NATIONAL Assessment Centr	re Services.	[we! 1 Jan'05] []	1092005006		
Date In: 311120 - 17: 17	Job description		Date & Time Completed	De	ne by
Ref No: LATINCAOIJYATY	SAS e-filin	g			
Veh No: SDE 1331 p.	E-mail (with	nin Shrs, AIC 2hrs)			
D.O.A: 1/1/12-13.03	i-Motor Cl		m7/1112530-007	3/12/7	164 > 1
	i-Motor W	/O (Within: OD 2hrs		-1,-13	2 (10)
OD / TP / Reporting Only	i-Photo Up		1	 -	•• ••••
TD:		Survey Report	 		
TP Insurer:		t by Fax / Hand t	o Owner/Wksp	 	
Preferred Wksp / INC Assign Wksp / QW: (Fax:	
TP Particulars: Veh No:		. INC(
Owner / Driver: (<u>:</u>	(Tel:)	
Policy No: () Per	riod: ()	Cover Type: (
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [N	Note-Est. Status ((WO): N: 0-20	0%; P: 21-79%. F: 80-	100%]	
	Warranty: YES ()		
Excess: (\$) Loading: \$1,00	00()/\$2,00	0()			
General Remarks:-		f		188 S. 11	
() Walk-In Customer: Customer's inform	mation strictly Co	onfidential & Stri	ctly NO refer of renairer		
() Total Loss Case : to e-mail Insurer			h		
	CROENTEI.				
Drive-In ()/ Towed-In (): Invoice:	VES () /	NO / \ T-	win = Co. (1
Drive-In ()/ Towed-In (); Invoice:	YES()/	NO (); To	wing Co: (,)
Remarks:- (INC hotline: 6788 6616)		NO (); To	owing Co: (Don) e by
Remarks: (INC hotline: 6788 6616)	YES () / :	NO();To		Don	e by
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection	ourtesy Car (NO();To		Don	e by
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Remarks: (INC hotline: 6788'6616) 1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Oute/Time Actions Limant's Particulars:- ver/Owner:	ourtesy Car (Invoice Preparation of the state of the stat	Date&Time Completed aration Checklist eporting (\$30); ssessment (\$100); INC (\$8, \$40, \$20, \$30);	Ant (S) fit Bill 0) (\$45 120	Ame (3
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Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time: Actions dimant's Particulars: iver/Owner:	ourtesy Car (Invoice Prepa Invoice Prepa I) AR: Accident R 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thre 5) FT: Follow-Thre For claiming aga	Date & Time Completed Paration Checklist Eporting (\$30); Seessment (\$100); INC (\$8: \$40. Dough Survey (Resurvey) Sinst INC Only (wef 10 Jan 2005) SMRT Survey (\$5.	Ant (5) fit Bill 0) (545) (120) (530)	Amt (3
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SN0920C5000G / National Assessment Centre Services [408933] ENTRY DATE & TIME: 05/12/2020 17:52 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (05/12/2020 17:52 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.
- 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 Submission 05/12/2020 17:52 (SGT) Date of Accident 01/12/2020 10:00 (SGT) Exact Location of Accident Pasir Ris, Singapore Additional Location Information CARPARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDE1331P

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner LILIS MULIO NRIC No SXXXX890F Email Address tonyteo2311@gmail.com Mobile Phone No (Phone) +65-92777779 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer **BMW** Model **X5** Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to your vehicle? Yes Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5116756645 Cover Note Number

DRIVER

Name of Driver TEO KYE HWEE TONY NRIC No SXXXX724Z Date Of Birth 29/11/1957 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	24/03/1979 41 YEARS AND 9 MONTHS Male (Phone) +65-96780818 - tonyteo2311@gmail.com 82A UPPER ALJUNIED ROAD - 367879 No Spouse No	
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident Weather Conditions Road Surface	Collided into Property Clear Dry	
OTHER INFORMATION		
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 1 No - No 1	
DETAILS OF POLICE ACTION		
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -	
CIRCUMSTANCES OF ACCIDENT		
REFER TO STATEMENT.		
ATTACHMENT(S)		
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No	

