| NATIONAL Assessment Centre   | Services N   | wel 1 Jan'05) /              | KA118017698-02   | .1                    | Develo   |   |
|--|--|------------------------------|--|-----------------------|----------|---|
| Date In: 5 3/18-15:>3  | Jeb description  |                              | Date &Time Completed   | -                     | Done by  |   |
| Ref No: MA   INC 18002292 /24  | SAS e-filing   |                              | İ  | 1                     |          |   |
| Veh No: SKH6522 2  | E-mail (within St  | nts, AIC 2hrs)               |  |                       |          |   |
| D.O.A : 4/2/18-15:10   | i-Motor Claim  | Form                         | MT 0981574   | 2/2/1                 | 194      | ٤                                       |
|  | i-Motor W/O  | (Within: OD 2hr.             | , TP 4hrs)   | 1                     |          |   |
| OD TP! Reporting Only  | i-Photo Uploa  | ded                          |  | -                     |          |   |
|  | Assessment/Sur   | vey Report                   |  |                       |          |   |
| TP Insurer:  | Ass't Report by  | Fax / Hand                   | o Owner/Wksp   |                       |          |   |
| Preferred Wksp / INC Assign Wksp / QW: (   |  |                              | Tel:   | Fax:                  |          |   |
| TP Particulars: Veh No: 576  | isolc .  | . INC(                       | )/Non-INC( )   | -                     |          |   |
| Owner / Driver: (  |  |                              | Tel:   |                       | )        | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|  | riod: (  | )                            | Cover Type: (  |                       | ),       |   |
| Confirmed by : (   |  | Date:                        | Time:  |                       | )        |   |
| Insured/Driver Liability: ( %) [1  | Note-Est Status (W   | O): N: 0-2                   | 0%; P: 21-79%. F: 3  | 0-100%]               |          |   |
| The state of the s | Warranty: YES (  | )/NO(                        | )  |                       |          |   |
| Excess: (\$ ) Loading: \$1,0   | 00 ( )/\$2,000 (   | ( )                          |  |                       |          |   |
| General Remarks  |  |                              |  | 0.00                  | 9.5.     |   |
| ( ) Walk-In Customer: Customer's infor   | mation strictly Con  | fidential & S                | rictly NO refer of repair  | er.                   |          |   |
| ( ) Total Loss Case : to e-mail Insure   |  | Ü.                           |  |                       |          |   |
| Drive-In ( )/ Towed-In ( ); Invoice  |  | 0();7                        | Cowing Co: (   |                       | 10       | )                                       |
|  | recommendation   |                              | Date& Time Completed   |                       | Done     | y                                       |
| Remarks:- (INC hotline: 6788 6616)   |  | \<br>\                       |  | 2,72,72,7             | 4        |   |
| .7   | Courtesy Car (   |                              | *  |                       |          |   |
| 2) QC Check / Post Repair Inspection   | ( )  |                              | <del></del>  | +                     |          | 79/11/2/-                               |
| 3) Upload Resurvey Photo [Repair Cost > \$3  | 000]. (  | )                            | 3.4  |                       |          |   |
| Injury:  |  |                              |  |                       |          |   |
| Date/Time Actions  |  |                              | 3 - 1 - 7 - 7 - 1 / 2  | 9.4                   | Dioint.  |   |
| DATE LINE PROPERTY.  | HA 3/100 HA 100 HA  |                              |  |                       | 10       | 0.7                                     |
|  |  |                              |  |                       |          |   |
|  |  |                              |  |                       |          |   |
|  | 2.0  |                              |  |                       |          |   |
|  |  |                              |  |                       |          | turer at                                |
| Wat.   |  | Invoice Pr                   | eparation Checklist  |                       | Ant (S)  | Amt (3                                  |
| NA18-0769  |  | 1) AR : Accide               | \$ | (COSCA)               | HEBIII . | - Artigi-Di                             |
| laimant's Particulars :-   |  | 2) DA : Damag                | e Assessment (\$100); IN   | C (\$80)<br>\$40/\$45 |          |   |
| river/Owner:   |  | 3) TF : Towing               | Through Survey   | \$120                 |          |   |
|  |  | S) FT - Follow-              | Through Survey (Resurvey)  | 2005)                 |          |   |
| ontact No:   | 6) TR : Re-ins   | against INC Only (wef 10 Jan | \$75   |                       |          |   |
| arnaged Portion:   |  | 7) N1 : Idao D.              | A + SMRT Survey  | \$160                 |          |   |
|  |  | 8) NTUC Add                  | tional Services:-  |                       |          |   |
| C Checked by (Engr-In-Charge):   | and the same of th | *N5: Courte                  | sy Car / Tpt Allowance   | \$5<br>\$10           |          |   |
|  | AND CARL SECTION   | *N7: Post R                  | Co-ordination spair Inspection   | \$25                  |          |   |
| uditors! Comments :=   |  | *N8: DV /                    | Collect Excess Coordination  | \$5                   |          |   |
| at. J:   |  | TP (N11):                    | TP (Non INC) against INC   | \$20<br>30            |          |   |
| 72 - 17  |  | Invoice dated                | Fee Cha  | 24                    | Carles V | the state of                            |
| at. 2/3;   |  | Involce dated                | Fee Cha  | rged                  | 3.68     |   |

