	Jeb description		Date &Time Completed	Done	pì.
Date In: 8/3/18-16:34 Ref No: NA/ IN C/8003/44/24	SAS e-filing				
Veh No: SCV9165	E-mail (within	Shrs, AIC 2hrs)			
D.O.A: 1/2/18-3/:45	i-Motor Clai		M1098019	2/2/18 16	:51
7-7-17-1	i-Motor W/C	(Within: OD 2hrs,			
OD : TP ! Reporting Only	i-Photo Uplo		18		
	Assessment/St	100			
TP Insurer:		y Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Fax:	
TP Particulars: Veh No:	NV06111	INC ()/Non-INC()		
Owner / Driver: (21-01/1		Tel:)	2011
	eriod: ()	Cover Type: () .	
Confirmed by : (Date:	Time:)	3000 E-1-10
	[Note-Est Status (\	WO): N: 0-20	%; P: 21-79%. P: 80-	-100%]	1
Year of Registration: ()	Warranty: YES ()		
Excess: (\$) Loading: \$1,	,000 ()/\$2,000	()			
Seneral Remarks		1 1 1 Y 1 1		STREET PROPERTY	
() Walk-In Customer: Customer's inf	The state of the s		THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW		0.0000000000000000000000000000000000000
) Total Loss Case : to e-mail Insur			10200		
<u> </u>	ce: YES()/N	NO () ; To	owing Co: ()
			TENAL T	E CONTROL .	day.
Remarks: (INC hotline: 6788 6616)			Date& time Completed	Distriction of	ьу
) Apply for Transport Allowance ()/	Courtesy Car ()	 		
QC Check / Post Repair Inspection	()	· - ,			
) Upload Resurvey Photo [Repair Cost > \$	(0006)			
Injury:					
	 044(24)(34)(1) 1 3(1)				
				State Carry	
				Section 1	· · · · · · · · · · · · · · · · · · ·
				STANCES ST	
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ate/Time Actions		Invoice Prep	paration Checklist	Anic(S)	
Actions VA 18v0729	1	Invoice Prej	Reporting (\$30);	fá.Biji	
Actions VA 18vo729		1) AR : Accident 2) DA : Damage /	Reporting (\$30); Assessment (\$100); INC ((#Bill \$80)	
Actions NA /800729 Limant's Particulars:	1	1) AR : Accident 2) DA : Damage / 3) TF : Towing Fe 4) FT : Follow-Th	Reporting (\$30); Assessment (\$100); INC (se	76 Bill 580) 40/545 5120	
Actions VA 800729 Limant's Particulars :- ver/Owner:		1) AR : Accident 2) DA : Damage A 3) TF : Towing Fe 4) FT : Follow-Th 5) FT : Follow-Th	Reporting (\$30); Assessment (\$100); INC (se	580) 40/545 5120 530	
Actions VA /800729 Limant's Particulars: ver/Owner: ntact No:		1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec	Reporting (\$30); Assessment (\$100); INC (se	\$80) 40/\$45 \$120 \$30 05) \$75	The second second
VA /800729 Limant's Particulars:		1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idac DA	Reporting (\$30); Assessment (\$100); INC (se	\$80) 40/\$45 \$120 \$30 05)	
WA 1800729 Limant's Particulars: ver/Owner: ntact No: maged Portion:		1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idae DA 4 8) NTUC Additio	Reporting (\$30); Assessment (\$100); INC (se	\$80) 40/\$45 \$120 \$30 \$25 \$75 \$160	
WA 1800729 Limant's Particulars: ver/Owner: ntact No: maged Portion:		1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Additio OD* *N5: Courtesy	Reporting (\$30); Assessment (\$100); INC (se	\$80) 40/\$45 \$120 \$30 \$55 \$160	
Actions YA 800729 Limant's Particulars: ver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge):		1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idae DA 4 8) NTUC Additio	Reporting (\$30); Assessment (\$100); INC (se	\$80) 40/\$45 \$120 \$30 \$25 \$75 \$160	
Actions YA 800729 Limant's Particulars: ver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge):		1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Additio OD *N5: Courtesy *N6: Repair Cc *N7: Fost Reps *N8: DV / Coll	Reporting (\$30); Assessment (\$100); INC (se	\$80) 40/\$45 \$120 \$30 \$55 \$160 \$55 \$510 \$25 \$55	The second second
Pate/Time Actions		1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Additio OD *N5: Courtesy *N6: Repair Cc *N7: Fost Reps *N8: DV / Coll	Reporting (\$30); Assessment (\$100); INC (se	\$80) 40/\$45 \$120 \$30 \$55 \$160 \$53 \$510 \$25	Amt()

