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Owner / Driver: (CZT133, Incl	,)/ Non-INO () "	
Policy No: (,) Period:	()	Cover Type: (
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Insured/Driver Liability: (%) [Note	ESL Status (WO): N: 0-20	%; P: 21-79%, P: 80-1	00%1
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number 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.
- 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.

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1000年的政治政治政治政治政治	ACCIDENT STATEMENT
Date Of Report	18/01/2018 16:13
Date Of Accident	17/01/2018 19:45
Exact Location Of Accident	BLK 188 BUKIT BATOK WEST AVE 6 (CARPARK)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLT7446D
Insured/Policyholder	
Name Of Registered Owner	TODDS PARTNERS PTE, LTD.
Co Reg No	201533177E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97524942
Alternative Phone No	OFFICE-97524942
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.8L A
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5096074104
Cover Note Number	
Driver	
Name of Driver	NORHAN FAREEZ BIN NORHANGINI
NRIC No	S9204520Z
Date Of Birth	12/02/1992
Occupation	INDOOR
Date Of Driving Pass	17/09/2014
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97524942

OTHERS-97524942

NOEMAIL



Address BLK 223 PENDING ROAD

#02-109

Postcode 670223

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

.

Insurance Company of Driver's Own Vehicle

•

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance,
Number of Passengers (Including Driver)

Passenger 1

NAME:

: RUHANI BTE SALIM

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name QUEENSTOWN N.P.C

Police Station Address ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-4719999 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180118/2068

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBC2415J

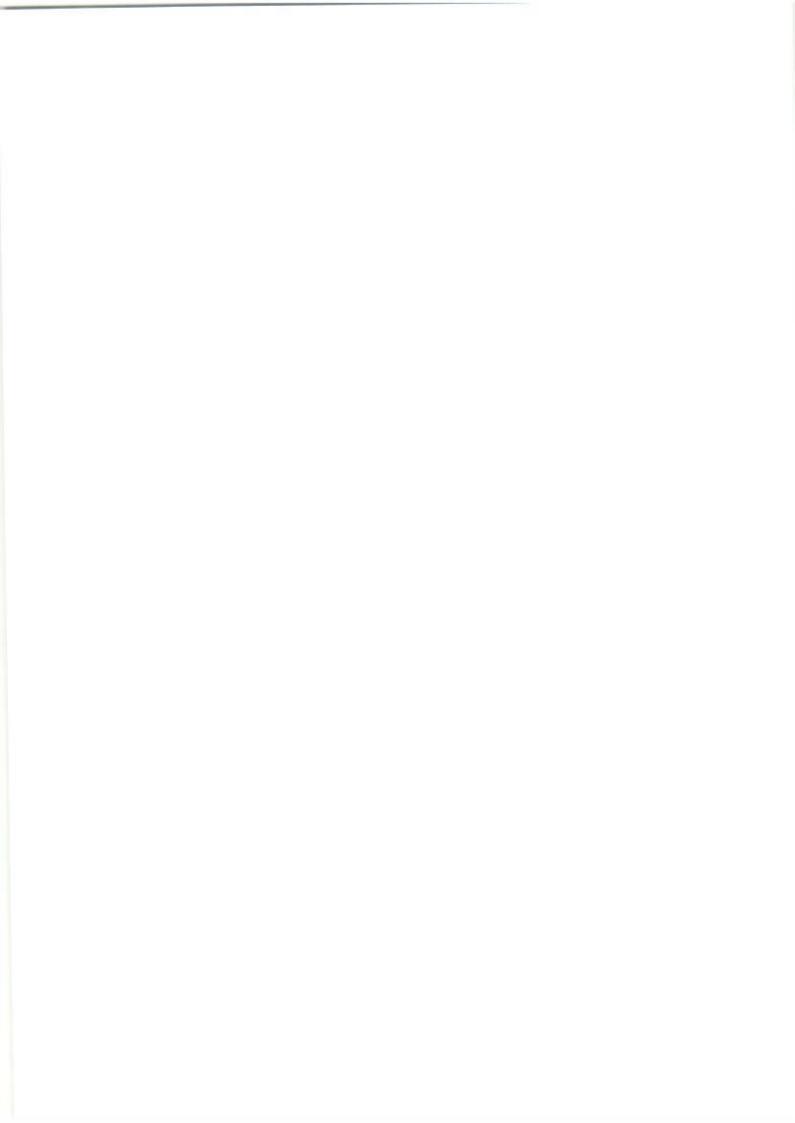
Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE
Name of Driver RAFAEL TAN KIM PENG

