

[waf 1 Jan'68]

19-A-00092921

TP Insurer:**Tolz**

Fact

INC() / Non-INC()

Tel:

() Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repolar.

() Total Loss Case : to e-mail Insurer **URGENTLY.**

Drive-In () / Towed-In () ; Invoice# YES () / NO () ; Towing Co: ()[illegible]

NA2005632

| | |
|--|------------|
| 1) AR: Accident Reporting (\$30) | |
| 2) DA: Damage Assessment (\$100) | INC (\$10) |
| 3) TP: Towing Fee | \$40/\$45 |
| 4) PT: Follow-Through Survey | \$120 |
| 5) PF: Follow-Through Survey (Resurvey) | \$30 |
| *For claiming against INC Only, (over 10 Jan 2005) | |
| 6) TR: Re-inspection | \$75 |
| 7) NI: Idea DA + SMRT Survey | \$160 |
| 8) NIUC: Additional Services | |
| ON: | |
| *NS: Courtesy Car / Tpl Allowance | \$3 |
| *N6: Repair Coordination | \$10 |
| *N7: Post Repair Inspection | \$25 |
| *N8: DV / Collision Process Coordination | \$1 |
| TP (NI): TP (NI) INC against DTC | \$0 |
| *With Idea Mobile | |

Fee Charged
Fee Charged

WASH-STATE

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 | 23/10/2020 11:45 |
| Date Of Accident | 22/10/2020 07:20 |
| Exact Location Of Accident | 17 KAKI BUKIT AVENUE 4 (OUTSIDE KAKI BUKIT CAMP) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLP5266R |
| Insured/Policyholder | |
| Name Of Registered Owner | LIM POW HENG |
| NRIC No | SXXXX332G |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97686900 |
| Alternative Phone No | OTHERS-97686900 |

Vehicle Particulars

| | |
|--|-----------------------|
| Manufacturer | TOYOTA |
| Model | COROLLA ALTIS-1.6 (A) |
| Exact Purpose for which vehicle was being used at time of accident | WORKING PURPOSES |
| 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 HIRE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5113388967 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | LIM POW HENG |
| NRIC No | SXXXX332G |
| Date Of Birth | 25/09/1960 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 22/05/1990 |
| Driving Experience | 30 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97686900 |
| Fax Number | |
| Contact Number | OTHERS-97686900 |

| | |
|---|---------------------------------------|
| Address | BLK 430 TAMPINES STREET 41 #08-509 |
| Postcode | 520430 |
| 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 | SIDE SWIPE |
| 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) | 2 |
| Passenger 1 | NAME: : PASSANGER 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 (TYPE OF COLLISION THIRD PARTY REVERSE AND HIT INSURED)

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 | YK16B |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | 94668465 |
| Address | |
| Postcode | |
| Insurance Company Name | |

No. Of Passenger (Including Driver)

1

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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6. 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.
7. 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:

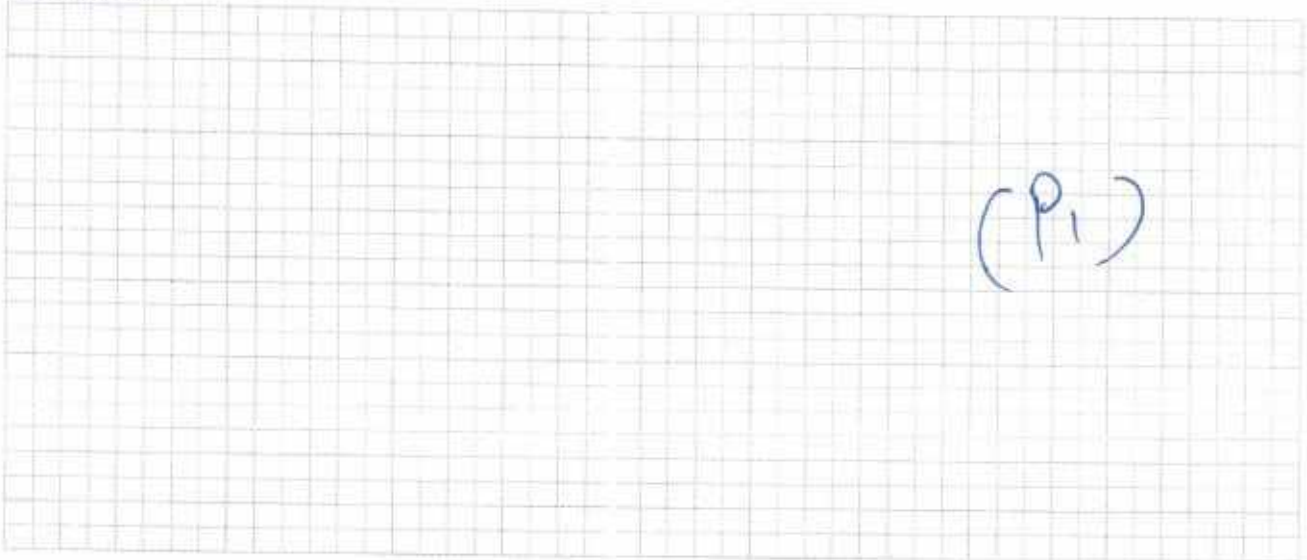
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Policyholder's Signature
Date & Time:

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

23/10/2020
Reporting Centre Personnel's Signature
Name: *Resat*
NRIC/FIN No.: *123456789*

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Ubi Ave 4 towards Kaki Bukit Camp. In front of the camp I saw a lorry ~~was~~ stationary on the road closer to the left hand with no signal or any indication. I signal and carry on driving behind the lorry. $\frac{3}{4}$ pass the lorry it suddenly reverse, at the sight of it I horn however the lorry still carry on to reverse and bang onto my rear left hand door. When we alighted the other driver an Indian migrant apologise, I then

DECLARATION

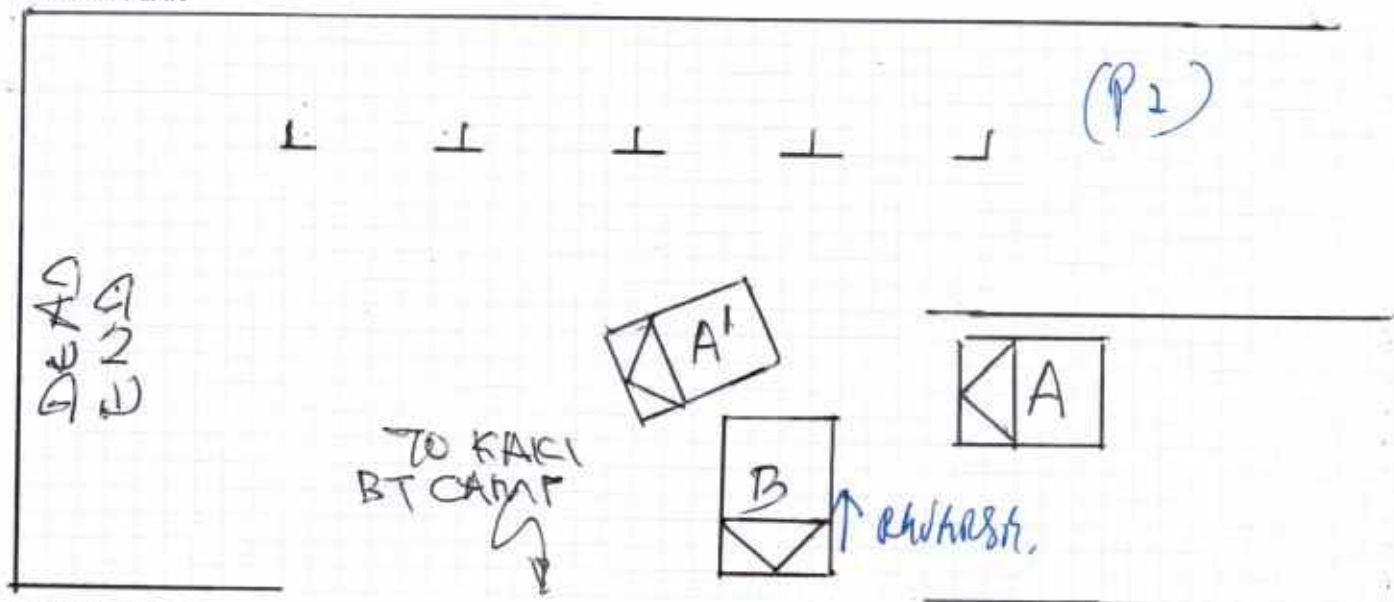
I/We declare the foregoing particulars are true in every respect.

