NATIONAL Assessment Centre	e Services 🕟	ME 1 Jan'05] MA			
Date In: 22 / 18 - 16:14	Jeb description		Date & Time Completed	Done	pv.
Ref No: NA /INC 1800 3428/24	SAS e-filing		İ		
Veh No: SEESSER	E-mail (within \$1	hrs, AIC 2hrs)			
D.O.A: 21/2/18-18:00	i-Motor Claim	Form	MT/09 83280	22/2/18 1	8:44
	i-Motor W/O	(Within: OD 2hrs	TP 4hrs)		
OD (TP) Reporting Only	i-Photo Uploa	ded			t.
	Assessment/Sur	vey Report			
TP Insurer:	Ass't Report by	Fax/Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: SUBS	79Px	. INC()/Non-INC().		
Owner / Driver: (Tel:)	
	riod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	Nothing to the
	Note-Est. Status (W	O): N: 0-20	%; P: 21-79%. P: 30-	100%]	
	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1,0					
O NOR COME AND DEPOSITION OF BRIDE	CUSA AND CONTRACTOR AND	SOUTH OF LABOR		33	
General Remarks:- () Walk-In Customer: Customer's information	The state of the s	and the same of the same of	Minimum and the second	The state of the s	
		·			
() Total Loss Case : to e-mail Insure		0 () T	when Could I'	·)
Drive-In ()/ Towed-In (); Invoice	YES()/N	0();10	owing Co: (DOZENSKU W	
Remarks: (INC horline: 6788 6616)			Date&Time Completed	Done	by
The transfer of the same of th	Courtesy Car ()				
2) QC Check / Post Repair Inspection	()	The state of the s		3	
3) Upload Resurvey Photo [Repair Cost > \$3	000] ()	1 9			
Injury:			1,		
				Children Balley . T. the	11. 11. K.
Oste/Time Actions	Figure 1	and the second second	Property and the second second second	PERSONNE.	
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•				Anit (S)	Ami (
NA POINT		Invoice Pre	paration Checklist	fit Bill	Add B
		1) AR : Accident	Reporting (\$30);	57-21	
aimant's Particulars's		2) DA : Damage	Assessment (\$100); INC (\$80) 40/\$45	
river/Owner:		3) TF : Towing F 4) FT : Follow-T	brough Survey	\$120	
ontact No:	-	5) FT : Follow-T	hrough Survey (Resurvey) sainst INC Only (wef 10 Jan 200	\$30 25)	
		6) TR : Re-inspec		\$75	
maged Portion:		7) N1 : Idao DA	+ SMRT Survey	\$160	
	-	8) NTUC Addition	DUNI SELAINES".		
C Checked by (Engr-In-Charge):		*N5: Courtesy	Cer / Tpt Allowence	\$5	
	avatiatedaks, kantur	*N6: Repair C *N7: Fost Rep	o-ordination air Inspection	\$10 \$25	
uditors' Comments :-		* N8: DV / Col	lect Excess Coordination	\$3 \$20	
1.1:	- straher	TP (N11): TP 9) N12: Idea Mo	(Non INC) against INC	30	
1.2/3;		Invoice dated	Fee Charge	MANAGER COLUMN	AND THE
	31	Invaige dated	Fee Charge	THE REAL PROPERTY.	

Expeliet 1.20

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

	N. W. H. D. W. P. H. B. H. B. W. H. B. H. W. W.
	ACCIDENT OTATEMEN
	ACCIDENT STATEMEN

Date Of Report 22/02/2018 16:34
Date Of Accident 21/02/2018 18:00

Exact Location Of Accident SLIP RD JURONG WEST ST 64 TWDS BOON LAY WAY

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJE8556R

Insured/Policyholder

Name Of Registered Owner THE LOCAL LEASING COMPANY PTE LTD

Co Reg No 201632096M Email Address NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-89999999

Vehicle Particulars

Manufacturer TOYOTA

Model COROLLA AXIO 1.5X A

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

time or accident

WORKING

NO

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 PRIVATE HIRE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage THIRD PARTY

Fleet Policy YES

Policy Number 5094741200

Cover Note Number

Driver

Name of Driver KOH KIAN MENG, MCLENNAN

 NRIC No
 \$8012873H

 Date Of Birth
 21/04/1980

 Occupation
 OUTDOOR

 Date Of Driving Pass
 27/03/2003

Driving Experience 14 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98766556

Fax Number

Contact Number OFFICE-98766556

EMail Address NOEMAIL

BLK 114 HO CHING ROAD Address

#09-72

610114

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance?