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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

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02/02/2018 16:24 Date Of Report 01/02/2018 21:45 Date Of Accident

BALESTIER RD TWDS CTE Exact Location Of Accident

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

SLU916E Vehicle Registration Number

Insured/Policyholder

NG KUAN SU Name Of Registered Owner S7131272J NRIC No NOEMAIL **Email Address**

(LOCAL) +65-91792807 Mobile Phone No Alternative Phone No. OFFICE-91792807

Vehicle Particulars

HYUNDAI Manufacturer TUSCON Model

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY

If No. Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

NO

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5097064782 Policy Number

Cover Note Number

Driver

KATHY LEONG THENG YIN Name of Driver

S7661628J NRIC No 16/09/1976 Date Of Birth OUTDOOR Occupation 30/10/2017 Date Of Driving Pass

0 YEAR AND 3 MONTH **Driving Experience**

FEMALE Gender

(LOCAL) +65-98898916 Mobile Number

Fax Number

OFFICE-98898916 Contact Number

NOEMAIL EMail Address

57 SUNRISE AVENUE Address

#04-02 806748

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CHANGE/CROSS LANE Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident 2

Was any body injured in the Accident?

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:

YES

NO

2

: TONY TIN KIAN HONG

: MALE GENDER:

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

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?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJD4061H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 11

DETAILS OF INJURED PERSON 1

KATHY LEONG THENG YIN Name

Approximate Age

Injuries Sustain

NECK

Injured person in which vehicle?

SLU916E

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

TONY TIN KIAN HONG Name

Approximate Age

Injuries Sustain

NECK

Injured person in which vehicle?

SLU916E

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

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 truthful 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.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA flecords Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me,
 which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the
 external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law tirms, 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
 - (If) for complying with requirements under any regulations, laws or court orders.

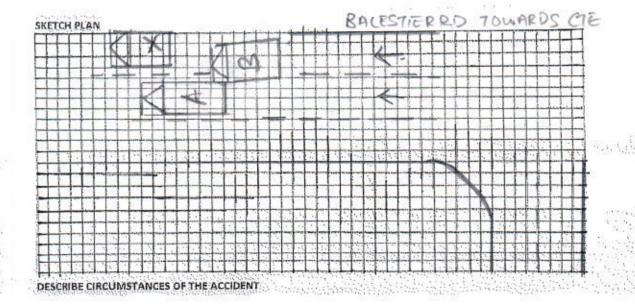
Policyholder's Signature Date & Time: Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



My car was travelling straight along the 2nd lane of Balestier Road towards CTE. Along the right most lanes, all vehicles were in stationary position and vehicle B was completely stationary along the right most lanes. While my car drove passed vehicle B, driver of vehicle B without ensuring the safety of other road user travelling straight along the 2nd lane, driver of vehicle B recklessly cut into my lane and hit onto the left side rear portion of my car.