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.
- 3. 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>.
- 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.
- 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)

l 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

NRIC/FIN No .:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED DATE AND TIME, I CAS REVERSING INTO	
A FOT.	
OUT OF A SUPPEN, I HEARD A LOUP SOUKIP AND REALISED	
THAT I HIT MY CAR CHILF 2 LAS REVERSING.	/

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 .:

GRAGIAC SketchPlankovic vis

Date of Accident	: 01/12/2020 Accident Time: 1000 (24-HR-FORMAT)
Accident Place	PASIR RIS HOB CARPARK.
Vehicle Reg. No (Car plate No.)	: SUE1331P Vehicle Make/Model: Brow x5
Insurance Company	:Policy No
Name of Registered Owner	: Company / Individual 160 Kye HWCF LONY
ID of Registered Owner	: Co Reg No: - Owner's NRIC No: \$/27777247
	: Co Contact No: Owner's Contact No: 96780818
DRIVER'S Name	DRIVER'S NRIC No:
DRIVER'S Date of Birth	: 29/11/57 DRIVER'S License Pass Date
Relationship bet. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\ Others:
DRIVER'S Address	: 829 Upper AUJUNIED ROAD
DRIVER'S Contact No./ Alt No.	: 1)
DRIVER'S Occupation	: INDOOR \OUTDOOR (eg. working inside or outside of an ofc)
Email Address	: YON 4 760 2311 @ GMAIL. Com.
Weather & Road Surface	: CLEAR & DRY RAINING & WET AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (including Dr Was the accident reported to the poli Was there any video Captured by car Exact purpose for which vehicle was	iver): 1 ce? YES \ NO
	Party Driver's Particulars (if any)
Vehicle Reg No:	
Vehicle Make\Model:	Vehicle Make\Model:
Name DRIVER:	Name DRIVER:
IC No. DRIVER:	IC No. DRIVER:
DRIVER'S Contact & add:	

* 357



Certificate of Insurance

: SDE1331P

: LILIS MULIO

: 03 Apr 2020

: 02 Apr 2021

Cover : drivo PREMIUM

: WBAZW420000B63628

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: 5116756645

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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

EXCESS (SECTION 1) : S\$600 **EXCESS (SECTION 2)** : N/A WINDSCREEN EXCESS : 5\$100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF REPAIR AT OWNER'S PREFERRED WORKSHOP

INSURE WITH COE : YES NCD PROTECTION : YES TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER

: LILIS MULIO NAMED DRIVER (1) : TEO KYE HWEE TONY

NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : N/A

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

: PEOPLES INSURANCE AGENCY PTE LTD (00000614852)

Date of Issue

: 13 Mar 2020 18:00 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

Hello, NAC_PAYA_UBI_	800601			No. of Concession, Name of Street, or other party of the Concession, Name of Street, or other pa) Chana				alClaim
My Desktop Notice of Loss	Policy Query					Chang	e Language	Char	nge Password	· Log Ou
reduce of Loss	Policy No.				Date o	of Accident	F	01/12/2020	10:00	
	Vehicle No.(For Motor)	SDE13	31P			cate Number		7171272020	10.00	
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5116756645		LILIS MULIO	S2624890F	GPC	drivo PREMIUM	30/10/2011	SDE1331P	03/04/2020	02/04/2021

