	Jeb description		Date & Time Completed	Done	by
Date In: 19/1/18 -10:24	SAS e-filing				
Ref No: NA / IN (1860) 172/24	E-mail (within	Shee ALCOheel			
Veh No: YH 315		W 1000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I CONTROL OF THE	1.10	
D.O.A : (6)1/8-16:00	i-Motor Clai		M7/0978550	19/1/18	10:47
OD : TP ' Reporting Onl	I-Motor W/C	2 7	rs, TP 4brs)		1 4 4
	i-Photo Uplo				
TP Insurer:	Assessment/St		1		
	Ass't Report b	y Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		DIG.	Tel:	Fax:	
TP Particulars: Veh No: 5P	64834	INC (			
Owner / Driver: (	D 2 1 /		Tel:		
	Period: (	)	Cover Type: (		
Confirmed by : (	Dista For States (I	Date:	Time:	100061	
Insured/Driver Liability: (%) Year of Registration: ()	Warranty: YES (		0%; P: 21-79%. F: S0-	[20/0]	
Excess: (\$ ) Loading: \$1			1		
General Remarks;-	77 \$2,000	V /			
( ) Walk-In Customer : Customer's in	formation etrictly Co.	nfidential & S	ridly NO refer of repairer	Valor Heller	
( ) Total Luss Case : to e-mail Inst		illioeridal & o	along NO 1210: Of Topolici	#	
	ice: YES ( ) / N	10( ):7	Towing Co: (		)
		~ ( ),.		CARCE AND	
Remarks:- (INC horline: 6788 6616)			Date&Time Completed	Done	Dy
1) Apply for Transport Allowance ( )	Courtesy Car (	)			
	, ,				
2) QC Check / Post Repair Inspection	( )			-	=
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost>	\$3000] (	)			
	\$3000] (	)		1	
3) Upload Resurvey Photo [Repair Cost>	\$3000] (				
3) Upload Resurvey Photo [Repair Cost>  Injury:	\$3000] (	) 			
Upload Resurvey Photo [Repair Cost >      Injury:	\$3000] (	)		A THE SCHOOL	
3) Upload Resurvey Photo [Repair Cost>  Injury:	\$3000] ( )				
3) Upload Resurvey Photo [Repair Cost>  Injury:	\$3000] (				
3) Upload Resurvey Photo [Repair Cost>  Injury:	\$3000] (			Ant(S)	Amt (\$)
Upload Resurvey Photo [Repair Cost > Injury :	\$3000] (	Invoice Pre	paration Checklist	Ant (\$)	
3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions	\$3000] ( )	1) AR : Acciden	t Reporting (\$30);	Tst Bill	
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  NAI 860443  Claimant's Particulars:-	\$3000] (	1) AR : Acciden 2) DA : Darriege 3) TF : Towing	t Reporting (\$30); Assessment (\$100); INC ( Fee S	Tst Bill	
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  NA1860443  Claimant's Particulars:-  Driver/Owner:	\$3000] (	1) AR : Accident 2) DA : Darmage 3) TF : Towing 4) FT : Follow- 5) FT : Follow-	t Reporting (\$30); Assessment (\$100); INC ( Fee \$ Through Survey Through Survey (Resurvey)	Tst Bill \$80) 40/\$45 \$120 \$30	
3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  NA1860443  Claimant's Particulars:-  Driver/Owner:	( ) \$3000] (	1) AR : Acciden 2) DA : Darriege 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming	t Reporting (\$30); Assessment (\$100); INC ( Fee S Chrough Survey Chrough Survey (Resurvey) against INC Only (wef 10 Jan 20)	S80) :40/\$45 \$120 \$30 05)	
3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  NAI 860443  Claimant's Particulars:  Oriver/Owner:	\$3000] (	1) AR : Acciden 2) DA : Darriege 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-inspe	t Reporting (\$30); Assessment (\$100); INC ( Fee S Chrough Survey Chrough Survey (Resurvey) against INC Only (wef 10 Jan 20)	Tst Bill \$80) 40/\$45 \$120 \$30	
3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  NA1860443  Claimant's Particulars:  Contact No:  Carnaged Portion:	( ) \$3000] (	1) AR : Accident 2) DA : Darriege 3) TF : Towing 4) FT : Follow-15) FT : Follow-16 TR : Re-insper 7) N1 : Idac DA 8) NTUC Additional 20 TR : Accident Additional 20 TR : Re-insper 7) N1 : Idac DA 8) NTUC Additional 20 TR : Re-insper 80 TR : Re-insp	t Reporting (\$30); Assessment (\$100); INC ( Fee \$ Chrough Survey Chrough Survey (Resurvey) against INC Only (wef 10 Jan 20) cotion + SMRT Survey	Tst Bill \$80) (40/\$45 \$120 \$30 Q5) \$75	
3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  NA1860443  Claimant's Particulars:  Contact No:  Carnaged Portion:	\$3000] (	1) AR : Acciden 2) DA : Darriege 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-inspe 7) N1 : Idac DA 8) NTUC Addit OD? *NS: Courtes	t Reporting (\$30); Assessment (\$100); INC ( Fee \$ Chrough Survey Forough Survey (Resurvey) against INC Only (wef 10 Jan 20) totion + SMRT Survey ional Services	Tst Bill .  \$80)  40/\$45  \$120  \$30  05)  \$75  \$160	
3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	\$3000] ( )	1) AR : Acciden 2) DA : Darriege 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-inspe 7) N1 : Idao DA 8) NTUC Addit OD.* *N5: Courtes *N6: Repair	t Reporting (\$30); Assessment (\$100); INC ( Fee \$ Chrough Survey Forough Survey (Resurvey) against INC Only (wef 10 Jan 20) totion + SMRT Survey ional Services	Tst Bill .  \$80)  (40/\$45  \$120  \$30  Q5)  \$75  \$160	
3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  NA1860443  Claimant's Particulars :-  Oriver/Owner:  Contact No:  Oarnaged Portion:  C Checked by (Engr-In-Charge):  Auditors' Comments :-	\$ 3000] ( )	1) AR : Accident 2) DA : Darriege 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-inspe 7) N1 : Idao DA 8) NTUC Addit OD* *N5: Courtes *N6: Repair I *N7: Fost Re *N8: DV / Ce	t Reporting (\$30); Assessment (\$100); INC ( Fee S Through Survey Frough Survey (Resurvey) against INC Only (wef 10 Jan 20) totion + SMRT Survey ional Services  y Car / Tpt Allowance Co-ordination pair Inspection blicet Excess Coordination	Ist Bill	Amt (\$) Add Bill
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions	\$3000] (	1) AR : Accident 2) DA : Darriege 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-inspe 7) N1 : Idao DA 8) NTUC Addit OD* *N5: Courtes *N6: Repair I *N7: Fost Re *N8: DV / Ce	t Reporting (\$30); Assessment (\$100); INC ( Fee \$ Chrough Survey Forough Survey (Resurvey) against INC Only (wef 10 Jan 20)	S80   S80	

