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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number

EMail Address

- 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 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.
- 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.

aforesaid.	
NO MANUAL PROPERTY AND ASSESSMENT OF THE PARTY OF THE PAR	ACCIDENT STATEMENT
Date Of Report	08/01/2018 19:18
Date Of Accident	08/01/2018 11:00
Exact Location Of Accident	ALONG CTE (BEFORE CAIRNHILL EXITLANE 1)
Country/State of Loss	SINGAPORE
发生的最近是《安全》,并且是《大学·D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS1363D
Insured/Policyholder	
Name Of Registered Owner	VINCAR LEASING AND RENTAL PTE LTD
Co Reg No	201414828K
Email Address	TAY_JOY@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91990009
Alternative Phone No	OFFICE-91990009
Vehicle Particulars	
Manufacturer	TOYOTA
Model	SIENTA HYBRID-1.5 X CVT (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5082409493-01
Cover Note Number	
Driver	
Name of Driver	IRENE JOY TAY
NRIC No	S7708002C
Date Of Birth	28/03/1977
Occupation	OUTDOOR
Date Of Driving Pass	16/05/1996
Driving Experience	21 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91990009
Fax Number	

OTHERS-91990009

TAY\_JOY@HOTMAIL.COM

66 ELIAS ROAD Address

#05-09

519941 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

OTHER - HIRER

General Information of the Accident

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

NO

2

DRIZZLING Weather Conditions Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

2 Number of vehicles involved in the accident Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : NG

: MALE GENDER:

Details of Police Action

Was the accident reported to the police?

If Yes Please state which Police Station

ORCHARD NEIGHBOURHOOD POLICE CENTRE Police Station Name

YES

NO

ROAD: 51 KILLINEY ROAD, POSTCODE: 239572, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-7359999 - FAX NO: 67331934 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180108/2066

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** 

SH1801G Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

#### 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 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 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)

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. NG AN

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature
Name:
NAME: REPORTING TO STATE OF THE PERSONNEL SERVICE O

430 HRS .





Police Station Of Origin: Orchard N.P.C 51 Killingy Road SINGAR

51 Killiney Road SINGAPORE 239572

Tel No: 1800-7359999

1 of 3 Report No. T/20180108/2065

### REPORT OF A TRAFFIC ACCIDENT

Date/Tim 08/01/20	e Report N 18 13:39	/lade:	Vide Report No.:	Station Diary No.: 92	
Informan	t's Partic	ulars			
Name of IRENE JO	Informant: DY TAY		Address: 66 ELIAS ROAD #05-09 SINGAPORE 519941		
ID Type / NRIC NO	ID No.: / S77080	02C	Contact No.: Home/Office: Mobile: 91990009		
Nationalit SINGAPO	y: DRE CITIZ	EN	Email:		
Sex: Female	Age: 40	Date of Birth: 28/03/1977	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: PRIVATE HIRE CAR DRIVER		R DRIVER	Driving Licence Information: Class: 3	Date of Expiry:	

General Infor	mation of the Accide	nt		
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/01/2018 11:00	Type of Location: Expressway
BEFORE CA	XPRESSWAY IRHILL EXIT, ON LAN			
Weather: Drizzling		Road Surface: Wet	1.3	Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of V	ehicle Invo	lved		ESO VIEN		
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SH1801G (Not Accurate)	Car				Slightly Damaged	1
SLS1363D	Car				Slightly Damaged	2

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



T/20180108/2065

2 of 3

Report No. T/20180108/2065

Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999

#### CONTINUATION OF REPORT

Driver				and the latest	olane -	
Name	IRENE JOY TAY		ID No.		S7708002C	
Related Vehicle	SLS1363D (Car)		Contact No.		91990009	
Hospital/Clinic	NIL			Class Drivin Licen Expir	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Disc			charge	NIL	enaur — — en recen
No. of Days gran	o. of Days granted Medical Leave NIL			f Injury	NIL	
Passenger						
Name	NG		ID No		NIL	
Related Vehicle	SLS1363D (Car)		Conta	ct No.	94591508	
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	NIL Date Di			NIL	
No. of Days gran	of Days granted Medical Leave NIL			finjury	NIL .	

#### Brief Details.

On 8/1/2018 at about 1100hrs, I was driving my vehicle bearing car plate no. SLS1363D along Central Expressway, Before Carinhill exit, on Lane 1. As I was driving, a vehicle (unknown no.) infront of me brake suddenly, which caused me to do the same. Subsequently, a taxi bearing car plate no. SH1801G was at the back of my vehicle and it hit the rear bumper of my vehicle. I then tried to signal to the left and head towards the shoulder lane, wanting to exchange particulars with the taxi. But the taxi did not stop to do so. I tried to wave to him but to no avail and the taxi continued to drive off. I managed to see the taxi and it was a Chinese male driver. I could not see if there were any passenger in his taxi as his rear window was tinted.

