NATIONAL Assessment Centre Services. [Well Jan'05] JNJOY 17008 Date & Time Completed Done by Date In: 3/1/4-16:13 Jeb description Ref No: Na INC1000305 12 SAS e-filing E-mail (within Shrs, AIC 2hrs) Veh No: SUMAZIJA i-Motor Claim Form 7/1/N 16:17 M7/11/647901 i-Motor W/O (Within: OD 2hrs, TP 4hrs) OD : Th ! 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 (Veh No: FREE 200 INC (TP Particulars: Tcl: Owner / Driver: () Cover Type: (Policy No: (Period: (Time: Date: Confirmed by: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Insured/Driver Liability: (Warranty: YES ()/NO(Year of Registration: (Loading: \$1,000 ()/\$2,000(Excess: (\$ and the second s 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: (); Invoice: YES () / NO (Drive-In ()/Towed-In (Date&Time Completed Done by Remarks:- (INC hotline: 6788 6616)) / Courtesy Car (1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection) 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Aml (1) Invoice Preparation Checklist 19100394 1) AR : Accident Reporting 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) \$75 6) TR: Re-inspection Damaged Portion: \$160 7) N1 : Idao DA + SMRT Survey 8) NTUC Additional Services:-OD. QC Checked by (Engr-In-Charge): *NS: Courtesy Car / Tpt Allowance \$5 510 *N6: Repair Co-ordination \$25 *N7: Fost Repair Inspection Auditors! Comments :-*N8: DV / Collect Excess Coordination \$5 TP (N11): TP (Non INC) against INC \$20 Cat. 1: 9) N12: Idna Mobile Fee Charged Invoice dated Cat. 2/3: Fee Charged Invoice dated

SN0921170008 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 07/01/2021 16:13 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (07/01/2021 16:13 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
- 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 Submission 07/01/2021 16:13 (SGT) Date of Accident 06/01/2021 16:30 (SGT) Exact Location of Accident 633 Bedok Reservoir Rd, Singapore Additional Location Information gantry Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

Vehicle Registration Number SLM7711A

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner LIM KUANG WEI NRIC No SXXXX996B Email Address lai@f1tpt.com Mobile Phone No (Phone) +65-97852223 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mercedes Model E200 Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category

No - Claiming third party Private car

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Comprehensive Fleet Policy Policy Number 5116514147 Cover Note Number

DRIVER

Name of Driver LIM KUANG WEI NRIC No SXXXX996B Date Of Birth 19/04/1975 Occupation Indoor

Date Of Driving Pass 09/05/2012 Driving experience 8 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-97852223 Alt. Phone Number Email Address lai@f1tpt.com Address **BLK 95 ALJUNIED CRESCENT** Address complement #11-491 Postcode 380095 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Hit and run / Vandalism / Damaged whilst parked Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) 1 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Bedok South Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002448999 Alt. Police Station Phone No (Fax) +65-62446558 Police Station Address 20 Chai Chee Drive Singapore 469045 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT - T/20210107/2084. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number FBR5620J Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Motorcycle Name of Driver Contact Number

Address	-
Address complement	-
Postcode	-
nsurance Company Name	_
Nature Of Damage	-
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 6. The report will be forwarded by the insurers of the GA 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.
- 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

Sketch Plan

A:SUMPAIIA
B: PBR 56700

Blk 633 Bedsle Reservoir Rd gentry

Reser	+>	Police	MACA	-7/2010/27/2084.	
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52					
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				1	+