Sequence	Date of Endorsement	En	dorsement	Type	ndorsement S		Endorsement Content
Endorse	ments						
Insured	Object: SDE1331P						
nit No.		Related Number		5116756645			
ldress 4		Address	Туре	Singapore address	Pi	ost Code	367879
ldress 1	82A UPPER ALJUNIED ROA	AD Address	2	SINGAPORE 367879	A	ddress 3	
	older Mailing Address				And Continued to the Continued to		
fo							
olicy Info ertificate							
ag p <mark>e</mark> n							
	No		Personal Property Communication Communicatio		GST Flag		
gent	PEOPLES INSURANCE AGENCY F	Agent Tel.	62630555		GST Flag	Y	
ingapore D Excess	600	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
xcess	U	Premium	0				
dditional	0	Excess			Excess	100	
hird Party xcess	0	Own damage	600		Windscreen	100	
ype	Per Accident	All Claims Excess					
ssue Date	13/03/2020	Effective Date	03/04/20	20 00:00	Expiry Date	02/04/2021 2	3:59
Name Policy	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Product	82A UPPER ALJUNIED ROAD SI	NGAPORE 3678	379				
Certificate No. Address					_		
C	5116756645	Policyholder Name	LILIS MU	LIO	Policyholder NRIC	S2624890F	

Accident MT/1112530 Policy No.					
FUILTY NO.					
Certificate No.	5116756645	Vehicle No.	SDE1331P	GST Registration No.	
Policyholder Name	LILIS MULIO				
Product Code				Policyholder NRIC	S2624890F
Contact No.(Mobile)	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading	0
Email Address	92777779	Contact No.(Office)	0	Contact No.(Home)	0
KFK		Special Remark		eCode	The second secon
	No ○ Yes	TCA	● No ○Yes	eCode Reason	NE V
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	AND SHOULD BE
Accident Details				Private Hire	No
Report Date	05/12/2020 17:55	Accident Report Within 24 h	rs Yes	A STATE OF THE PARTY CONTROL	
Date of Accident	01/12/2020	Time of Accident hh:mm	10:00	Accident Type	Collided into Property
Reporting Centre		Orange Force	10.00	Country of Accident	Singapore
Accident Location	Pasir Ris			ICM No.	
Total Excess Applicab	le				BELLY BETT BETTY THE
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess			100.00		
	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Oriver in Course to	a v
Additional Excess	0		0.00	Driver is Covered?	Covered
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
▽ Benefits		A Name of the Association of the Association	0.00		
Coverage			Sum Insured		
Accessory			5000		
GST Registered Inform					
GST Registered GST Registration No.	No		GST Registration Date		
Modification History			GST Status Verified	Yes	
				,,,,	
Policyholder Mailing Ac	ldress				
Address 1	82A UPPER ALJUNIED ROAD	Address 2	SINGAPORE 367879		
Address 4		Address Type		Address 3	
Unit No.		Related Policy Number	Singapore address	Post Code	367879
OI Driver Info		Neiated Policy Number	5116756645		
Driver Name	TEO KYE HWEE TONY	Driver T			
Jnnamed driver Name		Driver Type	Named Driver		
Register Date of Driver License	24/03/1979	Driver NRIC	S1237724Z	Driver DOB	29/11/1957
Contact No.(Mobile)	96780818	Driver Age	63	Driving Experience	41
ddress 1		Contact No.(Office)	0	Contact No.(Home)	0
ddress 4	82A UPPER ALJUNIED ROAD	Address 2	SINGAPORE 367879	Address 3	
Init No.		Address Type	Singapore address	Post Code	367879
				A DAY SO PARAMETERS	307073
oes he own a Singapore					
oes he own a Singapore egistered car?	○ Yes No	Driver Vehicle No.		Driver Inc., and	Company of the second s
egistered car?	○ Yes ② No	Driver Vehicle No.		Driver Insurer Company	ATRIA CLEAR COLOR
egistered car?	○ Yes ③ No	Driver Vehicle No,		Driver Insurer Company	
egistered car? eclaration reathalyser or Blood Test	○ Yes ● No 0 mg	Driver Vehicle No. Any injury?	○ Yes ● No	Driver Insurer Company	
egistered car? eclaration reathalyser or Blood Test		3	○ Yes ③ No	Driver Insurer Company	Will be seen to be seen
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