Fryns 1 Tar

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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.

| ACCIDENT STATEMENT |
|--------------------|
| 0E/00/2018 1E:23   |

Date Of Report

05/02/2018 15:23 04/02/2018 15:10

Date Of Accident

Exact Location Of Accident Country/State of Loss

ALONG SERANGOON RD

SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKH6522Z

#### Insured/Policyholder

Name Of Registered Owner

BUILDERS 265 PRIVATE LIMITED

Co Reg No

200210636N

Email Address

NOEMAIL

Mobile Phone No

Alternative Phone No

OFFICE-68520265

#### **Vehicle Particulars**

Manufacturer

VOLVO

Model

XC90 T5

Exact Purpose for which vehicle was being used at

PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

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

5076481327-02

Cover Note Number

#### Driver

Name of Driver

LEE BENG CHUAN

NRIC No Date Of Birth S1769322J 27/01/1966

Occupation

Date Of Driving Pass

INDOOR

08/02/1984

Driving Experience

33 YEARS AND 11 MONTHS

Gender

MALE

Mobile Number

+65-94505954

Fax Number

Contact Number

OFFICE-94505954

**EMail Address** 

NOEMAIL

Address

40 CEDAR AVENUE

Postcode

349713

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

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

5

**Details of Police Action** 

Was the accident reported to the police?

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?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SJL5150K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category Name of Driver

M IBRAHIM

NRIC/Passport Number

S1629741J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

Name

LEE BENG CHUAN

Approximate Age

Page 2 of 19

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

HAND

SKH6522Z

YES

NO

#### SKETCH PLAN

#### 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.
- 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.
- 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;

- 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 "Insurans"), the insurars' 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, involces, 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 flaw firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- 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.
- (c) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Contre Paragraphi's Signature

Nams: NRIC/FIN No.:

GRADE Les Manhorn VI

SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Roke to Hatemat. DECLARATION I/We declare the foregoing particulars are true in every respect? Reporting Centre Personnel's Signature Policyholder's Signature Driver's Signature (if driver is not the policyholder) Name:

plaket Statchiffontorm VI

Date & Time:

Date & Time:

NRIC/FIN No.:

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG SERANGOON RD LANE 2. SUDDENLY VEHICLE B TRAVELLING ALONG LANE 3 CUTTING ONTO MY LANE TURNING TO WHAMPOA SOUTH. IN A RESULT VEHICLE B HIT ONTO MY VEHICLE FRONT LEFT PORTION.