IWe 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

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCI	DENT DATE: (6 / 1) (DD/MM/YYYY)	TIME:(6 : 30)(HH:MM)
IOCA	TION: BIK 633 BROK RELIEVER R	d gentre
LOCA	HON. THE OFFICE POPULATION	- J
1.	DETAILS OF VEHICLE	
	a) VEHICLE NUMBER: SUM 3711A	
	b)INSURANCE COMPANY: NTUC	
*	c)POLICY NUMBER:	
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PART	Y / THIRD PARTY FIRE &THEFT)
	e)MAKE & MODEL:	
	f)TYPE:(SALOON / COUPE / MPV /V AN / LORRY	/ MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVA)E / COMMERCIA	L / MOTORCYCLE)
	h)PURPOSE OF USING AT ACCIDENT TIME:	33
	I) ARE YOU CLAIMING UNDER YOUR OWN INSUR	ANCE (YES/NO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REF	PORTING ONLY)
2	INSURED / POLICY HOLDER	
	A)NAME:	(MAJE / FEMALE)
	b)NRIC/FIN/PASSPORT:	CONTACT: 9785100
	c)ADDRESS:	
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOL	DER
Alc of passenges	DRIVER	(1.1.1.5./55144.15)
(Including driver)	a)NAME:b)NRIC/FIN/PASSPORT:	(MALE / FEMALE)
(1)	c) ADDRESS:	
	*d)DATE OF BIRTH: ()(DD/M	IM/YYYY)
	e)OCCUPATION: (INDOOR / OUTDOOR)	
	f)YEARS OF DRIVING EXPRERIENCE:	
4.	WAS DRIVER AN EMPLOYEE OF THE INSURE	D'S COMPANY? (YES / NO)
	IF NO, RELATIONSHIP OF THE DRIVER WITH	INSURED: UTILITY
5.	a) WEATHER CONDITION: (CLEAR / RAINING / O	THERS
	b)ROAD SURFACE: (DRY) WET / OTHERS	· · · · · · · · · · · · · · · · · · ·
	WAS ANYBODY INJURED (YES / NO)	
7.	a)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:_	*
8.	THIRD PARTY VEHICLE	
the of passenger		_MODEL:
(Induding driver)	PI DBIVEB'S MAME.	
()	c) NRIC/FIN/PASSPORT:	_CONTACT:
(1) 9.	THIRD PARTY VEHICLE	
the its of property	d) VEHICLE NUMBER:	_MODEL:
a lea of harrander		
1 1 1 1 1 1 1	e) DRIVER'S NAME:	· · · · · · · · · · · · · · · · · · ·
(Including driver)	d) VEHICLE NUMBER:	_CONTACT::

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VIDEO -





T/20210107/2084

1 of 3

Report No. T/20210107/2084

Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

REPORT OF A TRAFFIC ACCIDENT	
Data/Time Benert Made:	Vide Penert N

Station Diary No.: Vide Report No.: Date/Time Report Made: 22 07/01/2021 15:04 Informant's Particulars Address: Name of Informant: APT BLK 95 ALJUNIED CRESCENT #11-491 SINGAPORE LIM KUANG WEI 380095 ID Type / ID No.: Contact No.: Mobile: 97852223 Home/Office: NRIC NO / S7587996B Email: Nationality: SINGAPORE CITIZEN Type of Informant: Sex: Age: Date of Birth: 45 19/04/1975 Driver Male Institution / School Name: Language: Race: English Chinese Driving Licence Information: Occupation: Class: 2B,3 Date of Expiry: Company director

General Infor	mation of the Accide	nt en el		
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 06/01/2021 16:30	Type of Location: Car Park
Location:				
BEDOK RES	ERVOIR ROAD			
Weather: Clear		Road Surface:	J	Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collis Between Mov	sion: ving Vehicles - Head T	o Rear	1	Anyone conveyed by ambulance: No

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
FBR5620J						0	
SLM7711A		MERCEDES BENZ	E200 AVG A/T ABS AIRBAGS 2WD	Black	Slightly Damaged	0	

Details of Vehicle Insurance			
Vehicle No. Insurance Company	Insurance No	Effective	Expiry Date





2 of 3

Report No. T/20210107/2084

Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045

Tel No: 1800-2448999

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SLM7711A	NTUC Income Insurance Co-Operative	5116514147	04/03/2020	03/03/2021	

Details of Perso	n Involved					
Any Pedestrian Ir	rvolved: No					
No. of Pedestrian	s Injured: NIL	destriar	Cross	sing: NA		
Driver						
Name	LIM KUANG WEI			ID No		S7587996B
Related Vehicle	SLM7711A			Contact No.		97852223
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	f Injury	NIL	

Brief Details.

On the 06/01/21 at about 1630hrs, I was driving my vehicle bearing registration number SLM7711A.

I was exiting the carpark gantry at Blk 633 Bedok Reservoir Road where there was one motorcycle bearing registration number FBR5620J in front of me. The motorcyclist had difficulties exiting the gantry and was moving back and forth, adjusting his position in order for his IU to be detected.

At one point while he was reversing, his left side pannier hit onto the front portion of my vehicle. He was fully aware of the impact and actually turned his head around. However, he decided to move off the moment the gantry barrier raised. I horned at him to alert him but to no avail. I later lost sight of him thereafter.

I wish to state that my vehicle sustained dents and scratches due to the incident. The whole incident was captured on my in-car camera.





