NATIONAL Assessm	ent Contre	Services _ r	en i uu 1991			post of the	
Date In 27/11/2017	14:21	Jeb description		Date & Time Comp	leted	Done by	
Res No NA/MNC 170	225 13/ky	SAS e-filing				-	
VehNo GBA 227	3 L	E-mail (within at	hrs, AIC 2hrs)				
DOA 27/11/2017	and the second of the second	i-Motor Clain	ı Form	mT/097133	9 27	1/11/2017	7 17:3
OD TP ' Peppining Vinly	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	i-Motor W/O		TP thrs)			
	1 2 2 2 1 1 1 1	Assessment/Sur	vey Report	1			2
TP Insurer:		Ass't Report by	Fax / Hand t	Owner/Wksn	i		
Preferred Wksp / INC Assign W	ksp/QW:(			Tel:	Fax:		1
		TANDRUN	INC (	) / Non-INC (	)		
Owner / Driver: (				Tel:		)	
Policy No: (	) Peri	od: ( '	)	Cover Type: (		)	
Confirmed by : (			Date:	Time:		)	
Insured/Driver Liability: (	%) [N	lote-Est. Status (W	/O): N: 0-2	0%; P: 21-79%.	F: 80-1009	1	
Year of Registration: (	) \	/aπanty: YES (	)/NO(	)			
Excess: (\$ )	Loading:\$1,00	00 ( ) / \$2,000	( )				
General Remarks:-	140 g 100 galler	The Committee	KN 254	A COLUMN TO SERVICE	manage		
( ) Walk-In Customer : C	Customer's infor	mation strictly Cor	nfidential & S	trictly NO rafer of re	pairer.		
		r URGENTLY.					
Drive-In ( )/Towed-In (	); Invoice	YES( )/N	10( );	Fowing Co. (			)
Remarks:- (INC hotline  1) Apply for Transport Allow  2) QC Check / Post Repair In	ance ( )/C	ourtesy Car (	)	Date&Time Com	plered	Done by	у
3) Upload Resurvey Photo [R	The second second second second	0001 (	)				
Injury:	cpan cost +s						
Date/Time Actions			77. V. S. S.	76 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
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				1122			
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·,	NA 170	7334	Invoice Pr	eparation Checkli	st ), 44 4 4	Lit Bill	Add Biii
**************************************	( ) ( )		1) AR : Accide	ent Reporting (\$30);	11/0/590		
laimant's Particulars :-			2) DA : Dame 3) TF : Towin	ge Assessment (\$100);	INC (\$80)		
river/Owner:			4) FT . Follow	Through Survey	3		
ontact No:			For claimin	Through Survey (Resurve against INC Only (wef	(0 Jan 2005)		
			6) TR : Re-ins	pection A + SMRT Survey	<u>\$</u>		
amaged Portion:		-1-	8) NTUC Add	litional Services		-	Alaca de la
C Checked by (Engr-In-C	harge):	93	*N5: Court	esy Car / Tpt Allowance			
C. Checked by (Birgi-Xii-C			*N6: Repa	r Co-ordination Repair Inspection	51		
Auditors' Comments :-			+N8: DV /	Collect Excess Coordinate	on 3	5.5	
at 1:			1'P (N11):	TP (Non INC) against IN Mobile	C S		
and the second s			Invoice dates	F	re harged	100	1007
Cat. 2 / 3:		HO1	Invoice dates	r F	ce Charged		

### SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

Contact Number

EMail Address

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 ability.
- 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.

- 6. This report will be forwarded by the insurers of 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.

atoresaid.	ACCIDENT STATEMENT
Date Of Report	27/11/2017 14:21
	27/11/2017 11:00
Date Of Accident  Exact Location Of Accident	BLK 513 HOUGANG AVENUE 10 CARPARK LOT 381
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBA2273L
Insured/Policyholder	
Name Of Registered Owner	YONG JIE SERVICES PTE LTD
	20102711W
Co Reg No Email Address	KIANBENG1995@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83222166
Alternative Phone No	OFFICE-83222166
Vehicle Particulars	
Manufacturer	тоуота
	HIACE
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?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090891512
Cover Note Number	
Driver	
Name of Driver	KANG KIAN BENG
NRIC No	S9523168C
Date Of Birth	27/06/1995
Occupation	OUTDOOR
Date Of Driving Pass	25/05/2017
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83222166
Fax Number	

OTHERS-83222166

KIANBENG1995@GMAIL.COM

BLK 831 HOUGANG CENTRAL Address

#11-518

530831 Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

NO

RAINING Weather Conditions WET Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

NO Was any body injured in the Accident?