I am working as a Grab driver and there was a passenger in my vehicle by the surname of Ng, contact no. 94591508 during the time of the accident. There was no one injured but there was a few scratches and cracks on the rear bumper of my vehicle. I wish to state that I have a in-car camera facing the front and rear during the time of the incident.

I am lodging this report for insurances purposes.





3 of 3

Report No. T/20180108/2065

Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999

CONTINUATION OF REPORT

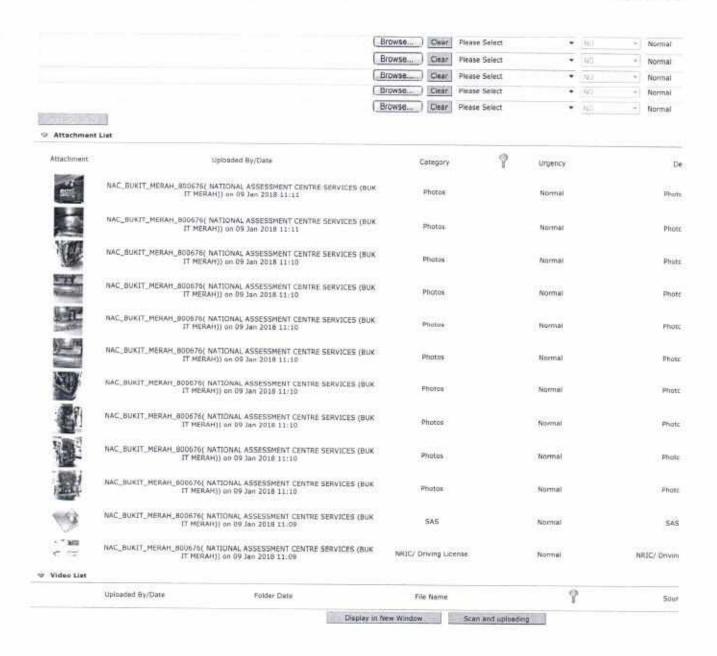
## Sketch Plan

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 Record E / Sgt 2 DOMINIC SONG GUO	,	Signature Of Informant:
Signature Of Interpreter: Not applicable		Date/Time: 08/01/2018 13:39
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt ESTHER CHON Contact No.: 65476368	IG	Classification Of Case:
Authentication Stamp NP168	SINGAPORE POLICE FORCE	5N 172
	S	GNATURE