DECLARATION

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

Policyholder's Signature
Date & Time:

Date & Ti

County See Metalist of

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 of accident	01/02/18	(DD/MM/YY)			
Time of accident	2145	(HH:MM)			
Exact location of accident	BALESTIER RO TOWARDS CTE				

Company Remodel Company	DETAILS OF VEHICLE
Vehicle registration number	SU916E
Vehicle make and model	HYUNDAI TUSCOM
Type of vehicle	Saloon MPV CRV Van Lorry Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes No if no, please select: Third part claim Reporting only

	INSURANCE IN	FORMATION	
Insurance company	MTUC		
Policy number	509706478	2	
Type of policy	Comprehensive	Third party fire & theft \square	TP only 🗆

INSURED / POLICY HOLDER						
Name	NG KUAM SU	Male Female				
NRIC / Fin / Passport number	S71312723					
Contact	9179 2807					
Address	#04-02 SUMPLIE GARDENS (57)					

DRIVER	SAME AS INSURED ABOVE □ (SKIP TO D.O.B)						
Name	KATHY LEONG THENG YIN	Male □	Female =				
NRIC / Fin / Passport number	976616283						
Contact	98898916 / 98893916						
Address	57 Suyerse ALE #04-02 (S) 80	16748					
Email address	tathy leong 88@ gmail, com						
Date of birth	16/9/76						
Occupation	Indoor Outdoor						
Driving date pass	30/10/2017.						

G	ENERAL INI	FORMATION OF	THE ACCIDENT	A CANADA AND A CAROLOGO			
Was driver an employee of		No □		0			
the insured's company?	Yes □ No □ If no, relationship of the driver and insured:						
Accident captured by camera?	Yes	No 🗆					
Weather condition	Clear	Raining	Others:				
Road surface	Dry	Wet 🗆	Others.				
No of passenger	07	Wet		(Inclusive of driver)			
No or passenger	4						
		PASSENGER 1					
Name	TONY	TIN KIAN	HONG,				
Gender	Male	Female					
Central							
		PASSENGER 2					
Name		THOSENOEN 2					
Gender	Male 🗆	Female -					
Gender							
No. of the last of	O CONTRACTOR OF	PASSENGER 3		在 4 年 6 年 6 年 6 年 6 年 6 年 6 年 6 年 6 年 6 年			
Name							
Gender	Male 🗆	Female					
G CHIUCH		House of the Art House					
		PASSENGER 4					
Name	Marin Day	TASSENGEN 4					
Gender	Male 🗆	Female					
Gender	iviale L	Terriale L					
	ANS HOLDER	PASSENGER 5	The state of the s				
Name		PASSENGEN S					
	Male	Female					
Gender	iviale 🗆	Terriale L					
The state of the s		PASSENGER 6		ACCUMANTAL DESCRIPTION OF THE PARTY OF THE P			
PRINCIPAL PRINCI		PASSENGER 0					
Name	Male	Female					
Gender	iviale 🗆	remale 🗆					
		THER INCORNA	CON				
Mary de la	Trans.	THER INFORMAT	ION	The state of the s			
Was anybody injured?	Yes □	No 🗆					
Was other vehicle damaged?	Yes 🗆	INO LI					
	DET	AILS OF POLICE A	CTION	ACCUSED BY AND SERVICE OF			
Departed to nelles?	_		, please state which	n nolice station			
Reported to police?	Yes 🗆	NO II yes	, piease state willer	i ponce stationi			
Police station name				<u> </u>			
		MUTNESS 1	Ebra 2012 1 9	B. The Book of Manual			
		WITNESS 1					
Name							
	110-100	N. Company		2. 10 · 10 · 10 · 10 · 10 · 10 · 10 · 10			
		WITNESS 2					
Name							

	THIRD PARTY VEHICLE 1
Vehicle registration number	3JD 4061H
Vehicle make model	
Name	
10000000	
NRIC / Fin / Passport number	
Contact	
	THE RESTRICT OF
	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
A TOTAL CONTRACTOR OF THE STATE	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
THE RESERVE OF THE RESERVE OF THE PERSON OF	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