/20210107/2084

3 of 3

Report No. T/20210107/2084

Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Reports G / Sr Staff Sgt MUHAMMAD AZHAR BIN MISSUAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/01/2021 15:04
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No.: 65476145	Classification Of Case:
Authentication Stamp	

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_8006	01			The same transfer that is supply			· Change	Language	• Chan	ge Password	› Log Out
My Desktop	Poli	cy Query									,
Notice of Loss	Policy N	lo.				Date o	f Accident	0	6/01/2021 1	6:30	
	Vehicle	No.(For Motor)	SLM771	1A		Certific	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5116514147		LIM KUANG WEI	S7587996B	GPC	drivo CLASSIC	SLM7711A	SLM7711A	04/03/2020	03/03/2021
					C	Continue		,			

Sequence			ndorsemen			- William Control of the Control of	
▶ Insured ▼ Endorse	Object: SLM7711A	Malest — second		The state of the s			
Jnit No.	11-491	Relate Number	d Policy er	5116514147			
Address 4	SINGAPORE 380095		ss Type	Singapore address	1	Post Code	380095
Address 1	BLK 95 #11-491	Addres	ss 2	ALJUNIED CRESCE	NT	Address 3	MACPHERSON VIEW
▼ Policyh	older Mailing Address						
Certificate Info							
Policy Info							
nsurance Flag Open	No						
Co-	The state of the s	rigent ren	20234200		GST Flag		
Agent	S & M ALLIANCE PTE LTD	TP Excess Agent Tel.	96354288		GST Flag	V	
Outside Singapore OD Excess	600	Outside Singapore	0			Young/	Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
Excess	0	damage Excess	600		Excess	100	
Third Party	Description of the Control of the	Own			Windscreen		
Excess Type	Per Accident	All Claims Excess					
Policy ssue Date	04/03/2020	Effective Date	04/03/202	0 00:00	Expiry Date	03/03/2021 23	:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 95 #11-491 ALJUNIED CRE	SCENT MACPH	HERSON VIE	W SINGAPORE 3800	95		
Certificate No.							
Policy No.	5116514147	Policyholder Name	LIM KUAN	G WEI	Policyholder NRIC	S7587996B	

Continue Cancel

Accident MT/1116479					
Nell'er Min					
Policy No.	5116514147	Vehicle No.	SLM7711A	GST Registration No.	
ertificate No.					
olicyholder Name	LIM KUANG WEI			Policyholder NRIC	S7587996B
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
ontact No.(Mobile)	97852223	Contact No.(Office)	0	Contact No.(Home)	0
nail Address		Special Remark		eCode	No V
-K	No ○Yes	TCA	No	eCode Reason	
CD Protection	No	NCD Entitlement(%)	50	Private Hire	No
Accident Details		nob Emilianian (10)	30	Private nire	NO
port Date	07/01/2021 16:15	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
ite of Accident	06/01/2021	Time of Accident hh:mm	16:30	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
cident Location	633 Bedok Reservoir Rd				
Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	100.00		
			100.00		
Standard Excess	600.00	TP Standard Excess	0.00		
ED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
ditional Excess	0		3.30	Differ is covered?	Covered
tal OD Excess Applicable		Total TD E	120/4250		
	600.00	Total TP Excess Applicable	0.00		
7 Benefits					
GST Registered Informa	ation				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Verified	Yes	
dification History					
Policyholder Mailing Ad					
dress 1	BLK 95 #11-491	Address 2	ALJUNIED CRESCENT	Address 3	MACPHERSON VIEW
dress 4	SINGAPORE 380095	Address Type	Singapore address	Post Code	380095
t No.	11-491	Related Policy Number	5116514147		
OI Driver Info					
ver Name	LIM KUANG WEI	Driver Type	Main Driver		
named driver Name		Driver NRIC	S7587996B	Driver DOR	10/04/1075
gister Date of Driver License	09/05/2012			Driver DOB	19/04/1975
		Driver Age	45	Driving Experience	8
ntact No.(Mobile)	97852223	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 95	Address 2	ALJUNIED CRESCENT	Address 3	MACPHERSON VIEW
dress 4	SINGAPORE 380095	Address Type	Singapore address	Post Code	380095
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nit No.	11-491		9550		
es he own a Singapore		Driver Vehicle No.			
it No. es he own a Singapore gistered car?	11-491 ○ Yes ③ No		District Control of the Control of t	Driver Insurer Company	
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