Product Code FLEET INSI Cantact No. (Mobile) 91990009 Email Address  KFK	PASING AND RENTAL PTE LTC BURANCE  YES  18 11:06  18  18 (BEFCIKE CAIRNHILL EXIT)  2,008.00  1,509.00  Yes  201414828K	Cover Type Contact No.(Office) Special Remark TCA NCD Entitlement(%)  Accident Report Within 24 hrs Time of Accident hhuma Orange Force  Additional Excess Outside Singapore OD Excess Outside Singapore TP Excess  Address Z  Address Type Related Policy Number	St.S13030  thive PREMIUM  No Yes  11:00  Yes  11:00  O.00  2,000.00  1,500.00  1,500.00  GST Registration Date GST Status Verified  #U5-02 OC Singapore address Specsors10:03	GST Registration No. Policyholder NRIC Loading Contact No.(Home) eCode eCode Reason Private Hire  Accident Type Country of Accident ICM No.  Windscreen Excess  08/09/2014 Yes  Address 3 Post Code
reduct Code FLEET INSE Contact No. (Moolle) 91990009  Email Address (FK S No Y  VCD Protection No  Accident Details  Report Date 06/01/201  Reporting Centre Accident Location ALDNS Ch  Benefits  Excess Own damage Excess Unnamed Driver Excess Onn damage Excess Onn damage Excess  CST Registered Information 2ST Registered Information 2ST Registered 3ST Registered Information 2ST Registered CST Registered Information CST Registered CST Registered SST Registered Information CST Registered CST Registered CST Registered Information CST Registered CST Registered CST Registered SST Registered  SST Registered CST Registered  SST Registered	PASING AND RENTAL PTE LTC BURANCE  YES  18 11:06  18  18 (BEFCIKE CAIRNHILL EXIT)  2,008.00  1,509.00  Yes  201414828K	Cover Type Contact No.(Office) Special Remark TCA NCD Entitlement(%)  Accident Report Within 24 hrs Time of Accident hhuman Orange Force (ARE 1)  Additional Excess Outside Singapore OD Excess Outside Singapore TP Excess  Address 2 Address Type Related Policy Number	trive PREMIUM  No Yes  0  Yes  11:00  O.00 2,000.00 1,500.00 1,500.00  GST Registration Date GST S(alus Verified	Policyhulder NRIC Loading Contact No. (Home) eCode eCode Reason Private Hire  Accident Type Country of Accident ECM No.  Windscreen Excess  08/09/2014 Yes  Address 3
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Contact No. (Mobile) 91990009  Address 4  Unit No. 95-02  OX Driver Info  Driver Name Unique Address  Address 4  Unit No. 95-02  OX Driver Info  Contact No. (Mobile) 91990009  Address 4  Unit No. 95-09  Contact No. (Mobile) 91990009  Address 4  Unit No. 95-09  Contact No. (Mobile) 91990009  Address 4  Unit No. 95-09  Contact No. (Mobile) 91990009  Address 4  Unit No. 95-09  Contact No. (Mobile) 91990009  Address 4  Unit No. 95-09  Contact No. (Mobile) 91990009  Address 4  Unit No. 95-09  Contact No. (Mobile) 91990009  Address 4  Unit No. 95-09  Contact No. (Mobile) 91990009  Address 4  Unit No. 95-09  Contact No. (Mobile) 91990009  Address 4  Unit No. 95-09  Contact No. (Mobile) 91990009  Contact No. (No. (Mobile) 91990009  Contact No. (No. (Mobile) 91990009  Contact No. (No. (Mobile) 91990009	Yes 18 11:06 18 TE (BEFCIKE CAIRNHILL EXIT) 2,808.00 1,508.00 Yes 201414828K CHARN ROAD	Contact No.(Office) Special Remark TCA NCD Entitlement(%)  Accident Report Within 24 hrs Time of Accident hhuman Orange Force  Additional Excess Outside Singapore OD Excess Outside Singapore TP Excess  Address Z  Address Type Related Policy Number	O No Yes  0  Ves  11:00  0.00 2,000.00 1,500.00  1,500.00  GST Registration Date GST S(alus Verified	Contact No. (Home) eCode eCode Resson Private Hire  Accident Type Country of Accident ECM No.  Windscreen Excess  08/09/2014 Yes  Address 3
CIPIE MO Y No Y Accident Details  Report Date 09/01/201  Date of Accident Details  Reporting Centre 09/01/201  Senefits 09/01/201  Cest Registered Information 05/05/ Registered 05/05/ Registered Information 05/05/ Registered	Yes  18 11:06  18  TE (BEFORE CAIRNHILL EXIT)  2,000.00  1,500.00  Yes 201414828K  CHARN ROAD	Special Remark TCA NCD Entitlement(%)  Accident Report Within 24 hrs Time of Accident hitman Orange Force  Additional Excess Outside Singapore OD Excess Outside Singapore TP Excess  Address 2  Address Type Related Policy Number	0  Yes  11:00  0.00 2,000.00 1,500.00  GST Registration Date GST S(atus Verified  #05-02 OC Singapore address	eCode eCode Resson Private Hire  Accident Type Country of Accident ECM No.  Windscreen Excess  OB/09/2014 Yes  Address 3