BOOK THE SECOND OF THE SECOND OF	INJURED PERSON 1
Name	FATHY LEONG THENG YIN
Injuries sustained	NECIC
Which vehicle person in?	3LU 916E
Were seat belts worn?	Yes No 🗆
Was injured conveyed to	Yes 🗆 No 💆
hospital by ambulance?	and the same of th
	INJURED PERSON 2
Name	TONY TIN KIAN HONG
Injuries sustained	NECE
Which vehicle person in?	SLU 916E
Were seat belts worn?	Yes No 🗆
Was injured conveyed to	Yes 🗆 No 🗆
hospital by ambulance?	
	INJURED PERSON 3
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes No
Was injured conveyed to	Yes □ No □
hospital by ambulance?	
	INJURED PERSON 4
Name	
Injuries sustained	
Which vehicle person in?	Name of the Control o
Were seat belts worn?	Yes No
Was injured conveyed to	Yes No
hospital by ambulance?	
ZIE BLAT TO ALLE THE SER	INJURED PERSON 5
Name	
Injuries sustained	
Which vehicle person in?	Yes D No D
Were seat belts worn?	Yes No
Was injured conveyed to hospital by ambulance?	Tes L. No L.
nospital by ambulance:	
	INJURED PERSON 6
	INJORED PERSON O
Namo	
Name Injurios sustained	
Injuries sustained	
Injuries sustained Which vehicle person in?	Ves D. No D.
Injuries sustained Which vehicle person in? Were seat belts worn?	Yes D No D
Injuries sustained Which vehicle person in?	Yes No



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: \$665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

		ADDENDUM	
(A)	PARTICULARS OF PERS	ON MAKING THE AMENDMENTS:	
	Original Report No :_	Vehicle Registration No	SLU 916E
	Name(as shown in NRIC) : _	Kathy Lang NRIC/FIN/Passport No	
	(*Vehicle Driver / Vehi	cle Owner) (*) Please delete as appropriate	
	Address :_	57 Sunvise Ave #04-02	CSingapore 6148
	Contact (Tel) :_	Mobile No. :	
	Email Address :_		
	Date of Accident :_	O(-O2-18Time of Accident :	2145
	Place of Accident :_	Baleston Rd two CTE	
	Insurance Company:	MUC.	
9	* my right	or NOI left side.	ge.
		*	
	Katty		M
	olicyholder / Driver's Sig Pate:	Reporting Centre Personal Name: NRIC/FIN No.:	onnel's Signature

Date:

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7661628J





Name

KATHY LEONG THENG YIN

廷 Race

CHINESE 16-09-1976

Country of birth MALAYSIA

57**68101**0J

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Loonice Number: S 7 6 6 1 6 2 8 J

KATHY LEONG THENG YIN

Binn Date: 16 Sep 1976 Issue Date: 30 Oct 2017



4254232



NRIG No. S7661628J



Date of Issue 13-08-2008

57 SUNRISE AVENUE #04-02 SINGAPORE 806748

NRIC No: \$7661628J Date: 02/09/2010 No: 6451484

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3A Motor cars without clutch pedals (Auto) with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight =< 2500kg

Licence No:S7661628J

NP 428A

eBao Tech		To King							Gene	ralClaim
Hello, NAC_PAYA_UBI_800	0601					2.0	hange Lan	guage '	Change Passwo	rd · Log Out
My Desktop	Polic	y Query								,
Notice of Loss	Policy N	o.				Date of Acci	dent	01/02	/2018 21:45	3
	Vehicle	No.(For Motor)	SLU916E	-						
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5097064782	NG KUAN SU	57131272)	GPC	drivo PREMIUM	SLU916E	SLU916E	12/12/2017	11/12/2018