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

question did you not see the mirror before reversing he just kept quiet. As the place was crowded with people I took pictures and shifted the car.

Abt 200hrs the Supervisor of the Indian worker called me. A Mr Phua spoke to me on the phone and claim the matter was 50:50. I replied "why when your driver reverse to hit me and I have a passenger in my car who witness it". My Mr Phua later text me and said the company will decide. He later txt me to say the Indian worker would have to pay and repairs done in their workshop. I then replied in txt to him "if the worker has to pay I would claim insurance so the worker would not have to pay out of pocket."

He also txt me later to say "the company will bare the cost for repairs."

DECLARATION

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

23/10/2020
Res 21 Wmhm

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 if/when required.

ACCIDENT STATEMENT

Date Of Report 23 / 10 / 20
Date Of Accident 22 / 10 / 20 0720 HRS
Exact Location Of Accident OUTSIDE KAKI BT CAMP 17 KAKI BT AVE 4
Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLP 5266R
Insured/Policyholder
Name Of Registered Owner LIM POW HENG
Co Reg No
Email Address
Mobile Phone No
Alternative Phone No
Vehicle Particulars
Manufacturer TOYOTA
Model ALTIS
Exact Purpose for which vehicle was being used at time of accident WORK
Are you claiming under your own insurance policy for repair to your vehicle? NO
If No, Please state action to be taken CLAIM THIRD PARTY
Vehicle Category PTG HIRB
Insurance Company NTUC
Name of Insurance Company
Type Of Coverage
Fleet Policy
Policy Number
Cover Note Number
Driver
Name of Driver LIM POW HENG
NRIC No S145833261
Date Of Birth 25 09 80
Occupation
Date Of Driving Pass 22 05 1990
Driving Experience
Gender MALE
Mobile Number 97686900
Fax Number
Contact Number
Email Address

Address

Postcode

Was driver an employee of the Insured's Company

NA

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

NA

Insurance Company of Driver's Own Vehicle

NA

General Information of the Accident

Type Of Accident

Weather Conditions

Road Surface

Other Information

REVERSE TO SIDE.
CLEAR
DRY

Was any foreign vehicle involved in this accident?

NO

Was any body injured in the Accident?

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)

02

Details of Police Action

Was the accident reported to the police?

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?

NO

Was there any video captured by Car Camera?

NO

Remarks/ Reasons:

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number

YK 16 B
BLUE

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

94668465

Address

Postcode

NOT GIVEN

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

01

Details of Witness

Name

Phone Number

Email Address

Claim Handling

Accident MT/1107535

| | | | | |
|---------------------|--|---------------------|--|----------------------|
| Policy No. | 5113388967 | Vehicle No. | SLP5266R | GST Registration No. |
| Certificate No. | | | | |
| Policyholder Name | LIM POW HENG | | | Policyholder NRIC |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading |
| Contact No.(Mobile) | 97686900 | Contact No.(Office) | | Contact No.(Home) |
| Email Address | | Special Remark | | eCode |
| KFK | <input type="radio"/> No <input type="radio"/> Yes | TCA | <input type="radio"/> No <input type="radio"/> Yes | eCode Reason |
| NCD Protection | No | NCD Entitlement(%) | 10 | Private Hire |

▼ Accident Details

| | | | | |
|-------------------|--|-------------------------------|-------|---------------------|
| Report Date | 23/10/2020 11:54 | Accident Report Within 24 hrs | Yes | Accident Type |
| Date of Accident | 22/10/2020 | Time of Accident hh:mm | 07:20 | Country of Accident |
| Reporting Centre | | Orange Force | | ICM No. |
| Accident Location | 17 KAKI BUKIT AVENUE 4 (OUTSIDE KAKI BUKIT CAMP) | | | |