NO

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)

2

NAME:

Passenger 1

GENDER: : FEMALE

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

SLB5798X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver CHRISTABELLA LOW MEIJUN

NRIC/Passport Number S9047630J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 20

DETAILS OF INJURED PERSON 1

KOH KIAN MENG, MCLENNAN Name

Approximate Age

Injuries Sustain Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode BODY

SJE8556R

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

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

Date & Time:

Driver's Signature

(If driver is not the policyholder)

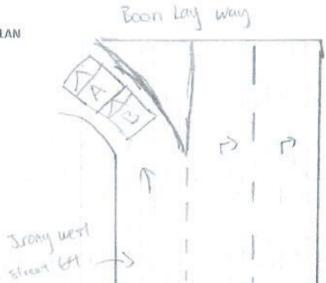
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



vehicle 13-> SLBS798X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Market College College	Selective process	ACCEPTANCE OF THE		Name of the last			SHIW	1000			1000
	I W	us tro	welling	along	TUDAL	WEST	Street	64	00	the fil	16-
line u	enting.	to 1	Iter our	4	ayards	Boon	lay	way.	As	I wa	13
			traffic				1.4	- 4			
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	THE STATE OF THE S				-						
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DECLARATION

I/We declare the loregoing 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' 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. 0
- 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.

THE RESIDENCE OF A PARTY OF	ACCIDENT DETAILS	
Date of accident	21/02/18	(DD/MM/YY)
Time of accident	1800	(HH:MM)
Exact location of accident	Jurong wast street 64 tods Boon Lay way	

· 利益的 對 化实验的 Spins	D	ETAILS OF V	STREET,		
Vehicle registration number		SJE 8	1556R		
Vehicle make and model		Toyo	ta Axia		
Type of vehicle	Saloon d	MPV D	CRV □ Motorcy	Van vcle □	Others:
Vehicle category	Private 🗆	Comme	ercial e 1	Motorcy	cle 🗆
Purpose of using at said time		working			
Are you claiming under your own insurance company?	Yes □ Third part	No E	if no, please Reporting o		

NAME OF THE OWNER OF THE	INSURANCE IN	FORMATION	
Insurance company	NTUC		
Policy number	5094	741200	
Type of policy	Comprehensive D	Third party fire & theft \square	TP only 🗷

INSURED / POLICY HOLDER						
Name	the Local Leasing company PIF AP Male - Female -					
NRIC / Fin / Passport number	201632696M					
Contact						
Address	550 B Segar Road #02-636 Segar Palmiew S(672550)					

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	KON KIAN MENG, MCLLINON Male or Female o
NRIC / Fin / Passport number	58012873H
Contact	98766556
Address	Buk 114 HO ching Road # 09- 72 SI 610114)
Email address	
Date of birth	21/04/1980
Occupation	Indoor Outdoor
Driving date pass	27/03/2003