# ACCIDENT STATEMENT

| 1. DETAILS OF VEHICLE  a) VEHICLE NUMBER: SICH 65-22 TO THE SINSURANCE COMPANY: NTUC  c) POLICY NUMBER: TO TO YE 1/2 TO THE PARTY FIRE & THEFT  |  |
|---|--|
| 1. DETAILS OF VEHICLE  a) VEHICLE NUMBER: SICH 65-22 TO THE D) INSURANCE COMPANY: NTUC  b) INSURANCE COMPANY: NTUC  |  |
| b)INSURANCE COMPANY: NTJC   |  |
| b)INSURANCE COMPANY: NTJC   | » »<br>• • • • • • • • • • • • • • • • • • |
| b)INSURANCE COMPANY:  |  |
| ·   |  |
| CIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT   |  |
| TIDUIT A LABE, IT I WELLE LICENSIAE I II III III III  | 50:A                                       |
| ajrouci fire tooming  |  |
| 6) MAKE & MODEL:  1) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)   |  |
| g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  |  |
| gIVEHICLE CATEGORY: (PRIVATE) COMMERCIAL MS   | 3  |
| h)PURPOSE OF USING AT ACCIDENT TIME: Private USE  |  |
| 1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)   |  |
| IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  | 3.   |
| 2. INSURED / POLICY HOLDER  | P  |
| A)NAME: Builders 261 Private United (MALE/FEMALE)   | 65 0.                                      |
| DIARICA IIVI ASSI CITI  | - X HO OF                                  |
| c)ADDRESS:  | possenger                                  |
| THE PRINTER ALSO POLICY HOLDER  | . (Including d                             |
| * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  | (3)  |
| 3. DRIVER (MALE) FEMALE)  |  |
| diname: Ite Brig  | 14   |
| DINKIC/FINA ASSI CALL   |  |
| C)ADDRESS: YO CENTER AVENUE ( 39971)  |  |
| *d)DATE OF BIRTH: ( 27X 1 / 1966 )(DD/MM/YYYY)  |  |
| Taranta Laurana (CUTDOOP)   |  |
| f) YEARS OF DRIVING EXPRERIENCE: \$ 2 1984 (class 3)  | 85   |
| TEARS OF DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES ) NO   | )  |
| IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:   |  |
| THE PARTY OF THE PARTY OF THE PROPERTY OF THE |  |
| b)ROAD SURFACE: (DRY / WET / OTHERS   |  |
| WEST AND THE WEST AND - MOOD -  |  |
| D. VIAS ANTIDODI INSCRED TITLE  | 26 Oct.                                    |
| 7. a) REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:   |  |
|   |  |
| a) VEHICLE NUMBER: SUTION MODEL: (PRIVATE HIM   | 1. * Ho of passo                           |
| b) DRIVER'S NAME: M Brahim  | - Claduding du                             |
| c) NRIC/FIN/PASSPORT: \$16397411 CONTACT:   | - (4)                                      |
| 9. THIRD PARTY VEHICLE  | (-1)                                       |
| d) VEHICLE NUMBER:MODEL:  | Ho of passi                                |
| e) DRIVER'S NAME:   |  |
| CONTACT   | _ (Including d                             |
| f) NRIC/FIN/PASSPORT:CONTACT  | ( )  |
| B 2   | ()   |

email = fax =



## 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: S66SS0020G / GST Reg. No.: M400017735

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

# ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Vehicle Registration No: \_ (K以 652) z Original Report No : MN4/18017698 Name (as shown in NRIC): Lee Begg Chuga NRIC/FIN/Passport No: 517693225 (\*Vehicle Driver/<del>Vehicle Owner)(\*)</del> Please delete as appropriate Singapore( 34971) : 40 codar Avema Address Mobile No.: 94505954 Contact (Tel) Email Address Date of Accident Place of Accident : Insurance Company: NTUC (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Amend IP vehicle number ( JLSIJOK) Reporting Centre Personnel's Signature Policyholder / Driver's Signature Name:

NRIC/FIN No .: Date:

Date:



# 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: S66SS0020G / 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.

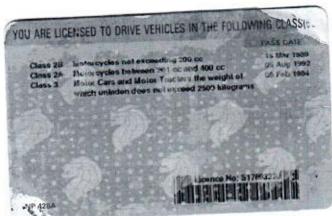
|                  |               |                | ADDEN              | IDUM  |                       |
|------------------|---------------|----------------|--------------------|---|-----------------------|
| PARTICU          | LARSOFPE      | RSONMAKING     | GTHEAMENDME        | NTS:  |                       |
| Original I       | Report No :   | MH41180        | 17698-01           | Vehicle Registration N                              | 10: SICH 65322        |
|                  |               | Lee Ben        |                    |   | : S1769372J           |
| (*Vehicle        | e Driver / Ve | hicle Owner) ( | *) Please delete a | s appropriate                                       |                       |
| Address          |               | 40 ada         | r Avenue           |   | Singapore(349713      |
| Contact          | (Tel)         |                |                    | Mobile No.: 9450                                    | 5954                  |
| Email Ad         | idress        |                |                    |   |                       |
| Date of          | Accident      | 4/2/18         |                    | Time of Accident :                                  | 15:10                 |
| Place of         | Accident      | Along          | Grangson           | P4  |                       |
|                  | ce Company    |                | U                  |   |                       |
|                  |               |                |                    |   |                       |
|                  |               |                |                    |   |                       |
| <u> </u>         |               |                |                    |   |                       |
| -                |               |                |                    |   |                       |
| 0                |               |                |                    |   |                       |
|                  |               |                |                    |   | Ma                    |
| Policyh<br>Date: | older / Drive | r's Signature  |                    | Reporting Centre<br>Name:<br>NRIC/FIN No.:<br>Date: | Personnel's Signature |











