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Date In: 11/12-09:16	Job description	Date &Time Completed	Done	рy
Res No: NA LY CHOOL SUBSTRY	SAS e-filing			
Veh No: SPA6Not	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 11872-13:45	i-Motor Claim Form	100-132 PP 01 PM	12/8/20 0	19:27
	i-Motor W/O (Within: OD 2h			2012 547
OD / TP / Reporting Only	i-Photo Uploaded			
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		No.
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:	
TP Particulars: Veh No:	73814K INC (	)/Non-INC( )		
Owner / Driver: (		Tel:	)	
Policy No: ( )	Period: ( )	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	0,000
	[Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 80-	100%]	
Year of Registration: ( )	Warranty: YES ( )/NO (	)		0-10-
	1,000 ( )/\$2,000 ( )			175=1E111
			Table 5	-
General Remarks:-	The state of the s			-
( ) Walk-In Customer: Customer's in	formation strictly Confidential & S	trictly NO rater of repairer.		
( ) Total Loss Case : to e-mail Insu	irer URGENTLY.			
Drive-In ( )/ Towed-In ( ); Invoi	ice: YES( ) / NO( );	Towing Co: (	. 4	)
			~ ~	A DOTT
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done	by
The state of the s				
1) Apply for Transport Allowance ( )/	Courtesy Car ( )			
Apply for Transport Allowance ( )/     QC Check / Post Repair Inspection	Courtesy Car ( )			
2) QC Check / Post Repair Inspection	( )			
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > ]	( )			
2) QC Check / Post Repair Inspection	( )			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	( )		25.04	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:	( )		Man Carra	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	( )		dig	
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions	Invoice Proint	tt Reporting (\$30);  Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey)  against INC Only (wef 10 Jan 200  action  + SMRT Survey ional Services:  y Car / Tpt Allowance Co-ordination pair Inspection  olicet Excess Coordination P (Non INC) against INC	\$60 Bill 800 00/\$45 \$120 \$30 \$55 \$160 \$25 \$35 \$20 \$30 \$30	Add B

#### 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.
- Any false reporting may be referred to the Police for investigation.
- 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.

