| TOTAL STATE OF THE | | MNA118018579 | |
|--|---|---|--|
| Date In: 6/2/18 - 16:17 | Jeb description | Date & Time Completed | Done by |
| Res No: NA INC VO DY DO 124 | SAS e-filing | | |
| Veh No: SKR918814 | E-mail (within Shrs, AIC 2hrs) | | |
| D.O.A : 5/3/18-16:30 | i-Motor Claim Form | m7/0981297 | 6/3/18 19:47 |
| | i-Motor W/O (Within: OD 2) | ors, TP 4hrs) | |
| OD / TP Reporting Only | i-Photo Uploaded | | |
| | Assessment/Survey Report | | THE THE ABOUT OF STATE WE BENEFIT |
| TP Insurer: | Ass't Report by Fax / Hand | to Owner/Wksp | |
| Preferred Wksp / INC Assign Wksp / QW: (| | Tel: | Fax: |
| TP Particulars: Veh No: (Veh No: | 1977°M INC | ()/Non-INC() | |
| Owner / Driver: (| | Tel: |) |
| Policy No: () | Period: () | Cover Type: (|) . |
| Confirmed by : (| Date: | Time: |) |
| Insured/Driver Liability: (% |) [Note-Est. Status (WO): N: 0- | 20%; P: 21-79%. P: 80- | 100%] |
| Year of Registration: () | Warranty: YES ()/NO (|) | |
| 문의 전에 그렇게 보고 있는데, 이번 전에 가면 되면 되면 되면 되었다면 되었다면 되었다면 다른데 보고 있다면 되었다면 되었다면 다른데 (Figure Figure F | 51,000 ()/\$2,000 () | | |
| General Remarks: | THE REST OF STATE | | 200 |
| Drive-In ()/ Towed-In (); Invo Remarks:- (INC horline: 6788 6616 1) Apply for Transport Allowance () | 000 | Towing Co: (Date&Time Completed. | Done by |
| | | | |
| 2) QC Check / Post Repair Inspection | () | | |
| QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > | \$3000] () | | |
| | \$3000] () | | |
| 3) Upload Resurvey Photo [Repair Cost > | () | | Parios: 11 |
| 3) Upload Resurvey Photo [Repair Cost > Injury: | () | | |
| 3) Upload Resurvey Photo [Repair Cost > Injury: | 1 | eparation Checklist. | Ant (S) Ami |
| 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time: Actions | Inveice Pr | nt Reporting (\$30); | In Bill Add |
| 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions NA [2008 >] | Invoice Pro 1) AR: Accide 2) DA: Damag 3) TF: Towing | nt Reporting (\$30); e Assessment (\$100); INC (\$ Fee \$4 | In Bill Add |
| 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions: Actions | Invoice Pr. 1) AR: Accide 2) DA: Dameg 3) TF: Tewing 4) FT: Follow- 5) FT: Follow- | nt Reporting (\$30); c Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) | 18t Bill Add 80) 0/\$45 \$120 \$30 |
| 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions: [Actions: [Action | Invoice Pr. 1) AR: Accide 2) DA: Dameg 3) TF: Tewing 4) FT: Follow- 5) FT: Follow- | nt Reporting (\$30); e Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200 | 18t Bill Add 80) 0/\$45 \$120 \$30 |
| 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Actions Actions Inimant's Particulars: river/Owner: | Invoice Pr 1) AR: Accide 2) DA: Dameg 3) TF: Towing 4) FT: Follow- 5) FT: Follow- Ear claiming 6) TR: Re-insp 7) N1: Idae DA | nt Reporting (\$30); e Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200 ection (+ SMRT Survey | 18t Bill Add 80) 0/\$45 \$120 \$30 \$5) |
| 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions: Actions | Invoice Pr 1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addi OD?* *N5: Courter | nt Reporting (\$30); e Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200 ection 4 + SMRT Survey tional Services:- ty Car / Tpt Allowance | 16:Bill Add 80) 0/\$45 \$120 \$30 \$575 \$160 |
| 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Actions Inimant's Particulars: river/Owner: ontact No: nmaged Portion: C Checked by (Engr-In-Charge): | Investe Pr 1) AR: Accide 2) DA: Dameg 3) TF: Tewing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addi OD.* *N5: Courter *N6: Repsit *N7: Fost Re- *N7: Fost Re- | nt Reporting (\$30); e Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200 ection (+SMRT Survey tional Services:- ty Car / Tpt Allowance Co-ordination epair Inspection | 19:Bill Add 80) 0/\$45 \$120 \$30 \$5) \$75 \$160 \$5 510 \$25 |
| 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Actions Inimant's Particulars: river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge): | Invoice Pr 1) AR: Accide 2) DA: Dameg 3) TF: Tewing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addi OD.* *N5: Courter *N6: Repsit *N7: Fost Re- *N8: DV/C | at Reporting (\$30); c Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200 cetion (+SMRT Survey tional Services:- sy Car / Tpt Allowance Co-ordination spair Inspection collect Excess Coordination | 18t Bill Add 80) 0/\$45 \$120 \$30 \$5) \$75 \$160 \$55 \$510 |
| 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Actions Inimant's Particulars: river/Owner: ontact No: nmaged Portion: C Checked by (Engr-In-Charge): | Invoice Pr 1) AR: Accide 2) DA: Dameg 3) TF: Tewing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addi OD.* *N5: Courter *N6: Repsit *N7: Fost Re- *N8: DV/C | nt Reporting (\$30); e Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200 ection 4 + SMRT Survey tional Services:- Ty Car / Tpt Allowance Co-ordination epair Inspection ollect Excess Coordination P (Non INC) against INC | 18t Bill Add 80) 0/\$45 \$120 \$30 \$575 \$75 \$160 \$55 \$510 \$25 \$55 |