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

0 Number of Passengers (Including Driver)

**Details of Police Action** 

YES Was the accident reported to the police?

If Yes.Please state which Police Station

HOGANG N.P.C Police Station Name

ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775, POSTCODE: 538775, Police Station Address

**COUNTRY: SINGAPORE** 

TEL NO: - FAX NO: Police Station Contact

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20171127/2054

Attachment(s)

Are accident photos available for attachment? YES

NO Was there any video captured by Car Camera?

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

HITANDRUN

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**Details of Witness** 

Name

Phone Number Email Address

#### SKETCH PLAN

## IMPORTANT NOTICE

- Please report <u>correctly</u> 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)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - 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:

JIE

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 1/64

### DECLARATION

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

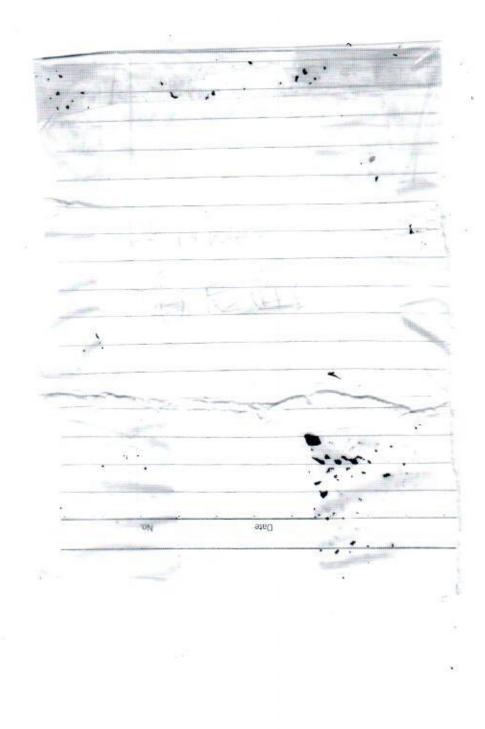
Policyholdeth Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Hi,

I Saw a loadingtruck revisebang into your van
and drove away. The car prote number should
be YN32725.

A'ZONE







1 of 3

Report No. T/20171127/2054

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

REPORT O	F A TRAFFIC	ACCIDENT		Station Diary No.:		
Date/Time Report Made: 27/11/2017 12:47			Vide Report No.:	41		
Informa	nt's Particu	ulars				
Name of	Informant: IAN BENG		Address: APT BLK 831 HOUGANG CE 530831	NTRAL #11-518 SINGAPORE		
ID Type / ID No.: NRIC NO / S9523168C		68C	Contact No.: Home/Office:	Mobile: 83222166		
National	the same of the sa		Email:			
Sex: Male	Age: 22	Date of Birth: 27/06/1995	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation:		0	Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 27/11/2017 11:00	Type of Location Car Park	
Location: Along Road 1 HOUGANG A	I AVENUE 10 gang Avenue 10, Carp	ark Lot 381			
Weather:	galig Avenue 10, Galph	Road Surface:	F	Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Colli Moving Vehic	sion: cle Against - Parked V	ehicle		Anyone conveyed by ambulance: No	

Details of V	enicie ilivo	COLUMN TO THE PROPERTY OF THE		Color	Condition	No of Passenge
Vehicle No.	Type	Make	Model	Color		140 bit doodings
GBA2273L	Van	TOYOTA	HIACE	Silver	Slightly Damaged	0
YN3272S	Lorry	11				0

Details of Person Involved	
Any Pedestrian Involved: No	Consider NA
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Report No. T/20171127/2054

2 of 3

Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

CONTINUATION OF REPORT

Driver						
Name	KANG KIAN BENG			ID No		S9523168C
Related Vehicle	GBA2273L (Van)			Conta	ct No.	83222166
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	NIL	Degree o	f Injury	NIL		

Brief Details.

On 26/11/2017 at about 2230 hrs, I parked my silver Toyota Hiace (GBA2273L) at the open carpark lot number 381 of Blk 513 Hougang Avenue 10.