NRIC/Passport Number S8608776F Contact Number 90114624

Address



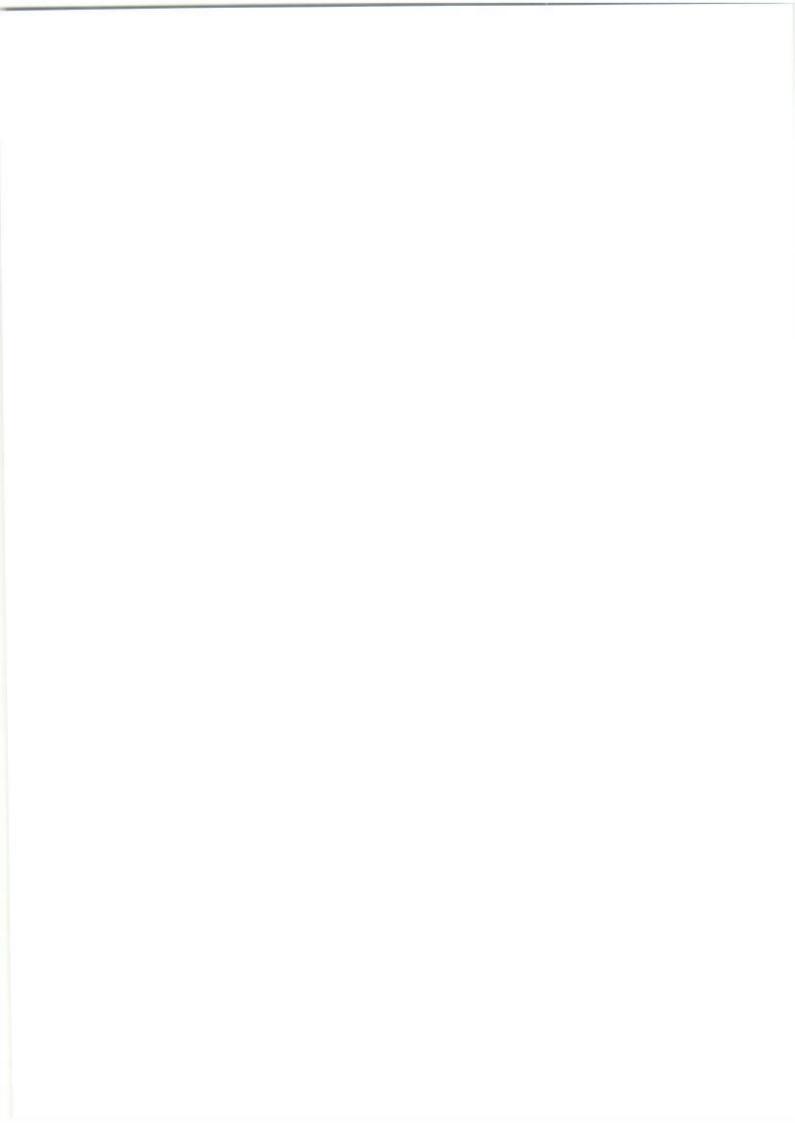
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

了一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	DETAILS OF INJURED PERSON 1	10 10 10 10 10 10 10 10 10 10 10 10 10 10
Name	NORHAN FAREEZ BIN NORHANGINI	
Approximate Age		
Injuries Sustain	SLIGHT	
Injured person in which vehicle?	SLT7446D	
Were seat belts worn?	YES	
Was this injured conveyed to hospital by ambulance?		
Address		
Postcode		



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.
- 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)

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:

Driver's Signature

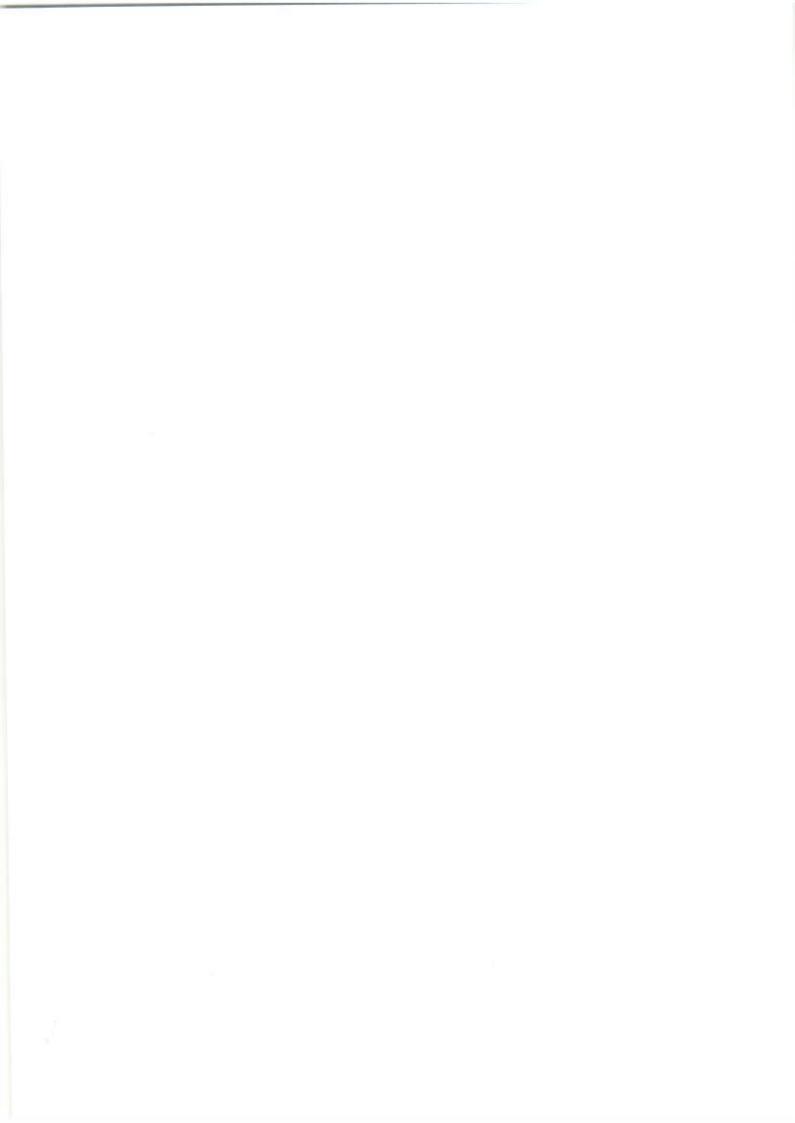
(If driver is not the policyholder)

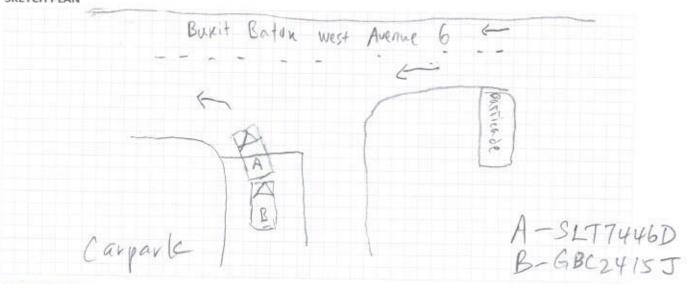
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PEX FOLICE REFORM.
T/20180118/2068

DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Signature

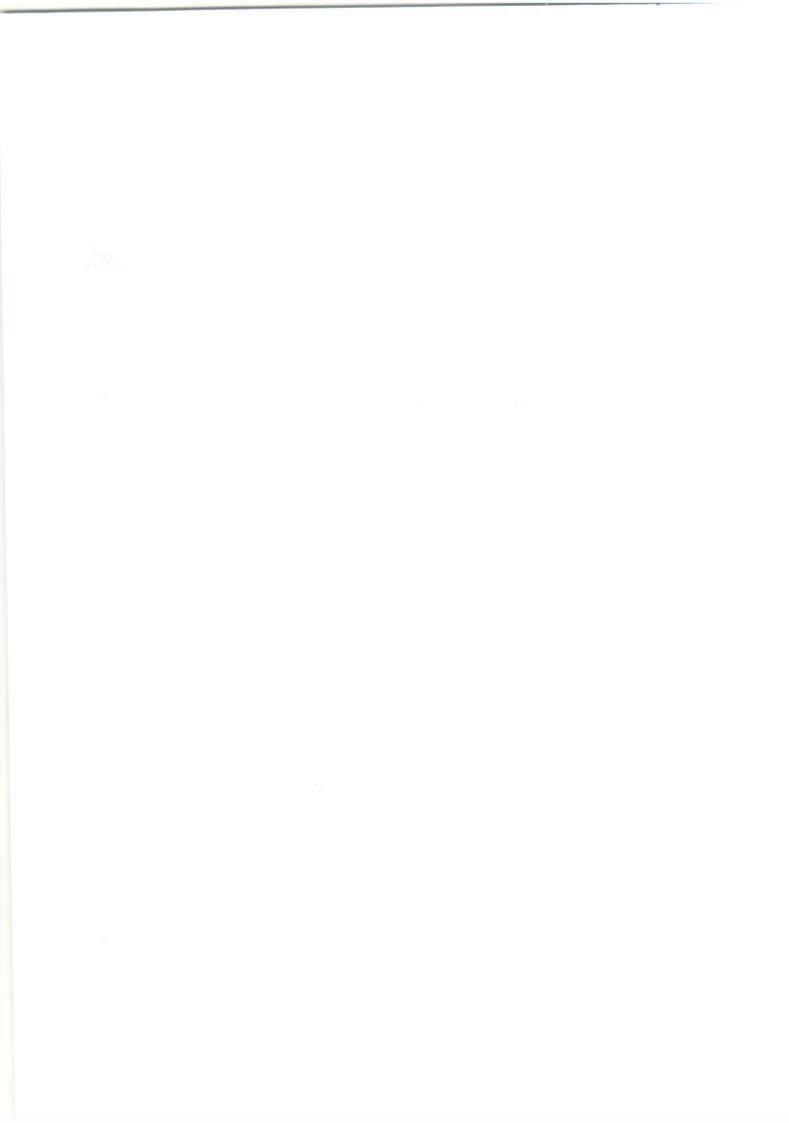
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:







T/20180118/2068

1 of 3

Report No. T/20180118/2068

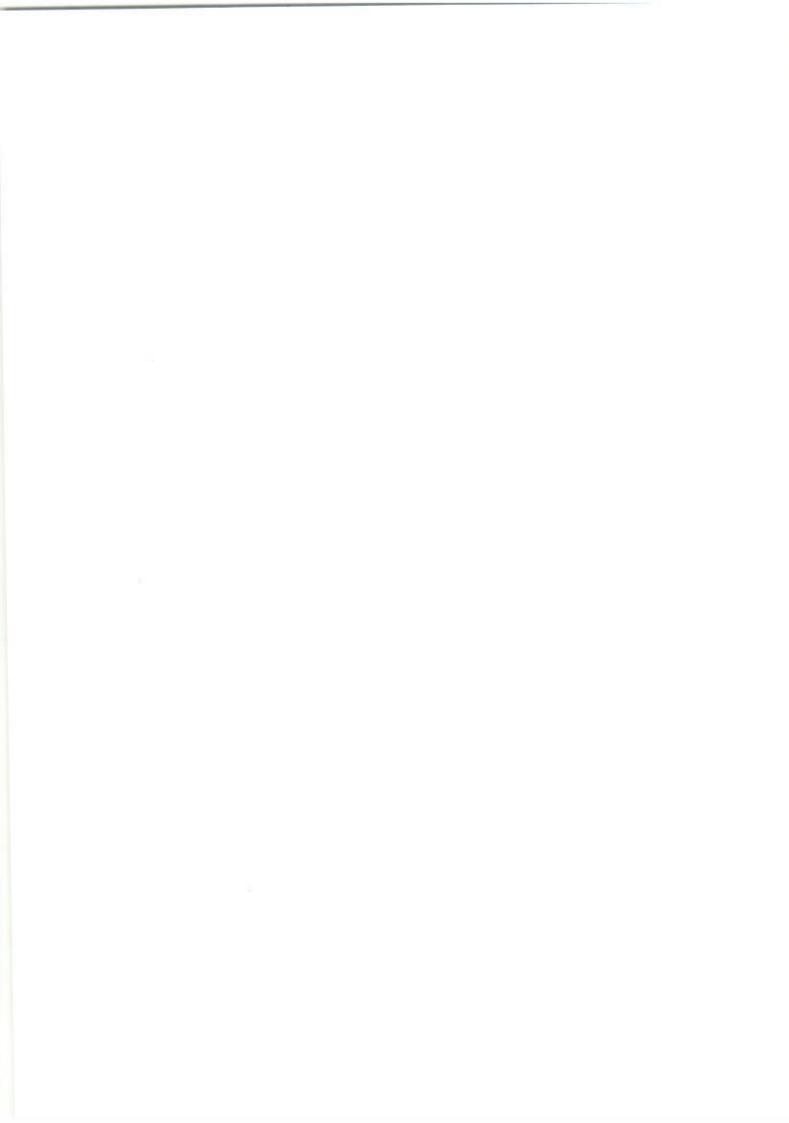
Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

REPORT O	F A TRAFFIC	ACCIDENT	1	Station Diary No.:	
Date/Time Report Made: 18/01/2018 14:13		lade:	Vide Report No.:	47	
Informa	nt's Particu	ılars			
Name of NORHA	Informant: N FAREEZ	5-860	Address: APT BLK 223 PENDING R	ROAD #02-109 SINGAPORE 670223	
NORHANGINI ID Type / ID No.: NRIC NO / S9204520Z		20Z	Contact No.: Home/Office: Mobile: 97524942		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 12/02/1992	Driver		
Race: Malay	Race:		Language: English	Institution / School Name:	
Occupation: UNEMPLOYED		T)	Driving Licence Informatio Class: 2B,2A,2,3,4	n: Date of Expiry:	

General Inform	mation of the Acci	dent	Date/Time of	Type of Location:
Type of Accident:	Injury Others	Drink Drive: No	Accident: 17/01/2018 19:45	Car Park
	K WEST AVENUE			
Weather: Clear	K 100 Dalat Dates	Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collis Between Mov	sion: ving Vehicles - Head	d To Rear		Anyone conveyed by ambulance: No

Details of V	a assessment of the latest death of	Make	Model	Color	Condition	No of Passenge
Vehicle No.	Туре	Iviano	INIOGOI		Married Control of the Control of th	^
GBC2415J	Van					U
		10			OII - E-II-	4
SLT7446D	Car	The same of the sa			Slightly	1.
3L17440D	Ou.				Damaged	

Details of Person Involved	
Any Pedestrian Involved: No	The state of the s
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA







Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

Report No. T/20180118/2068

CONTINUATION OF REPORT

Name	DATATI		All to the second second second		
	RAFAEL TAN KIM PENG		BEAT WELL	The state of the s	
Polotoday			ID	No.	S8608776F
Related Vehicle	GBC2415J (Van)				00000776F
11- "	1		Co	ntact No	00111001
Hospital/Clinic	NIL				90114624
	- 1000 Pe	170	Cla	ss of	01
			Driv	/ing	Class: NIL
			Lice	ence &	Date of Expiry: NIL
Date Treatment	NIL		Exp	iry Date	
No. of Days gran	ted Medical I	Date Di	ischarge	ny Date	
Driver	NIL NIEdical Leave	Degree	of Injur	NIL	
Name	NODULAN	Togree	or injur	/ NIL	
30.515.4	NORHAN FAREEZ BIN NORHA	NGINI			
Related Vehicle	The state of the s	11401141	IDN	0.	S9204520Z
ciated venicle	SLT7446D (Car)				
			Cont	act No.	97524942
ospital/Clinic	NG TENG FONG GENERAL HO	COENER			-1027342
	SINERAL HO	SPITAL	Class	of	Classical
			Drivir	100	Class: 2B,2A,2,3,4
			Licen	ce &	Date of Expiry: NIL
ate Treatment	17/01/2018		Expire	Date	
o. of Days grante	d Madiaal I	Date Disc	charge	NIL	
	o Medical Leave 03	Degree o	c. aige	INIL	

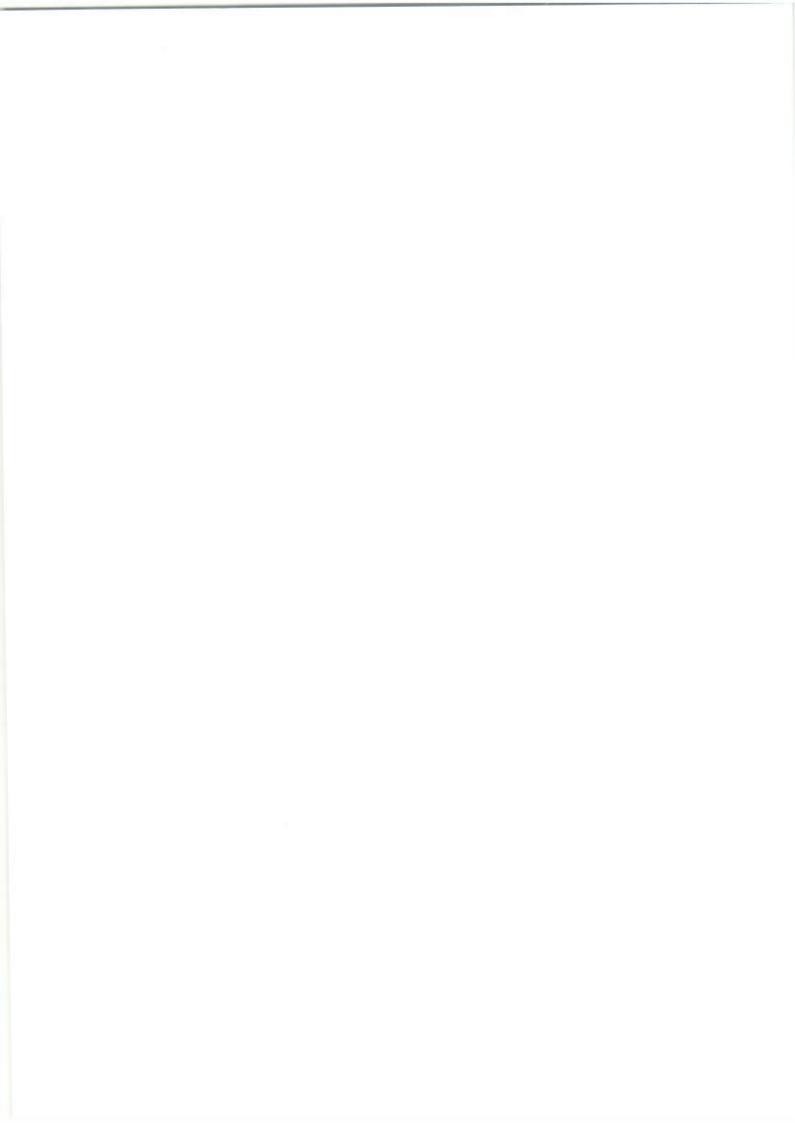
On the above mentioned date, time and location. I had left the car park and came to the exit junction. There was a stop line I therefore slowed down and came to a complete stop.

Looking at the right for oncoming vehicle I realized there was a barricade about 30-35 m blocking my view. I then inched forward to have a better view on the right, I stopped to look right again however my

I therefore inch forward again and stopped to look right. As car on the main road was still coming from my right I waited. I was stationary in that position for a few seconds then I felt a bang from the rear.

We got out our vehicles to exchange our particulars and took photos of the accident. My car's rear

I feel pain at scene but it got worse. I went to the doctor and I was given 3 days Medical Leave.







3 of 3

Report No. T/20180118/2068

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

CONTINUATION OF REPORT

Sketch Plan

Authentication Stamp

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 Report: D / Sgt 2 TIO JUN LONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/01/2018 14:13
Officer In Charge Of Case: TP / AEIT / SSI 2 SITIMARSITA BINTE BOHARI Contact No.: 65476219	Classification Of Case:



AGCIDENT STATEMENT

ACCIDENT DATE: 17	101. 12018 1100 MMM	YY), TIME: (9. 10.	TOHE MAIL	
LOCATION BLEES BUY	I Doptek 1	Jegt Ave	8 (Carps	vE)
1. DETAILS OF VEHI	CIA	100000		
a) YEHICLE NUN	18ER: SET 14	46D;	1:	8 2
b)INSURANCE C	OMPANY:			(A)
d)POLICY TYPE:	COMPREHENSIVE / THIRD P	ARTY / THIRD PARTY	FIRE &THEFT)	55
e)MAKE & MODE	EUL / COUPE / MPV /V AN / LOP	4	0.00	100
g) VEHICLE CATE	GORY: (PRIVATE / COMMER	CIAL / MOTORCYCL	F)	
h)PURPOSE OF U	SING AT ACCIDENT TIME:			
IF NO, PLEASE S	KING UNDER YOUR OWN IN TATE (THIRD PARTY CLAIM /	SURANCE (YES/NO)		
2. INSURED / POLIC	Y HOLDER	18	(A)	
A)NAME: - b)NRIC/FIN/PASS	PORT:	CONTACT:	FEMALE	
c)ADDRESS:		7711701		
* CONTINUE TO 3	d IF DRIVER ALSO POLICY H	HOLDER	, 	1,000
The of passings DRIVER .	- 12 Aug		6	
1. 114 GUACCHINA CO	PORT:	CONTACT!	FEMALE	10
CIADORESS:			The state of the s	
Pullarian ODATE OF BIRTH	:	D/MM/YYYY)	·	
POCCUPATION:	(INCOOR / OUTDOOR)			
4. WAS DRIVER AN	EMPLOYEE OF THE INSU	RED'S COMPANY?	YES / NO) HIT	REP
JF NO, RELATION 5. GIWEATHER CON	ISHIP OF THE DRIVER WI DITION: (CLEAR / RAINING ,	TH INSURED:		
b) ROAD SURFACE	: (DRY / WET / OTHERS	O I I I I I I I I I I I I I I I I I I I	•	3
6. WAS ANYBODY IN 7. a) REPORTED TO P	OLICE KAEZA NO) .			8
IF YES, PLEASE ST	ATE WHICH POLICE STATIO			
\$ 100 of passenger O) VEHICLE NUM	18ER: (+15C 2465	The second second	-	
(Induding driver) b) DRIVER'S NAT		EFCONTACT:	90114624	7.56
9. THIRD PARTY VEHI		<u> </u>		
4 140 of personger of VEHICLE NUM		MODEL!		
(Including driver) 1) NRIC/FIN/PAS		CONTACT		
(_)	92	•		7 77
170 C.			1 .	
Je (, n. :-!		180 %	
A Vijverge Hus.	email =	50) 1020		
A	fax =	50405	f v	