(FK S No Y  ***CD Protection No  ***Accident Details  Report Date 06/01/201  Date of Accident U6/01/201  Reporting Centre  Accident Location ALDNS CTI  ***Benefits  ***Excess  Own damage Excess  Unnamed Driver Excess  Third Party Excess  ****CST Registered Information  SST Registe	18 11:06 18 TE (BEFORE CAJRINHILL EXTT) 2,000.00 1,500.00  Yes 201414828K	TCA NCD Entitlement(%)  Accident Report Within 24 hrs Time of Accident his imm Orange Force  (ANE 1)  Additional Excess Outside Singapore OD Excess Outside Singapore TP Excess  Address 2  Address Type Related Policy Number	0  Yes  11:00  0.00 2,000.00 1,500.00  GST Registration Date GST S(atus Verified  #05-02 OC Singapore address	eCode Resson Private Hire  Accident Type Country of Accident ICM No.  Windscreen Excess  08/09/2014 Yes  Address 3
Accident Details  Report Date 06/01/201  Date of Accident U6/01/201  Reporting Centre Accident Location ALONGS Ch  Benefits  Excess Own damage Excess Unnamed Driver Excess Third Party Excess  GST Registered Information GST Registered Inf	18 11:06 18 TE (BEFORE CAJRINHILL EXTT) 2,000.00 1,500.00  Yes 201414828K	Accident Report Within 24 hrs Time of Accident hhuman Orange Force  (ANE 1)  Additional Excess Outside Singapore TP Excess Outside Singapore TP Excess Address 2 Address Type Related Policy Number	0  Yes  11:00  0.00 2,000.00 1,500.00  GST Registration Date GST S(atus Verified  #05-02 OC Singapore address	Private Hire  Accident Type Country of Accident ECM No.  Windscreen Excess  08/09/2014 Yes  Address 3
Toport Date 06/01/201  Date of Accident Details  Reporting Centre  Accident Location ALDNS Ch  Senefits  Excess  Own damage Excess  Unnamed Driver Excess  Third Party Escess  GST Registered Information  Driver Name  Unnamed Information  Breathalfaction of Driver License  Contact No. (Mobile)  Address 4  Unit No. 91990009  Address 4  Unit No. 95-09  Does he own a Singapone  Registered car?  Decilaration  Breathalfaction History  Claim 001 New  Claim O01 New  Contact No. (Mobile)  Claim Upper OD-MX  Contact No. (Mobile)  SLS13630  Preferred Workshop Contact  SLS13630  Preferred Workshop Contact	18 TE (BEFORE CAIRNHILL EXIT) 2,000.00 1,500.00  Yes 201414828K	Accident Report Within 24 hrs Time of Accident hitimus Orange Force  Additional Excess Outside Singapore OD Excess Outside Singapore TP Excess  Address 2 Address Type Related Policy Number	Ves  £1:00  0.00 2,000.00 1,500.00  0ST Registration Date 0ST S(atus Verified  205-02 OC Singapore address	Accident Type Country of Accident ECM No. Windscreen Excess  08/09/2014 Yes Address 3
Report Date 06/01/201  Date of Accident U6/01/201  Reporting Centre  Accident Location ALDNS CTI  Benefits  Excess  Den damage Excess  Unnamed Driver Excess  Unnamed Driver Excess  GST Registered Information  25T Registered  35T Registered  35T Registered  35T Registered  Modification History  Policyholder Mailing Address  Address 1 1 CHANG i  Address 4  Unit No. 05-02  OI Driver Info  Driver Name Unnamed I  RENE JON  Register Date of Driver License  Contact No. (Mobile) 91990009  Address 1 66 ELIAS i  Address 4  Unit No. 05-09  Does he own a Singapore Registered cer?  Decileration  Breathalyser or Blood Text  Reading 3  Modification History  Claim 001 New  Contact No. (Mobile) 0 mg.  Claim Type * OD-MX  Contact No. (Mobile) SLS13636  Perferred Workshop Contact  SLS13636  Perferred Workshop Contact	18 TE (BEFORE CAIRNHILL EXIT) 2,000.00 1,500.00  Yes 201414828K	Crange Force  (ANE 1)  Additional Excess Outside Singapore OD Excess Outside Singapore TP Excess  Address 2  Address Type Related Policy Number	0.00 2,000.00 1,500.00 1,500.00 GST Registration Date GST S(alus Verified	Country of Accident ECM No. Windscreen Excess  08/09/2014 Yes  Address 3
Date of Accident U6/01/201  Reporting Centre  Accident Location ALDNS CTI  Benefits  Excess  Own damage Excess  Unnamed Driver Excess  Unnamed Driver Excess  GST Registered Information  25T Registered  35T Registered  35T Registered  35T Registered  35T Registered  40Hor No. 05-02  OI Driver Info  Driver Name Unnamed IRENE JON  Register Date of Driver License  Contact No. (Mobile) 91990009  Address 4  Unit No. 05-09  Does he own a Singapore Registered cer? Yes ©  Decileration  Breathaloser or Blood Text  Reading3  Modification History  Claim 001 New  Contact No. (Mobile)  Claim Type * OD-MX  Contact No. (Mobile)  Email Address  Claim Description  Preferred Workshop Contact  SLS13630  Preferred Workshop Contact  SLS13630  Preferred Workshop Contact	18 TE (BEFORE CAIRNHILL EXIT) 2,000.00 1,500.00  Yes 201414828K	Crange Force  (ANE 1)  Additional Excess Outside Singapore OD Excess Outside Singapore TP Excess  Address 2  Address Type Related Policy Number	0.00 2,000.00 1,500.00 1,500.00 GST Registration Date GST S(alus Verified	Country of Accident ECM No. Windscreen Excess  08/09/2014 Yes  Address 3