On 27/11/2017 at about 1100 hrs, I returned to my vehicle and discovered the front left portion was damaged. There were blue paint transferred onto the damaged portion. There was a piece of note left behind on my windscreen by a witness who saw a lorry (YN3272S) belonging to Applied Movers & Trading Pte Ltd reversing and colliding onto my van and drove away. The person left a contact number 98176774. I tried calling but no one picked up. There are no in-vehicle camera installed in my van.





T/20171127/2054

3 of 3

Report No. T/20171127/2054

Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

CONTINUATION OF REPORT

# Sketch Plan

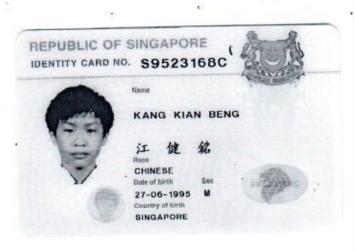
Informant is not able to provide sketch plan

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 Reco F / Sgt 2 YAP WEI YANG	ording The Report:	Signature Of Informant:
Signature Of Interpreter: Not applicable		Date/Time: 27/11/2017 12:47
Officer In Charge Of Case TP / HRT / SI KALESWARI PALANI Contact No.: 65476902	e:	Classification Of Case:
Authentication Stamp	Singapore Poli	

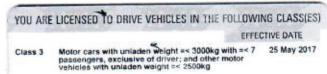
# **ACCIDENT STATEMENT**

ACCIE	DENT DATE: (27) 11 / 20	17 )(DD/MM/YYY	r), TIME:()(HH:M)	M) .
	DIK 513	Hougans F.	trenue 10, Carpark	Lot 38
LOCAT	ION:	700		
1.	DETAILS OF VEHICLE	GBA 2273	21	
	a) VEHICLE NUMBER:	C( BH 1/ 13	) <u></u>	
	blinsurance Company			
(5)	CIPOLICY NUMBER			
	ALPOLICY TYPE: I COMPRE	HENSIVE / THIRD PA	RTY / THIRD PARTY FIRE &THEF	T)
	e)MAKE & MODEL:	inchoracy makes		
	ELTYPE-/SALOON / COURS	/MPV /VAN / LOPE	RY / MOTORCYCLE / OTHERS)	
	I) THE CALOUN / COUPE	DIVATE / COMMEDIC	CIAL (MOTOPCYCLE)	
	g) VEHICLE CATEGORY: (P		CIAL / MOTOROTOLL)	
	h) PURPOSE OF USING AT		UD ANGE (VES (NIQ)	
	I) ARE YOU CLAIMING UND	DER YOUR OWN INS	URANCE (YES/NO)	
	IF NO, PLEASE STATE (THI		REPORTING ONLY	
2.	INSURED / POLICY HOLDE	R	CALLE LEEVANIE	
	A)NAME:		(MALE / FEMALE)	
	b) NRIC/FIN/PASSFORT:	THE RESERVE TO SERVE THE PARTY OF THE PARTY	CONTACT:	
	c)ADDRESS:			
¥ 8	<u> </u>			
A	* CONTINUE TO 3.d IF DRI	VER ALSO POLICY H	OLDER	
of passenas	DRIVER			
cluding driver)	a)NAME:		CONTACT: 83 722	2166
cooling sinver)	b)NRIC/FIN/PASSPORT:		CONTACT:8 \$ 22	2100
$(\underline{\mathcal{Q}})$	c) ADDRESS:			-
				<del>70.118</del>
	*d)DATE OF BIRTH: (/		(MM/YYYY)	
	e)OCCUPATION: (INDOO	The second secon		
	f) YEARS OF DRIVING EXPR	RERIENCE:	—	
4.	WAS DRIVER AN EMPLO	YEE OF THE INSU	RED'S COMPANY? (YES / NO	))
	IF NO, RELATIONSHIP C			
5.	a) WEATHER CONDITION:		OTHERS	
	b)ROAD SURFACE: (DRY /			
6.	WAS ANYBODY INJURED	MES / NO)		
7.	a)REPORTED TO POLICE			
	IF YES, PLEASE STATE WH	BEH POLICE STATIO	N:	
8.	a) VEHICLE NUMBER:	HITANARNA		
of prosenier	a) VEHICLE NUMBER:	(11 1440)	MODEL:	10
sudion driver)	b) DRIVER'S NAME:		600T16T	7 7
2,4	c) NRIC/FIN/PASSPORT:		CONTACT:	-
9.	THIRD PARTY VEHICLE			
si pessonger,	d) VEHICLE NUMBER:		MODEL:	
	e) DRIVER'S NAME:			
eluding delver	f) NRIC/FIN/PASSPORT:		CONTACT:	34
	ES.			
		T. C	jie @ g Maid. On 5 agnail com.	
	* 1	11110 . AONJ	TIE ( a Mart. DOI	m,/
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	. Oma	- Kianbenglyer	S England Court	
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NP 428A