| <b>eBao</b> Tech             |          |                   |                                    |                      |                  |               |                |                   | Gene             | ralClaim     |
|------------------------------|----------|-------------------|------------------------------------|----------------------|------------------|---------------|----------------|-------------------|------------------|--------------|
| Hello, NAC_PAYA_UBI_80       | 0601     |                   | - CHARLESTON                       |                      | No. of Contrasts |               | Change Lan     | guage             | Change Passwo    | rd • Log Out |
| My Desktop<br>Notice of Loss | Policy N | cy Query          |                                    |                      |                  | Date of Acc   | cident         | 04/02             | /2018 15:10      | 3            |
|                              | Vehicle  | No.(For Motor)    | SKH65222                           |                      |                  | Search        | 1              |                   |                  |              |
|                              | Select   | Policy No.        | Policyholder<br>Name               | Policyholder<br>NRIC | Product          | Cover Type    | Vehicle<br>No. | Insured<br>Object | Commence<br>Date | Expiry Date  |
|                              | 0        | 5076481327-<br>02 | BUILDERS 265<br>PRIVATE<br>LIMITED | 200210636N           | GPC              | drivo CLASSIC |                | SKH6522Z          | 01/01/2018       | 31/12/2018   |
|                              |          | 1                 | 11                                 |                      | Į.               | Continue      |                |                   | 1/               |              |

| olicy No.                            | 5076481327-02             | Policyholder<br>Name              | BUILDERS 265 PRIVATE LIMITE | Policyholder<br>NRIC | 200210636N          |
|--------------------------------------|---------------------------|-----------------------------------|-----------------------------|----------------------|---------------------|
| Address                              | 20 WOODLANDS WALK SINGAPO | RE 738391                         | 1                           |                      |                     |
| Product<br>Name                      | PRIVATE CAR INSURANCE     | Plan                              |                             | Group<br>Policy Flag | N                   |
| Policy<br>ssue<br>Date               | 12/12/2017                | Effective<br>Date                 | 01/01/2018 00:00            | Expiry Date          | 31/12/2018 23:59    |
| Third<br>Party<br>Excess             | 0                         | Own<br>damage<br>Excess           | 600                         | Windscreen<br>Excess | 100                 |
| Additional<br>Excess                 | 0                         | OS<br>Premium                     | 0                           |                      |                     |
| Outside<br>Singapore<br>OD<br>Excess | 600                       | Outside<br>Singapore<br>TP Excess | 0                           |                      |                     |
| Agent                                | TONG HIN INSURANCE AGENCY | Agent Tel.                        | 65155333                    | GST Flag             | Y                   |
| Co-<br>insurance<br>Flag             | No                        |                                   |                             |                      |                     |
| Open<br>Policy Info                  |                           |                                   |                             |                      |                     |
| Certificate<br>Info                  |                           |                                   | (#)                         |                      |                     |
| Policyl                              | nolder Mailing Address    |                                   |                             |                      |                     |
| Address 1                            | 20 WOODLANDS WALK         | Address 2                         | SINGAPORE 738391            | Address 3            |                     |
| Address 4                            |                           | Address<br>Type                   | Singapore address           | Post Code            | 738391              |
| Unit No.                             |                           | Related<br>Policy<br>Number       | 5076481327-02               |                      |                     |
| <b>▶</b> Insure                      | d Object: SKH6522Z        |                                   |                             |                      |                     |
| <b>▽</b> Endors                      | sements                   |                                   |                             |                      |                     |
| Sequen                               | ne Date of Endorsement    | Endorse                           | ement Type Endorseme        | ent Status           | Endorsement Content |