Reporting Centre  Accident Location ALDNS CTI  Benefits  Excess  Den damage Excess  Unnamed Driver Excess  GST Registered Information  25T Registered  35T Registered Information  25T Registered  35T Registe	TE (BEFORE CA)RNHILL EXTO 2,000.00 1,500.00 Yes 201414928K CHARN ROAD	Orange Force  Additional Excess Outside Singapore OD Excess Outside Singapore TP Excess  Address 2  Address Type Related Policy Number	0.00 2,000.00 1,500.00 1,500.00 GST Registration Date GST S(atus Ventled	Windscreen Excess  OB/O9/2014  Yes  Address 3
Reporting Centre  Accident Location ALDNS CTI  Benefits  Excess  Den damage Excess  Unnamed Driver Excess  GST Registered Information  25T Registered  35T Registered Information  25T Registered  35T Registe	TE (BEFORE CA)RNHILL EXTO 2,000.00 1,500.00 Yes 201414928K CHARN ROAD	Additional Excess Outside Singapore OD Excess Outside Singapore TP Excess Address 2 Address Type Related Policy Number	2,000.00 1,500.00 GST Registration Date GST Status Verified  ### ### ### ### ### #### ###########	Windscreen Excess  08/09/2014  Yes  Address 3
Accident Location ALDNS CTI  Benefits  Excess Own damage Excess Unnamed Driver Excess  GST Registered Information  SST Registered Information	2,808.00 1,599.00 Yes 201414828K CHARN SOAO	Additional Excess Outside Singapore OD Excess Outside Singapore TP Excess Address 2 Address Type Related Policy Number	2,000.00 1,500.00 GST Registration Date GST Status Verified  ### ### ### ### ### #### ###########	08/09/2014 Yes Address 3
Senefits  Excess  Den damage Excess  Unnamed Driver Excess  Third Party Excess  GST Registered Information  SST Registered Information  Modification History  Policyholder Mailing Address  Address 1 1 1 CHANG i  Address 4 Unit No. 05-02  OI Driver Info  Driver Name Unnamed In Info Info Info Info Info Info Info I	2,808.00 1,599.00 Yes 201414828K CHARN SOAO	Additional Excess Outside Singapore OD Excess Outside Singapore TP Excess Address 2 Address Type Related Policy Number	2,000.00 1,500.00 GST Registration Date GST Status Verified  ### ### ### ### ### #### ###########	08/09/2014 Yes Address 3
Den damage Excess  Dan damage Excess  Dan damage Excess  Dirid Party Escess  Dirid Par	1,500.00 Yes 201414828K CHARN ROAD	Outside Singapore OD Excess Outside Singapore TP Excess  Address 2  Address Type Related Policy Number	2,000.00 1,500.00 GST Registration Date GST Status Verified  ### ### ### ### ### #### ###########	08/09/2014 Yes Address 3
Own damage Excess Upnamed Driver Excess Third Party Escess  GST Registered Information GST Registered GST	1,500.00 Yes 201414828K CHARN ROAD	Outside Singapore OD Excess Outside Singapore TP Excess  Address 2  Address Type Related Policy Number	2,000.00 1,500.00 GST Registration Date GST Status Verified  ### ### ### ### ### #### #### ########	08/09/2014 Yes Address 3
Unnamed Driver Excess  OST Registered Information  SST Registered  SST Registered  SST Registration No.  Modification History  Policyholder Mailing Address  Address 1 1 CHANG i  Address 4  Unit No. 05-02  OI Driver Info  Driver Name Unnamed I  RENE JON  Register Date of Driver License  Contact No. (Mobile) 91990009  Address 1 66 ELIAS i  Address 4  Unit No. 05-09  Does he own a Singapore Registered car?  Decileration  Breathalyser or Blood Text  Reading 3  Modification History  Claim 001 New  Claim Type * 00-MX  Contact No. (Mobile)  Email Address  Claim Description SLS13630  Perferred Workshop Contact	1,500.00 Yes 201414828K CHARN ROAD	Outside Singapore OD Excess Outside Singapore TP Excess  Address 2  Address Type Related Policy Number	2,000.00 1,500.00 GST Registration Date GST Status Verified  ### ### ### ### ### #### #### ########	08/09/2014 Yes Address 3
Third Party Escoss  GST Registered Information  SST Registered  SST Registered  SST Registered  SST Registered  SST Registered  SST Registered  Modification History  Policyholder Mailing Address  Address 1 I CHANG (  Address 4  Unit No. 05-02  OI Driver Info  Driver Name Unitamed IRENE ION  Register Date of Driver License 16/05/199  Contact No. (Mobile) 91990009  Address 1 66 ELIAS (  Address 4  Unit No. 05-09  Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Text  Reading 3  Modification History  Claim 001 New  Claim Type * OD-MX  Contact No. (Mobile)  Email Address  Claim Description SLS13630  Perferred Workshop Contact	Yes 201414828K CHARN ROAD	Outside Singapore TP Excess  Address 2  Address Type Related Policy Number	1,500,00 GST Registration Date GST S(alus Ventled  #05-02 OC Singapore address	Yeu Address 3