Date Of Accident 11/08/2020 13:40  Exact Location Of Accident UPP SERANGOON RD TWDS HOUGANG AVE 8 SINGAPORE  DETAILS OF OWN VEHICLE  Vehicle Registration Number SDC6800G  Insured/Policyholder  Name Of Registered Owner NRIC No SXXXX610J  Romall Address NOEMAIL  Mobile Phone No OFFICE-98296128  Vehicle Particulars  Manufacturer NISSAN SYLPHY 1.5L 4AT ABS D/AB 2WD 4DR  Exact Purpose for which vehicle was being used at time of accident Province of Insurance Company  Thin No. Please state action to be taken Private CAR  Vehicle Category PRIVATE CAR  Insurance Company  Theye Of Coverage They Day They Private Cover Note Number  Driver Name of Driver SXXXX610J  Date Of Birth 18/12/1973  Occupation Date Of Birth 18/12/1973  Occupation Date Of Driving Pass Displayed SA Designed Contact Number  Fixed Pumber  Contact Number OFFICE-98296128		ACCIDENT STATEMENT
Exact Location Of Accident Country/State of Loss  SINGAPORE  Vehicle Registration Number Insured/Policyholder Name Of Registered Owner NRIC No SXXXX610J Mobile Phone No Alternative Phone No OFFICE-98296128  Vehicle Particulars  Manufacturer Namufacturer Nodel Exact Purpose for which vehicle was being used at time of accident If No, Please state action to be taken Vehicle Category If No, Please state action to be taken Vehicle Coverage Type Of Overage Type Of Coverage Type Of Co	Date Of Report	12/08/2020 09:16
Country/State of Loss  DETAILS OF OWN VEHICLE  Vehicle Registration Number Insured/Policyholder  Name Of Registered Owner NRIC No SXXXX610J SEMIL Address NOEMAIL Mobile Phone No (LOCAL) +65-98296128  Vehicle Particulars  Manufacturer Name Of Registered owner Name of exident Insured/Policyholder  NISSAN SYLPHY 1.5L 4AT ABS D/AB 2WD 4DR  PRIVATE USE NO REPORTING ONLY PRIVATE CAR Insurance Company Name of Insurance Company Type Of Coverage THIRD PARTY Fleet Policy NO NO NOEMAIL NOEME NEW NOEME NO	Date Of Accident	11/08/2020 13:40
Vehicle Registration Number Insured/Policyholder Name Of Registered Owner NRIC No SXXXX510J Semail Address NOEMAIL Mobile Phone No OFFICE-98296128  Vehicle Particulars Manufacturer Monufacturer Monufacturer NRIC No SXXXX510J NOEMAIL (LOCAL) +65-98296128  Vehicle Particulars  NISSAN SYLPHY 1.5L 4AT ABS D/AB 2WD 4DR Exact Purpose for which vehicle was being used at the of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken Vehicle Category PRIVATE CAR Insurance Company Name of Insurance Company THIRD PARTY Fleet Policy NO Policy Number S113436806-01 Cover Note Number Driver Name of Driver SXXXXX610J Date Of Birth Occupation Date Of Birth Occupation Date Of Birth Occupation Date Of Driving Pass O503/2002 Driving Experience 18 YEARS AND 5 MONTHS MALE (LOCAL) +65-98296128	Exact Location Of Accident	UPP SERANGOON RD TWDS HOUGANG AVE 8
Vehicle Registration Number Insured/Policyholder Name of Registered Owner NRIC No SXXXX610J NOEMAIL (LOCAL) +65-98296128 Vehicle Particulars NISSAN Manufacturer NISSAN Model Exact Purpose for which vehicle was being used at time of accident Itime of accident If No. Please state action to be taken Vehicle Category Name of Insurance Company Name of Insurance Company Type Of Coverage ThiRD PARTY Policy Number Cover Note Number  Driver Name of Driver NRIC No SXXXX610J Date Of Birth Outpland Outpland Date Of Driving Pass Driving Experience Report Insurance SD(30/32002 Driving Experience Report No DFICE-98296128  LIM TECK LIANG SXXXX610J Date Of Driving Pass Driving Experience Report No DFICE-98296128	Country/State of Loss	SINGAPORE
Insured/Policyholder Name Of Registered Owner NRIC No SXXXX810J NOEMAIL (LOCAL) +65-98296128  Vehicle Particulars Manufacturer Noeman Of Registered Owner Noeman Of Fice-98296128  Vehicle Particulars Manufacturer Nissan Syl_Phy 1.5L 4AT ABS D/AB 2WD 4DR Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Vehicle Category PRIVATE CAR Insurance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD THIRD PARTY Fleet Policy NO Policy Number Cover Note Number Driver Name of Na	A sure of the sure	DETAILS OF OWN VEHICLE
Name Of Registered Owner         LIM TECK LIANG           NRIC No         SXXXX610J           Email Address         NOEMAIL           Mobile Phone No         (LOCAL) +65-98296128           Alternative Phone No         OFFICE-98296128           Value Transport of Mich Phone No           Vohicle Particulars           Manufacturer         NISSAN           Model         SYLPHY 1.5L 4AT ABS D/AB 2WD 4DR           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         REPORTING ONLY           Vehicle Category         PRIVATE CAR           Insurance Company         NTUC INCOME INSURANCE CO-OPERATIVE LTD           Type Of Coverage         THIRD PARTY           Fleet Policy         NO           Policy Number         5113436806-01           Cover Note Number         LIM TECK LIANG           NRIC No         SXXXX610J           Date Of Birth         16/12/1973           Occupation         OUTDOOR           Date Of Driving Pass         05/03/2002           Driving Experience         18 YEARS AND 5 MONTHS           MALE <td>Vehicle Registration Number</td> <td>SDQ6800G</td>	Vehicle Registration Number	SDQ6800G
NRIC No Email Address Mobile Phone No Alternative Phone No OFFICE-98296128 Vehicle Particulars Manufacturer Model Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage THIRD PARTY Pleat Policy Policy Number Cover Note Number  Driver Name of Driver No SXXXX810J Date Of Birth Occupation OutDoor Date Of Driving Pass Osforace MALE (LOCAL) +65-98296128	Insured/Policyholder	
