NATIONAL Assessment C			<u> </u>
Date in: 20/2/18- 19:49	Jeb description	Date &Time Completed	Done by
Ref No: NA/ IN C15003250/24	SAS e-filing	i	
Veh No: 58 42871	E-mail (within Shrs, AIC 2hr	s)	
D.O.A : 16/2/5- 17:15	i-Motor Claim Form	M7/0987947	20/2/18 21:39
	i-Motor W/O (Within: Of	2hrs, TP 4hrs)	
OD : TP P Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Repo	rt	
IT Illiator.	Ass't Report by Fax / Ha	nd to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / Q	W: (	Tel:	Fax: )
TP Particulars: Veh No:	: UF 7337 INC	C( )/Non-INC( )	
Owner / Driver: (		Tel:	)
Policy No: ( )	Period: (	) Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: (	%) [Note-Est. Status (WO): N:		100%]
Year of Registration: (	) Warranty: YES ( )/NO (	)	
	g:\$1,000( )/\$2,000( )		SAME CHE WATER
General Remarks:	adopted and all the control of the c		10.00
	r's information strictly Confidential &	Strictly NO refer of repairer.	
( ) Total Loss Case : to e-mail			
		; Towing Co: (	, ,
Remarks:- 🦿 (INC hotline: 6788 60	616)	Date&Time Completed	Done by
1) Apply for Transport Allowance (		- 4	
2) QC Check / Post Repair Inspection	( )		
3) Upload Resurvey Photo [Repair Co	st > \$3000] ( )	1 40	
Injury:			
Date/Time: Actions		- 1 - F of 5 180	5)24(3)
Jute Cime Actions			EXEMPORE NEW
	3 15		
•			+1
NA1801062	Invoice I	reparation Checklist	Amt (5) Amt (5)
nimant's Particulars :-		dent Reporting (\$30);	
	2) DA : Dam 3) TF : Towi	ing Fee \$4	40/\$45
iver/Owner:	4) FT : Follo	w-Through Survey	\$120 \$30
ntact No:	5) FT : Follo	w-Through Survey (Resurvey) ng against INC Only (wef 10 Jan 200	
maged Portion:	6) TR : Re-in	spection	\$75 \$160
Bot 1 crawn	8) NTUC Ac	DA + SMRT Survey Iditional Services:-	320
Checked by (Engr-In-Charge):	OD*  *NS: Cour	ricsy Car / Tpt Allowance	\$5
	*N6: Repo	sir Co-ordination	\$10; \$25
ditors: Comments ::	*N8: DV	Repair Inspection / Collect Excess Coordination	33
_1:	TP (N11) 9) N12: Idao	: TP (Non INC) against INC	30
2/3;	Invoice date	d Fee Charged	arter Jak
	Invoice date	d Fee Charged	WHAT .

to per at the

#### 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

ACCIDENT STATEMENT
20/02/2018 19:49
16/02/2018 17:15
JUNC ALEXANDRA RD & TIONG BAHRU RD
SINGAPORE
DETAILS OF OWN VEHICLE
SJB4287J
LOW YEW CHOH (LU YAOZU)
S7911406E
NOEMAIL
(LOCAL) +65-97895559
OFFICE-97895559
HYUNDAI
VERNA 1.4 MANUAL
PRIVATE USE
NO
THIRD PARTY
PRIVATE CAR
NTUC INCOME INSURANCE CO-OPERATIVE LTD
COMPREHENSIVE
NO
5096709853

(LOCAL) +65-97895559

-		40	42
13	r۱۱	IΔ	

LOW YEW CHOH (LU YAOZU) Name of Driver S7911406E NRIC No 10/05/1979 Date Of Birth OUTDOOR Occupation 14/11/2006 Date Of Driving Pass 11 YEARS AND 3 MONTHS **Driving Experience** MALE Gender

Mobile Number Fax Number

OFFICE-97895559 Contact Number

NOEMAIL EMail Address

BLK 44 TANGLIN HALT ROAD Address

#04-255 142044

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CROSS JUNCTION Type Of Accident

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES YES

NO

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 NAME: : TRAN THI THU DUNG

> GENDER: FEMALE

Passenger 2 : LOW WAI YEN WENDY NAME:

> GENDER: : FEMALE

Passenger 3

NAME:

GENDER: : MALE

100

Passenger 4 NAME:

> GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

KAMPONG UBI NEIGHBOURHOOD POLICE POST Police Station Name

YES

ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , Police Station Address

COUNTRY: SINGAPORE

TEL NO: 1800-7479999 - FAX NO: 67453410 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20180216/2077.