GST Registered Information  GST Registered  GST Registered  GST Registered  GST Registered  GST Registered  Unit Registered  Unit Mo.  OS-02  OI Driver Info  Driver Name  Unitamed driver Name  Register Date of Driver License  16/05/199  Contact No. (Mobile)  Address 4  Unit No.  Does he own a Singapone  Registered cor?  Declaration  Breathalyser or Blood Test Reading?  Claim OO1  New  Claim Type *  Contact No. (Mobile)  Contact No. (Mobile)  Claim Type *  Contact No. (Mobile)  Email Address  Claim Description  SLS13630  Perferred Workshop Contact	Yes 201414828K CHARN ROAD	Address Z Address Type Related Policy Number	GST Registration Date GST Status Verified  #85-82 OC Singapore address	Yeu Address 3
GST Registered GST Registration No. Modification History  Policyholder Mailing Address Address 1 1 CHANG ( Address 4 Unit No. 05-02  POI Driver Info Driver Name Unnamed ( Unnamed driver Name IRENE IO) Register Date of Driver License 16/05/199 Contact No. (Mobile) 91990009 Address 1 66 ELIAS ( Address 4 Unit No. 05-09 Does he own a Singapone Registered cor?  Declaration Breathalyser or Blood Test Reading?  Claim 1001 New Contact No. (Mobile) Claim Type * OD-MX Contact No. (Mobile) Email Address Claim Description SLS13630 Preferred Workshop Contact	201414828K CHARN ROAD	Address Type Related Policy Number	GST Status Verified  #05-02 OC Singapore address	Yeu Address 3
SST Registration No. Modification History  Policyholder Mailing Address Address 1 1 CHANG ( Address 4 0S-02  OI Driver Info  Driver Name Unnamed ( RENE IO) Register Date of Driver License 16/05/196 Contact No. (Mobile) 91990006 Address 1 66 ELIAS ( Address 4 Unit No. 15-09 Does he seen a Singapore Registered car?)  Declaration Breathalysee or Bloott Test Reading?  Modification History  Claim 001 New  Contact No. (Mobile) 0 mg.  Claim Type * OD-MX Contact No. (Mobile) 513636 Email Address Claim Description SLS13636 Preferred Workshop Contact	201414828K CHARN ROAD	Address Type Related Policy Number	GST Status Verified  #05-02 OC Singapore address	Yeu Address 3
Policyholder Mailing Address Address 1 1 CHANG ( Address 4 Unit No. 05-02  OI Driver Info Driver Name Unnamed ( Unnamed driver Name IRENE IO) Register Date of Driver License 16/05/196 Contact No. (Mobile) 91990009 Address 1 66 ELIAS ( Address 4 Unit No. 05-09 Does he own a Singapore Registered cer? Yes © Decleration Breathalyser or Blood Test Reading?  Modification History  Claim Oo1 New  Claim Type * OD-MX Contact No. (Mobile) Email Address Claim Description SLS13630 Preferred Workshop Contact	CHARN ROAD	Address Type Related Policy Number	#05-02 OC Singapore address	Address 3
Policyholder Mailing Address Address 1 1 CHANG ( Address 4 Unit No. 05-02  OI Driver Info Driver Name Unnamed ( RENE IO) Register Date of Driver License 16/05/199 Contact No. (Mobile) 91990009 Address 1 66 ELIAS ( Address 4 Unit No. 05-09 Does he own a Singapore Registered cer? Yes ©  Declaration Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type 4 OD-MX Contact No. (Mobile) Emisii Address Claim Description SLS13630 Preferred Workshop Contact		Address Type Related Policy Number	Singapore address	
Address 1   CHANG 6 Address 4 Unit No. 0S-02  • OI Driver Info Driver Name Unnamed I RENE ION Register Date of Driver License 16/05/198 Contact No. (Mobile) 91990009 Address 1   66 ELIAS 1 Address 4 Unit No. 0S-09 Does he own a Singapore Registered cor? Penderation Breathalyser or Blood Test Reading 3  Modification History  Claim 001   New    Claim 1ype * OD-MX Contact No. (Mobile) Email Address Claim Description   SLS13630 Penferred Workshop Contact		Address Type Related Policy Number	Singapore address	
Address 1   CHANG 6 Address 4 Unit No. 0S-02  © OI Driver Info Driver Name Unnamed I RENE ION Register Date of Driver License 16/05/198 Contact No. (Mobile) 91990009 Address 1   66 ELIAS 1 Address 4 Unit No. 0S-09 Deelleration Breathalyser or Blood Test Reading? Yes © Contact No. (Mobile) 0 mg.  Claim 1001 New: Claim Type * OD-MX Contact No. (Mobile)   Email Address Claim Description   SLS13630 Perferred Workshop Contact		Address Type Related Policy Number	Singapore address	
Address 4 Unit No. 0S-02  *** OI Driver Info  Driver Name Unnamed !  Register Date of Driver License 16/05/199  Contact No. (Mobile) 91990009  Address 1 66 ELIAS    Address 4 Unit No. 05-09  Does he own a Singapore Registered car? Yes =  Declaration History  Claim 001 New  Claim 001 New  Contact No. (Mobile) 0 mg.		Address Type Related Policy Number	Singapore address	
Unit No. 05-02  © OI Driver Info Driver Name Unnamed IRENE 107 Register Date of Driver License 16/05/199 Contact No. (Mobile) 91990009 Address 1 66 ELIAS   Address 4 Unit No. 05-09 Does he own a Singapore Registered cor? Yes © Decleration Breathalyser or Blood Test Reading? O mg  Modification History  Claim 001 New  Claim 1/pp * OD-MX Contact No. (Mobile) Email Address Claim Description SLS13636 Preferred Workshop Contact	Driver	Related Policy Number	7115703333137070	TOTAL SCHOOL