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,
- Information provided must be as <u>truthful and accurate</u> 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.

| aforesaid. | |
|--|-------------------------------------|
| | ACCIDENT STATEMENT |
| Date Of Report | 06/02/2018 16:13 |
| Date Of Accident | 05/02/2018 16:30 |
| Exact Location Of Accident | JUNC JURONG KECHIL & JLN ANAK BUKIT |
| Country/State of Loss | SINGAPORE |
| HANNE MARKET | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SKR9188H |
| Insured/Policyholder | |
| Name Of Registered Owner | GOH JOO CHEONG |
| NRIC No | S1374009G |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97338187 |
| Alternative Phone No | OFFICE-97338187 |
| | |

Vehicle Particulars

Manufacturer TOYOTA

Model CAMRY 2.0 AUTO

Exact Purpose for which vehicle was being used at time of accident

time of accident

PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

VIOLENCE OF THE PROPERTY AND A PARTY OF THE PARTY OF THE

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

NO

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5068352700-02

Cover Note Number

Driver

Name of Driver GOH JOO CHEONG

 NRIC No
 \$1374009G

 Date Of Birth
 10/06/1959

 Occupation
 INDOOR

 Date Of Driving Pass
 06/11/1995

Driving Experience 22 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97338187

Fax Number

Contact Number OFFICE-97338187

EMail Address NOEMAIL

BLK 80A LORONG 4 TOA PAYOH Address

#12-456

Postcode 310080

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OWNER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE

Weather Conditions CLEAR DRY Road Surface

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?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance. 1 . Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

MACPHERSON NEIGHBOURHOOD POLICE POST Police Station Name

NO

ROAD: BLK 54 PIPIT ROAD #01-82/84, POSTCODE: 370054, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-7449999 - FAX NO: 65476366

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180206/2114.

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

SH9778M Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 21

DETAILS OF INJURED PERSON 1

Name

GOH JOO CHEONG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

NECK & BACK

SKR9188H

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

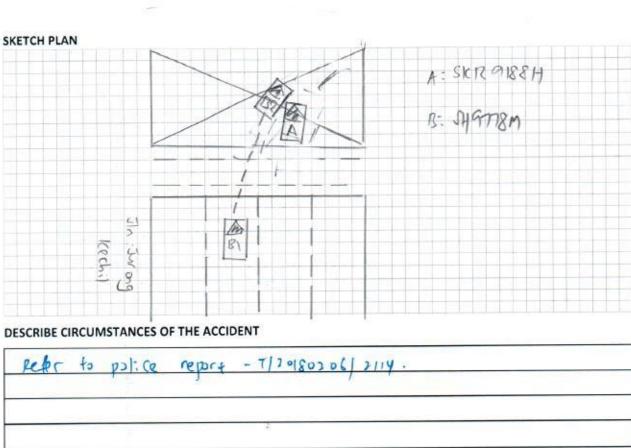
- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material 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 aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of .
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Person Name: NRIC/FIN No.:

GIARMC SkitchPlanForm V.



| Refer to police report - 7/2 0/800 06/2114. |
|---|
| |
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| |
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| |

DECLARATION

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

Policyholder's Signature

Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:





T/20180206/2114

1 of 3 Report No. T/20180206/2114

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

Tel No: 1800-7449999

REPORT OF A TRAFFIC ACCIDENT

| | ne Report N 018 15:55 | flade: | Vide Report No.: | Station Diary No.: 9 | |
|------------------------------|--------------------------|------------------------------|--|----------------------------------|--|
| Informa | nt's Partic | ulars | | | |
| | f Informant: OO CHEON | | Address: APT BLK 80A LORON 311080 | NG 4 TOA PAYOH #12-456 SINGAPORE | |
| | / ID No.: O / S13740 | 09G | Contact No.: Home/Office: Mobile: 97338187 | | |
| National | ity: ORE CITIZ | EN | Email: | | |
| Sex: Male | Age: 58 | Date of Birth: 10/06/1959 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: Institution / School Nam | | |
| Occupation: SELF EMPLOYED | | | Driving Licence Information: Class: 2B,3 Date of Expiry: | | |

| General Infor | mation of the Accid | ent | | | | |
|---|--|-------------|-----------------------|---|-------|-----------------------------------|
| Type of Accident: | Non-Injury Others | | Drink Drive: No | Date/Time of Accident: 05/02/2018 16:30 |) | Type of Location Straight Road |
| Location: Along Road 1 BUKIT TIMA | | * | | | 3. | |
| Weather: Clear | | Road Dry | Surface: | | Road | Speed Limit: |
| Traffic Flow: | | Traffic | Control: | | Traff | ic Volume: |
| Type of Collis Between Mov | sion: ving Vehicles - Head [*] | To Side | 1974 - 194E 53 | | | ne conveyed by ulance: |

| Details of V | enicie invo | ivea | | | | |
|--------------|-------------|----------|-------------------|--------|----------------------|-----------------|
| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenger |
| SH9778M | TAXI | | | | | 0 |
| SKR9188H | Car | тоуота * | CAMRY 2.0 AUTO | Silver | Seriously Damaged | 550000 |

| Details of Vehicle Insurance | | | | | | |
|------------------------------|--|---------------|------------|-------------|--|--|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date | | |
| SKR9188H | NTUC Income Insurance Co-Operative Limited | 5068352700-02 | 30/04/2017 | 29/04/2018 | | |





2 of 3 Report No. T/20180206/2114

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

Tel No: 1800-7449999

CONTINUATION OF REPORT

| Details of Perso | on Involved | | Name of | SELECTION OF THE PERSON | |
|-------------------|-------------------------|------------|-------------------------------------|-------------------------|--|
| Any Pedestrian I | nvolved: No | | | | The second of th |
| No. of Pedestria | ns Injured: NIL | Use of Pe | destria | n Cross | sing: NA |
| TAXI DRIVER | | | | | |
| Name | LOH KAM MENG | | ID No |). | S0239121Z |
| Related Vehicle | SH9778M (TAXI) | | Conta | act No. | NIL |
| Hospital/Clinic | NIL | | Class Drivin Licen Expin | g | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Disc | | NIL | No. |
| No. of Days gran | ted Medical Leave NIL | Degree of | | | |
| Driver | | | | | |
| Name | GOH JOO CHEONG | | ID No | | S1374009G |
| Related Vehicle | SKR9188H (Car) | | Conta | ct No. | 97338187 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | | Class Drivin Licent Expiry | g ce & | Class: 2B,3 Date of Expiry: NIL |
| Date Treatment | 06/02/2018 | Date Disci | | 06/02 | /2018 |
| No. of Days grant | ed Medical Leave .05 | Degree of | Injury | Slight | |

Brief Details.

On 02/02/2018 at about 4.30pm I was driving my car on lane 2 along Bukit Timah Road heading towards Clementi. While I was driving wanted turn right towards Jalan Anak Bukit, suddenly a taxi on my left bang onto my front left bumper. The taxi driver also wanted to make a right turn at his lane but he make a sharp turn and hit onto my car. The accident happened inside the yellow box. We exchange particulars after the accident occurred. No traffic police or ambulance came.