|   |   |  |   | 25  |                             |
|---|---|--|---|---|-----------------------------|
| Management of   | as a second   | 62066197   | GST Registration No.  |   |                             |
| 5076481327-02   | Vehicle No.   | SKHOSEZE   | Policyholder MRIC   | 200210636N  |                             |
| UILDERS 265 PRIVATE LIMITED   |   | ALL DIAPPER  |   | 0   |                             |
| RIVATE CAR INSURANCE  | 233353355   |  |   | 0   |                             |
| )   | Contact No.(Office)   | 68520265   |   |   |                             |
|   | Special Remark  |  | eCode   | 10.30   |                             |
| ® No ○Yes   | TCA   | No ○Yes  | eCode Reason  |   |                             |
|   | NCD Emittement(%)   | 50   | Private Hire  | No  |                             |
|   |   |  |   |   |                             |
| 05/02/2018 19-45  | Accident Report Within 24 hrs   | Yes  | Acodem Type   | Collision - Change / Cross lane   |                             |
|   | Time of Accident bhumm  | 15:10  | Country of Accident   | Singapore   |                             |
| JA/02/2019  |   |  | ICM No.   |   |                             |
| MICHAEL SERVICEOUS DE   | 475.70. <del>7</del> 594.8577.45  |  |   |   |                             |
| ACTIVE SCIPLINGS OF THE   |   |  |   |   |                             |
|   |   |  |   |   |                             |
| 600 00  | Additional Excess   | 0.00   | Windscreen Excess   | 100.00  |                             |
| 000.00  |   | 600.00   |   |   |                             |
|   |   |  |   |   |                             |
| 0,00  | Outside Singapore TV excess   | 275  |   |   |                             |
| ion   |   | United States of the States of |   |   |                             |
| No  |   |  | No  |   |                             |
|   | -   | 991 212-22 7511160   |   |   | 1                           |
|   |   |  |   |   | 37                          |
|   |   |  |   |   |                             |
|   | Assess 2  | 5/NSAPORE 738391   | Andress 3   |   |                             |
| 50 MDODITANDS MATK  |   |  |   | 738391  |                             |
|   |   |  |   |   |                             |
|   | Kelated Policy Number   | 3070701227-04  |   |   |                             |
|   |   | Unnamed Driver   |   |   |                             |
|   |   |  | Driver DOB  | 27/01/1966  |                             |
|   |   |  | Driving Experience  | 33  |                             |
| 08/02/1984  |   |  |   | 0   |                             |
| 94505954  |   | - 50   |   |   |                             |
| 40 CEDAR AVENUE   | 120   |  |   |   |                             |
|   | Address Type  | Singapore address  | FOR COME  | 50.5  |                             |
|   |   |  | W. C.   |   |                             |
| ○ Yes 	No   | Oriver Vehicle No.  |  | Driver Insurer Company  |   |                             |
|   |   |  |   |   |                             |
|   | SUMMANO   | 200,200,200,000  |   |   |                             |
| 0 mg  | Any injury?   | ® Yes ○ No   |   |   |                             |
|   |   |  |   |   | 12                          |
|   |   |  |   |   | - 1                         |
|   |   |  |   |   |                             |
|   |   |  |   |   |                             |
|   |   |  |   |   |                             |
|   |   |  |   |   |                             |
|   | 200200000000000000000000000000000000000   | WILLDERS 265 PRIVATE LIMITE  | Insured NRIC  | 200210636N  |                             |
| [00-мх  | Insured Name  | BUILDERS 265 PRIVATE LIMITE  | Insured NRIC Compt No.(Office)  | 200210636N<br>64520265  |                             |
| 00-мх 💌   | Insured Name<br>Contact No.(Home)   |  | Contact No.(Office)   | 68520265  |                             |
|   | Insured Name  | WILDERS 265 PRIVATE LIMITE<br>SKH6522Z   | Contact No.(Office) TP Vehicle Number   | 68520265<br>S3L5150K  |                             |
| 00-MX SXH65222 / S3L5350K ON 4 PMD 2018                                       | Insured Name<br>Contact No.(Home)   | SKH6522Z   | Contact No.(Office)   | 68520265<br>S3L5150K  |                             |
|   | Insured Name<br>Contact No.(Home)   | Not at Fault   | Contact No.(Office) TP Vehicle Number Name of Preferred Works/  | 68520265<br>S3LS150K  |                             |
| SXH65222 / S3L5350K ON 4 Peb 2018   | Insured Name<br>Contact No.(Home)<br>OI Vehicle Number  | SKH6522Z   | Contact No.(Office) TP Vehicle Number Name of Preferred Works/  | 68520265<br>531,5150K<br>hop  |                             |