Email Address NOEMAIL Mobile Phone No (LOCAL) +65-98296128  Vehicle Particulars  Manufacturer Model Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage Field Policy Policy Number Cover Note Number  Driver Name of Dri	Name Of Registered Owner	LIM TECK LIANG
Mobile Phone No Alternative Phone No OFFICE-98296128  Vehicle Particulars Manufacturer Model Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company No Policy Number Oover Note Number  Driver Name of Driver Name of Driver Name of Driving Pass Occupation Date Of Driving Pass Office Particulars MALE (LOCAL) +65-98296128  NISSAN SYLPHY 1.5L 4AT ABS D/AB 2WD 4DR EXACT ABS D/AB 2WD 4DR EXACT ABS D/AB 2WD 4DR EXPLOYED 4DR SYLPATE USE NO REPORTING ONLY PRIVATE USE NO REPORTING ONLY PRIVATE CAR  REPORTING ONLY PRIVATE CAR  NO STILL INSURANCE CO-OPERATIVE LTD THRD PARTY NO S113436806-01 Cover Note Number  Driver  LIM TECK LIANG SXXXX610J Date Of Birth 16/12/1973 Occupation OUTDOOR Objo/3/2002 Driving Experience 18 YEARS AND 5 MONTHS Gender MALE Mobile Number Contact Number OFFICE-98296128	NRIC No	SXXXX610J
Alternative Phone No  Vehicle Particulars  Manufacturer  Model  Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category  Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  Type Of Coverage Fleet Policy  Policy Number  Cover Note Number  Driver  Name of Driver  Name of Driver  Name of Driviror  Name of Driviror  Name of Driviror  Name of Driviror  SXXXX610J  Date Of Driving Pass  Driving Experience  Gender  MALE  (LOCAL) +65-98296128	Email Address	NOEMAIL
Vehicle Particulars     NISSAN       Manufacturer     NISSAN       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     REPORTING ONLY       Vehicle Category     PRIVATE CAR       Insurance Company     NTUC INCOME INSURANCE CO-OPERATIVE LTD       Type Of Coverage     THIRD PARTY       Fleet Policy     NO       Policy Number     5113436806-01       Cover Note Number     EIM TECK LIANG       NRIC No     SXXXX610J       Date Of Birth     16/12/1973       Occupation     OUTDOOR       Date Of Driving Pass     05/03/2002       Driving Experience     18 YEARS AND 5 MONTHS       Gender     MALE       Mobile Number     (LOCAL) +65-98296128       Contact Number     OFFICE-98296128	Mobile Phone No	(LOCAL) +65-98296128
Manufacturer Model Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken Vehicle Category REPORTING ONLY PRIVATE CAR  Insurance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage THIRD PARTY NO S113436806-01  TOVER  NO S113436806-01  LIM TECK LIANG NRIC No Date Of Birth Occupation Date Of Driving Pass Driving Experience Gender MALE Mobile Number  Contact Number  Corlice-98296128	Alternative Phone No	OFFICE-98296128
Model SYLPHY 1.5L 4AT ABS D/AB 2WD 4DR  Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  REPORTING ONLY  PRIVATE CAR  REPORTING ONLY  PRIVATE CAR  Insurance Company  Name of Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  Type Of Coverage  THIRD PARTY  NO  5113436806-01  TOVER  NO  STANKA610J  Date Of Birth  Occupation  Date Of Driving Pass  Driving Experience  Gender  Mole  Mole  NOEFICE-98296128  PRIVATE USE  AND  REPORTING ONLY  PRIVATE USE  NO  REPORTING ONLY  REPORTING ONLY  PRIVATE CAR  REPORTING ONLY  PRIVATE USE  AND  REPORTING ONLY  PRIVATE USE  AND  REPORTING ONLY  REPORTING  REPORTING	Vehicle Particulars	
Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category  Insurance Company  Name of Insurance Company  Type Of Coverage Fleet Policy Policy Number  Cover Note Number  Driver  Name of Driver Name of Driver NRIC No Date Of Birth Occupation Date Of Driving Pass Driving Experience Gender MALE Mobile Number  Contact Number  PRIVATE USE  NO  REPORTING ONLY PRIVATE CAR  REPORTING ONLY PRIVATE CAR  REPORTING ONLY PRIVATE CAR  REPORTING ONLY PRIVATE USE  NO  THIRD PARTY  IT HIRD PARTY  NO  SETURG ONLY PRIVATE USE  NO  THIRD PARTY  IT HIRD PARTY  I	Manufacturer	NISSAN
time of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category  Insurance Company  Name of Insurance Company  Type Of Coverage Fleet Policy Policy Number  Cover Note Number  Driver  Name of Driver Name of Driver Name of Driver Name of Driver Name of Driver Name of Driver Name of Driving Pass Driving Experience  Beach  Are you claiming under your own insurance policy NO  REPORTING ONLY PRIVATE CAR  REPORTING PRIVATE CAR  RE	Model	SYLPHY 1.5L 4AT ABS D/AB 2WD 4DR
for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category  Insurance Company  Name of Insurance Company  Name of Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  Type Of Coverage  THIRD PARTY  NO  Policy Number  Sover Note Number  Driver  Name of Driver  Name of Driver  NRIC No  Date Of Birth  Occupation  Date Of Driving Pass  Driving Experience  Gender  Molie Number  (LOCAL) +65-98296128  REPORTING ONLY  REPORT ONLY	Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Vehicle Category  Insurance Company  Name of Insurance Company  Type Of Coverage THIRD PARTY Fleet Policy NO Policy Number  Cover Note Number  Driver  Name of Driver NAME Of Birth 16/12/1973 Occupation Date Of Driving Pass Driving Experience 18 YEARS AND 5 MONTHS Gender MALE Mobile Number  PRIVATE CAR  NTUC INCOME INSURANCE CO-OPERATIVE LTD THIRD PARTY NO S13436806-01  LIM TECK LIANG SXXXX610J 16/12/1973 Occupation OUTDOOR Date Of Driving Pass 05/03/2002 Driving Experience 18 YEARS AND 5 MONTHS Gender MALE (LOCAL) +65-98296128  Contact Number  Contact Number OFFICE-98296128	Are you claiming under your own insurance policy for repair to your vehicle?	NO
Insurance Company Name of Insurance Company Type Of Coverage THIRD PARTY Fleet Policy NO Policy Number Cover Note Number  Driver Name of Driver NAME Of Birth Occupation Date Of Driving Pass Driving Experience 18 YEARS AND 5 MONTHS Gender Mobile Number  OFFICE-98296128  NTUC INCOME INSURANCE CO-OPERATIVE LTD THIRD PARTY NO THIRD PARTY NO LIM TECK LIANG SXXXX610J Date Of Driver NOUTDOOR DATE Of Driving Pass O5/03/2002 Driving Experience IN YEARS AND 5 MONTHS MALE (LOCAL) +65-98296128	If No, Please state action to be taken	REPORTING ONLY
Name of Insurance Company         NTUC INCOME INSURANCE CO-OPERATIVE LTD           Type Of Coverage         THIRD PARTY           Fleet Policy         NO           Policy Number         5113436806-01           Cover Note Number         Cover Note Number           Driver         LIM TECK LIANG           NRIC No         SXXXX610J           Date Of Birth         16/12/1973           Occupation         OUTDOOR           Date Of Driving Pass         05/03/2002           Driving Experience         18 YEARS AND 5 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-98296128           Contact Number         OFFICE-98296128	Vehicle Category	PRIVATE CAR
Type Of Coverage         THIRD PARTY           Fleet Policy         NO           Policy Number         5113436806-01           Cover Note Number         Cover Note Number           Driver           Name of Driver         LIM TECK LIANG           NRIC No         SXXXX610J           Date Of Birth         16/12/1973           Occupation         OUTDOOR           Date Of Driving Pass         05/03/2002           Driving Experience         18 YEARS AND 5 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-98296128           Contact Number         OFFICE-98296128	Insurance Company	
NO	Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Policy Number         5113436806-01           Cover Note Number         Driver           Name of Driver         LIM TECK LIANG           NRIC No         SXXXX610J           Date Of Birth         16/12/1973           Occupation         OUTDOOR           Date Of Driving Pass         05/03/2002           Driving Experience         18 YEARS AND 5 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-98296128           Fax Number         OFFICE-98296128	Type Of Coverage	THIRD PARTY
Driver         LIM TECK LIANG           NRIC No         SXXXX610J           Date Of Birth         16/12/1973           Occupation         OUTDOOR           Date Of Driving Pass         05/03/2002           Driving Experience         18 YEARS AND 5 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-98296128           Fax Number         OFFICE-98296128	Fleet Policy	NO
Driver         LIM TECK LIANG           NRIC No         SXXXX610J           Date Of Birth         16/12/1973           Occupation         OUTDOOR           Date Of Driving Pass         05/03/2002           Driving Experience         18 YEARS AND 5 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-98296128           Fax Number         OFFICE-98296128	Policy Number	5113436806-01
Name of Driver         LIM TECK LIANG           NRIC No         SXXXX610J           Date Of Birth         16/12/1973           Occupation         OUTDOOR           Date Of Driving Pass         05/03/2002           Driving Experience         18 YEARS AND 5 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-98296128           Fax Number         OFFICE-98296128	Cover Note Number	
NRIC No         SXXXX610J           Date Of Birth         16/12/1973           Occupation         OUTDOOR           Date Of Driving Pass         05/03/2002           Driving Experience         18 YEARS AND 5 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-98296128           Fax Number         OFFICE-98296128	Driver	
Date Of Birth         16/12/1973           Occupation         OUTDOOR           Date Of Driving Pass         05/03/2002           Driving Experience         18 YEARS AND 5 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-98296128           Fax Number         OFFICE-98296128	Name of Driver	LIM TECK LIANG
Occupation         OUTDOOR           Date Of Driving Pass         05/03/2002           Driving Experience         18 YEARS AND 5 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-98296128           Fax Number         OFFICE-98296128	NRIC No	SXXXX610J
Date Of Driving Pass         05/03/2002           Driving Experience         18 YEARS AND 5 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-98296128           Fax Number         OFFICE-98296128	Date Of Birth	16/12/1973
Driving Experience         18 YEARS AND 5 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-98296128           Fax Number         OFFICE-98296128	Occupation	OUTDOOR
Gender         MALE           Mobile Number         (LOCAL) +65-98296128           Fax Number         OFFICE-98296128	Date Of Driving Pass	05/03/2002
Mobile Number         (LOCAL) +65-98296128           Fax Number         OFFICE-98296128	Driving Experience	18 YEARS AND 5 MONTHS
Fax Number Contact Number OFFICE-98296128	Gender	MALE
Contact Number OFFICE-98296128	Mobile Number	(LOCAL) +65-98296128
######################################	Fax Number	
EMail Address NOEMAIL	Contact Number	OFFICE-98296128
	EMail Address	NOEMAIL