THE REAL PROPERTY AND ADDRESS OF	GENERAL I	NFORMATION (OF THE ACCIDENT	BENEZIK ZENIKAN
Was driver an employee of	Yes 🗆	Noe		
the insured's company?	If no, rel	ationship of the	driver and insured:	Hirec
Accident captured by camera?		No D		
Weather condition	Clear	Raining 🗆	Others:	
Road surface	Dry B	Wet 🗆		
No of passenger	2			(Inclusive of driver
				(molasive of driver
		PASSENGER	10 200	A STATE OF THE STA
Name				OF IC AND A STREET OF THE STREET
Gender	Male 🗆	Female o		
	AE CONTRACTOR	PASSENGER	2	Carta Maria Maria
Name				
Gender	Male 🗆	Female 🗆		
	502			
HARRY THE RESIDENCE	The state of the	PASSENGER	3	THE RESERVE TO SHEET, NAME OF SHOOT
Name				
Gender	Male 🗆	Female		
Comment of the second	E C	PASSENGER	4	
Name		and the special believes the party		
Gender	Male 🗆	Female 🗆		
		PASSENGER	A STATE OF THE PARTY OF THE PAR	
Name		MUDER		Territoria de la composición dela composición de la composición dela composición dela composición dela composición de la composición dela composición de la composición de la composición de la composición dela composición
Gender	Male 🗆	Female 🗆		
		, emaile L		
		PASSENGER	6	
Name			A STATE OF THE PARTY OF THE PAR	
Gender	Male 🗆	Female		
The state of the s	0	THER INFORMA	TION	AND THE PERSON NAMED IN
Was anybody injured?	Yes 🗹	No 🗆		
Was other vehicle damaged?	Yes	No 🗆		
THE STATE OF THE PARTY OF THE P	DET	AILS OF POLICE	ACTION	No. of the last of
Reported to police?	Yes 🗆	The second secon	s, please state which p	olice station
Police station name		/	, produce state striketi p	once station.
		WITNESS 1		THE PERSON NAMED IN COLUMN 1
Name		THE STATE	THE BOX SCHOOL STATE CO.	The Party of the Court of the Party of the Court of the C
Turilo .				
THE RESERVE THE PARTY OF THE PA		WITNESS 2	THE TANKS OF THE	A STATE OF THE STA
lame		WITHESS Z	加于最近的特殊	
ADDITE:				

	THIRD PARTY VEHICLE 1
Vehicle registration number	SLB 5798 X
Vehicle make model	
Name	christabella Low Meizun
NRIC / Fin / Passport number	590476305
Contact	

	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

The second second	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						

(

A TABLE OF THE PARTY OF THE PAR	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	

THE RESERVE OF PERSONS	NO PERSONAL PROPERTY.	INJURED PERSON 1
Name	Control of the last of the las	KON KIAN MENG, MCKENAGAN
Injuries sustained		Body
Which vehicle person in?		STERSSER
Were seat belts worn?	Yes 🗷	No D
Was injured conveyed to	Yes	No D
hospital by ambulance?	1000	110.00
		INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes□	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	THE RESERVE OF THE PERSON NAMED IN COLUMN TO SERVE OF THE	27.20.50-13
	physical areas	INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes□	No 🗆
hospital by ambulance?		
		Constant with the second secon
		INJURED PERSON 4
Name		
Injuries sustained		
Which vehicle person in?	******	wisconia.
Were seat belts worn?	Yes 🗆	No a
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
	STANDS STA	WILLIAMS SERVICES
Name		INJURED PERSON 5
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes□	No 🗆
		No D
Was injured conveyed to	Yes 🗆	NO L
hospital by ambulance?		
		INJURED PERSON 6
Name	The second second	THO ALD THIS ON O
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes	No D
hospital by ambulance?	163.0	110 0
Hospital by allibulance:		