	y Information					
olicy No.	5097064782	Policyholder Name	NG KUAN SU	Policyholder NRIC	S7131272J	
ddress	57 SUNRISE AVENUE #04-02 S	SUNRISE GARD	ENS SINGAPORE 806748			
roduct Jame	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N	
Policy ssue Date	16/01/2018	Effective Date	12/12/2017 00:00	Expiry Date	11/12/2018 23:59	
hird arty xcess	0	Own damage Excess	600	Windscreen Excess	100	
Additional Excess	0	OS Premium	0			
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			
Agent	KOMOCO TRADING PTE LTD	Agent Tel.	96312463	GST Flag	Y	
Co- nsurance Flag	No					
Open Policy Info						
Certificate Info						
Policy	holder Mailing Address					
Address 1	57 SUNRISE AVENUE	Address 2	#04-02 SUNRISE GARDENS	Address 3	SINGAPORE 806748	
Address 4		Address Type	Singapore address	Post Code	806748	
Unit No.		Related Policy Number	5097064782			
) Insure	ed Object: SLU916E					
▽ Endor	sements					
Sequence Date of Endorsement		Endors	Endorsement Type Endorsem		Endorsement Conten	

		0.00						
ident MT/0980719		NATIVITY OF	9040000		CT Designation No.			
licy No.	5097064782	Vehicle No.	SLU916E		ST Registration No.	571312723		
Hicyholder Name	NG KUAN SU				olicyholder NRJC			
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM		sading	۰		
ontact No (Mobile)	91792807	Contact No.(Office)	0		ontact No.(Home)	0		
nail Address	And processing the second seco			et	Code	Tag. 💙		
FK	® No ○ Yes	TCA	® No ○Yes	e	Code Reason			
		NCD Entitlement(%)	90	Pr	rivate Hire	No		
CD Protection	Yes							
→ Accident Details			Market		ccident Type	Colision - C	hange / Cross lane	
port Date 02/02/2018 16:49		Accident Report Within 24 hrs.	Yes		ountry of Academt		Singapore	
ate of Accident	01/02/2018	Time of Accident hin mym	21:45			- Arrigage and		
eporting Centre		Orange Force		8 10	CM No.			
	BALESTIER RD TWD5 CTE							
coident Location	BALESTIER RD THES CIT							
₩ Benefits								
W Excuse		200000000000000000000000000000000000000		0.00	Vindscreen Excess		100.00	
wn gamage Excess	600.00	Additional Excess						
nnamed Driver Excess	0.00	Outside Singapore OD Excess	ss 600,00					
nerd Party Excess	0.00	Outside Singapore TP Excess		0.00				
GST Registered Informa	ation							
ST Registered	No		GST Regist	ration Date				
ST Registration No.			GST Status	verified	Vec			
odification History								
MARK TO STREET, STREET		¥						
	dress				nova abase	TOWN STORES	W102000	
Address 1	57 SUNRISE AVENUE	Address 2	#04-02 SUNRISE	GARDENS A	Address 3	SINGAPOR	E 806748	
M85980	and a second sec	Address Type	Singapore address		Post Code	606748		
Address 4			5097064782					
unit No.		Related Polity Number	3037004762					
OI Driver Info		200220	Name of Part and					
Oriver Name	KAYHY LEONG THENG YIN	Driver Type	Named Driver		Driver DDB	16/09/197	6	
Innamed driver Name		Driver MRIC	\$76616283				0.11	
Register Date of Driver License	30/10/2017	Driver Age	41		Driving Experience			
Contact No.(Mobile)	98898915	Contact No.(Office)	0		Contact No.(Home)			
Address 1	57 SUNRISE AVENUE	Address 2	SUNRISE GARDENS		Address 3		SINGAPORE 806748	
		Apdress Type 61	Singapore address		Post Code	806748		
Address 4	04-03	and the state of t	-545-6-575-6-0					
Unit No.	04-02				Driver Insurer Comp	env.		
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.			State transfer designed			
Seclaration			COMPANIES STATE					
Declaration Breathalyser or Blood Test Reading?	0 mg	Any injury?	® Yes ○ No					
Breathalyser or Blood Test	0 mg	Any injury?	∰ Yes ○ No					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	® Yes ○ No					