Today I felt my rear neck in pain and also my back of my body. As such I went to Mount Alvernia Hospital to seek for medical treatment. After consolation done by the doctor, I was given 5 days of (MC) medical treatment

I am lodging this report for claiming purpose.





3 of 3

Report No. T/20180206/2114

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054 Tel No: 1800-7449999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

| Signature Of Officer Recording The R G / Staff Sgt HAIRYZAL BIN AYOB | eport: | Signature Of Informant: |
|--|----------------|--|
| Signature Of Interpreter: Not applicable | * | Date/Time: 06/02/2018 15:55 |
| Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact Ng. 85478436 CE | THE THE PERSON | Classification Of Case: |
| Authentication Stamp NP168 SIGNATURE | | Indoor gang and an array of the second gang and a second gang gang gang gang gang gang gang ga |



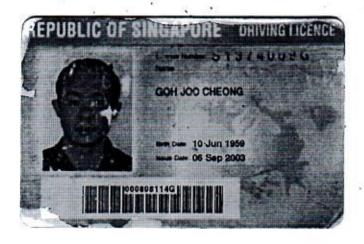
Mount Alvernia Hospital Medical Certificate

24-Hour Walk-In Clinic and Emergency Department No: M18002198

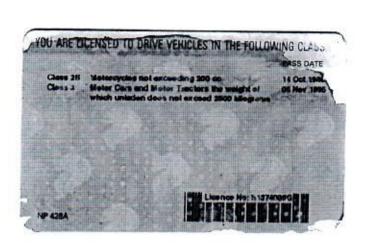
This is to certify that GOH JOO CHEONG (S1374009G) is granted medical leave for 5 day(s) from 06/02/2018 to 10/02/2018.

| Type of medical leave: | | 58 |
|---|---|------------|
| OUTPATIENT SICK LEAVE | 1381 | |
| ☐ HOSPITALISATION LEAVE | | |
| EXCUSE CHIT | | |
| ¥: | | |
| | | |
| | | |
| | | |
| | | 200 50 |
| Note : This medical cert is not valid for absence | ce from court or judicial proceeding unless specifically stat | ed. |
| 1 1 6 | | |
| O'antino. | CLINIC | 06/02/2018 |
| SU XIAOTING | Alternative d | Date |
| MBBS (SINGAPORE) MCR: M19825J | thousan Re- | |









| eBao Tech | | | 132 | 7 | | | | | Gene | eralClaim |
|------------------------|----------|-------------------|----------------------|----------------------|---------|---------------|----------------|-------------------|------------------|---------------|
| Hello, NAC_PAYA_UBI_80 | 0601 | | | THE STATE OF | | | Change Lar | guage | Change Passwo | ord • Log Out |
| My Desktop | Poli | cy Query | | | | | ***** | | | |
| Notice of Loss | Policy M | No. | | | | Date of Acc | cident | 05/02 | /2018 16:30 | |
| | Vehicle | No.(For Motor) | SKR9188H | (- | | | | | | |
| | | | | de de | | Search | | | | |
| | Select | Policy No. | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | 0 | 5068352700- 02 | GOH JOO CHEONG | S1374009G | GPC | drivo CLASSIC | SKR9188H | SKR9188H | 30/04/2017 | 29/04/2018 |
| | | | | | - [| Continue | | | | |

| Sequen | ce Date of Endorsement | Endorse | ment Type Endors | ement Status | Endorsement Content |
|--------------------------|---------------------------|-----------------------------|--------------------|----------------------|---------------------|
| ▼ Endors | ements | | | | |
| ▶ Insure | d Object: SKR9188H | overser (NOO-SN) | | | |
| Unit No. | | Related Policy Number | 5068352700-02 | | |
| Address 4 | | Address Type | Singapore address | Post Code | 311080 |
| Address 1 | BLK 80A #12-456 | Address 2 | TOA PAYOH LORONG 4 | Address 3 | SINGAPORE 311080 |
| Policyh | nolder Mailing Address | | | | |
| Certificate Info | | | ē | | |
| Open Policy Info | | | | | |
| Co- insurance Flag | No | | | | |
| Agent | INSURE LINK PTE LTD | Agent Tel. | 64444644 | GST Flag | Υ |
| OD Excess | 600 | Singapore TP Excess | 0 | | |
| Outside Singapore | 700 | Outside | | | |
| Additional Excess | 0 | OS Premium | 0 | | |
| Third Party Excess | 0 | Own damage Excess | 600 | Windscreen Excess | 100 |
| Policy ssuc Date | 12/04/2017 | Effective Date | 30/04/2017 00:00 | Expiry Date | 29/04/2018 23:59 |
| Product Name | PRIVATE CAR INSURANCE | Plan | | Group Policy Flag | N |
| Address | BLK 80A #12-456 TOA PAYOH | LORONG 4 SIN | GAPORE 311080 | | |
| Policy No. | 5068352700-02 | Policyholder Name | GOH JOO CHEONG | Policyholder NRIC | S1374009G |