BLK 686A CHOA CHU KANG CRESCENT Address #13-250 Postcode 681686 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 Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 2 involved in the accident Was any body injured in the Accident? NO Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? NO 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** SMP3814K Vehicle Registration Number Vehicle Make/Model/Colour **Details Of Properties** Vehicle Category PRIVATE CAR Name of Driver NRIC/Passport Number Contact Number Address

Postcode

Insurance Company Name

No. Of Passenger (Including Driver)

Nature Of Damage

### SKETCH PLAN

### IMPORTANT NOTICE

- 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.
- 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)

Lunderstand, acknowledge, agree and consent that:

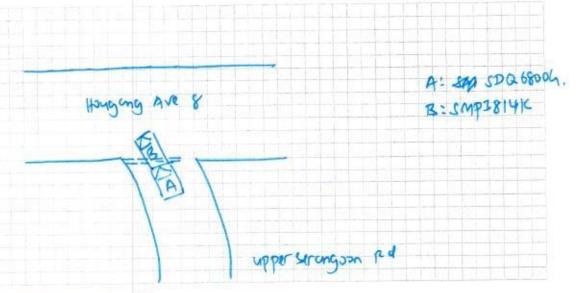
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
  - (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.:



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DN 8	ted date and time, as I approached the st.p red of upper ser	engoor
Rd	I stopped my vehicle behind of which is as he was	
Hafis	ry Happed to be bre the Happing line. As he Harted to m	noved
off,	I follow Mit. Enddoly he jummed health after the stopping	
ine.	Isting I applied my brule however my vehicle font ports	20
Mari	with Vehicle is rear portion.	

## 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.:

STARRAC SKERCHERDER WIT

1

# ACCIDENT STATEMENT

ACCIDENT DATE: 1 / 6 / 10 )(DD/MM/YYYY), TIME: (1) : 43.	(MM:HH)
LOCATION: upper Grangon red twys Hanging A	ve 8.
1. DETAILS OF VEHICLE	2
a) VEHICLE NUMBER: 1 D Q 6 800 4.	
DINSURANCE COMPANY: NTUC	
CJPOLICY NUMBER:	4 -1 11
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE	: &IMETI)
e)MAKE & MODEL:	THERSI
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)	TITEKOJ
h) PURPOSE OF USING AT ACCIDENT TIME:	
1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)	7
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING DNLY)	39
2. INSURED / POLICY HOLDER	
A)NAME:(MA)E/FE	MALE)
bjnric/fin/Passport:	10/10
c]ADDRESS:	
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	
the of passanga. DRIVER	
(Including driver) WARRESTONE CONTACT:	MALE)
BJNRIC/FIN/FASSFORI:CONTACT	
CJADDRESS:	
*d)DATE OF BIRTH: (/)(DD/MM/YYYY)	
e)OCCUPATION: (INDOOR / OUTDOOR)	
f)YEARS OF DRIVING EXPRERIENCE:	52 600
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNE	21 021
5. a) WEATHER CONDITION: (CILEAR / RAINING / OTHERS	
bJROAD SURFACE: (DRY / WET / OTHERS	
6. WAS ANYBODY INJURED (YES / (Q))	
7. a) REPORTED TO POLICE (YES / NO	10
IF YES, PLEASE STATE WHICH POLICE STATION:	
8. THIRD PARTY VEHICLE  WE AT PASSINGER O) VEHICLE NUMBER: JMP 3814K . MODEL:	
Inducting drivery b) DRIVER'S NAME:	
c) NRIC/FIN/PASSPORT:CONTACT:	7.00
( 1. ) 9. THIRD PARTY VEHICLE	
No of passanger d) VEHICLE NUMBER:MODEL:	
No of passanger e) DRIVER'S NAME:MODEL: Induding driver) f) NRIC/FIN/PASSPORT:CONTACT:	
CONTACT:	

email = lim\_teckling@yahos.com.sg

VIDEO - 4

<b>eBao</b> Tech			481							Genera	lClaim
Hello, NAC_PAYA_UBI_800	601				Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner	CONTRACTOR OF THE PARTY OF THE	• Chang	e Language	e - Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Notice of Loss Policy No.	No.	1			Date	of Accident	E	1/08/2020 1	3:40	
	Vehicle No.(For Motor)		SDQ68	SDQ6800G		Certificate Number		. [			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5113436806- 01		LIM TECK LIANG	573476103	GPC	Third Party	SDQ6800G	SDQ6800G	29/07/2020	28/07/2021
						Continue					

▽ Poli	icy Information						
Policy No.	5113436806-01	Policyholder Name	LIM TECK	LIANG	Policyholder NRIC	S73476103	
Certificate No.							
Address	BLK 686A #13-250 CHOA CHU I	KANG CRESCEN	IT SINGAR	ORE 681686			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	20/07/2020	Effective Date	29/07/20	20 00:00	Expiry Date	28/07/2021	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500			Youn	g/Inexperience Driver Excess
Agent	CCL INSURANCE AGENCY PTE L'	Agent Tel.	65 63449	990	GST Flag	Y	
Co- nsurance Flag	No				new orchisene		
Open Policy Info							
Certificate nfo							
Policyh	older Mailing Address						
Address 1	BLK 686A #13-250	Address	2	CHOA CHU KANG C	RESCENT A	ddress 3	SINGAPORE 681686
Address 4		Address	Туре	Singapore address	Р	ost Code	681686
Jnit No.	13-250	Related Number		5113436806-01			
Insured	Object: SDQ6800G						
Endorse	ements						
Sequenc	Date of Endorsement	En	dorsemen	t Type	Endorsement 5	Status	Endorsement Content