hator Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

P 429.1

58012873H

Brief Group Date of result

20-05-2003

APT BLK 114 HO CHING ROAD #09-72 SINGAPORE 610114 NRIC No: SE0 12873H

Date: 24/02/2011 . No: 672485 t

3340005



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8012873H



KOH KIAN MENG, MCLENNAN

CHINESE 21-04-1980 Country of Birth

SINGAPORE

								Gen	eralClaim
300601					,	Change Lar	nguage +	Change Passwo	ord • Log Ou
Poli	cy Query								
Policy N	io.				Date of Ac	cident	21/02/	2018 18:00	
Vehicle	No.(For Motor)	SJEB556R							
				1	Search				
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
0	5094741200	THE LOCAL LEASING COMPANY PTE.	201632096M	GFT	Third Party	SJE8556R	SJE8556R	02/10/2017	
	Policy N Vehicle Select	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No.	Policy Query Policy No. Vehicle No.(For Motor) SJEB556R Select Policy No. Policyholder Name THE LOCAL LEASING COMPANY PTE.	Policy Query Policy No. Vehicle No. (For Motor) SJEB556R Select Policy No. Policyholder Name NRIC THE LOCAL LEASING COMPANY PTE. 201632096M	Policy Query Policy No. Vehicle No. (For Motor) SJEB556R Select Policy No. Policyholder Name NRIC THE LOCAL LEASING COMPANY PTE. 201632096M GFT	Policy Query Policy No. Date of Active Policy No. SJEB556R Search Select Policy No. Policyholder Name NRIC Product Cover Type THE LOCAL LEASING COMPANY PTE. 201632096M GFT Third Party	Policy Query Policy No. Date of Accident Vehicle No. (For Motor) SJEB556R Search Select Policy No. Policyholder Name NRIC Product Cover Type Vehicle No. THE LOCAL LEASING 2016/20096M CST Third Page CYCOSSES	Policy Query Policy No. Date of Accident 21/02/ Vehicle No. (For Motor) Signs 556R Search Select Policy No. Policyholder Name NRIC Name NRIC THE LOCAL LEASING COMPANY PTE. 201632096M GFT Third Party SJE8556R SJE8556R	Policy Query Policy No. Date of Accident 21/02/2018 18:00 Vehicle No. (For Motor) SJEB556R Search Select Policy No. Policyholder Name NRIC Product Cover Type No. Object Date THE LOCAL LEASING COMPANY PTE. 201632096M GFT Third Party SJE8556R SJE8556R 02/10/2017

Policy No.	5094741200	Policyholder Name	THE LOCAL LEASING CO	MPANY Policyholder NRIC	201632096M
Address	BLK 550 #02-636 SEGA	R ROAD SEGAR PALMY	/IEW SINGAPORE 670550		
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	02/10/2017	Effective Date	02/10/2017 00:00	Expiry Date	01/10/2018 23:59
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess Outside	0	OS Premium	0		
Singapore OD Excess	0	Outside Singapore TP Excess	1500		
Agent	IVAN INSURANCE AGENC	CY Agent Tel.	64400220	GST Flag	Y
Co- insurance Flag Open	No				
Policy Info Certificate Info					
Policyh	older Mailing Address	G-71 S			
Address 1	BLK 550 #02-636	Address 2	SEGAR ROAD	Address 3	SEGAR PALMVIEW
Address 4	SINGAPORE 670550	Address Type Related	Singapore address	Post Code	670550
Unit No.	02-636	Policy Number	5097500667		
▶ Insured ▼ Endorse	d Object: SJE8556R				
Sequenc	p Date of	Endorsement Type	Endorsement _	indorsement Status	Endowski Contact
L	02/10/2017 00:00	Basic Information	Number E	ndorsement Take	Endorsement Content Update Memo A
2	11/10/2017 00:00	Endorsement Basic Information	000001286671485 Er	ndorsement Take	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJL5133K 11-10-2017 \$1,043.62 In view of this amendment, an additional premium of \$1,043.62 (inclusive of GST) is payable under your policy. Please ignore
	14,10,2017 00.00	Endorsement	500001286671485 Ef	iective	this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque.

