NATIONAL Assessment Centre	Services per same)	
Date In: 04/12/17	Jeb description	Date &Tune Completed	Done by
Re[No NA/INC/7022915/13	SAS e-filing		
Veh No SLN 7545H	E-mail (within 8hrs, AIC 2h	rsj	
DOA: 02/13/17 1320	i-Motor Claim Form	mT/0972153	
OD (TP)' Reporting Only	i-Motor W/O (Within: O i-Photo Uploaded	D 2hrs. TP 4hrs)	
TP Insurer	Assessment/Survey Report by Fax / Ha		
Preferred Wksp / INC Assign Wksp / QW: (N-51	Tel: Fax	(:
TP Particulars: Veh No:	(BC550)M . IN	IC()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: () Peri	od: () Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [N	ote-Est. Status (WO): N	0-20%; P: 21-79%. F: 80-10	0%]
Year of Registration: () W	arranty: YES () / NO	()	
Excess: (\$) Loading: \$1,00	0()/\$2,000()		
General Remarks:-			
() Total Loss Case : to e-mail Insured Drive-In () / Towed-In (); Invoice:	W. M27778 84) ; Towing Co. ()
Remarks:- (INC horline: 6788 6616)		Date&Time Completed	Done by
1) Apply for Transport Allowance ()/ Co	ourtesy Car ()		
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost > \$30	000] ()		
Injury:	419		
Date/Time Actions	5		100
Zaterime Actions			
Maria		+	
NA170746	5 Invoice	e Preparation Checklist	Amt (\$) Amt
	1) AR : A	ecident Reporting (\$30);	
Claimant's Particulars :-	2) DA : I	Damage Assessment (\$100); INC (\$8	0) /\$45
Priver/Owner:	4) FT : F	ollow-Through Survey	5120
Contact No:	5) FT : F	ollow-Through Survey (Resurvey) siming against INC Only (wof 10 Jan 2005	\$30
Damaged Portion:	6) TR : F	ke-inspection	\$75
vamageu rotuon.		dac DA + SMRT Survey Additional Services	
C Checked by (Engr-In-Charge):	OD*		\$5
Checked by (Engi-In-Charge).	*N6:	Courtesy Car / Tpt Allowance Repair Co-ordination	310
Auditors' Comments :-	*N7:	Fost Repair Inspection DV / Collect Excess Coordination	\$25
		DV / Collect Excess Coordination 11): TP (N::n INC) against INC	\$20
2at_1:	9) N12:	Idae Mobile	30
at. 2 / 3;	Invoice	dated Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 1. 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.
- 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.

5. 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

foresaid.	A A SECULAR AT A TEMPOR
2000年,1960年),1960年,2000年,1960年,1960年,	ACCIDENT STATEMENT
Date Of Report	04/12/2017 11:39
Date Of Accident	02/12/2017 13:20
Exact Location Of Accident	TPE TWDS ECP SLIP RD TO LOYANG
Country/State of Loss	SINGAPORE
Development of the Development o	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLN7545H
Insured/Policyholder	
Name Of Registered Owner	LIANG MENG TRANSPORT SERVICES
Co Reg No	53357469B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91181002
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS
Exact Purpose for which vehicle was being used at time of accident	WORK USE
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	5090937540
Cover Note Number	
Driver	
Name of Driver	CHIA LIANG MENG
NRIC No	S1214581J
Date Of Birth	19/12/1955
Occupation	OUTDOOR
Date Of Driving Pass	08/01/1999
Driving Experience	18 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91181002
Fax Number	
The state of the s	

NOEMAIL

BLK 489 ADMIRALTY LINK Address

#04-103

750489 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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

YES Was any body injured in the Accident? Was any other material or property damaged? YES

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 5

Number of Passengers (Including Driver)

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

SEMBANWANG NPC Police Station Name

ROAD: 4 SEMBAWANG CRESCENT, POSTCODE: 757633, COUNTRY: Police Station Address

SINGAPORE

NO

TEL NO: - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20171203/2070.

Attachment(s)

YES Are accident photos available for attachment?