Attachment(s)

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

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SJF733T

Vehicle Make/Model/Colour

HONDA ODYSSEY

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)

## **DETAILS OF INJURED PERSON 1**

Name LOW YEW CHOH (LU YAOZU)

Approximate Age

Injuries Sustain HAND, NECK, FACE & BACK

Injured person in which vehicle? SJB4287J
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

#### **DETAILS OF INJURED PERSON 2**

Name TRAN THI THU DUNG

Approximate Age

Injuries Sustain HEAD & NOSE
Injured person in which vehicle? SJB4287J
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

### **DETAILS OF INJURED PERSON 3**

Name LOW WAI YEN WENDY

Approximate Age

Injuries Sustain HEAD
Injured person in which vehicle? SJB4287J
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. 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.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
  - (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, 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
- 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:
  - (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:

Name: NRIC/FIN No .:

Reporting Centre Personnel's Signature

SKETCH PLAN  Vehicle A-330	142835 /	ATGUILLE A	1 + 1 +	Tiong Bahra Road  Alexandra Road
Vahizle B-SJF	7337			
	TRACTICO		B	2 0
	54			Tanglia Road
DESCRIBE CIRCUMSTAN	ICES OF THE ACCIDENT			
Refor	o the police Ki	part.		
		178		
MEMI				
		er e source - a to sou		

# 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.:

## 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	VALUE OF THE PARTY OF
Date of accident	16/02/2018	(DD/MM/YY)
Time of accident	5) 16 pm	(HH:MM)
Exact location of accident	Alexandra Rood and Trong Bahru Road Jun	clan

	DETAILS OF VEHICLE
Vehicle registration number	558 42875
Vehicle make and model	Hym dri VORMOZ.
Type of vehicle	Saloon MPV CRV Van D
Vehicle category	Private Commercial  Motorcycle
Purpose of using at said time	Virale.
Are you claiming under your own insurance company?	Yes  No if no, please select:  Third part claim Reporting only

	INSURANCE IN	FORMATION	
Insurance company	NTVC.		- 110-20 SHEET STORY
Policy number			
Type of policy	Comprehensive	Third party fire & theft $\square$	TP only 🗆

INSURED / POLICY HOLDER			
Name	Law Yew Choh	Male	Female 🗆
NRIC / Fin / Passport number	57911 406 E		
Contact	9789 5559		
Address	BIK44, Tanglin Half Rand, #4-255		

DRIVER	SAME AS INSURED ABOVE   ✓ (SKIP TO D.O.B)	
Name	Male 🗆	Female 🗆
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth	16/hay/1979	
Occupation	Indoor  Outdoor	
Driving date pass	14/Nov/ 2006	

	SENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes O No P
the insured's company?	If no, relationship of the driver and insured:
Accident captured by camera?	Yes No 🗆
Weather condition	Clear Raining Others:
Road surface	Dry Wet a
No of passenger	5 (Inclusive of driver)
	PASSENGER 1
Name	Tran Thi The Dung
Gender	Male   Female
	Low War Yen Wenly
Name	N. C.
Gender	Male   Female
	DACCEMOED 3
	PASSENGER 3
Name	
Gender	Male Female a
	DASSENCED A
Name	PASSENGER 4
Gender	Male Female
School .	, was a second of the second o
	PASSENGER 5
Name	
Gender	Male  Female
	PASSENGER 6
Name	
Gender	Male   Female
	OTHER INFORMATION
Was anybody injured?	Yes No 🗆
Was other vehicle damaged?	Yes No 🗆
BANKER DE LEGIS DE LE	DETAILS OF POLICE ACTION
Reported to police? Police station name	Yes No D If yes, please state which police station.
ronce station name	May what A Dr. (2)
	WITNESS 1
None	MILLIAEDO I
Name	
	MITNECC 2
Name	WITNESS 2
Name	

	THIRD PARTY VEHICLE 1
Vehicle registration number	SJF 733 7
Vehicle make model	Honda ODYSSET
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	

	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	

	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	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	