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as 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.

ACCIDEN	TSTATE	MENT
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19/01/2018 10:24 Date Of Report 18/01/2018 16:00 Date Of Accident

ALONG PAYA LEBAR RD TWDS UBI Exact Location Of Accident

SINGAPORE Country/State of Loss

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number **YH33S** 

Insured/Policyholder

Name Of Registered Owner PINK BEAUTY COSMETICS PTE LTD

Co Reg No 200517585W Email Address NOEMAIL

Mobile Phone No

OFFICE-89999999 Alternative Phone No

Vehicle Particulars

Manufacturer MITSUBISHI

CANTER FEB21ER4SDEB Model

Exact Purpose for which vehicle was being used at

time of accident

WORKING

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

REPORTING ONLY If No, Please state action to be taken Vehicle Category COMMERCIAL VEHICLE

**Insurance Company** 

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

COMPREHENSIVE Type Of Coverage

Fleet Policy NO

5094958107 Policy Number

Cover Note Number

Driver

LAU PHENG HWEE, JENSEN (LIU BINGHUI) Name of Driver

S7829817J NRIC No. Date Of Birth 09/10/1978 OUTDOOR Occupation 09/07/2001 Date Of Driving Pass

Driving Experience 16 YEARS AND 6 MONTHS

MALE Gender

Mobile Number (LOCAL) +65-97676454

Fax Number

Contact Number OFFICE-97676454

EMail Address NOEMAIL Address

BLK 306A PUNGGOL PLACE

#06-39 821306

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

Type Of Accident

COLLISION - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

#### Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

1

### **Details of Police Action**

Was the accident reported to the police?

Number of Passengers (Including Driver)

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

#### Circumstances of Accident

#### REFER TO STATEMENT.

### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SJP6483Y

Vehicle Make/Model/Colour

HONDA

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

TOH SWEE KHOON (ZHUO RUI KUN)

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesald.
- 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 :
  - 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 invoive 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:

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Per Name:

Signature

NRIC/FIN No.:

### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 traffic police department for investigation.

## **Accident details**

Date and time of accident	Date:	18/0	118	(DD/	MM/YY)	Time:	1600	(HH:MM)
Exact location of accident		paya	Lebar	Road	tuds	ubi		

### Details of vehicle

Vehicle registration number	YH335			
Vehicle make and model	Mitsubishi Fuso			
Type of vehicle	Saloon   Lorry	MPV =		
Vehicle category	Private 🗆	Comm	nercial 🗷 Motorcycle 🗆	
Purpose of using at said time	working			
Are you claiming under your own insurance company?	Yes □ No □ if no, please select: Third part claim □ Reporting only Ø		사가 가장 아는 아무리를 하는데 보다 하고 있다면 하는데 얼마나 있다.	