| SXH65222 / S3L5350K ON 4 Peb 2018<br>Yes                                      | Insured Name<br>Centact No.(Home)<br>OI Vehicle Number<br>Insures Liability *   | Not at Fault   | Contact No.(Office) TP Vehicle Number Name of Preferred Works/  | 68520265<br>S3LS150K  |                             |
| SXH65222 / S3L5350K ON 4 Peb 2018  Ves  05/02/2016 19:48                      | Insured Name Contact No.[Home) OI Vehicle Number  Insured Liability * Preferend Repair Option   | Not at Fault   | Contact No. (Office) TP Vehicle Number Name of Preferred Works/   | 68520265<br>531,5150K<br>hop  |                             |
| SXH65222 / S3L5350K ON 4 Peb 2018<br>Yes                                      | Insured Name Contact No.[Home) OI Vehicle Number  Insured Liability * Preferend Repair Option   | Not at Fault   | Contact No. (Office) TP Vehicle Number Name of Preferred Works/   | 68520265<br>531,5150K<br>hop  |                             |
| SXH65222 / S3L5350K ON 4 Peb 2018  Ves  05/02/2016 19:48                      | Insured Name<br>Contact No. [Home)<br>O] Vehicle Number<br>Insures Liebrity *<br>Preferered Repair Option<br>Claim Close Date   | 9KH6522Z  Not at Fault  Preferred Workshop, Name unkn  | Contact No. (Office) TP Vehicle Number Name of Preferred Works/   | 68520265<br>531,5150K<br>hop  |                             |
| SXH65222 / S3L5350K ON 4 Peb 2018  Ves  05/02/2016 19:48                      | Insured Name Contact No.[Home) OI Vehicle Number  Insured Liability * Preferend Repair Option   | Not at Fault   | Contact No. (Office) TP Vehicle Number Name of Preferred Works/   | 68520265<br>531,5150K<br>hop  |                             |
| SXH65222 / S3L5350K ON 4 Peb 2018  Ves  05/02/2016 19:48                      | Insured Name<br>Contact No. [Home)<br>O] Vehicle Number<br>Insures Liebrity *<br>Preferered Repair Option<br>Claim Close Date   | 9KH6522Z  Not at Fault  Preferred Workshop, Name unkn  | Contact No. (Office) TP Vehicle Number Name of Preferred Works/   | 68520265<br>531,5150K<br>hop  |                             |
| SXH65222 / S3L5350K ON 4 Peb 2018  Ves  05/02/2016 19:48                      | Insured Name<br>Contact No. [Home)<br>O] Vehicle Number<br>Insures Liebrity *<br>Preferered Repair Option<br>Claim Close Date   | 9KH6522Z  Not at Fault  Preferred Workshop, Name unkn  | Contact No. (Office) TP Vehicle Number Name of Preferred Works/   | 68520265<br>531,5150K<br>hop  |                             |
| SKH65222 / S3L5350K ON 4 Peb 2018  Ves  05/02/2016 19:48  Jackson             | Insured Name Contact No.[Home] O] Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  | SXH6522Z  Not at Fault  Preferred Workshop, Name unix  | Contact No. (Office) TP Vehicle Number Name of Preferred Works/   | 68520265<br>531,5150K<br>hop  |                             |
| SXH65222 / S3L5350K ON 4 Peb 2018  Ves  05/02/2016 19:48                      | Insured Name Contact No.[Home] O] Vehicle Number Insured Liebrity * Preferend Repair Option Claim Class Date  | SKH6522Z  Not at Fault  Preferred Workshop, Name unkn  Save Submit   | Contact No. (Office)  TP Vehicle Number  Name of Preferred Worksf  nown  GIA report  Date Received  | 68520265<br>531,5150K<br>hop  |                             |
| SKH65222 / S3L5350K ON 4 Peb 2018  Ves  05/02/2016 19:48  Jackson             | Insured Name Contact No.[Home] O] Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  | Not at Fault  Preferred Workshop, Name union  Save Submit  001  05/02/2018 19  | Contact No. (Office) TP Vehicle Number  Name of Preferred Worksf  nown SIA report  Date Received  | 88520265<br>  S3LS190K<br>  Neceived   V   O5/02/2018 00:00   |                             |
| SKH65222 / S3L5350K ON 4 Peb 2018  Ves  05/02/2016 19:48  Jackson  MT/0981074 | Insured Name Contact No.[Home] O] Vehicle Number Insured Liebrity * Preference Repair Option Claim Class Date  Claim No. Upload Date  | Not at Fault  Preferred Workshop, Name unix  Save Submit  001  05/02/2018 19  Category   | Contact No. (Office)  TP Vehicle Number  Name of Preferred Works  nown V GIA report  Date Received  2:49  y • Confidential U  | S3LS150K  |                             |
| SKH65222 / S3L5350K ON 4 Peb 2018   | Insured Name Contact No.[Home] O] Vehicle Number Insured Liebrity * Preferend Repair Option Claim Class Date  | Not at Fault  Preferred Workshop, Name unix  Save Submit  C01  OS/02/2018 19  Categon  Cear Please Select  | Contact No. (Office)  TP Vehicle Number  Name of Preferred Worksh  Name of Preferred Worksh  Date Received  Date Received  Confidential  W North North North  | Received  |                             |