Breathalyser or Blood Test	0 mg	Any injury?	® Yes ○ No					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	® Yes ○ No					
Breathalytter or Blood Yest Reading? Modification History	0 mg	Any injury?	® Yes ○ No					
Breathalyser or Blood Test Reading? Modification History Claim 001 New		r	2 5/8/10/200		Insured NRIC	\$713127		
Breathalytter or Blood Yest Reading? Modification History	0 mg	Braured Name	NG KUAN SU		Insured NRIC	\$713127	1	
Breathalyser or Blood Test Reading? Modification History Claim 001 New		r	NG KUAN SU 85520912		Contact No.(Office)			
Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type *	00-MX V	Braured Name	NG KUAN SU		Contact No.(Office) TP Vehicle Number	5304061		
Breathalyser or Blood Test Reading? Modification History Claims 001 New Claims 1996 * Contact No.(Mobile) Email Address	00-MX V 91792807 damskng99@gmail.com	Insured Name Contact No.(Home)	NG KUAN SU 85520912		Contact No.(Office)	5304061		
Breathslysser or Blood Yest Reading? Mostfication History Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description	00-MK V 91792807	Insured Name Coreact No. (Home) Of Vetrcle Number	NG KUAN SU 65520912 SUU9166		Contact No.(Office) TP Vehicle Number	5304061		
Breathalyser or Blood Yest Reading? Modification History Claim 001 New Comm Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact	00-MX V 91792807 damskng99@gmail.com	Insured Name Contact No.(Home) Of Vehicle Number Insured Liability *	NG KUAN SU 65520912 SLU9166 Not at Fault	<u> </u>	Contact No.(Office) TP Vehicle Number Name of Preferred W	S3D4061) forkshop		
Breathalyser or Blood Test Reading? Modification History Claims 001 New Claims 1996 * Contact No.(Mobile) Email Address	00-MX V 91792807 damskng99@gmail.com	Insured Name Coreact No. (Home) Of Vetrcle Number	NG KUAN SU 65520912 SLU9166 Not at Fault	hop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report	S3D+0G1I		
Breathalyser or Blood Yest Reading? Modification History Claim 601 New Carm Type * Contact No. (Mobile) Email Address Email Address Preferred Workshop Contact No.	91792807 derricong99@gmail.com SLU916E ON 1 Feb 2018	Insured Name Contact No.(Home) Of Vehicle Number Insured Liability *	NG KUAN SU 65520912 SLU9166 Not at Fault	hop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred W	S3D4061) forkshop		
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Breathalyser or Blood Yest Reading? Modification History Claim 8001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Pinalisation Date Registered Report Taken By	00-MX	Insured Name Contact No. (Home) Of Vetricle Number Insured Liability * Preferend Repair Option	NG KUAN SU 65520912 SLU9166 Not at Fault	hop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report	S3D+0G1I		
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	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 02 5 2018 16:52	Fe Photos		Normal	Photos 2018-2-2	Edi
	NAC_PAYA_UB1_800601{ NA	TIONAL ASSESSMENT CENTRE SERVICES) on 02 b 2018 16:52	90		Normal	Photos 2018-2-2	Edi
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	NAC_PAYA_UBI_800601(NAT	IDNAL ASSESSMENT CENTRE BEAVICES) on 02 / b 2018 16:52	Photos		Normal	Photos 2018-2-2	Edit
463	MAC_PAYA_URI_B00601[NAT	IONAL ASSESSMENT CENTRE SERVICES) on 02 to 2018 16:52	SAS		Normal	SAG 2018-2-2	Edit
Sec.	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Fe b 2018 16:52		e NRIC/ Driving License		Normal	NRIC/ Driving License 2018-2-2	Edit
Attachment		Uploaded By/Date	Category	9	Urgency	Description	Sent? Action (CO)