Driver Name Unnamed driver Name Unnamed driver Name Register Date of Driver License Contact No. (Monile) Address 1 Address 4 Unit No. Does he own a Singapone Registered car?  Declaration Breathalyser or Blood Test Reading?  Claim 901 New  Claim Type * Contact No. (Monile) Email Address Claim Description St. S13630 Preferred Workshop Contact	Driver	3114510-715-	2088246-310-03	
Driver Name Unnamed driver Name Register Date of Driver License Contact No. (Mobile) Address 1 Address 4 Unit No. Does he own a Singapore Registered cer? Declaration Breathalyser or Blood Test Reading3 Modification History Claim 901 New Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact	Driver	Former Trans		
Unnamed driver Name IRENE ION Register Date of Driver License 16,05/198 Contact No. (Mobile) 91990009 Address 1 66 ELIAS I Address 4 Unit No. 05-09 Does he own a Singapore Registered cer? Yes © Desileration Breathalyser or Blood Test Reading 3 Modification History Claim 901 New Contact No. (Mobile) Email Address Claim Description SLS13630 Preferred Workshop Contact	Driver		Washing Connect	
Register Date of Driver License  Contact No. (Mobile) 91990009  Address 1 66 ELIAS 1  Address 4  Unit No. 05-09  Does he own a Singapore Registered cer? Yes ©  Declaration  Breathalyser or Blood Test Reading 3  Mosification History  Claim 001 New  Claim 1ype * 00-MX  Contact No. (Mobile)  Email Address  Claim Description SLS13630  Preferred Workshop Contact	Andreas	Oriver Type	Unnamed Driver	Driver DOB
Contact No. (Mobile) 91990009 Address 1 66 ELIAS   66 ELIAS   Address 4	Y TAY	Driver NRSC	57708002C	
Address 1 66 ELIAS   Address 4 Unit No. 05-09   Does he own a Singapore Registered cer? Yes © Decleration   Breathalyser or Blood Test Reading? 0 mg.  Modification History  Claim 001 New   Claim Type * OD-MX Contact No.(Modite)   Email Address   Claim Description   Preferred Workshop Contact	95	Driver Age	40	Driving Experience
Address 4  Unit No. 15-09  Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Claim 601 New  Claim 709 * OD-MX  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Contact	Ř.	Contact No.(Office)		Contact No. (Home)
Unit No. 05-09 Does he swir a Singapore Registered car?  Declaration Breathalyser or Blood Test Reading?  Mosfication History  Claim 001 New  Claim Type * 00-MX Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact	ROAD	Address 2	#05-09 OASIS @ ELIAS	Address 3
Does he own a Singapore Registered car?  Declaration Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type * OD-MX  Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact		Address Type	Foreign address	Pust Code
Registered car?  Declaration  Breathalyser or Blood Test Reading3  Modification History  Claim 001 New  Claim 7ype * OD-MX  Contact No.(Modile)  Email Address  Claim Description  Preferred Workshop Contact				
Breathalyser or Blood Test Reading 3  Modification History  Claim 001 New  Claim Type * OD-MX  Contact No.(Modele)  Email Address  Claim Description SLS13630  Preferred Workshop Contact	No	Driver Vehicle No.	51513630	Driver Insurer Company
Breathalyser or Blood Test Reading 3  Modification History  Claim 001 New  Claim Type * OD-MX  Contact No.(Modele)  Email Address  Claim Description SLS13630  Preferred Workshop Contact				
Reading <sup>3</sup> Mosfication History  Claim 001 New  Claim Type * OD-MX  Contact No.(Mossie)  Email Address  Claim Description SLS13630  Preferred Workshop Contact		1	r Yes ⊕ No	
Claim 001 New  Claim Type * OD-MX Contact No.(Mobile) Email Address Claim Description SLS13630 Preferred Workshop Contact		Any injury?	165 187 180	
Claim 001 New  Claim Type * OD-MX Contact No.(Mobile) Email Address Claim Description SLS13630 Preferred Workshop Contact				
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Email Address Claim Description SLS13630 Preferred Workshop Contact	•	Insured Name	VINCAR LEASING AND RENTAL	Insured NRIC
Claim Description SLS13630 Preferred Workshop Contact		Contact No.(Home)		Contact No. (Office)
Preferred Workshop Contact		QI Vehicle Number	SLS1363D	TF Vehicle Number
Preferred Workshop Contact	O / 5H1801G ON 8 Jan 2018			Name of Preferred Workshop
		Insured Liability •	Not at Fault	
No.  Require Finalisation Yes		Preferend Repair Option	Preferred Workshop, Name unknown	▼ GIA report
	016 11:06	Claim Close Date		Date Received
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# ACCIDENT STATEMENT