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| SKH65222 / S3L5350K ON 4 Peb 2018   | Insured Name Contact No.[Home] O] Vehicle Number  Insured Liebrity * Preferered Repair Option Claim Claim Cose Date  Claim No. Upload Date  Brow Brow   | Not at Fault  Preferred Workshop, Name unkn  Preferred Workshop, Name unkn  Save Submit  O01  O5/02/2018 19  Categor  Oear Please Select  Se Oear Please Select  See Clear Please Select   | Contact No. (Office)  TP Vehicle Number  Name of Preferred Worksh  Name of Preferred Worksh  Date Received  Date Received  No. V. No.   | Received  O5/02/2018 00:00  Ligency * Description * mail   mail   mail   mail   mail   Description *  |                             |
| SKH65222 / S3L5350K ON 4 Peb 2018   | Insured Name Contact No.[Home] O] Vehicle Number  Insured Liebrity * Preferend Repair Option Claim Close Date  Claim No. Upload Date  Brow Brow Brow  | Not at Fault  Preferred Workshop, Name unkn  Preferred Workshop, Name unkn  O01  O5/02/2016 19  Categor  Oear Please Select  Cear Please Select  Se Cear Please Select  Ciser Please Select  Ciser Please Select   | Contact No. (Office)  TP Vehicle Number  Name of Preferred Works!  Side Received  Date Received  Side P  Y * Confidential U  No. V No.  V No. V No.   | Received  O5/02/2018 00:00  Urgency * Description * mail                                |
| SKH65222 / S3L5350K ON 4 Peb 2018   | Insured Name Contact No.[Home] O] Vehicle Number  Insured Liebrity * Preferered Repair Option Claim Claim Cose Date  Claim No. Upload Date  Brow Brow   | Not at Fault  Preferred Workshop, Name unkn  Preferred Workshop, Name unkn  Oo1  OS/O2/2018 19  Categor  Categor  Please Select  Clear  Please Select  TSS  Clear  Please Select   | Contact No. (Office)  TP Vehicle Number  Name of Preferred Works!  Name of Preferred Works!  Date Received  Date Received  V No. V No.  | Received  O5/02/2016 00:00  Pagency * Description *  mai  |                             |
|   | UILDERS 265 PRIVATE LIMITED  RIVATE CAR INSURANCE  No Yes  Yes  Yes  OS/02/2018 19-45  OA/02/2018  ALONG SERANGOON RD  GOO.GD  O.GO  Ion  No  IVES  UINIAMED DIVET LEE BENG CHUAN 08/02/1984 94505954 40 CEDAR AVENUE | UILDERS 265 PREVATE LIMITED  RIVATE CAR INSURANCE  Cover Type  Contact No.(Office)  Special Remark  TCA  NCD Emislement(%)  NCD Emislement(%)  NCD Emislement(%)  Accident Report Within 24 hrs  Time of Accident Inlumin  Orange Porce  Address 2  Address 2  Address 7-pic  Related Policy Number  Univer NRIC  Driver NRIC  Driver Age  Contact No. (Office)  Address 2  Address 7-pic  LEE BENG CHUAN  Driver Age  Contact No. (Office)  Address 2  Address 7-pic  LEE BENG CHUAN  Driver NRIC  Driver NRIC  Driver NRIC  Driver NRIC  Driver No. (Office)  Address 7-pic  Address 7-pic  Address 7-pic  Address 7-pic  Driver NRIC  Driver NRIC  Driver NRIC  Driver NRIC  Driver No. (Office)  Address 7-pic  Address 7-pic  Driver Vehicle No.  Driver Vehicle No.  | UILDERS 265 PRIMATE LIMITED  RIVATE CAR INSURANCE  Cover Type Contect No. (Office) Special Remark  TCA  NCD Einstement(%) S0  S0,002/2018 19-45 Accident Report Within 24 hrs Ves Time of Accident Inhuran Orange Force  Accident Report Within 24 hrs Ves  Limited Accident Inhuran Orange Force  600,00 Additional Excess Outside Singapore OD Excess 0,00 Outside Singapore TP Excess 0,00  GST Registration Date GST Status Verified  Address 2 Address 7 Address 7 Related Policy Number  S076481327-02  Unnamed Driver LEE BENG CHUAN DRIVET Type Unnamed Driver LEE BENG CHUAN DRIVET Type S17693221 DRIVET Type S4705554 Address 7 Address 7 Address 7 S2 SENSAPORE 738391 Address 7 S17693221 Drivet Type S17693221 Drivet Na/C S17693221 S17693221 Drivet Age S2 Address 7 S2 SENSAPORE S17693221 Drivet Age S2 Address 7 S4705554 Address 7 Address 7 S47055554 Address 7 S47055554 Address 7 Address 7 S470555554 Address 7 S470555555 Address 7 S47055555 Address 7 S4705555 Address 7 S | UDDERS 265 PRIVATE LIMITED  UDDERS 265 PRIVATE LIMITED  UDDERS 265 PRIVATE CAR (INSURANCE  Contact No (Office)  Special Remark  No ○ Yes  TCA  NO ○ Yes  TCA  NO ○ Yes  Code Recode Redoce  NOTE (Find Remark)  NO ○ Yes  Accident Report within 24 hrs.  Yes  Accident Type.  Ourrage Force  S05/02/2018  Time of Accident Rehirm  Orange Force  Outside Singapore OD Excess  Outside Singapore OD Excess  Outside Singapore OD Excess  Outside Singapore TP Excess  Outside Singapore TP Excess  Outside Singapore TP Excess  Outside Singapore Accident Singapore A | MINISTER SEPTION   MINISTER |