| Claim Handling | | | | | 89 | Exit. |
|--|--|---|---|---|--|-------|
| Accident MT/0961297 | | | | | | _ |
| Policy No. | 5068352700-02 | Vehicle No. | 5КR9188Н | GST Registration No. | | |
| | GOH JOD CHEONS | | | Policyholder NRIC | S1374009G | |
| | PRIVATE CAR INSURANCE | Cover Type | drivo CLASSIC | Loading | 0 | |
| Contact No.(Mobile) | 97338187 | Contact No.(Office) | 0 | Contact No.(Home) | 0 | |
| Email Address | | Special Remark | | eCode | Tay Y | |
| KFK | ® No ○ Yes | TCA | ® No ○Yes | oCode Reason | | |
| NCD Protection | No | NCD Entitlement(%) | 0 | Private Hire | No. | |
| ♥ Accident Details | | | | | | |
| Report Date | 06/02/2018 19:45 | Accident Report Within 24 hrs | Yes | Accident Type | Side Swipe | |
| | 05/02/2018 | Time of Accident bh:mm | 16:30 | Country of Accident | Singapore | |
| Date of Accident Reporting Centre | 03/02/2010 | Orange Force | | JCM No. | | |
| | JUNC JURONG KECHIL & JUN ANAK BUKIT | KINDA TO | | | | |
| ♥ Benefits | 2010 John Harris Wall | | | | | |
| | | | | | | |
| ♥ Excess | 600.00 | Additional Excess | 0.00 | Windscreen Excess | 100.00 | |
| Own demage Excess | | | 600.00 | | | |
| Unnamed Driver Excess | 0.00 | Outside Singapore OD Excess | 0.00 | | | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | 0.00 | | | |
| GST Registered Informat | | | GST Registration Date | | | |
| GST Registered | No | | GST Status Verified | Yes | | |
| GST Registration No. Modification History | | | | | | 1 |
| Prodricación Piscory | | | | | | |
| Policyholder Mailing Add | dress | | | | | |
| Address I | BUX BCA #12-456 | Address 2 | TOA PAYON LORONG 4 | Address 3 | SINGAPORE 311080 | |
| Address 4 | | Address Type | Singapore address | Post Code | 311080 | |
| Unit No. | | Related Policy Number | 5068352700-02 | | | |
| ₩ OI Driver Info | | | | | | |
| Driver Name | GOH JOO CHEONG | Driver Type | Main Oriver | | | |
| Unnamed driver Name | | Driver NR3C | 91374009G | Driver DOB | 10/06/1959 | |
| Register Date of Driver License | 06/11/1995 | Driver Age | 58 | Driving Experience | 22 | |
| Contact No.(Mobile) | | Contact No.(Office) | | Contact No.(Home) | | |
| Address 1 | BLK BOA | Address 2 | TOA PAYOH LORONG 4 | Address 3 | SINGAPORE 311080 | |
| Address 4 | | Address Type | Singapore address | Post Code | 311000 | |
| | 47.400 | 2017/2018/2019 | To Bullet Barreland. | | | |
| Unit No. Does he own a Singapore | 12-456 | 12 (3 (6 (5 (4 (2 (6 (5 (4 (4 (6 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 | | Driver Insurer Compan | | |
| Registered car? | ↑ Yes ® No | Driver Vehicle No. | | priver make as absorption | | |
| Declaration | | | | | | |
| Breathalyser or Blood Test | | Any injury? | ® Yes ○ No | | | |
| Reading? | D mg | Any additi | | | | |
| | | | | | | 10 |
| Modification History | | | | | | |
| Francisco March | | | | | | |
| Claim 001 New | | | | | | |
| | | | | | | |
| Claim Type * | 00-MX ¥ | Insured Name | GOH JOO CHEONG | Insured NRIC | \$1374009G | |
| Contact No.(Mobile) | | Contact No.(Home) | | Contact No. (Office) | NIL | |
| Email Address | | OI Vehicle Number | SKR9188H | TP Vehicle Number | SH9778M | |
| Claim Description | SKR9188H / SH9778M ON 5 Feb 2018 | | 100 | Name of Preferred Wor | rishop | |