cident MT/0983280						
olicy No.	5094741200	Vehicle No.	S)68556R	GST Registration N	n.	
olicyholder Name	THE LOCAL LEASING COMPANY PTE, LTD.	- Account control		Policyholder NRIC		201632096M
roduct Code	PLEET INSURANCE	Cover Type	Third Party			0 201032030H
ontact No.(Mobile)	0	Contact No. (Office)	0	Contact No (Home)		0
mail Address		Special Remark	~~	eCode		No. W
rk .	® No O Yes	TCA	® No ○Yes	eCode Resson		I Market
CD Protection	No	NCO Entitlement(%)	0	Private Hire		Yes
Accident Details		SOUR-SCOTTERS MORES OF				
eport Date	22/02/2018 18:42	Accident Report Within 24 hrs	Ves	Accident Type		Collision - Head to Rear
ate of Accident	21/02/2018	Time of Accident hhumm	18:00	Country of Acciden		Singapore
	ENIMETERIO		16:00		13	pingaporg
eporting Centre		Orange Force		ICM No.		
codent Location.	SLIP RD JURONG WEST ST 64 TWDS BOON	LAY WAY				
▼ Benefits						
♥ Excess						
wn damage Excess	0.00	Additional Excess	0.00	Windscreen Excess		0.00
rinamed Driver Excess		Outside Singapore OO Excess	0.00			
hind Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00			
GST Registered Inform	ation					
T Registered	No		GST Registration Date			
ST Registration No.			GST Status Verified	Yes		
odification History						
	99105					
Policyholder Mailing Ad	8LK 550 #02-636	Address 2	CECAR POAD	Antonio 3		CECAD ON MATERIA
			SEGAR ROAD	Address 3		SEGAR PALMVIEW
ddress 4	SINGAPORE 670550	Address Type	Singapore address	Post Code		670550
nt No.	02-636	Related Policy Number	5097500667			
⇒ OI Driver Info			A CONTRACTOR AND NOTICE AND NOTIC			
river Name	Unnamed Driver	Driver Type	Unnamed Driver			
named driver Name	KCH KIAN MENG, MOLENNAN	Driver NRIC	S8012873H	Driver DOB		21/04/1980
egister Date of Driver License		Driver Age	37	Driving Experience		14
entact No.(Mobile)	99766556	Contact No.(Office)	0	Contact No.(Home)		0
idress i	BLK 114	Address 2	HO CHING ROAD	Address 3		CORPORATION COURT
doress 4	SINGAPORE 610114	Address Type	Singapore address	Post Code		610114
	09-72					
ses he own a Singapore	09-72 ○ Yes ® No	Oriver Vehicle No.		Driver Insurer Com	pany	
ses he own a Singapore ogistered car?		Driver Vehicle No.		Driver Insurer Com	pany	
des he own a Singapore ogistered car? claration		Onver Vehicle No.	COLLEGE	Driver Insurer Com	pany	
ses he own a Singapore egistered car? claration reathalyser or Blood Test		Oriver Vehicle No. Any injury?	® Yes ○ No	Driver Insurer Com	pany	
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Attachment		Uploaded By/Date	Category	Urgency Urgency	Description	Msg Sent? Actio (CO)
EN-	NAC_PAYA_UBI_BODSQ1{ NAT	IONAL ASSESSMENT CENTRE SERVICES) on 22 Fe b 2018 (8:45	NRIC/ Driving License	Normal	NRJC/ Driving License 2018-2-22	Edit
10	NAC_PAYA_UB1_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 22 Fe b 2018 18:45	SAS	Normal	SAS 2018-2-22	tie
000	NAC_PAYA_UBJ_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 22 Fe 9-2018 18:45	Photos	Normal	Photos 2018-2-22	Edit
38	NAC_PAYA_UBI_B00601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 22 Fe b 2018 18:45	Photos	Normal	Photos 2018-2-22	Edit
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77	NAC_RAYA_U81_800603(NAT	ONAL ASSESSMENT CENTRE SERVICES) on 22 FE b 2018 18/44	Photos	Normal	Photos 2018-2-22	Edit
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3	NAC_PAYA_UBI_800601(NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 22 Fe b 2018 18:44	Photos	Normal	Photos 2018-2-22	Edit
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1	NAC_PRVA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Fe b 2018 18-44		Photos.	Normal	Photos 2018-2-22	Edit
-	NAC_PAYA_UBI_BODRO1(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Fe b 2016 16:44		Photos	Normal	Photos 2016-2-22	Edit
S.	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRÉ SERVICES) on 27 Pe b 2018 18:44		Photos	Normal	Photos 2018-2-22	Edit
E	NAC_PAYA_UB1_B006D1(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Fe b 2018 18:44		Photos	Normal	Photos 2018-2-22	Edit
Video List						
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