NATIONAL Assessment Ce.	ntre Services.	150,002 WN V 180,000		Davida	
Date In: \$13/18-15: 56	Jeb description	Date &Timo	Completed	Done by	
Res No: NA) NC 1800 4216124	SAS e-filing	i			
Veh No: 5084664	E-mail (within 8hrs, A	IC 2hrs)			+
D.O.A : 4 1 18- 17:00	i-Motor Claim Fo	rm MT 098 4	734 5	3/18 16:	16
	i-Motor W/O (With	nin: OD 2hrs, TP 4hrs)			
OD : TP/: Reporting Only	i-Photo Uploaded		MARKET		
	Assessment/Survey	Report			
TP Insurer:	Ass't Report by Fax	/ Hand to Owner/Wks	P		
Preferred Wksp / INC Assign Wksp / QW:	(	Tel:	Fax:		
TP Particulars: Veh No:	869559K	INC( )/Non-IN	IC( ).		
Owner / Driver: (		Tel:	+ .	)	
Policy No: (	Period: (	) Cover Type	:(	)	
Confirmed by : (			me:	)	
Insured/Driver Liability: ( %	6) [Note-Est. Status (WO):	N: 0-20%; P: 21-79	9%. F: 30-100%	6]	- 1
Year of Registration: (	) Warranty: YES ( )/	NO( )			
Excess: (\$ ) Loading:	\$1,000 ( )/\$2,000 (	)			
General Remarks				4	
Remarks: (INC horline: 6788 661  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost Injury:  Date/Time Actions	) / Courtesy Car ( ) ( ) > \$3000] ( )	Date&inno		Bone by	, son. p.,
NA1801914		oice Preparation Ch	W-0602/WEZZZZ	Ant (5)	Amt(1)
laimant's Particulars :-	2) D	R : Accident Reporting (\$3) A : Damage Assessment (\$10	00); INC (\$80)		
river/Owner:	4) F	F : Towing Fee I : Follow-Through Survey	\$40/\$45 \$120		
ontact No:	512	T : Follow-Through Survey (Por claiming against INC Only	(wef 10 Jan 2005)		
amaged Portion:	6) T	R: Re-inspection 1: Idac DA + SMRT Survey	\$75	-	
	8) N	TUC Additional Services:-			
C Checked by (Engr-In-Charge):	0	D* N5: Courtesy Car / Tpt Allowe	anne SS		
-, (-)	•1	N6: Repair Co-ordination	\$10 \$25		
auditors' Comments:-	A STORE SELECTION	N7: Fost Repair Inspection N8: DV / Collect Excess Coor	dination 5:	5	
af. 1:	I	P(N11): TP (Non INC) again	nst INC \$20	01	Charles Lands
	The second secon	112: Idac Mobile	Fee Charged		ska J
1. 2/3:	Invo	ice dated	Fee Charged	MELIN	

3.71 41

### SINGAPORE ACCIDENT STATEMENT

## 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 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

and the second second second second second	ACCIDENT STATEMENT
Date Of Report	05/03/2018 15:56
Date Of Accident	04/03/2018 17:00
Exact Location Of Accident	BUYONG RD TWDS PLAZA SINGAPURA
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJD8466Y
Insured/Policyholder	
Name Of Registered Owner	TAN CHAI MENG
NRIC No	S9228933H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93487487
Alternative Phone No	OFFICE-93487487
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER 1.6 A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
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
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5098527171

#### Driver

Cover Note Number

TAN CHAI MENG, EDMUND Name of Driver

S9228933H NRIC No 19/08/1992 Date Of Birth OUTDOOR Occupation 28/02/2018 Date Of Driving Pass

0 YEAR AND 0 MONTH **Driving Experience** 

MALE Gender

(LOCAL) +65-93487487 Mobile Number

Fax Number

OFFICE-93487487 Contact Number

NOEMAIL EMail Address

BLK 181 ANG MO KIO AVENUE 5

Address #04-2936 560181 Postcode

Was driver an employee of the Insured's Company NO

OWNER

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

COLLISION - HEAD TO REAR Type Of Accident

RAINING Weather Conditions WET Road Surface

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 NO ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 1

**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 NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

GBG9559K

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

COMMERCIAL VEHICLE Vehicle Category

LIM KENG HIAN Name of Driver

NRIC/Passport Number

90929559 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

TAN CHAI MENG, EDMUND Name

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

SJD8466Y

YES

NO

#### SKETCH PLAN

## IMPORTANT NOTICE

- 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.
- 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.
- 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 Personnel's Signature

Name: NRIC/FIN No.:

My car was completely stationary along Buyong Road towards Plaza Singapura, on the second lane, due to the traffic light was red. All of a sudden, I felt an impact from the rear of my car. I got out from my car and saw that Vehicle B had hit onto the rear of my car.

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	
Date of accident	04.03.2018	(DD/MM/YY)
Time of accident	(400	(HH:MM)
Exact location of accident	Buyong Road taxards Haza Singapura	(e.

	DETAILS OF VEHICLE
Vehicle registration number	3D 84669
Vehicle make and model	Mitsubishi Lancer
Type of vehicle	Saloon MPV CRV Van CRV Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes □ No Ø if no, please select:  Third part claim ☑ Reporting only □

	INSURANCE INFO	DRMATION	
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive 🖂	Third party fire & theft $\square$	TP only 🗆

	INSURED / POLICY HOLDER		
Name	TAN CHAI MENG EDMUND	Male	Female
NRIC / Fin / Passport number	S9228933H		
Contact	93487 487 / 9735 6678 (girlfriend)		
Address	BIK181 Ang Mokao Ave 5 #04-2936 S( Sho181)		

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	
Name		nale 🗆
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth	19.08.1992	
Occupation	Indoor D Outdoor	
Driving date pass	38.02.2018	

G	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes No.
the insured's company?	If no, relationship of the driver and mountain
Accident captured by camera?	Yes Others
Weather condition	Clear  Raining Others:
Road surface	Dry  Wet  (Inclusive of driv
No of passenger	(Inclusive of driv
	PASSENGER 1
Name	PASSINGEN 2
Gender	Male  Female
	PASSENGER 2
Name	
Gender	Male   Female
	PASSENGER 3
Name of the latest the	
Name Gender	Male   Female
Gender	Ividie d Terridie d
	PASSENGER 4
Name	
Gender	Male  Female
	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 D
Was other vernore admingraph	
	DETAILS OF POLICE ACTION
Reported to police?	Yes □ No □ If yes, please state which police station.
Police station name	
	WITNESS 1
Name	WINIST
Name	
	WITNESS 2
Nama	
Name	

	THIRD PARTY VEHICLE 1
Vehicle registration number	GBG 9559 K
Vehicle make model	
Name	Lim Keng Hian.
NRIC / Fin / Passport number	
Contact	90929559.
contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
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	TAN CHAI MENG EDMUND
Injuries sustained	Nect A Borcle
Which vehicle person in?	Y3480C2
Were seat belts worn?	Yes 🗹 No 🗆
Was injured conveyed to	Yes D No P
hospital by ambulance?	
	INJURED PERSON 2
Name	NOONES : ENSON 2
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗆 No 🗆
	Yes No No
Was injured conveyed to	TES LI INO LI
hospital by ambulance?	
	INTERPRETARIA
The state of the s	INJURED PERSON 3
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes  No
hospital by ambulance?	
	INJURED PERSON 4
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗆 No 🗸
Was injured conveyed to	
was injured conveyed to	Yes 🗆 No 🗆
On 1997	
hospital by ambulance?	
On 1997	Yes - Mo-
hospital by ambulance?	
hospital by ambulance?  Name	Yes - Mo-
Name Injuries sustained	Yes - Mo-
Name Injuries sustained Which vehicle person in?	Yes - No - INJURED PERSON 5
Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes - No - Yes - No -
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes - No - INJURED PERSON 5
Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes - No - Yes - No -
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes   No    Yes   No    Yes   No    Yes   No
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes - No - Yes - No -
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name	Yes   No    Yes   No    Yes   No    Yes   No
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained	Yes   No    Yes   No    Yes   No    Yes   No
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?	Yes   No    Yes   No    Yes   No    Yes   No    INJURED PERSON 6
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes   No    Yes   No    Yes   No    Yes   No    INJURED PERSON 6
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?	Yes   No    Yes   No    Yes   No    Yes   No    INJURED PERSON 6

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9228933H





TAN CHAI MENG, EDMUND

CHINESE

19-08-1992

SINGAPORE

MRIC No S9228933H

tiete of lease 16-10-2010

APT BLK 181 ANG MO KIO AVENUE 5 #04-2936 SINGAPORE 560181

#### INSTRUCTIONS TO APPLICANTS

Where to Submit Your Application Form:

For renewal of driving licence, submit your application form at Traffic Police in person a) with the relevant documents\*. Application by proxy is not allowed.

For new drivers or drivers obtaining a new class of licence, please submit your b) application form at any test centre (Kampong Ubi Test Centre, Bukit Batok Test Centre, And Mo Kio Test Centre or Jurong Driving Test Centre). Your application form will not be accepted at the Post Office.

\*Documents Required:

One passport-size colour photograph. Write your FIN/NRIC number behind the photograph and paste it within the box provided on the application form. The photograph must be:

in colour;

passport-size (35mm wide by 45mm high without borders);

the facial image must be between 25mm and 35mm from chin to crown;

- taken within the previous 3 months; taken against a plain white background with a matt or semi-matt finish; and taken full face without headgear, unless the applicant habitually wears a headgear in accordance with religious or racial custom. The headgear must not hide the
- applicant's facial features. NRIC for Singaporeans and PRs. Passport and Work Permit/Entry Permit/Employment



TRAFFIC POLICE DEPARTMENT SINGAPORE POLICE FORCE 10, UBI AVENUE 3 SINGAPORE 408865

# Private & Confidential

TAN CHAI MENG, EDMUND

APT BLK 181 ANG MO KIO AVENUE 5 #04-2936 SINGAPORE 560181

You will receive your photocard licence by registered mail within 1 month from date of application unless you made a special request to collect at Traffic Police Department at time of application.

S9228933H (3)

C001340717

\$50/-

YOU CAN DRIVE WHILE AWAITING THE DELIVERY OF YOUR PHOTOCARD DRIVING LICENCE....

28/02/2018

(Please do not detach)



NLE DISTRANCE AGENCIES PIE LID Juroag East 5121 04-100 15155 Sanding ingepore acres:

#### Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5098527171	Cover :	Third Party

1	Index mark and Registration Number of Vehicle	SJD8466Y
	Chassis Number	: JMYSTCS3A8U006132
2	Name of Policyholder	: TAN CHAI MENG
3.	Effective Date of Insurance	: 01 Mar 2018

- 5. Persons or Classes of Persons entitled to drive#
  - (a) The Policyholder.

4. Expiry Date of Insurance

(b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

: 06 Apr 2018

- 6. Limitations as to Use#
  - (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

#### This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.
  - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: TAN CHAI MENG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

: NLE INSURANCE AGENCIES PTE LTD (00000614580) Agency

: 01 Mar 2018 15:15 hrs Date of Issue

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

**Chief Executive** 

Countersigned By:

**Authorised Officer** 

eBaoTech				31.2				15.3	Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601						Change Lan	guage	Change Passwo	rd • Log Out
My Desktop	Polic	y Query								
Notice of Loss	Policy No.					Date of Accident 04/03		3/2018 17:00		
	Vehicle	No.(For Motor)	S)D8466Y							
					1	Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5098527171	TAN CHAI MENG	S9228933H	GPC	Third Party	SJD8466Y	SJD8466Y	01/03/2018	06/04/2018
						Continue				

Policy No.	5098527171	Policyholder Name	TAN CHAI MENG	Policyholder NRIC	S9228933H
Address	BLK 181 #04-2936 ANG MO KIO	AVENUE 5 KE	EBUN BARU LINK 2 SINGAPO	ORE 560181	
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	01/03/2018	Effective Date	01/03/2018 00:00	Expiry Date	06/04/2018 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	584.36		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0		
Agent	NLE INSURANCE AGENCIES PTE	Agent Tel.	65673612	GST Flag	Y
Co- insurance Flag Open	No				
Policy Info Certificate Info					
Policyh	older Mailing Address				
Address 1	BLK 181 #04-2936	Address 2	ANG MO KIO AVENUE 5	Address 3	KEBUN BARU LINK 2
Address 4	SINGAPORE 560181	Address Type	Singapore address	Post Code	560181
Unit No.	04-2936	Related Policy Number	5098527171		
) Insure	d Object: SJD8466Y				
▽ Endors	ements				
Sequen	e Date of Endorsement	Endorse	ment Type Endor	sement Status	Endorsement Content

Claim Handling					» Exi
The premium on this policy has Accident MT/0984734	s not been collected.				
Policy No.	5098527171	Vehicle No.	SJD8466Y	GST Registration No.	
Policyholder Name	TAN CHAI MENG			Policyholder NRIC	59228933H
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	o .
Contact No.(Mobile)	93487487	Contact No. (Office)	0	Contact No.(Home)	a
Email Address		Special Remark		eCode	14 ×
KFK	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
NCD Protection	FAO	NCD Englement(%)	0	Private Hire	No -
→ Accident Details		V12444444444444444444444444444444444444	Total Control of the	And the second s	Annual State of the State of th
Report Date	05/03/2018 16:14	Accident Report Within 24 hrs		Accident Type	Collision - Head to Rear
Date of Accident	04/03/2018	Time of Accident hh:mm	17:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUYONG RD TWDS PLAZA SINGAPURA				
♥ Benefits					
T Excess					
Dwn damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	0.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
GST Registered Inform					
GST Registered GST Registration No.	No		GST Registration Date GST Status Verified	Yes	
Modification History			D21 Sterns delined	166	
Policyholder Mailing Ar	ddress				
Address 1	BLK 181 #04-2936	Address 2	ANG MO KIO AVENUE S	Address 3	KEBUN BARU LINK 2
Address 4	SINGAPORE 560181	Address Type	Singapore address	Post Code	560181
Unit No.	04-2936	Related Policy Number	5098527171		
OI Driver Info					
Driver Name	TAN CHALMENG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	59228933H	Driver DOB	13/08/1335
Register Date of Driver License	e 28/02/2018	Driver Age	25	Driving Experience	0
Contact No.(Mobile)	03497467	Contact No.(Office)	٥	Contact No.(Home)	0
Address 1	BLK 181	Address 2	ANG NO KID AVENUE 5	Address 3	KEBUN BARU LINK 2
Address 4	SINGAPORE SEDIBE	Address Type	Singapore address	Post Code	560181
Unit No. Does he own a Singapore	04-2936				
Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
197 #1942#1999#1					
Declaration Breathalyser or Blood Test					
Reading?	0 mg	Any injury?	® Yes ○ No		
Modification History					
Claim 901 New					
		- yr - Novin	p.,,,,,,		processor
Claim Type *	00-мх	Intured Name	TAN CHALMENG	Insured NRIC	S9228933H
Contact No. (Mobile)	93487487	Contact No.(Home)		Contact No.(Office)	
Email Appress		Of Vehicle Number	53004669	TP Vehicle Number	GBG9559K
Claim Description	SJD8466Y / GBG9559K ON 4 Mar 2018	es works 20	-	Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		11
Require Finalisation	Ves 💟	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	05/03/2018 16:16	Claim Close Date		Date Received	05/03/2018 00:00
Report Taken By	Jackson				
Print AK letter			W - 1/2 - 2-10 - 1/2 - 1		
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Attachment					
Carrier III		Philippin Co.	***		
Accident No.	MT/0984734	Claim No.	001		
Last Doc. Received	● Yes ○ No	Upload Date	05/03/2016 16:17	2000000	2000000
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Attachment L	Uploaded By/Date	Caregory	?	Urgency	Description	Msg Sent? Act (CO)
5	NAC_PRYA_URS_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Ma r 2018 16:17	NRIC/ Driving Licerse		Normal	NRIC/ Driving License 2018-3-5	6.
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Ma r 2018 16:17	NR3C/ Oriving Doense		Normal	NRIC/ Onlying License 2018-3-5	E
753	NAE_PAVA_UBI_BOOSO1; NATIONAL ASSESSMENT CENTRE SERVICES) on 65 Ma F 2018 16:17	SAS		Normal	SAS 2018-3-5	
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¥	NAC_PAYA_UBL_BODGO1( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Ma + 2018 16:16	Photos		Normal	Photos 2018-3-5	
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	NAC PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Ma r 2018 18:16	Photos		Normal	Photos 2018-3-5	
12.0	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Ma ( 2018 16:10	Photos		Normal	Photos 2018-3-5	
Video List	Uploaded By/Date Folder Date	File Name		?	Source	Action