NATIONAL Assessment Centre Services. [wel 1 Janios MA Al Dorby & Date In: 11872 - 16:45 Jeb description Date & Time Completed Done by Rel No: 14 | 14 2002516 12 SAS e-filing Veh No: JM E-mail (within Shrs, AIC 2hrs) i-Motor Claim Form 118/20 16:18 D.O.A M7/1098572 1001 i-Motor W/O (Within: OD 2hrs, TP 4hrs) OD : TP Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Preferred Wksp / INC Assign Wksp / QW: ()/Non-INC (TP Particulars: Veh No: PBROK 46 E INC (Owner / Driver: () Tel: Policy No: (Period: (Cover Type: (Confirmed by: (Time: Insured/Driver Liability: (%) [Note-Est Status (WO): N: 0-20%; P: 21-79%. F: 80-100%] Year of Registration: (Warranty: YES ()/NO(Excess: (\$ Loading: \$1,000 ()/\$2,000 (General Remarks:) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY.); Towing Co: (Drive-In () / Towed-In (); Invoice: YES () / NO (Remarks:- (INC hotline: 6788 6616) Date&Time Completed 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Anit (S) Amt (3) Invoice Preparation Checklist HADOZGEH Ist Bill Add Bill 1) AR : Accident Reporting (530); Claimant's Particulars :-INC (\$80) 2) DA : Damage Assessment (\$100); \$40/\$45 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Follow-Through Survey 5) FT : Follow-Through Survey (Resurvey) \$30 Contact No: For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75 Damaged Portion: 7) N1 : Idao DA + SMRT Survey 8) NTUC Additional Services:-OD. QC Checked by (Engr-In-Charge): *N5: Courlesy Car / Tpt Allowance \$5 510 *N6: Repair Co-ordination *N7: Post Repair Inspection \$25 Auditors' Comments :-*N8: DV / Collect Excess Coordination \$5 \$20 TP (N11): TP (Non INC) against INC Cat. 1: 9) N12: Idac Mobile Fee Charged Invoice dated Cat. 2/3; Fee Charged Invoice dated

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 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	01/08/2020 16:45
Date Of Accident	30/07/2020 17:00
Exact Location Of Accident	COLEMAN ST
Country/State of Loss	SINGAPORE
described the second of the se	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMT5230K
Insured/Policyholder	
Name Of Registered Owner	LIM YU QING
NRIC No	SXXXX107J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92374695
Alternative Phone No	OFFICE-92374695
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	SCIROCCO 1.4L AT TSI 1372Q5 SR HID
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	5117998405
Cover Note Number	
Driver	
Name of Driver	LIM YU QING
NRIC No	SXXXX107J
Date Of Birth	07/10/1993
Occupation	INDOOR
Date Of Driving Pass	14/01/2020
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92374695
Fax Number	
Contact Number	OFFICE-92374695
EMail Address	NOEMAIL

BLK 511 JURONG WEST STREET 52 Address #14-84 Postcode 640511 Was driver an employee of the Insured's Company 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 Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) involved in the accident 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) NO soliciting/offering accident claims assistance. 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 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 FBR2646E Vehicle Make/Model/Colour **Details Of Properties** MOTORCYCLE 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 <u>correctly</u> 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.
- 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:
 - (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.:

NRIC/FIN No.:

Date of Accident	: 30/07/200 Accident Time: 1700 (24-HR-FORMAT)
Accident Place	: GOLGMAN MEFET
Vehicle Reg. No (Car plate No.)	: SMT 520 K Vehicle Make/Model: VW SCIPOCCO
Insurance Company	: NNC Policy No. 5117198405
Name of Registered Owner	: Company / Individual CIM YU QUIC
ID of Registered Owner	: Co Reg No: Owner's NRIC No: _ \$ 9732467 >
	: Co Contact No: Owner's Contact No: P237 46 15
DRIVER'S Name	:DRIVER'S NRIC No:
DRIVER'S Date of Birth	: 07/06/1997 DRIVER'S License Pass Date 14/01/20
Relationship bet. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\ Others:
DRIVER'S Address	: 511 JUHONE WEST ST (2-414-84 5 (240511)
DRIVER'S Contact No./ Alt No.	: 1) 2)
DRIVER'S Occupation	NDOOR \OUTDOOR (eg. working inside or outside of an ofc)
Email Address	
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 Was the accident reported to the po Was there any video Captured by co Exact purpose for which vehicle wa	lice? YES NO
Othe	r Party Driver's Particulars (if any)
Vehicle Reg No: FBR 2646 6	Vehicle Reg No:
Vehicle Make\Model:	Vehicle Make\Model:
Name DRIVER:	Name DRIVER:
IC No. DRIVER:	IC No. DRIVER:
DRIVER'S Contact & add:	DRIVER'S Contact & add:



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)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5117998405

1. Index mark and Registration Number of Vehicle

: SMT5230K

Chassis Number

: WVWZZZ13ZDV002540

Cover : drivo CLASSIC

2. Name of Policyholder 3. Effective Date of Insurance : LIM YU QING

: 26 Jun 2020

4. Expiry Date of Insurance

: 25 Jun 2021

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) : \$\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A : PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS

REPAIR AT OWNER'S PREFERRED WORKSHOP

: NO : YES : NO : NO : NO

EXCESS WAIVER PRIMARY DRIVER NAMED DRIVER (1)

TRANSPORT ALLOWANCE

INSURE WITH COE

NCD PROTECTION

: LIM YU QING : N/A

NAMED DRIVER (2) HIRE PURCHASE COMPANY

: N/A : UNITED OVERSEAS BANK LIMITED

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)

: ASSURE (SINGAPORE) PTE. LTD. (00000615327)

: 26 Jun 2020 16:16 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

eBao Tech										Genera	alClaim
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My Desktop Notice of Loss	Polic	cy Query									
	Policy N	lo.				Date	of Accident		30/07/2020	17:00	
	Vehicle	No.(For Motor)	SMT5230K			Certificate Number					
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5117998405		LIM YU QING	593371073	GPC	drivo CLASSIC	SMT5230k	SMT5230K	26/06/2020	25/06/2021
						Continue	l				

Poli	cy Information						
Policy No.	5117998405	Policyholder Name	LIM YU QII	NG	Policyholder NRIC	593371073	
Certificate No.							
Address	BLK 511 #14-84 JURONG WES	ST STREET 52 W	EST WOOD	COURT SINGAPORE	640511		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	26/06/2020	Effective Date	26/06/202	0 00:00	Expiry Date	25/06/2021 2	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			Youn	g/Inexperience Driver Excess
Agent	ASSURE (SINGAPORE) PTE. L	TC Agent Tel.	68038751		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
▼ Policyh	nolder Mailing Address						
Address 1	BLK 511 #14-84	Addres	s 2	JURONG WEST ST	REET 52	Address 3	WEST WOOD COURT
Address 4	SINGAPORE 640511	Addres	s Type	Singapore address		Post Code	640511
Unit No.	14-84	Relate	d Policy er	5117998405			
♪ Insure	d Object: SMT5230K						
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Sequen	nce Date of Endorsem	ent E	ndorsemen	nt Type	Endorsement	Status	Endorsement Content
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Mile	rtificate No.					
Command (Command (C	licyholder Name	LIM YU QING			Policyholder NRIC	593371073
Second	iduct Code	PRIVATE CAR INSURANCE	Cover Type	prive CLASSIC	Loading	0
March Marc	ntact No.(Mobile)	92374695	Comact No.(Office)	ů	Contact No.(Home)	0
Marcian Paul Marc	ail Address		Special Remark			11.0
According Script	K.	® No ○ Yes	TCA			
Marche M	D Protection	No	NCD Entitlement(%)	0	Private Hire	No
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Control Learning	port Date	01/06/2020 16:57	Academ Report Within 24 hrs	Yes		
Total Finance Applicable Finance F	te of Accident	30/07/2020	Time of Accident hh:mm	17:00	Country of Accident	Singapore
Part Trans Part Animale Part Par	porting Centre		Grange Force		ICM No.	
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Section 100 100 110	Total Excess Applicable	E				
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Description	100					
STAGE STAG	Policyholder Mailing Ac	ldress				
No. 24-04 Related Princy Number 31179994007	dress 1	SUK 511 #14-04	Address 2	JURONG WEST STREET 52	Address 3	WEST WOOD COURT
Related Policy Number S117999405 S117999405 S117999405 S11799405 S	dress 4	SINGAPORE 640511	Address Type	Singapore address	Post Code	640511
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Contact No. (1990a) 0.2274695		16/01/2020				
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7	NAC_PAYA_UBI_800601(NAT) CES) on 01	ONAL ASSESSMENT CENTRE SERVI Aug 2020 16:59	Photos		Normal	P	Photos 2020-9-1		
EL S	NAC_PAYA_UBI_800601(NATI CES) on 01	CNAL ASSESSMENT CENTRE SERVE Aug 2020 16:59	Photos		Normal	38	Photos 2020-8-1		
7	NAC_PAYA_UBI_800601(NATI CES) on 01	ONAL ASSESSMENT CENTRE SERVI Aug 2020 16:58	Photos		Normal	P	Photos 2020-8-1		
-	NAC_PAYA_UBI_B00601[NATI CES) on 03	ONAL ASSESSMENT CENTRE SERVI Aug 2020 16:58	Photos		Normal		Photos 2020-6-1		
	NAC_PAYA_UBI_B00601[NATI CES) on 01	ONAL ASSESSMENT CENTRE SERVI Aug 2020 16:58	Photos		Normal	,	Photos 2020-8-1		
4	NAC_PAYA_UBI_B00601[NATI CES) on 01	ONAL ASSESSMENT CENTRE SERVI Aug 2020 16:58	Photos		Normal	,	Photos 2020-8-1		
3	NAC_PAYA_UBI_800601[NATI CES) on 01	DNAL ASSESSMENT CENTRE SERVI Aug 2020 16:58	Photos		Normal		Photos 2020-8-1		
	NAC_PAYA_UB1_800601(NATI CES) on 01	ONAL ASSESSMENT CENTRE SERVI Aug 2020 16:58	Photos		Normal	,	Photos 2020-8-1		
Video List	Uploaded By/Date	Folder Date	1	File Name		9	Source		A