SINGAPORE ACCIDENT STATEMENT

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 witholding of material facts may allow insurance companies to 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. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurence Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.

aforesaid, and report to the insurers, you hereby consent to the archiving devaluable upon application by interested parties
aforesaid. ACCIDENT Communication by interested parties. ACCIDENT Communication by interested parties.
Date Of Report
Date Of Accident 17 8/18 Fract Legation 21 / 8/18
Exact Location Of Accident
Country/State of Local R (200
188 EXIT TO BULLY BATHA SERVICE
Vehicle Registration Number SY 7 TILLS OF OWN VEHICLE
Insured/Policyholder SLT 74446 D
MINIMAN
NRIC No / CO. REG. NO.
Email Address
Mobile Phone No
Alternative Phone No
Vehicle Particulars
Manufacturer HONES A
Model CIVIC
xact Purpose for which vehicle was being used PRIVATE
re you claiming under your own insurance policy repair to your vehicle?
No Please state of
chicle Category
surance Company
me of Insurance Company NTUC
pe Of Coverage
et Policy
Seq 6 0 74/04
ver Note Number
ver
ne of Driver

Name of Driver

NRIC No.

Date Of Birth

Occupation

Date Of Driving Pass

Driving Experience

Gender

Mobile Number

Fax Number

Contact Number

EMail Address

Address

Postcode

Was driver an employee of the Insured's Company

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

Type Of Accident

Weather Conditions

Road Surface

Other Information

Was any foreign vehicle involved in this accident?

Was any body injured in the Accident?

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance. Number of Passengers (Including Driver) -

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

if Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Remarks/ Reasons:

DETAILS OF OTHER VEHICLE PROPERTY 1

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

Name

Phone Number

Email Address

NV 200

RAFAEL TAN KIM PENG

2860876F

90114624

Head to rear

CLEAR

NO

DRY-

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$9204520Z



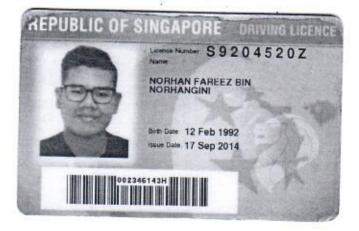
NORHAN FAREEZ BIN NORHANGINI

MALAY

Date of birth 12-02-1992

SINGAPORE









24-03-2007

APT BLK 223 PENDING ROAD #02-109

SINGAPORE 670223 NRIC No: \$92045202

Date: 14-02-2013 (RP): 7318294







Certificate of Insurance

: SLT7446D

: 20 Nov 2017

: 14 Apr 2018

Cover : drivo CLASSIC

: TODDS PARTNERS PTE, LTD.

: JHMFD16308S215062

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: 5096074104

1. Index mark and Registration Number of Vehicle

Chassis Number

Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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

EXCESS (SECTION 1) : S\$2,000 EXCESS (SECTION 2) : S\$1,500 WINDSCREEN EXCESS : S\$100 ADDITIONAL EXCESS : N/A UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO 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 : N/A SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

Agency : SININS AGENCY PTE. LTD. (00000615123)

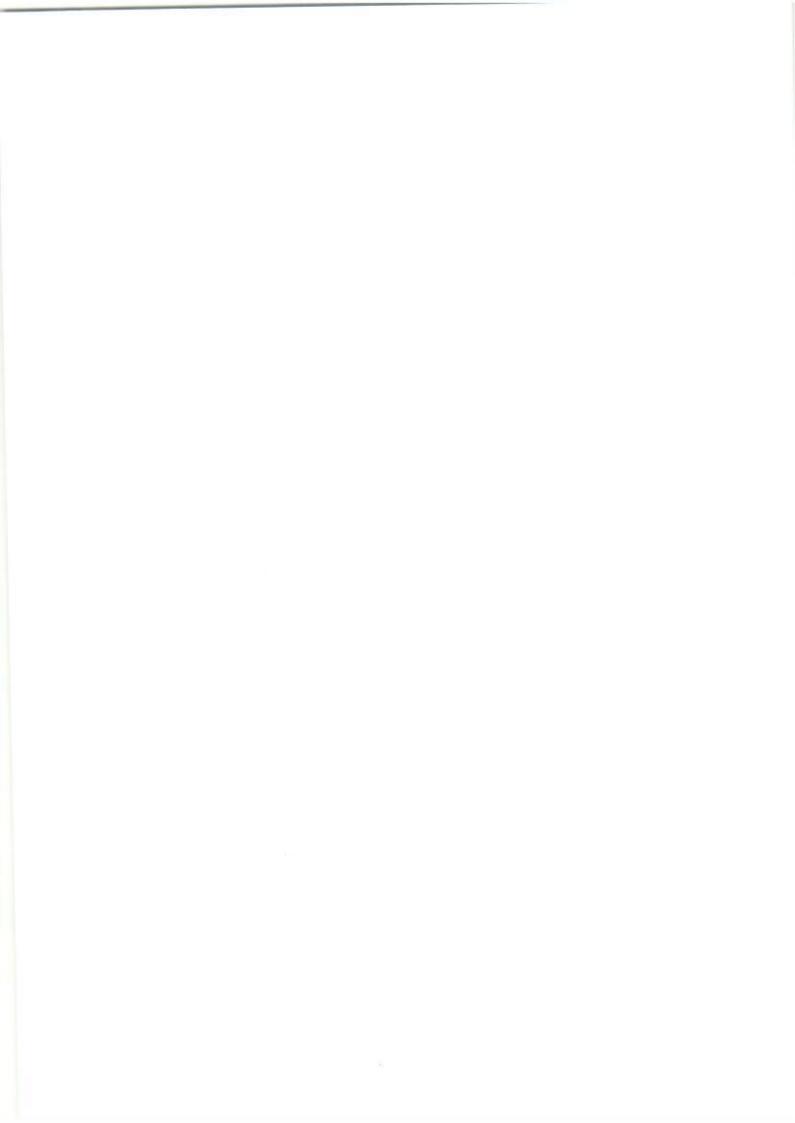
Date of Issue : 20 Nov 2017 16:01 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

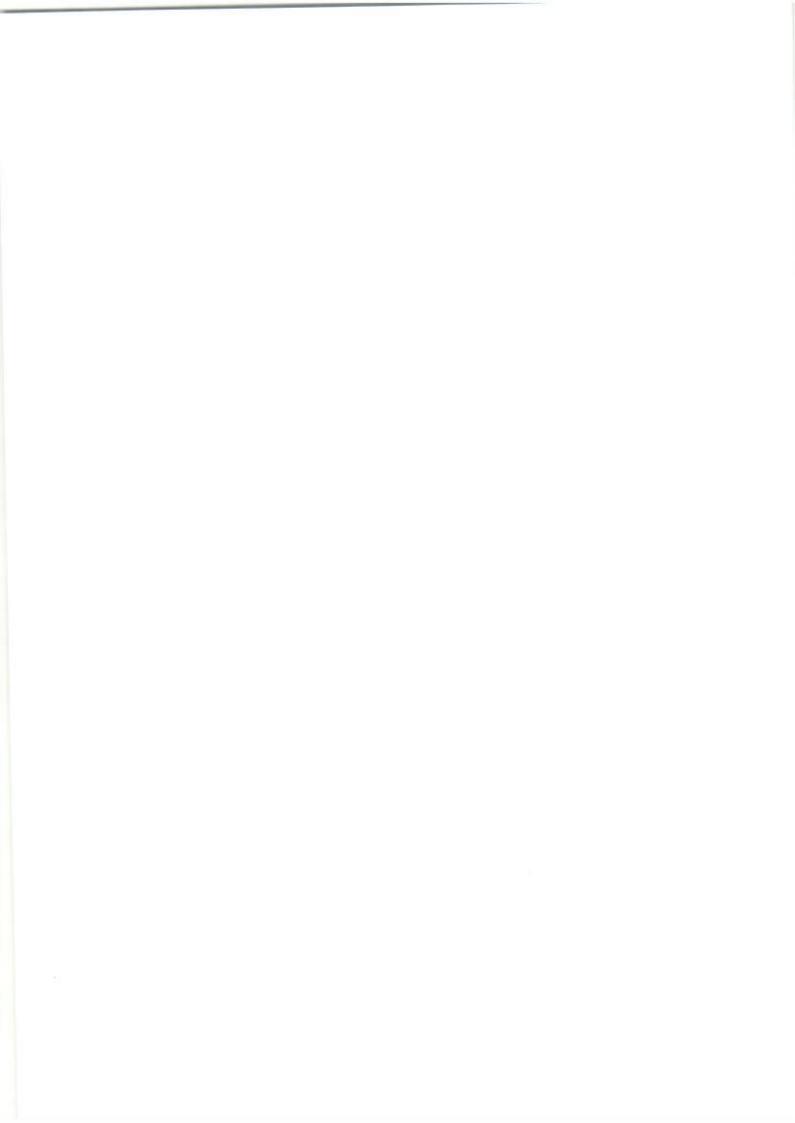
Countersigned By:

Authorised Officer

Chief Executive



eBao Tech			Gene						eralClaim	
Hello, NAC_BUKIT_MERAH_800676				or one believe	-	Change La	inguage	· Change Passwo	SECTION AND DESCRIPTION AND DE	
My Desktop Notice of Loss	Poli	cy Query						Salva Ser		,
	Policy No. Vehicle No.(For Motor)		SLT7446D			Date of Accident		17/01/2018 19:45		
						Search				
	Select	Palicy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5096074104	TODDS PARTNERS PTE. LTD.	201533177E	GPC	drivo CLASSIC		SLT74460		14/04/2018
					1	Continue				



Sequence	Date of Endorsement	Endorsem	ent Type Endorsemer	nt Status	Endorsement Content			
⇒ Endorse	ments							
Insured	Object: SLT7446D							
Init No.	01-75	Related Policy Number	5097469161					
Address 4	SINGAPORE 159719	Address Type	Singapore address	Post Code	159719			
Address 1	BLK 1002 #01-75	Address 2	BUKIT MERAH LANE 3	Address 3	ALEXANDRA VILLAGE INDUSTR			
Policyh	older Mailing Address							
Certificate Info								
Open Policy Info								
Co- insurance Flag	No							
Agent	SININS AGENCY PTE. LTD.	Agent Tel,	66310728	GST Flag	Y			
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500					
Additional Excess	0	OS Premium	0					
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100			
Policy Issue Date	20/11/2017	Effective Date	20/11/2017 00:00	Expiry Date	14/04/2018 23:59			
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N.			
Address	BLK 1002 #01-75 BUKIT MERAH LANE 3 ALEXANDRA VILLAGE INDUSTRIAL ESTATE SINGAPORE 159719							
Policy No.	5096074104	Policyholder Name	TODDS PARTNERS PTE. LTD.	Policyholder NRIC	201533177E			



5096074104		Vehicle No.	(A) and (1200)		
TODDS PARTNERS PTE.	LTD.	250000001000	\$LT7446D	GST Registration No.	
PRIVATE CAR INSURAN	ICE .	Cover Type	Salar Walanta In	Policyholder NRIC	
97524942		Contact No.(Office)	drivo CLASSIC 0	Loading	
		Special Remark	w.	Contact No.(Home)	
No Yes		TCA	W. W	eCode	+
No				eCode Reason	
		and a comment of	9	Private tire	Yes
19/01/2018 09:22		Accident Committee	VI-65 - VI-019		
17/01/2018				Accident Type	Collision -
			19:45	Country of Accident	Singapore
BLK 188 BUKIT BATOK V	VEST AVE 6 /PA	Orange Force		ICM No.	gopare
	The state of the	Crata;			
2:1	000 00				
.,			0.00	Windscreen Excess	-
107	500.00				
ation		Outside Singapore TP Exc	1,500.00		
No					
			GST Status Verified	No	
dress					
BLK 1002 #01-75		Address 2	DIRECTARDON		
SINGAPORE 159719				Address 3	
01-75				Post Code	
		Siley Hallings	309/469161		
Unnamed Driver		Driver Type	Hanna A. B.		
NORHAN FAREEZ BIN NORI	HANC	Oriver NRIC			
17/09/2014		Driver Age			
97524942				Driving Experience	
BLK 223		Address 2		Contact No.(Home)	
		Address Type		Address 3	
#02-109		STATE OF THE PARTY.	amgapore address	Post Code	
Yes @ No		Driver Vehirle No			
		WHITE YEAR MO.		Driver Insurer Company	
/ mg		Any intime?			
		ent agaryy	Yes @ No		
D-MX		\$25 \$4500 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$			
		Insured Name	TODDS PARTNERS PTE. LTD.	Insured NRIC	
101049	=				
TZ4MD / CDOX - V		OI Vehicle Number	SLT7446D	TP Vehicle Number	
LT7446D / GBC2415J ON 17	Jan 2018				
		Insured Liability •	Not at Fault	Name of Preferred Workshop	
es	•	Preferered Repair Option	Preferred Workshop, Name unknown		
		Claim Close Date	Trustalop, Name unknown	▼ GIA report	
/01/2018 09:38			-	Date Received	
7/01/2018 09;38 KISHNASAMY		workshop Repairer			
The state of the s		Workshop Repairer		Total Loss but Repaired	
The state of the s		Workshop Repairer	Save Submit	Total Loss but Repaired	
The state of the s		можапор каранег	Save Submit	Total Loss but Repaired	
SISHNASAMY		можапор каракег	Save Submit	Total Loss but Repaired	
NT/0978518		Claim No.		Total Loss but Repaired	
SISHNASAMY		Videosometeres	Save Submit 001 19/01/2018 09:29	Total Loss but Repaired	
	No 19/01/2018 09:22 17/01/2018 BLK 188 BUKIT BATOK V 2,4 1,5 sation No dress BLK 1002 #01-75 SINGAPORE 159719 01-75 Unnamed Driver NORHAN FAREEZ BIN NORD 17/09/2014 97524942	No 19/01/2018 09:22 17/01/2018 BLK 188 BUKIT BATOK WEST AVE 6 (CA 2,000.00 1,500,00 1,500,00 No Idress BLK 1002 #01-75 SINGAPORE 159719 01-75 Unnamed Driver NORHAN FAREEZ BIN NORHANC 17/09/2014 97524942 BLK 223 #02-109 Yes @ No	No No NCD Entitlement(%) 19/01/2018 09:22	No	No Yes