Claim Handling					
Accident MT/1099566					
Policy No.	5113436806-01	Vehicle No.	sogesous	GST Registration No.	873476103
Certificate No.					
Policyholder Name	LIM TECK LIANG			Policyholder NRIC	\$73476103
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No. (Mobile)	90296128	Contact No. (Office)	0	Contact No.(Plome)	0
Email Address	852 4 7 54 6 6 7	Special Remark	1201200	eCode	THEY.
KFK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
NCD Protection  Accident Details	No.	NCD Entitlement(%)	10	Provate Hire	ves
	72.000000000	120 B 120 B 120 B 120 B	TG.	3000 E	3
Report Date	12/08/2020 09: 25	Accident Report Within 24 hrs		Accidem Type	Colletion - Head to Rear
Date of Accident	11/08/2020	Time of Accident hhimm	13:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location  Total Excess Applicable	UPP SERANGOON RD TWDS HOUGANG AVE B				
Excess Type	Per Accident	Windscreen Excess	0.00		
LANCIS 1794	Pet Modulett	Windschen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
VIED OD Excess	0.00	VIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OO Excess Applicable	0.00	Total TP Excess Applicable	1,500.00		
□ Benefits					
□ GST Registered Inform	ation				
GST Registered	No		GST Registration Date		
GST Registration No.	48.00.000.000.000.000.000.000		GST Status Verified	Yes	
Modification History	12/08/2020 09:26:26 System 12/08/2020 09:26:26 System	changed GST Registered from Ye changed GST Registration No. fro changed GST Registration Date from the changed GST Registration Date from the changed GST Registration of the changed GST Registration of the changed GST Registration of the changed GST Registered from Years changed GST Registration No. from changed GST Registration from Years changed from Years changed GST Registration from Years changed from Years	s to No am 573476103 to mult		
Policyholder Mailing Ad		changed GST Registration Date f	rom 16/12/1973 to null		
Address I	BLK 555A #13-250	Address 2	CHOA CHU KANG CRESCENT	Andress 3	SINGAPORE 681686
Address 4	BUN 000M P13-200	Address Type	Singapore address	Post Code	581686
Unit No.	13-250	Related Policy Number	5113436506-01	rost code	001000
OI Driver Info					
Driver Name	LIM TECK LIANG	Driver Type	Main Oriver		
Unnamed driver Name		Driver NRIC	\$73476103	Driver 008	16/12/1973
Register Date of Driver License	05/03/2002	Driver Age	45	Driving Experience	15
Contact No.(Mobile)	96296128	Cornect No.(Office)	0	Contact No. (Home)	0
Address 1	BLK 686A	Address 2	CHOA CHU KANG CRESCENT	Address 3	SINGAPORE 681686
Address 4		Address Type	Singapore address	Post Code	681686
Unit No	13-250				
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
and design of the control					
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ® No		
Modification History					
SUBSTITUTE OF STREET					
Claim 001 New					
Claim Type *	00-MX	Insured Name	LIM TECK LIANG	Insured NRIC	\$73476101
Contact No.(Mobile)		Contact No.(Home)	MIL	Contact No.(Office)	NIL
Email Address		Ol Vehicle Number	spqeeoog	TP Vehicle Number	5MF3814K
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select 🔻		- Personal Property Control of the C
Claimant Name +	22	Claimant NRJC *			
Claimant Address					
Claim Description	SDQ6800G / SMP3814K DN 11 Aug 2020			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received . 👻
Date Registered	12/08/2020 09:27	Claim Close Date		Date Received	12/08/2020 00:00
Report Taken By	Jackson				
Print AK letter					
			See 777 139		
			Save Submit		
Attachment					
9					
Accident No.	MT/1099566	Claim No.	001		
Last Doc. Received	● Yes ○ No	Upload Date	12/08/2020 09:28		
The parties		Spring Little		Park to the same	
	Path +	Don't .	Category *	Confidential Urgen	200
		Browse.		V Normal	<u>×</u>
		Browse		V Normal	×
		Browse		V Normal	×
		Browse.		✓ Normal	V
		Browse.	Clear Please Select	V Normal	