### **Insurance information**

Insurance company	NT	JC	
Policy number	509	4958107	
Type of policy	Comprehensive	Third party fire & theft	TP only 🗆

### Insured / Policy holder

Name	Pink Beauty	cosmetics	PTE LTO	Male □	Female □
NRIC / Fin / Passport number		20051758	5W		
Contact	XX III XXX XX				
Address					

## <u>Driver</u> Same as insured above □ (skip to D.O.B)

Name	Law Phenoy Huel, Jensen	Male 🗹 Female 🗆
NRIC / Fin / Passport number	\$78298173	
Contact	97676454	
Address	BIK 306A Punggol Place # 06-39	2(821306)
Email address		
Date of birth	859101190	
Occupation	Indoor  Outdoor	
Driving date pass	25/02/2004	

# General information of the accident

Was driver an employee of the insured's company?	Yes Ø If no, rela	No □ ationship of the	driver and insured:	
Accident captured by camera?	Yes 🗆	No 🗷		
Weather condition	Clear 🗆	Raining 🗆	Others:	
Road surface	Dry 🗹	Wet □		
No of passenger		1		(Inclusive of driver)

## Passenger 1

Name			
Gender	Male 🗆	Female □	

## Passenger 2

Name			
Gender	Male □	Female □	
delidei	Tridic L		

## Passenger 3

Name		
Gender	Male   Female	

## Passenger 4

	100		
Name		10	
Gender	Male 🗆	Female □	

## Passenger 5

Name		
Gender	Male 🗆	Female

### Passenger 6

Name			
Gender	Male 🗆	Female	

## Other information

Was anybody injured?	Yes 🗆	No 🗹	
Was other vehicle damaged?	Yes 🗹	No 🗆	

# **Details of police action**

eported to police?	Yes 🗆	No 🗷	If yes, please state which police station.
Police station name			

# Third party vehicle 1

Name	Toh Suee khoon (Zhuo Rui kun)
Contact number	98773888
NRIC / Fin / Passport number	
Vehicle registration number	SJP 6483 Y
Vehicle make model	Honda

# Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 5

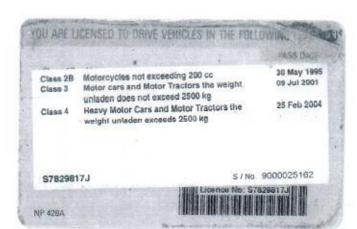
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 6

Name	y .	
Contact number		
NRIC / Fin / Passport number		
Vehicle registration number		
Vehicle make model		

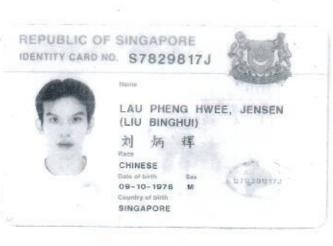
# Witness 1

Name				
Witness 2				
Name				
Injured person 1				
Name				
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No □		
Was injured conveyed to hospital by ambulance?	Yes 🗆	No □		
Injured person 2				
Name				
Injuries sustained			/	
Which vehicle person in? Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes 🗆	No 🗆		
hospital by ambulance?	Tes d			
Injured person 3				
Name				
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆		
Injured person 4				
Name				
Injuries sustained				
Which vehicle person in?			7	
Were seat belts worn?	Yes 🗆	No □		
Was injured conveyed to	Yes 🗆	No □		











### THE SCHEDULE

### Commercial Vehicle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- 1. any Endorsement specified as operative in the Schedule
- 2. the Conditions and General Exclusions of this Policy, and
- 3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document. GST Reg No. M4-0003030-8

Policy Number

: 5094958107

The Policyholder

: PINK BEAUTY COSMETICS PTE LTD

52 UBI AVENUE 3 #02-44 FRONTIER SINGAPORE 408867

Period of Insurance

: 29 Oct 2017 To 28 Oct 2018

Sum Insured

: Market Value of Insured Vehicle at Time of Loss

Premium (inclusive GST)

: \$\$1,873.89

Interest Insured

Cover Type

: Comprehensive

Make/Model

: MITSUBISHI/CANTER

Capacity

: 2.60 ton(s)

Number of Seater

: 2

Registration Number

: YH33S

Registration Date

: 29 Oct 2015

Chassis Number

: FEB21EA10556

Insure with COE NCD Entitlement : Yes : 15%

Excess (Section 1)

: \$\$600

Excess (Section 2)

: N/A

Hire Purchase Company

: MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD

Memo A : N/A

Endorsement Operative: N/A

Agency

: KHC HOLDINGS PTE LTD (00000613934)