▼ Total Excess Applicable

| | | | | |
|----------------------------|--------------|----------------------------|----------|--------------------|
| Excess Type | Per Accident | Windscreen Excess | 100.00 | |
| OD Standard Excess | 2,000.00 | TP Standard Excess | 1,500.00 | |
| YIED OD Excess | 0.00 | YIED TP Excess | 0.00 | Driver is Covered? |
| Additional Excess | 0 | | | |
| Total OD Excess Applicable | 2000.00 | Total TP Excess Applicable | 1,500.00 | |

▼ Benefits

▼ GST Registered Information

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

▼ Policyholder Mailing Address

| | | | | |
|-----------|-------------------|-----------------------|-------------------|-----------|
| Address 1 | 29D ELIAS TERRACE | Address 2 | D'ELIAS | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | | Related Policy Number | 5113388967 | |

▼ OI Driver Info

| | | | | |
|---|---|---------------------|-------------------|----------------------|
| Driver Name | LIM POW HENG | Driver Type | Main Driver | |
| Unnamed driver Name | | Driver NRIC | S1458332G | Driver DOB |
| Register Date of Driver License | 01/01/2013 | Driver Age | 60 | Driving Experience |
| Contact No.(Mobile) | 97686900 | Contact No.(Office) | | Contact No.(Home) |
| Address 1 | 29D ELIAS TERRACE | Address 2 | D'ELIAS | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | SLP5266R | Driver Insurer Comp. |

Declaration

| | | | |
|-------------------------------------|------|-------------|---|
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
|-------------------------------------|------|-------------|---|

Modification History

Claim 001

New

| | | | |
|---------------------|----------------------------------|-------------------|--------------|
| Claim Type * | OO-MX | Insured Name | LIM POW |
| Contact No.(Mobile) | 97686900 | Contact No.(Home) | 6584383 |
| Email Address | NSAITK@GMAIL.COM | Vehicle Number | SLP5266R |
| Claim Description | SLP5266R / YK16B ON 22 Oct 2020 | | |
| Preferred Workshop | Yes | Insured Liability | Not at Fault |
| Repair Option | Preferred Workshop, Name unknown | GIA report | Received |
| Date Registered | 23/10/2020 12:05 | Claim Close Date | |

 Print AK letter

Save Submit

Attachment

| | | | |
|--------------------|---|-------------|------------------|
| Accident No. | MT/1107535 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 23/10/2020 12:06 |

[illegible]

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description |
|---|---|-----------------------|---------|-------------------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Oct 2020 12:06 | Photos | Normal | Photos 20 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Oct 2020 12:06 | Photos | Normal | Photos 20 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Oct 2020 12:06 | Photos | Normal | Photos 20 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Oct 2020 12:06 | Photos | Normal | Photos 20 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Oct 2020 12:06 | Photos | Normal | Photos 20 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Oct 2020 12:06 | Photos | Normal | Photos 20 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Oct 2020 12:06 | Photos | Normal | Photos 20 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Oct 2020 12:06 | Photos | Normal | Photos 20 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Oct 2020 12:06 | NRIC/ Driving License | Y | NRIC/ Driving Lic |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Oct 2020 12:06 | SAS | Normal | SAS 20 |

Video List

| Uploaded By/Date | Folder Date | File Name | |
|------------------|-------------|-----------|---|
| | | | <div> <div>Display in New Window</div> <div>Scan and uploading</div> </div> |

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: 5113388967

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLP5266R**
Chassis Number : **MR053REH104555458**
2. Name of Policyholder : **LIM POW HENG**
3. Effective Date of Insurance : **01 Nov 2019**
4. Expiry Date of Insurance : **07 Dec 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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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) | : S\$2,000 |
| EXCESS (SECTION 2) | : S\$1,500 |
| WINDSCREEN EXCESS | : S\$100 |
| ADDITIONAL EXCESS | : N/A |
| UNNAMED DRIVER EXCESS | : PLEASE REFER OVERLEAF |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : NO |
| INSURE WITH COE | : YES |
| NCD PROTECTION | : NO |
| TRANSPORT ALLOWANCE | : NO |
| EXCESS WAIVER | : NO |
| PRIMARY DRIVER | : LIM POW HENG |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : 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)

Agency : TELESales-DIRECT MARKETING (00000601661)
Date of Issue : 24 Oct 2019 15:59 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive