5113271798		Vehicle No.		SKQ4418	н		GST Registration No	3.		
Certificate No.											
Policyholder Name	LIM KWO YIN (LIN GUYUN)							Policyholder NRIC		57701	4200
Product Code	PRIVATE CAR INSURANCE		Cover Type		drive CLA	SEIF		Loading		ā.	7400
mact No. (Mobile) 96166878			Contact No.(Office	d.	0			Contact No.(Home)		0	
mail Address			Special Remark								
KEK					10000			eCode		N. V	
77.7	® No ○ Yes		TCA		8 NO O	res		eCode Reason			
NCD Protection	Yes.		NCD Entitlement(9	N)	50			Private Hire		No	
S Accident Details											
Report Date	30/03/2020 14:17		Acodent Report W	ithin 24 hrs	Yes			Accident Type		Collisio	n - Head to Rear
Date of Accident	30/03/2020				10.00						
	30/03/2020		Time of Accident h	in;mes	10:50			Country of Accident		Singapi	ore.
Reporting Centre			Orange Force					ICM No.			
Accident Location	PIE (TUAS) BEFORE BKE EXIT										
▼ Total Excess Applicable											
facess Type	Per Accident		Windscreen Excess			100.00					
O Standard Excess	600.00	0	TP Standard Excess	a.		0.00					
TEO DO Excess	0.00	b	YZED TP Excess			0.00		Driver is Covered?		Covered	ď.
Additional Excess		0									
Total OD Excess Applicable	600.00		Total TP Excess Ap	plicable		0.00					
37.73	2000	8	THE IT EXCESS FO	aprica tric		0.00					
→ Benefits	XIII										
☑ GST Registered Informa					91100-4						
ST Registered	No					T Registration Date					
ST Registration No.					GS	T Status Verified		Yes			
fodification History											
→ Policyholder Mailing Ad	dress										
Address 1	289 300 CHEAT PLACE		Address 2		#04-01 5	UNSHINE MANSIONS		Address 3		SINGA	PORE 427970
ddress 4			Address Type		Singapore			Post Code		427970	
Init No.				100				Pusi Code		92/3/0	1
			Related Policy Num	iper	51132717	96					
OI Driver Info											
Vriver Name	LIM KWO YIN (LIN GUYUN)		Driver Type		Main Drive			SALES STREET			
innamed driver Name			Driver NRIC		57701428	0		Driver DOB		25/01/	1977
legister Date of Driver License	18/11/2000		Driver Age		43			Driving Experience		19	
Contact No.(Mobile)	98166878		Contact No.(Office))	D			Contact No.(Home)		0	
ddress 1	289 100 CHIAT PLACE		Address 2		SUNSHINE	MANSIONS		Address 3		SINGAR	PORE 427970
ddress 4			Address Type		Singapore	address		Post Code		427970	Ki Carana
Jinit No.	04-01										
Does he own a Singapore											
Registered car?	○ Yes ® No		Driver Vehicle No.					Driver Insurer Comp	iany		
eclaration											
reathalyser or Blood Test leading?	0 mg		Any injury?		○ Yes ⑨	No					
lodification History											
Claim 001 New											
Claim 001 NSW											
laim Type *	00-MX V	E	Insuired Name		LIM KWD	YTN (LIN GUYUN)		Insured NRIC		577014	250
ontact No.(Mobile)	98166878	ř	Contact No.(Home)	20	64690359	and from the control				377014	
		1			-			Contact No.(Office)			
mail Address	DARJUSLIMKWOYIN@GMAIL.CC		OI Venice Number		\$KQ4418H	100		TP Vehicle Number		SLF618	98
laimant Type Claimant Type *	Please Select		Type of Benefit *		Please Sel	ect 💟					
laimant Name. *		22	Claimant NRIC *								
laimant Address											
laim Description	SKQ4418H / SLF6189B ON 30 N	far 2020						Name of Preferred W	/orkshop		- 5
referred Workshop Contact		I STANSOFF	Insured Liability +		Not at Fau	t V				100	100
O.	Desir Property	5	100	Charles		5000				-	
equire Finalisation	Yes	1	Preferend Repair O	pelan	Preferred	Workshop, Name unknown	V	GIA report		Receive	
ate Registered	30/03/2020 14:19		Claim Close Date					Date Received		30/03/2	2020 00:00
eport Taken By	Jackson	E									
Print AK letter											
ACTOR 10				1	Save But	ime]					
Attachment											
NAME OF THE OWNER, THE											
9											
ccident No.	MT/1090021		Claim N	No.		001					
ast Doc. Received	● Yes ○ No		Upload			30/03/2020 14:20					
and necessor			Upload	Land							
	Path.*			. 142000000000000000000000000000000000000		Category *		Confidential	Urgeno		Description *
				Browse	Caar	Please Select	Ų	NO V	Normal	Y	
	de application			Browse	Ocar	Please Select	v	80 🔻	Normal	V	
				Browse		Please Select	U		Normal	v	
				Browse	11 simulation	Please Select	v		Normal	V	
				Browse	Clear	Please Select	v	NO V	Normal	v	
				Berne	1 Percent	Brown Bridge		100	Marine M.	77 -F	