Date of Issue

: 11 Oct 2017 17:03 hrs

### DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive

eBaoTech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601		THE DURING CORD	TO BE LOND STONE OF LAND SCHOOL		, c	hange Lar	nguage	Change Passwor	d • Log Out
My Desktop	Polic	y Query								
	Policy No. Vehicle No.(For Motor)		YH33S			Date of Accident 18		18/0	/01/2018 16:00	
						Search		72-10-062	· 1020000000	
	Select	Policy No.	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5094958107	PINK BEAUTY COSMETICS PTE LTD	200517585W	GCV	Comprehensive	YH33S	YH33S	29/10/2017	28/10/2018
	-				- 1	Continue				

Policy No.	5094958107	Policyholder Name	PINK BEAUTY COSMETICS PTE L	Policyholder NRIC	200517585W			
Address	52 UBI AVENUE 3 #02-44 FRONTIER SINGAPORE 408867							
Product Name	COMMERCIAL VEHICLE INSURAL	Plan		Group Policy Flag	N			
Policy ssue Date	11/10/2017	Effective Date	29/10/2017 00:00	Expiry Date	28/10/2018 23:59			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100			
Additional Excess		OS Premium	0					
Outside Singapore OD Excess		Outside Singapore TP Excess						
Agent	KHC HOLDINGS PTE LTD	Agent Tel.	62538288	GST Flag	Y			
Co- nsurance Flag	No							
Open Policy Info								
Certificate Info								
D Policyl	older Mailing Address							
Address 1	52 UBI AVENUE 3	Address 2	#02-44 FRONTIER	Address 3	SINGAPORE 408867			
Address 4		Address Type	Singapore address	Post Code	408867			
Unit No.		Related Policy Number	5094958107					
D Insure	d Object: YH33S							
	ements							
array and a	ce Date of Endorsement	Endorsement Type Endorsemen		nt Status	Endorsement Conten			

cident MT/0978550							
	5094958107	Vehicle No.	YH335	GST Registra	tion No.	200517585W	
Ricy No.	PINK BEAUTY COSMETICS PTE LTD	A desirable settle.		Policyholder I		200517585W	
icyholder Name			Parameters a			0	
duct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive		Loading		
ract No.(Mobile)	0	Contact No. (Office)	0	Contact No.(I	Home)	0	
iii Address		Special Remark		eCode		NC V	
5	® No ○ Yes	TCA	® No ○Yes	eCode Reaso	n		
Protection	No	NCD Emptement(%)	15	Private Hire		No	
	325						
Accident Details		Academi Report Within 24 hrs	in the second	Accident Typ		Collinson - Chur	nge / Cross lane
ort Date	19/01/2018 10:45		Yes				ge) comme
e of Accident	18/01/2018	Time of Accident Inh:mm	16:00	Country of A	conent	Singapore	
orting Centre		Orange Force		IOM No.			
ident Location	ALONG PAYA LEBAR RD TWDS UBI						
Renefits							
Excess							
n damage Excess	600.00	Additional Excess		Windscreen 8	Excess		100.00
		Outside Singapore OO Excess	Singapore OO Eurage				
arned Driver Excess							
d Party Excess	0.00	Outside Singapore TP Excess					
GST Registered Informa			COT BUILDING DAY	017	DO COOMS		
Registered	Yes		GST Registration Date GST Status Verified	Vez	01/2006		
Registration No.	200517585W		us i siècus vernide	188			
Rification History							
Ballenberger Manual Co	Mess						
Policyholder Mailing Ad		Address S	#02-64 FRONTIER	Address 3		SINGAPORE 40	08867
dress 1	52 UBI AVENUE 3	Address 2					50.0
dress 4		Address Type	Singapore address	Post Code		406867	
it No.		Related Policy Number	5094958107				
OI Driver Info							
ver Name	Unnamed Driver	Driver Type	Unnamed Driver				
samed driver Name	LAU PHENG HWEE, JENSEN (LIK	Driver NRIC	578298177	Driver DOB		09/10/1978	
later Date of Driver License	09/07/2001	Driver Age	39	Driving Expe	mence:	16	
rtact No.(Mobile)	97676454	Contact No.(Office)	0	Contact No.(	Home)	0	
tress 1	BLK 306A	Address 2	PLINGGOL PLACE	Address 3		TREELCOGE	PUNGGOL
dress 4	SINGAPORE 821306	Address Type	Singapore address	Post Code		821306	
et No.	06-39						
es he own a Singapore					an European		
gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insure	er Company		
claration							
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sathalyser or Blood Test	0.000	Any interest	C ) Yes (e) No				
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200 mm	NAC_PAYA_UBI_800601( NAT	ONAL ASSESSMENT CENTRE SERVICES) on 19 Ja n 2018 10:48	NRIC/ Driving Ucense		Normal	NRIC/ Driving License 2018-1-19	Edit
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