	INJURED PERSON 1
Name	Law Yew Choh
Injuries sustained	Mand, Necle, Face and Buck
Which vehicle person in?	Remark British
Were seat belts worn?	Yes 🗷 No 🗆
Was injured conveyed to	Yes 🗆 No 🔎
hospital by ambulance?	
	INJURED PERSON 2
Name	Trong this the Dung
Injuries sustained	Head and nose.
Which vehicle person in?	
Were seat belts worn?	Yes 🗷 No 🗆
Was injured conveyed to	Yes No 🗆
hospital by ambulance?	
	INIUIDED DEDCOM 2
Name of the Party	INJURED PERSON 3
Name Injuries sustained	The state of the s
Injuries sustained	Merch rigariant
Which vehicle person in? Were seat belts worn?	Vac ex No es
	Yes No D
Was injured conveyed to	Yes No D
hospital by ambulance?	
	INJURED PERSON 4
Name	INJORED FERSON 4
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes No
hospital by ambulance?	Tes D NO D
mospital by ambalance.	
	INJURED PERSON 5
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗆 No 🗆
Was injured conveyed to	Yes 🗆 No 🗆
hospital by ambulance?	
	INJURED PERSON 6
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗆 No 🗆
Was injured conveyed to	Yes  No
hospital by ambulance?	





Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE 400009 1 of 3 Report No. T/20180216/2077

Tel No: 1800-7479999

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/02/2018 19:04			Vide Report No.: Station Diary D/20180216/0074 27				
Informa	nt's Partic	ulars					
Name of Informant: LOW YEW CHOH			Address: APT BLK 44 TANGLIN HALT ROAD #04-255 SINGAPORE 142044				
ID Type / ID No.: NRIC NO / S7911406E			Contact No.: Home/Office: Mobile: 97895559				
Nationality: SINGAPORE CITIZEN			Email:				
Sex: Age: Date of Birth: Male 38 10/05/1979			Type of Informant: Driver				
Race: Chinese			Language: Institution / School Nam English				
Occupation: NEA OFFICER			Driving Licence Information: Class: 2B,2A,2,3  Date of Expiry:				

Type of Accident:	Injury Conveyed By Ambular	Drink Drive: No	Date/Time of Accident: 16/02/2018 17:15	Type of Location: Straight Road	
ALEXANDRA	ROAD ROAD TOWARDS GANGE	S AVENUE			
Weather: Clear	F	Road Surface: Dry		Road Speed Limit:	
Traffic Flow:		raffic Control: raffic Light - Wo	fic Control: Traffic \ fic Light - Working Light		
Type of Collis Between Mov	ion: ing Vehicles - Head To Side		Anyone conveyed by ambulance: Yes		

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJB4287J	Car	HYUNDAI	VERNA 1.4 MANUAL	Black	Seriously Damaged	V-0.0
SJF733T	Car	HONDA	ODYSSEY 2.4 A			0

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SJB4287J	NTUC Income Insurance Co-Operative Limited	5096709853	15/12/2017	11/01/2019		





T/20180216/2077

2 of 3

Report No. T/20180216/2077

Police Station Of Origin: Kampong Ubi NPP 9 Euros Crescent #01-2687 SINGAPORE

Tel No: 1800-7479999

CONTINUATION OF REPORT

#### Brief Details.

On 16th February 2018 at about 5.15pm, I was driving my car a Black Hyundai Verna bearing vehicle number SJB4287J along Alexandra Road towards Ganges Ave. I then approached a traffic junction between Alexandra Road to Ganges Avenue and Tiong Bahru Road to Tanglin Road.

My father in -law (Tran Van Au) was seating at the front passenger seat and my wife whom was carrying my three year old daughter were seated at the rear passenger seat just behind me. My cousin was seated at the centre of the rear passenger seat while her son was seated at the right side of the rear passenger seat

It was a four lane road where the two most left lane were for driving straight. The third lane from the left was a straight and right turn road while the most right was for turning right only. I remember driving at the second lane from the left. As I was approaching the traffic junction, I realized that the traffic light turned amber. At that point of time I was certain that my car had fully crossed the stop line. Suddenly a car black car from Tiong Bahru Road hit the right side of my car. Due to that my car spin and stop just before the traffic light.

I then made a checked and realized that my wife's face was covered with blood. Ambulance and Traffic Police then came. Everyone were conveyed to ambulance except me. I could remember that my wife was conveyed to Singapore General Hospital (SGH) while the remaining passenger were conveyed to National University Hospital (NUH). I am not sure the condition of all the passengers as they are still in hospital.

No government property was damaged and there was other vehicle involved. My in-car camera SD Card had already been handed over to the Traffic Police. The right side of my car from the driver door to the right passenger door was severely damaged.

Wife and Daughter Particulars: Tran Thi Thu Dung S7889737F 03/12/1978 94521074 (Wife) Low Wai Yen Wendy (Lu Huien) T1503286Z 01/02/2015 (Daughter)

I am not sure of my cousin and her son's particulars.





3 of 3

Report No. T/20180216/2077

Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE 400009

Tel No: 1800-7479999

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.

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: G / Sgt 2 MOHAMED KAMAL BIN AZIZ	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 16/02/2018 19:04
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Sr Staff Sgt RAZIZ BIN TAHAR Contact No.: 65476200	
Authentication Stamp NP168	NATURE



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

Class 28 Metorcycles =< 200 CC
Class 2A Metorcycles between 201 CC and 400 CC
Class 2 Metorcycles > 400 CC
Class 3 Metor curs =< 1000 kg with =< 7 jassempers, exclusive of the
driver; and metor tractors/vehicles =< 2500 kg

11 Dec 2063 08 Nev 2005 17 Jul 2007 14 Nev 2006 PASS DATE

S7911406E

S / No. 9000068089







<b>eBao</b> Tech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601			CONTRACTOR OF		* *	Change Lan	guage	Change Passwo	rd + Log Out
My Desktop	Polic	cy Query								,
Notice of Loss	Policy N	lo.				Date of Acc	ident	16/02	2018 17:15	=
	Vehicle	No.(For Motor)	S3B42873							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5096709853	CHOH (LU YAOZU)	57911406E	GPC	drivo CLASSIC	S3B4287J	S3842873	15/12/2017	11/01/2019
			(INDOMESCO)		- 1	Continue				

Policy No.	5096709853	Policyholder Name	LOW YEW CHOH (LU YAOZU)	Policyholder NRIC	S7911406E
ddress	BLK 44 #04-255 TANGLIN HALT	ROAD SINGA	PORE 142044		
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
olicy ssue Date	13/12/2017	Effective Date	15/12/2017 00:00	Expiry Date	11/01/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	500	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	COWELL INSURANCE (AGENCY)	Agent Tel.	63392592	GST Flag	Υ
Co- Insurance Flag	No				
Open Policy Info					
Certificate Info					
Policy!	nolder Mailing Address				
Address 1	BLK 44 #04-255	Address 2	TANGLIN HALT ROAD	Address 3	SINGAPORE 142044
Address 4		Address Type	Singapore address	Post Code	142044
Unit No.		Related Policy Number	5096709853		
<b>▶</b> Insure	d Object: SJB4287J				
♥ Endors	sements				
	ce Date of Endorsement	Federa	ement Type Endorsen	nent Status	Endorsement Content