#### Certificate of Insurance

MOTOR	VEHICLES	(THIRD	PARTY	RISKS	AND	COMPEN	SATION)	ACT (CH	APTER	189
MOTOR	VEHICLES	(THIRD	PARTY	RISKS	AND	COMPEN	SATION)	RULES, 1	960	
ROAD T	RANSPORT	ACT. 1	987 (M	ALAYS	IAI					

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

Certificate Number: 5090891512 Cover: Comprehensive

1. Index mark and Registration Number of Vehicle GBA2273L

: JTFHT02P600003349 Chassis Number

2. Name of Policyholder : YONG JIE SERVICES PTE LTD

3. Effective Date of Insurance : 08 May 2017 4. Expiry Date of Insurance : 07 May 2018

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.
- (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) : \$\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : \$\$100 : YES

HIRE PURCHASE COMPANY : HITACHI CAPITAL ASIA PACIFIC PTE LTD

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)

: NSK INSURANCE AGENCY (00000614616) Agency

: 06 May 2017 13:12 hrs Date of Issue

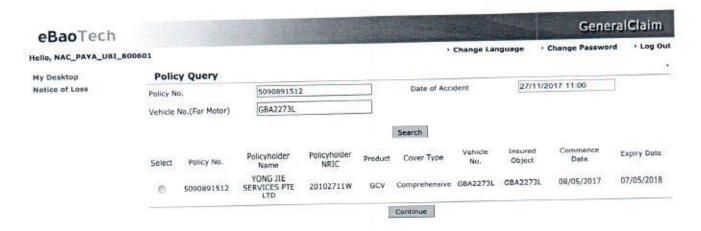
For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

INSURE WITH COE

Authorised Officer

**Chief Executive** 



Secretary.	y Information			200	
olicy No.	5090891512	Policyholder Name	YONG JIE SERVICES PTE LTD	Policyholder NRIC	20102711W
Address	NIL				
roduct lame	COMMERCIAL VEHICLE INSURAI	Plan		Group Policy Flag	N
olicy ssue Date	06/05/2017	Effective Date	08/05/2017 00:00	Expiry Date	07/05/2018 23:59
hird arty xcess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	NSK INSURANCE AGENCY	Agent Tel.	68720457	GST Flag	Y
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
Policy	holder Mailing Address			- W. S. S.	
Address 1	NIL	Address 2		Address 3	
Address 4		Address Type	Singapore address	Post Code	999999
Unit No.		Related Policy Number	5090891512		
<b>▶</b> Insure	ed Object: GBA2273L				
⊕ Endor	sements			5 - LIWSPAN	100300000000000000000000000000000000000
	nce Date of Endorsement	Endore	ement Type Endorser	ment Status	Endorsement Content