| Preferred Workshop Contact | | Insured Lability * | Not at Fault | | | |
| No. Require Finalisation | Yes V | Preferered Repair Option | Preferred Workshop, Name unknown | GIA report | Received | |
| Date Registered | 06/02/2018 19:47 | Claim Close Date | | Date Received | 06/02/2018 00:00 | |
| | | | | | | |
| Report Taken By | process of the same of the sam | | | | | |
| Report Taken By | Dackson | * | | | | |
| Report Taken By Print AK letter | process of the same of the sam | * | Sava Sidme | | | |
| Print AK letter | process of the same of the sam | ¥ | Save Submit | | | |
| | process of the same of the sam | ¥ | Save Sutmit | | | |
| Print AK letter | process of the same of the sam | ¥ | Save Submit | | | |
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| Attachment Accident No. | Dackson MT/098L297 | Craim No. | NOW CO. | | | |
| ☑ Print AK letter Attachment | Dackson MT/098L297 | Seads trais | 001 06/02/2018 19:48 | Confidential | Urgency * Description * | |
| Attachment Accident No. | Dackson MT/098L297 | Cleim No. Upload Date | 001 06/02/2018 19:48 Category * | Confidencial | Urgency * Description * | |
| Attachment Accident No. | Dackson MT/098L297 | Cleim No. Upload Date Browsi | 001 06/02/2018 19/48 Category * | V NO V N | iormal V | |
| Attachment Accident No. | Dackson MT/098L297 | Cleim No. Upload Date | 001 06/02/2018 19:48 Category * B Clear Please Select 1 | V NO V N | formal V | |
| Attachment Accident No. | Dackson MT/098L297 | Cleim No. Upload Date Browsi | 001 06/02/2018 19:48 Category * B Clear Please Select 1: B | 9 NO 9 N | eormal V | |
| Attachment Accident No. | Dackson MT/098L297 | Cleim No. Upload Date Brows: Brows: | 001 06/02/2018 19/48 Category * Category * Dear Please Select 1 Open Please Select 1 | 9 NO | formal V cormal V cor | |
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| | Uploaded By/Date | Folder Date | File Name | | P | Source | Action | |
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| v Video List | | | | | | | | |
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| 1 | NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Fe b 2018 19:47 | | Photos | Nor | mal | Photos 2018-2-6 | | Edit |
| | NAC_PAYA_UBI_800601(NATI | ONAL ASSESSMENT CENTRE SERVICES) on 06 Fe b 2018 19:47 | Photos | Nor | rmai | Photos 2018-2-6 | | Edit |
| | NAC_PAYA_UBI_B00601[NATI | DNAL ASSESSMENT CENTRE SERVICES) on D6 Fe b 2018 19:47 | Photos | Non | mai | Photos 2018-2-6 | | Edit |
| 4 | NAC_PAYA_UBI_800601(NAT) | DNAL ASSESSMENT CENTRE SERVICES) on 06 Fe b 2018 19:47 | Photos | Non | mai | Photos 2018-2-6 | | Edit |
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| S | NAC_PAYA_UBI_800501(NATI | DNAL ASSESSMENT CENTRE SERVICES) on 06 Fe b 2018 19:48 | Photos | Non | | Photos 2018-2-5 | | Len |
| * | NAC_PAYA_UBI_800601(NATI | ONAL ASSESSMENT CENTRE SERVICES) on D6 Fe b 2018 19:48 | Photos | Non | mai | Photos 2018-2-6 | | Edit |
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| 477 498 | NAC_PAYA_UBI_800601(NATI | ONAL ASSESSMENT CENTRE SERVICES) on 06 Fe b 2016 19:48 | NRIC/ Driving License | Non | mal | NR3C/ Onving License 2018-2-6 | | Edit |
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