NATIONAL Assessment Centre	e Services pur various p	MA118041444	*	
Date In: 27/3/18-16:10	Jcb description	Date & Time Completed	Done l	o.v.
Re[No: NA] IN (8005686) 24	SAS e-filing			
Veh No: 51 23612	E-mail (within Shrs, AIC 2hrs)			-4
D.O.A .: 24/3/18-22:25	i-Motor Claim Form	MT/0987945	27/3/18 1	7:48
	i-Motor W/O (Within: OD 2			
OD TP Reporting Only	i-Photo Uploaded			
	Assessment/Survey Report			25 M 5 N
TP Insurer:	Ass't Report by Fax / Hand	1 1		
Preferred Wksp / INC Assign Wksp / QW: (The same of the sa	Fax:	
TP Particulars: Veh No: SR C	3399 R INC	()/Non-INC()	- 10	
Owner / Driver: (77/18	Tel:)	
The state of the s	riod: (Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [1	Note-Est. Status (WO): N: 0-	-20%; P: 21-79%. P: 30-	.100%]	
Year of Registration: ()	Warranty: YES ()/NO ()		
Excess: (\$) Loading: \$1,0	00()/\$2,000()			
General Remarks:	West of the state		Store Store	
() Walk-In Customer: Customer's info	The state of the s			
() Total Loss Case : to e-mail Insure		* mar 19 3		
Drive-In ()/ Towed-In (); Invoice		Towing Co: (-)
		3	#77000 WC 15	
Remarks: (INC hotline: 6788 6616)		Date&Timb Completed	A STATE OF THE PARTY OF THE PAR	Dy .
	Courtesy Car ()		-	
2) QC Check / Post Repair Inspection	()			
 Upload Resurvey Photo [Repair Cost > \$3 	3000] ()			
Injury:	,			
Date/Time Actions	desirate de la companya de la compa		STATE OF THE PARTY	1 (1) (2) (1)
/Aic line (I chon)				
			-131-1-1	
	*			
•		Service and American		
144	January P	reparation Checklist	Ant (S)	Amil (\$)
NA1801940 ·		200 000 000 000 000 000 000 000 000 000	THE MEBIL	Add Bill
laimant's Particulars :-	2) DA : Dame	ge Assessment (\$100); INC		
river/Owner:	3) TF : Towin	ng Fee v-Through Survey	\$40/\$45 \$120	
	S) FT : Follow	w-Through Survey (Resurvey)	\$30	
ontact No:	For claimin 6) TR : Re-in	spection	\$75	
maged Portion:	7) N1 : Idao I	OA + SMRT Survey	\$160	
	8) NTUC Ad	ditional Services:-		
C Checked by (Engr-In-Charge):	*NS: Cour	tesy Car / Tpt Allowance	\$5	
	•N6: Repa	ir Co-ordination	\$10 \$25	
uditors Comments ::	+N8: DV /	Repair Inspection Collect Excess Coordination	\$5	
L1:	TP (N11)	TP (Non INC) against INC	30	14
	9) N12: Idac Invoice dated	Fee Charge	ed montester	artin Ja
t. 2/3;	Invoice dated	P Ch	ed SECTION	

7 . ph; 11 1.75

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.

- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

aforesaid,	
	ACCIDENT STATEMENT
Date Of Report	27/03/2018 16:10
Date Of Accident	24/03/2018 22:25
Exact Location Of Accident	PIE (TUAS) AFTER WHITLEY RD EXIT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJJ2361Z
Insured/Policyholder	
Name Of Registered Owner	PRESTIGE LEASING PTE LTD
Co Reg No	201723326H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM 1.8L A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5094838100
Cover Note Number	
Driver	
Name of Driver	CHIN YOKE MENG
NRIC No	S2574596E

09/08/1965 Date Of Birth OUTDOOR Occupation 15/11/1990 Date Of Driving Pass 27 YEARS AND 4 MONTHS Driving Experience MALE Gender (LOCAL) +65-96360401 Mobile Number Fax Number

OFFICE-96360401 Contact Number

NOEMAIL EMail Address

BLK 615 CHOA CHU KANG STREET 62 Address

#09-255

Postcode 680615

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

CHAIN COLLISION Type Of Accident

Weather Conditions CLEAR DRY Road Surface

Other Information

YES Was any foreign vehicle involved in this accident?

WA6234E (PRIVATE CAR) Foreign Vehicle Registration Number

Number of vehicles involved in the accident 6 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

NO

NO

If Yes, Please state which Police Station

Police Station Name CHOA CHU KANG NPC

ROAD: 20 CHOA CHU KANG ST 52 #01-02, POSTCODE: 689286, Police Station Address

COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180325/2149.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD8840Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 38

Nature Of Damage

No. Of Passenger (Including Driver) 2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SBC3399R

Vehicle Make/Model/Colour

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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLR2266A

Vehicle Make/Model/Colour

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 OTHER VEHICLE PROPERTY 4

Vehicle Registration Number WTX7226

Vehicle Make/Model/Colour

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 OTHER VEHICLE PROPERTY 5

Vehicle Registration Number WA6234E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1					
Name	CHIN YOKE MENG				
Approximate Age					
Injuries Sustain	NECK				
Injured person in which vehicle?	SJJ2361Z				
Were seat belts worn?	YES				
Was this injured conveyed to hospital by ambulance?	NO				
Address					

SKETCH PLAN

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.
- 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.:



efer t	o police repor	- 7/20180325/2149.	
	7		
		/	
	× -		

DECLARATION E

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/20180325/2149

1 of 5

Report No. T/20180325/2149

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

25/03/2018 22:39			Vide Report No.: Station Diary No.: 166				
Informa	nt's Partic	ulars					
Name of Informant: CHIN YOKE MENG			Address: APT BLK 615 CHOA CHU KANG STREET 62 #09-255				
Total In			SINGAPORE 680615	10 10 10 10 0 11 12 1 02 #00 200			
ID Type / ID No.:			Contact No.:				
NRIC NO / S2574596E			Home/Office: Mobile: 96360401				
Nationality: SINGAPORE CITIZEN		Email:					
Sex: Male	Age: 52	Date of Birth: 09/08/1965	Type of Informant:				
Race: Chinese		Language:	Institution / School Name:				
Occupation:		Driving Licence Information:					
GRAB DRIVER			Class: 2B.2A.3 Date of Expiry:				

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/03/2018 22:25	Type of Location Straight Road	
www.ll w	EXPRESSWAY uas near exit of whitney r	oad	e A		
Weather: Ro		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Traff		Traffic Control: Not Controlled	87	Traffic Volume: Heavy	
Type of Collis Between Mov	ion: ing Vehicles - Head To R	ear	8	Anyone conveyed by ambulance:	

Details of V	ehicle Invol	ved				THE PARTY OF
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SBC3399R	Car	8	**		Seriously Damaged	1
SHD8840Z	Car				Slightly Damaged	1
SJJ2361Z	Car				Seriously Damaged	0
SLR2266A	Car			+5.	Seriously Damaged	0
WA6234E	Car	11.		14	Seriously Damaged	0





2 of 5

Report No. T/20180325/2149

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

CONTINUATION OF REPORT

Details of V	· ####################################		Model	Color	Condition	No of Passeng
Vehicle No.	Туре	Make	Model		Seriously	Type and the second sec
WTX7226	Car				Damaged	

Details of Person	ushind: No	DOMESTIC COLOR				40 - 14	
Any Pedestrian In	Volved. INO		Use of Ped	lestrian	Cross	ing: NA	
No. of Pedestrian	s injured: NIL			Section.			
Name	Lim Li Kian			ID No.		S1719421F	
Related Vehicle	SBC3399R (Car)				ct No.	NIL	
Hospital/Clinic	NIL				of e & Date	Class: NIL Date of Expiry: NIL	
	NIL		Date Disc	scharge NIL			
Date Treatment	ted Medical Leave	NIL		Degree of Injury NIL			
Driver	ted Medical Leave		Charles and the	温港水	The state of	STATE OF THE STATE	
Name	Mohammad Arslam			ID No.		S2661754E	
Related Vehicle	SHD8840Z (Car)			Contact No.		NIL .	
Hospital/Clinic	NIL			Class Driving Licens Expiry	g ce &	Class: NIL Date of Expiry: NIL	
D-t- Treetment	NIL		Date Disc				
Date Treatment	ted Medical Leave	NIL	The second secon	of Injury NIL			
	ted Wedical Leave	A CONTRACTOR				公司的企业的	
Driver Name	CHIN YOKE MENG			ID No	And Post Units pa	S2574596E	
Related Vehicle	SJJ2361Z (Car)	SJJ2361Z (Car)			ct No.	96360401	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 2B,2A,3 Date of Expiry: NIL	
Date Treatment	NIL		Date Disc		NIL		
Date Treatment	nted Medical Leave	NIL	Degree o		NIL		





T/20180325/2149

3 of 5

Report No. T/20180325/2149

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

CONTINUATION OF REPORT

Name	THNG WENTING , Jessica	IDN	lo.	S8901076D
	35			* 5 1
Related Vehicle	SLR2266A (Car)	Cor	tact No.	NIL
Hospital/Clinic	NIL	Driv Lice	ss of ing nce & iry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of Injur	/ NIL	
AND DESIGNATION OF				
Name	Yoshida shini chiro	ID I	lo.	TZ1262128
Related Vehicle	WA6234E (Car)	Cor	tact No.	NIL
Hospital/Clinic	NIL	Driv Lice	s of ing nce & iry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge		
	ted Medical Leave NIL	Degree of Injur		
		THE DESIGNATION OF		
Name	Tang Poi Meng	IDI	lo.	G6722697L
Related Vehicle	WTX7226 (Car)	Cor	tact No.	NIL
Hospital/Clinic	NIL :	Driv Lice	ss of ing nce & iry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
	ted Medical Leave NIL	Degree of Injur	_	

Brief Details.

On 24/03/18 at about 2225hrs, I was driving my vehicle with plate number SJJ2361Z along PIE towards tuas near the exit of whitney road. Suddenly, the vehicle in front of me with plate number SHD8840Z suddenly stop. I could not stop my vehicle in time and collide with the front vehicle(SHD8840Z). Subsequently, vehicle from the back collide to each other and link to a chain. After the collision, all the driver went out and do a check on our own vehicle. I did not exchange contact with any of the involved drivers during the accident . I only took photo of their driving license. There is traffic police attended to us. Ambulance was also at the vicinity. No one is conveyed to hospital. No government property is damaged during the accident.



T2048032572149

4 of 5 ,

Report No. T/20180325/2149

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

CONTINUATION OF REPORT





5 of 5

Report No. T/20180325/2149

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:	e's Insurance Certificate to this report. If you don't he seed to the seed to
Signature Of Interpreter: Not applicable	Date/Time: 25/03/2018 22:39
Officer in Charge Of Case: TP / GIT / Sgt 3 MOHAMED RIZWAN BIN IBRAHIM Contact No.: 65470000	Classification Of Case:



MEDICAL CERTIFICATE

NRIC

: S2574596E

NAME

: CHIN YOKE MENG

VISIT DATE : 25 Mar 2018 (20:07)

VISIT NO

: G05718006937

This is to certify that the above mentioned has been given:

OUTPATIENT SICK LEAVE for 1 day from 25 Mar 2018 to 25 Mar 2018

DOCTOR : Lot 1 Locum (LOCUM)

CLINIC

: Lot One

ADDRESS : 21 CHOA CHU KANG AVE 4 LEVEL -B1-07A LOT 1 SHOPPER'S MALL 689812

This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

Printed: 25 Mar 2018, 08:21PM

"This certificate is electronically generated. No signature is required.

L Miller Medical 21 Choa Chu Kang, ve 4 Lot 1 Shopper's Mall 31-07A Sagrano 689812



A member of the NUHS

MEDICAL CERTIFICATE (Ref:39149433)

NAME: CHIN YOKE MENG

Type of Medical Leave granted: HOSPITALISATION LEAVE

The above named is unfit for duty from 26/3/2018 to 1/4/2018 inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from 26/03/201826/03/2018 09:5112:53 to 26/03/2018 21:13.

26/03/2018 Date Dr. Petrina Si Qi LIAM (62117Z) Issued by

Signature

Location: NTFGH EMERGENCY, EDTU

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$2574596E





CHIN YOKE MENG

五明

CHINESE

09-08-1965

Country of Birth

MALAYSIA







S2574596E

23-06-1999

APT BLK 615 CHOA CHU KANG STREET 62 #09 - 255 SINGAPORE 680615

NRIC No: \$2574596E Date: 21-09-2001 No: 4947610

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 2B Motorcycles not exceeding 200 cc
Class 2A Motorcycles between 201 oc and 400 cc
Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

15 Nov 1950 26 Aug 1997 15 Nov 1990

NP 428A



eBao Tech	ao Tech								Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601						Change Lan	guage	Change Passwo	ord • Log Out
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	io.				Date of Ac	cident	24/03	/2018 22:25	7
	Vehicle	No.(For Motor)	SJJ2361Z							
					1	Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5094838100	PRESTIGE LEASING PTE. LTD	201723326H	GFT	Third Party, Fire & Theft	SJJ2361Z	53323612		
			503		15	Continue				