aim Handling									
cident MT/0982947									
licy No.	5096709853	venicle No.	\$1842871			T Registration No.		57911406E	
acyholder Name	LOW YEW CHOH (LU YAOZU)					licyholder NRIC		0	
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC			ading		0	
ntact No:(Mobile)	97895559	Contact No. (Office)	0			intact No.(Home)	- 2		
a# Address		Special Remark				Oode	,	N. V	
Control of	(€) No ○ Yes	TCA	® No. ○ Yes			lode Reason			
D Protection	No.	NCO Entitlement(%)	20		Pri	ivate Hire	2	No	
Accident Details	100000000000000000000000000000000000000	Accident Report Within 24 hrs	Yes		Ac	codent Type		Collision - Cro	es Junction
ort Date	20/02/2018 21:36				Cr	ountry of Acadent		Singapore	
e of Account	16/05/5018	Time of Accident hhumm	17:15			M No.		210404000	
sorting Centre		Orange Force			100				
odent Location	JUNC ALEXANDRA RD & TIDNG BAHRU RD								
- Benefits									
Excess				WAY 24	-	Angscreen Excess			100.00
n damage tixcess	600.00	Additional Excess		500.00	··w	ningscreen Excess			***************************************
named Driver Excess	0.00	Outside Singapore OD Excess		600.00					
nd Party Excess	0.00	Dutside Singapore TP Excess		0.00					
GST Registered Informa	ation								
Registered	No			tegistration Date		Sec.			
T Registration No.			GST S	Status Venfied		Yes			
tification History									
Policyholder Halling Ad	ndress.							SINGAPORE	147044
dress 1	BLK 44 #04-255	Address 2	TANGLIN HA	LT ROAD		ddress 3			- Land James
dress 4		Address Type	Singapore ad	ichenn	p.	rost Cede		142044	
et No.		Related Policy Number	5096709853						
U OI Driver Info									
ver Name	LOW YEW CHOH [LU YACIZU)	Driver Type	Main Driver						
named driver Name	The state of the s	Driver NRIC	\$7911406E		D	Priver DOB		10/05/1979	
gister Date of Driver License	14/11/2006	Driver Age	38		0	orwing Experience		11	
	97899559	Contact No.(Office)	0		c	Contact No.(Home)		0	
react No.(Mobile)	ULK 44	Address 2	TANGLIN HA	LT ROAD	A	Address 3		SINGAPORE	142044
ldress 1	BLA. 44		Singapore ac	idress	p	Post Code		142044	
idress 4		Address Type	21190	Name of the last o					
nit No.	04-255								
loes he own a Singapore registered car?	○ Yes  No	Driver Vehicle No.			t	Oriver Insurer Comp	sarry		
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Attachment	Цр	loaded By/Date	Category	9	Urgency	Description	Sent? Action (CO)
13 :-	NAC_PAYA_UBI_B00501  NATION	AL ASSESSMENT CENTRE SERVICES) on 20 Fe to 2018 31.41	NRICY Driving License		Normal	NRIC/ Driving License 2018-2-20	Est
9.1	NAC_PAYA_UBI_BODGOT(_NATIONAL_ASSESSMENT CENTRE SERVICES) on 20 Fe to 20 SE 21:40		SAS		Normal	SAS 2018:2-20	Edit
E.	NAC_PAYA_UB3_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Pe 5-2018-21-60		Photos		Normal	Photos 2018-2-20	Edit
40	NAC PAYA USI 800601/ NATION	AL ASSESSMENT CENTRE SERVICES) on 20 Fe	Photos		Normal	Principal 2019-2-20	Edit
	NAC PAYA_UBI_B00501( NATION	AL ASSESSMENT CENTRE SERVICES) on 20 Fe	Photos		Normal	Photos 2018-2-20	Edit
		D 2018 21:40  (AL ASSESSMENT CENTRE SERVICES) on 20 Fe			Normal	Photos 2018-2-20	Edit
		AL ASSESSMENT CENTRE SERVICES) on 20 Fe	Photos		Normal	Photos 2018-2-20	Edit
		B 2018 21:40	Photos		50 = 50		Edit
- Sign		VAL ASSESSMENT CENTRE SERVICES) on 20 Fe to 2018 21:40	Photos		Normal	Photos 2018-2-20	
<b>(a)</b>	MAC_PAYA_UB1_800601( NATIO	NAL ASSESSMENT CENTRE SERVICES) on 20 Fe b 2018 21:40	Photos		Normal	Photos 2018-2-20	Edit
199	NAC_PAYA_UBI_800601( NATIO	NAL ASSESSMENT CENTRE SERVICES) on 20 Fe 6 2016 21:40	Photos		Normal	Photos 2018-2-20	Edit
12	NAC_PAYA_UBI_B00601( NATIO	NAL ASSESSMENT CENTRE SERVICES) on 20 Fe b 2018 21:40	Photos		Normal	Photos 2018-2-20	Edit
VE T	NAC_PAYA_UBI_800601( NATIO	NAL ASSESSMENT CONTRE SERVICES) on 30 Fe 5 2018 21:40	Photos		Normal	Photoe 2018-2-20	Edit
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	NAC_PAVA_UB1_8006B1( NATIO	NAL ASSESSMENT CENTRE SERVICES) on 20 Fe b 2018 21:40	Photos		Normal	Photos 2018-2-20	Edit
101	NAC_PAYA_UBI_800601( NATIO	NAL ASSESSMENT CENTRE SERVICES) on 20 Fe b 2018 21:39	Photos		Normal	Photos 2018-2-20	Edit
	NAC_PAYA_UBI_800601( NATIO	NAL ASSESSMENT CENTRE SERVICES) on 20 Fe b 2018 21:39	Photos		Normal	Photos 2018-2-20	Edit
	NAC_PAYA_UBI_800603( NATIO	MAL ASSESSMENT CENTRE SERVICES) on 20 Fe b 2018 21:39	Photos		Normal	Photos 2018-2-20	Edit
8	NAC_PAYA_USI_800501( NATIO	INAL ASSESSMENT CENTRE SERVICES) on 20 Fe b 2018 21:39	Photos		Normal	Photos 2018-2-20	Edit
	NAC_PAYA_UBI_BOOSOL( NATK	NAL ASSESSMENT CENTRE SERVICES) on 20 Fe b 2018 21:39	Photos		Normal	Photos 2018-2-20	Edit
17.	NAC_PAYA_UBI_800601( NATH	MAL ASSESSMENT CENTRE SERVICES) on 20 Fe b 2018 21:39	Photos		Normal	Photos 2018-2-20	Edit
♥ Video List					9	Source	Action
	Uploaded By/Date	Folder Date	File Name		1	Source	(1000)

20/2/2018