Was there any video captured by Car Camera? YES

WITH WORKSHOP Remarks/ Reasons:

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

GBC5522M Vehicle Registration Number

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

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.
- 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. 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
- 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)

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:
 - (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:

Name

NRIC/FIN No.:

KETCH PLAN	TPE	Toward ECP CS	slip to Loyanes)
	/E_	7	A-SLN 7545H
	T	CEKE D	B-4BC 5522M
		date and time	, I was driving along TPE
toward E	CP on	the Z lane of a	a 3 lanes road. Before entering slip
roud into	Loya	ny. I stopped my	vehicle due to red light. Out
of the s	udden	vehicle B (GBC S	5522m) come from the rear and
collided	directly	onto the rear po	orthon of my vehicle,
A-SLN	7545	H	
B-GBC	5522	M	
DECLARATION I/We declaraNB		penioulars are true in every resp	pect.

SPORT SERVICES REGNO.53357469B

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Agu 04/12/17
Reporting Eentre Personnel's Signature

Name: NRIC/FIN No.:





1 of 3

Report No. T/20171203/2070

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

Tel No: 1800-5549999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/12/2017 15:40			Vide Report No.:	Station Diary No.:	
Informa	nt's Particu	ulars		TO THE RESERVE OF THE PARTY OF	
Name of Informant: CHIA LIANG MENG			Address: APT BLK 489 ADMIRALTY LINK #04-103 SINGAPORE 750489		
ID Type / ID No.: NRIC NO / S1214581J			Contact No.: Home/Office: Mobile: 91181002		
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Age: Date of Birth: Male 61 19/12/1955		Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Inform Class: 3	nation: Date of Expiry:	

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 02/12/2017 13:20	Type of Location Straight Road	
	XPRESSWAY	st Coast Park Way (S	lip to Loyang)	Road Speed Limit:	
Cloudy		Dry		60 Km/h	
Traffic Flow: Tra		Traffic Control: Traffic Light - Wo	The state of the s	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear		To Rear		Anyone conveyed by ambulance:	

Details of Vo	ehicle Invo	lved				
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC5522M					Slightly Damaged	1
SLN7545H	Car				Slightly Damaged	5

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





T/20171203/2070

2 of 3

Report No. T/20171203/2070

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

Tel No: 1800-5549999

CONTINUATION OF REPORT

Driver						
Name	CHIA LIANG MENG			ID No		S1214581J
Related Vehicle	SLN7545H (Car)			Conta	ct No.	91181002
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		L	Class Drivin Licene Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	02/12/2017		Date Disc	charge	02/12	2/2017
No. of Days granted Medical Leave 06			Degree o		Slight	
Driver						
Name	MOHAMMAD IZHAR BIN AHMAD		IAD	ID No		S8310191A
Related Vehicle	NIL			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	charge	NIL		
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	<u> </u>

Brief Details.

On 02/12/2017 at about 1320hrs, I was travelling along TPE towards ECP on the middle lane. Before entering the slip road into Loyang, I slowed down my vehicle as there was red light ahead and the road was full of vehicles. Suddenly, I felt a bang on the rear of my vehicle. I went out and took a look. I realized that a vehicle, GBC5522M, hit onto my rear of the vehicle. We exchange particulars to left the scene. On 02/12/2017 at about 2100hrs, I vomited, backache and breathing difficulties. Therefore I head over to Khoo Teck Puat Hospital. I was given a 5 days MC and was given painkillers to relief the pain. I was also given an appointment to visit a specialist for my lower back.





3 of 3

Report No. T/20171203/2070

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE

Tel No: 1800-5549999

CONTINUATION OF REPORT

Sketch Plan

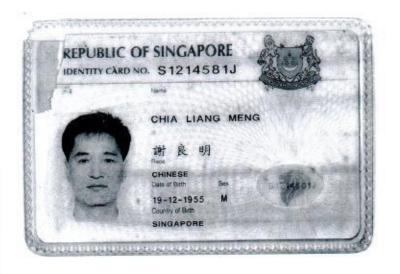
Informant is not able to provide sketch plan

ingapore Police Force

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.

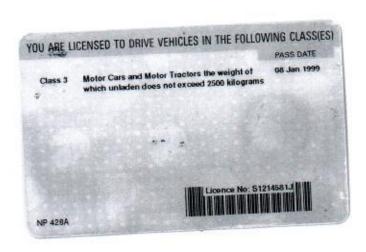
Signature Of Officer Recording The Report: F / Sgt 1 WOOI ZHAO HONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/12/2017 15:40
Officer In Charge Of Case: TP / GIA /	Classification Of Case:
Staff Sgt TANG SIEW PING SN 85 Contact No.: 65476430	