| Attachment    |                            | ploaded By/Dane   | Category              | Ŷ | Urgency | bescription                    | Hsg<br>Sent?<br>(CO) | Actioi |
|---------------|----------------------------|---|-----------------------|---|---------|--------------------------------|----------------------|--------|
| 14 <b>(39</b> | NAC_PAYA_UBI_B00601[ NATIO | NAL ASSESSMENT CENTRE SERVICES) on 05 Fe<br>b 2018 19:49  | NR3C/ Driving License |   | Normal  | NRIC/ Driving License 2018-2-5 |                      | Edit   |
| ***           | NAC_PAYA_UBI_800603( NATIO | NAL ASSESSMENT CENTRE SERVICES) on 05 Pe<br>b 2018 19:48  | SAS                   |   | Normal  | SAS 2018-3-5                   |                      | Edit   |
| <b>PROB</b>   | NAC_PAYA_UBI_E00601( NATIO | NAL ASSESSMENT CENTRE SERVICES) on 05 Fe<br>b 2018 19:48  | Photos                |   | Normal  | Photos 2018-2-5                |                      | Edit   |
| (6)           | NAC_PAYA_UBI_800601( NATIO | NAL ASSESSMENT CENTRE SERVICES) on 05 Fe<br>b 2018 19:48  | Photos                |   | Normal  | Photos 2018-2-5                |                      | Edit   |
|               | NAC_PAYA_UB1_800601{ NATIO | INAL ASSESSMENT CENTRE SERVICES) on 05 Fe<br>b 2018 19:48 | Photos                |   | Normal  | Photos 2018-2-5                |                      | Edit   |
|               | NAC_PAYA_UBI_800601( NATIO | ONAL ASSESSMENT CENTRE SERVICES) on 05 Fe<br>b 2018 19:48 | Photos                |   | Normal  | Photos 2018-2-5                |                      | Edit   |
|               | NAC_PAYA_USI_800601( NATI  | DNAL ASSESSMENT CENTRE SERVICES) on 05 Fe<br>b 2018 1948  | Photos                |   | Normal  | Photos 2018-2-5                |                      | Edit   |
| CL            | NAC_PAYA_UBI_800601( NATS  | DNAL ASSESSMENT CENTRE SERVICES) on 05 Fe<br>b 2018 19:48 | Photos                |   | Normal  | Photos 2018-2-5                |                      | Edit   |
| 4             | NAC_PAYA_LBS_800601( NATI  | DNAL ASSESSMENT CENTRE SERVICES) on OS Fe b 2018 19:48    | Photos                |   | Normal  | Photos 2018-2-5                |                      | Edit   |
| 3             | NAC_PAYA_UBI_B00601[ NATI  | ONAL ASSESSMENT CENTRE SERVICES) on 05 Fe<br>b 2018 19:48 | Photos                |   | Normal  | Photos 2018-2-5                |                      | Edit   |
| 3             | NAC_PAYA_UBI_800601( NAT   | DNAL ASSESSMENT CENTRE SERVICES) on 05 Fe<br>p 2018 19:46 | Photos                |   | Normal  | Photos 2018-2-5                |                      | Edit   |
|               | NAC_PAYA_UBI_800601( NATI  | ONAL ASSESSMENT CENTRE SERVICES) on OS Fe<br>b 2018 19:48 | Photos                |   | Normal  | Photos 2018-2-5                |                      | Edit   |
|               | NAC_PAYA_UBI_B00501( NAT   | ONAL ASSESSMENT CENTRE SERVICES) on DS Pe<br>b 2018 19:48 | Photos                |   | Normal  | Photos 2018-2-5                |                      | Edit   |
|               |                            | 2   |                       |   | _       |                                | 1905                 |        |
|               | Uploaded By/Date           | Folder Date   | File Name             |   | 9       | Source                         | Action               |        |

Display in New Window Scan and uploading