laim Handling				
ilicy No.	5090891512	Vehicle No.	G8A2273L	GST Registration No.
	YONG JIE SERVICES PTE LTD			Policyholder NRIC
roduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading
ontact No.(Mobile)	83222166	Contact No.(Office)	0	Contact No.(Home)
mail Address		Special Remark		eCode
FK	S No € Yes	TCA	© No ○ Yes	eCode Reason
	No.	NCD Entitlement(%)	0	
CD Protection	NO.			
Accident Details		Accident Report Within 24 hrs	Yes	Accident Type Hit
eport Date	27/11/2017 17:21			Country of Accident Si
ate of Accident	27/11/2017	Time of Accident hh:mm	11:00	ICM No.
eporting Centre		Orange Force		JCP No.
ccident Location	BLK 513 HOUGANG AVENUE 10 CARPAI	RK LOT 381		
♥ Benefits				
<b>♥ Excess</b>				V0.00000000000000000000000000000000000
wn damage Excess	600.00	Additional Excess		Windscreen Excess
Innamed Driver Excess		Outside Singapore OD Excess		
hird Party Excess	0.00	Outside Singapore TP Excess		
GST Registered Informa	tion		and the original widow. The 2009—A	
ST Registered	Yes		GST Registration Date	04/02/2014
SST Registration No.	201027117W		GST Status Verified	Yes
odification History				
100000000000000000000000000000000000000				
<ul> <li>Policyholder Mailing Ad</li> <li>Iddress 1</li> </ul>	NIL	Address 2		Address 3
Address 4		Address Type	Singapore address	Post Code
		Related Policy Number	5090891512	
Jnit No.  OI Driver Info		011000-1010000		
	Unnamed Driver	Driver Type	Unnamed Driver	
Oriver Name Unnamed driver Name	KANG KIAN BENG	Driver NRIC	S9523168C	Driver DOB
Register Date of Driver License		Driver Age	22	Driving Experience
Contact No.(Mobile)	83222166	Contact No.(Office)	0	Contact No-(Home)
	BLK 831	Address 2	HOUGANG CENTRAL	Address 3
Address 1	BCK 0.31	Address Type	Singapore address	Post Code
Address 4	10 P1000/G1	Pour Cas Apre		
Unit No.	#11-518			Driver Inquier Company
Does he own a Singapore Registered car?	Yes 🚇 No	Driver Vehicle No.		
Declaration				
Breathalyser or Blood Test Reading?	o mg	Any injury?	Yes @ No	
Modification History  Claim 001 OD-MX New	4			
				E-0.707777.5487000
	7227037 E1	Insured Name	YONG JIE SERVICES PTE LTD	Insured NRIC
Claim Type •	OD-MX *	Insured Name	YONG JIE SERVICES PTE LTD	
	OD-MX • 90671153	Contact No.(Home)		Contact No.(Office)
Contact No.(Mobile)	90671153	Contact No.(Home) OI Vehicle Number	YONG JIE SERVICES PTE LTD	Contact No.(Office) TP Vehicle Number
Contact No.(Mobile) Ernail Address Claim Description	participation of the second of	Contact No.(Home) OI Vehicle Number	GBA2273L	Contact No.(Office)
Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Contact	90671153	Contact No.(Home) OI Vehicle Number	GBA2273L  Partially at Fault  ▼	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop
Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Contact No.	90671153	Contact No.(Home) Of Vehicle Number	GBA2273L	Contact No. (Office)  TP Vehicle Number  Name of Preferred Workshop  GIA report
Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Contact  No.  Require Finalisation  Date Registered	90671153 GBA2273L / HITANDRUN ON 27 Nov 2	Contact No.(Home) Of Vehicle Number 1017 Insured Liability *	GBA2273L  Partially at Fault  ▼	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop
Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	90671153 GBA2273L / HITANDRUN ON 27 Nov 2	Contact No.(Home) Of Vehicle Number 2017 Ensured Liability * Preferenced Repair Option	GBA2273L  Partially at Fault  ▼	Contact No. (Office)  TP Vehicle Number  Name of Preferred Workshop  GIA report
Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation	90671153 GBA2273L / HITANDRUN ON 27 Nov 2 Yes • 27/11/2017 17:31	Contact No.(Home) Of Vehicle Number 2017  Insured Liability * Preferend Repair Option Claim Close Date	GBA2273L  Partially at Fault  ▼	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received
Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact Ne. Require Finalisation Date Registered Report Taken By	90671153 GBA2273L / HITANDRUN ON 27 Nov 2 Yes • 27/11/2017 17:31	Contact No.(Home) Of Vehicle Number 2017  Insured Liability * Preferend Repair Option Claim Close Date	GBA2273L  Partially at Fault  ▼	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received
Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter	90671153 GBA2273L / HITANDRUN ON 27 Nov 2 Yes • 27/11/2017 17:31	Contact No.(Home) Of Vehicle Number 2017  Insured Liability * Preferend Repair Option Claim Close Date Workshop Repairer	Partially at Fault  Preferred Workshop, Name unknown  Save Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received
Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter	90671153 GBA2273L / HITANDRUN ON 27 Nov 2 Yes • 27/11/2017 17:31	Contact No.(Home) Of Vehicle Number 2017  Insured Liability * Preferend Repair Option Claim Close Date	GBA2273L  Partially at Fault  Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received