ehicle No.	SLN 7545 H Model/Make Toyota Prius
ate of Accident	2/12/17
ime of Accident	13.20 HRS
ocation of Accident	TPE Toward ECP (Slip To Loyang)
xact purpose use during accid	dent World Use
Name of Owner	Lianes Meney Transport Services
Telephone No.	H/P: 9118 1007 Home: Office:
NRIC	53357469B
Address	BIK 489 Admiralty link #04-103 Schowary Green SC75041
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5090937540
Name of Driver	As Above (If No, Chia Liang Mena
NRIC	S1214581J Any Passengers: 4
Date of birth	19/12/1955
Occupation	Outdoor / Indoor
Driving License Pass Date	8 Jan 1999
Gender	Male / Female
Contact No.	H/P:9118 1007 Home: Office:
Address	BIK 489 Admiralty link #04-103 5(750489)
Driver have any own vehicle	No. If yes, Reg No.
Relationship	Employee, If no, state
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, (f Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	No, If Yes, Where?
Vehicle B No.	GBC 552Z WI Any Passengers : N/
Name of Driver	Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers : Witness Contact :
Witness Name	
Accident Portion	Rear Portion
Camera Recorder	Yes / No
Email Address	
PARTICULAR WORKSHOP	N-51 Automotive Ptc Ltd
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	17 mos
FAX NO	6741 0510
WORKSHOP EMAIL APPRES	s sales @ n51. com. sg











Certificate of Insurance

: SLN7545H : ZVW516033958

: 17 May 2017

: 16 May 2018

Cover : drivo CLASSIC

: LIANG MENG TRANSPORT SERVICES

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

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

Certificate Number: 5090937540

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 UseN

(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.

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO YES INSURE WITH COE : NO NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO EXCESS WAIVER PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A : N/A NAMED DRIVER (2)

HIRE PURCHASE COMPANY : HONG LEONG FINANCE 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)

Agency

: UNIQUE RESOURCES PTE LTD (00000612265)

Date of Issue

: 15 May 2017 11:57 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Nº

Countersigned By:

Authorised Officer

Chief Executive



10 Sin Ming Drive Singapore 575701

Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

Our ref 1705170101N026001907

17 May 2017

LIANG MENG TRANSPORT SERVICES
APT BLK 489 ADMIRALTY LINK
#04-103
SEMBAWANG GREEN
SINGAPORE 750489

ACCEPTAGE SAFETY SAFETY

Dear Sir/Madam

NOTIFICATION ON SUCCESSFUL REGISTRATION OF VEHICLE WITH ROAD TAX AND TRANSFER OF TCOE

We wish to inform you that the Temporary COE 2017050107000313N has been successfully transferred to you and used to register vehicle SLN7545H on 17 May 2017. The Business Transaction Reference No. is 20170517143244853429.

The following are the key owner and vehicle particulars for the vehicle. The full particulars are given at Annex A. Please check and ensure that the details are correct.

1.	Name	: LIANG MENG TRANSPORT SERVICES
2.	Identification No. Type	: Business
3.	Identification No.	
4.	Place Of Passport Issue	10-
5.		: APT BLK 489 ADMIRALTY LINK #04-103
		SEMBAWANG GREEN SINGAPORE 750489
6.	Mailing Address	*
7.	Vehicle No.	: SLN7545H
8.	Vehicle Type	: Z10 - Private Hire (Chauffeur) Motor Car
9,	Vehicle Scheme	; Normal
10.	Vehicle Make	: TOYOTA
11.	Vehicle Model	: PRIUS HYBRID 1.8E AT ABS D/AIRBAG 2WD
12.	Remarks	: This is a public service vehicle.
		This vehicle is eligible for PARF.
		COE rebate, if applicable, will be based on the QP of \$54,405.00. This is the lower of QP from Category E and
		the corresponding Category B in the same tender exercise. To renew the COE, the Prevailing Quota Premium payable is that of Category B.

The owner and vehicle particulars for Vehicle No. SLN7545H as at 17 May 2017 are as follows:

1.	Name	: LIANG MENG TRANSPORT SERVICES
2.	Identification No. Type	: Business
3.	Identification No.	: 53357469B
4.	Place Of Passport Issue	: -2
5.	Registered Address	: APT BLK 489 ADMIRALTY LINK #04-103
		SEMBAWANG GREEN SINGAPORE 750489
6.	Mailing Address	-
7.	Vehicle No.	: SLN7545H
8.	Effective Date of Ownership	: 17 May 2017
9.	Original Registration Date	: 17 May 2017
10.	First Registration Date	: 17 May 2017
11.	Vehicle Type	: Z10 - Private Hire (Chauffeur) Motor Car
12.	Vehicle Scheme	; Normal
13.	Attachment 1	: No Attachment
14.	Attachment 2	108
	Attachment 3	1 *
16.	Vehicle Make	: TOYOTA
17.	Vehicle Model	: PRIUS HYBRID 1.8E AT ABS D/AIRBAG 2WD
18.	Year of Manufacture	: 2016
19.	Primary Colour	: Silver
20.	Secondary Colour	DE
21.	Passenger Capacity	: 4
22.	Chassis/Trailer Chassis No.	: ZVW516033958 / -
23.	Propellant/Emission Standard	
24.		: 2ZR6856693 / 20A116707750
25.	Engine Capacity(cc)/Power Rating(kW)	
26.		: 90.0 / 120
27.		: 1310
28.	447 T. T. S.	: 1585
29.	Open Market Value	: \$23,474.00
30.		: Yes
31.		: 16 May 2027
32.		: \$2,500.00
33.	IU Label No.	201505010500001011
34.	COE No.	: 2017050107000313N
35.	COE Expiry Date	: 16 May 2027
36. 37.	COE Category	: E - Open Category
38.	Quota Premium/Prevailing Quota Premium Actual Quota Premium/POP Paid	
39.	Actual ARF Paid	: \$54,556.00
40.	CO2 Emission(g/km)	: \$5,000.00
41.	7 R. C.	: 87.00
42.	CEVS Surcharge Paid	: \$19,864.00
43.	Actual Green Vehicle Rebate Utilised	
44.		i -
45.	Vehicle Lifespan Expiry Date Road Tax Amount	:-
46.		: \$487.00
47.		: 17 May 2017
48.	Road Tax End Date Remarks	: 16 Nov 2017
40.	Actual 63	*

laim Handling				
ccident MT/0972153		A STATE OF THE STA	00000000000000000000000000000000000000	COT Businessian No.
relicy No.	5090937540	Vehicle No.	SLN7545H	GST Registration No.
Policyholder Name	LIANG MENG TRANSPORT SERVICES			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	91181002	Contact No.(Office)	0	Contact No.(Home)
čmeil Address		Special Remark		eCode
KFK	No	TCA	No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	
Accident Details				
leport Date	04/12/2017 12:13	Accident Report Within 24 hrs	Yes	Accident Type
		Time of Accident hh:mm	13:20	Country of Accident Sing
Date of Accident	02/12/2017	Orange Force		ICM No.
Reporting Centre		Grange Porce		
Accident Location	TPE TWDS ECP SLIP RD TO LOYANG			
⇒ Benefits				
▼ Excess			2700	Windscreen Excess
Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00	
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00	
✓ GST Registered Informa	2000		CCT Paradonica Pot-	
GST Registered	No		GST Registration Date GST Status Verified	No
GST Registration No.			GST Status vermes	
Modification History				
	-			
Policyholder Mailing Ad			AMAZINA I PAR I TANK	Address 3
Address 1	BLK 489 #04-103	Address 2	ADMIRALTY LINK	
Address 4	SINGAPORE 750489	Address Type	Singapore address	Post Code
Unit No.	04-103	Related Policy Number	5090937540	
→ OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOS
Unnamed driver Name	CHIA LIANG MENG	Driver NRIC	S1214581)	Driver DOB
Register Date of Driver License	08/01/1999	Driver Age	61	Driving Experience
Contact No.(Mobile)	91181002	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 489	Address 2	ADMIRALTY LINK	Address 3
Address 4	SINGAPORE 750489	Address Type	Singapore address	Post Code
Unit No.	#04-103			
Does he own a Singapore	Yes @ No	Driver Vehicle No.		Driver Insurer Company
Registered car?				
Declaration				
Breathalyser or Blood Test	0 mg	Any injury?	@ Yes No	
Reading?				
Modification History				
Claim 001 OD-MX New	.lh			
	1986			
				PAG (278)2
Claim Tune #	OD-MX *	Insured Name	LIANG MENG TRANSPORT SERV	Insured NRIC
Carri Type		Contact No.(Home)		Contact No.(Office)
	98757422	Contact worthorney		
	98757422	OI Vehicle Number	SLN7545H	TP Vehicle Number
Contact No.(Mobile)	98757422 SLN7545H / GBC5522M ON 2 Dec 2017	OI Vehicle Number	SLN7545H	TP Vehicle Number Name of Preferred Workshop
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