100 101 2010 VDD /MAXYVVI TIME! . :	ai -
ACCIDENT DATE:	411
LOCATION: ALONG CTE (BEFORE CAIRNHILL EXIT, LANSI)	63
1. DETAILS OF VEHICLE  GIVEHICLE NUMBER:  BINSURANCE COMPANY:  WILL  1. DETAILS OF VEHICLE  SAS /363 D  1. DETAILS OF VEHICLE  SAS /363 D	
C)POLICY NUMBER:	FT)
M) PURPOSE OF USING AT ACCIDENT TIME: DRIVING CHARS  I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)	20
2 INSURED / POLICY HOLDER	8
b)NRIC/FIN/PASSPORT:CONTACT:	
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	9.0
MILE OF DESCRIPTION OF THE PENALS	1
(Including driver) DINRIC/FIN/PASSPORT: C1708000-C CONTACT: 919900 (2) CLADDRESS: 66 ELIAS ROAR #05-09 S(579941)	209
*O]DATE OF BIRTH: ( 28 ) 03 ) 1977   (DD/MM/YYYY)  ********************************	NO NO
7. OJREPORTED TO POLICE TYEST NO)  IF YES, PLEASE STATE WHICH POLICE STATION: ORCHARD WPP	+
4 No of Descender Of VEHICLE NUMBER: SH 18019 - MODEL!	
(Including driver) b) DRIVER'S NAME:CONTACT:CONTACT:	
() 9. THIRD PARTY VEHICLE	<del>, , , , ,</del> ,
(Including driver) A DRIVER'S NAMELCONTACTILL	
daniellin @ vincar. com. S	g
email: tay-joy@tiotwail.com	
fax =	34
71060	

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7708002C





Num

IRENE JOY TAY



鄭雯真

CHINESE
Date of birth Se
28-03-1977 F
Country of birth

SINGAPORE





4732020



NRC NA S7708002C



Date of Sect 08-06-2011

66 ELIAS ROAD #05-09 SINGAPORE 519941 NRIC No: S7708002C

Date: 13/08/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES):

FASS DATE

Class 3 Motor Cars and Motor Trackers the weight of which unlader does not exceed 2500 kilograms 16 May 1996

Named

Licence No: \$7705002C



#### 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)

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

Certificate Number: 5082409493-01 Cover : drivo PREMIUM

Index mark and Registration Number of Vehicle : SLS1363D

Chassis Number ; NHP1707091768

2. Name of Policyholder : VINCAR LEASING AND RENTAL PTE LTD

3. Effective Date of Insurance : 11 Sep 2017
4. Expiry Date of Insurance : 10 Sep 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 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)
 : \$\$2,000

 EXCESS (SECTION 2)
 : \$\$1,500

 WINDSCREEN EXCESS
 : \$\$100

 ADDITIONAL EXCESS
 : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

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

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 : VINCAR PTE LTD (00000614250)

Date of Issue : 19 Jul 2017 15:21 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer Chief Executive