5094838100	Policyholder Name	PRESTIGE LEASING PTE.	LTD Policyholder NRIC	201723326Н	
25 KAKI BUKIT ROAD 4 #0	1-62 SYNERGY @ K	B SINGAPORE 417800			
duct FLEET INSURANCE Pla			Group Policy Flag	N	
05/10/2017	Effective Date	05/10/2017 00:00	Expiry Date	04/10/2018 23:59	
1500	Own damage Excess	0	Windscreen Excess		
0	OS Premium	10737.73			
0	Outside Singapore	1500			
ANIKA INS BROKERS & CO	ONSUL Agent Tel.	66729988	GST Flag	Y	
No nolder Mailing Address					
2001	Address 2	#01-62 SYNERGY @ KB	Address 3	SINGAPORE 417800	
23 MARC BONT NOTE:	Address	Singapore address	Post Code	417800	
01-62	Related Policy Number	5098811203			
d Object: SJJ2361Z					
Date of	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content	
09/10/2017 00:00	Basic Information Endorsement	000001286669470	Endorsement Take Effective	amend coverage- no change in premium	
23/10/2017 00:00	Basic Information Endorsement	000001286678219	Endorsement Take Effective	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. SJJ1142X 23-10-2017 \$981.89 In view of this amendment, an additional premium of \$981.89 (inclusive of GST) is payable under your policy. Please ignorthis 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. Alternatively, you could also make payment at any of our	
	25 KAKI BUKIT ROAD 4 #0 FLEET INSURANCE 05/10/2017 1500 0 ANIKA INS BROKERS & CO NO ANIKA INS BROKERS & CO NO ANIKA BUKIT ROAD 4 01-62 ad Object: SJJ2361Z sements ce Date of Endorsement 09/10/2017 00:00	25 KAKI BUKIT ROAD 4 #01-62 SYNERGY ® KI FLEET INSURANCE Plan 05/10/2017 Effective Date 05/10/2017 Own damage Excess 0 OS Premium 0 Outside Singapore TP Excess ANIKA INS BROKERS & CONSUL Agent Tel. No nolder Mailing Address 25 KAKI BUKIT ROAD 4 Address 2 Address Type Related Policy Number 15 Ce Date of Endorsement Endorsement Type Basic Information Endorsement 09/10/2017 00:00 Basic Information Endorsement	25 KAKI BUKIT ROAD 4 #01-62 SYNERGY ® KB SINGAPORE 417800 FLEET INSURANCE Plan 05/10/2017 Effective Date 05/10/2017 00:00 0wn damage 0 Excess 0 OS 10737.73 Outside Singapore 1500 ANIKA INS BROKERS & CONSUL Agent Tel. 66729988 No nolder Mailing Address 25 KAKI BUKIT ROAD 4 Address 2 #01-62 SYNERGY ® KB Address Type Singapore address Related Policy Number 01-62 Policy Number 09/10/2017 00:00 Basic Information 000001286669470	Soy4838100 Name PRESTIGE LEASING PTE. LTD NRIC 1500 Plan Own damage Excess OS Premium OUtside Singapore TP Excess ANIKA INS BROKERS & CONSUL Agent Tel. Officer Singapore TP Excess 25 KAKI BUKIT ROAD 4 Address 2 Address 7 Address 7	

dent MT/0987945						
	5094939100	Vehicle No.	\$312361Z	GST Registration No.		
100	PRESTIGE LEASING PTE, LTD			Policyholder NRIC	201723326H	
	PLEET INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0	
	0	Contact No.(Office)	0	Contact No.(Home)	0	
	Š	Special Remark		eCode	192 V	
il Address	Q CVV	TCA	® No ○Yes	eCode Reason		
	® No ○Yes	NCD Entitlement(%)	0	Private Hire	Yes	
	No	NESS ENGINEERING MY				
Accident Details				Accident Type	Chain Collision	
ort Date	27/03/2018 17:45	Accident Report Within 24 hrs.			Singapore	
of Accident	24/03/2018	Time of Accident Inhumm	22:25	Country of Accident	Singapore	
orting Centre		Grange Force		JCM No.		
dent Location	PIE (TUAS) AFTER WHITLEY RD EXIT					
Benefits						
Excuss						
n damaga Excess	0.00	Additional Excess	0.00	Windscreen Excess	0.00	
amed Driver Excess		Outside Singapore OD Excess	0.00			
d Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00			
GST Registered Informa	tion					
Registered	No.		DST Registration Date			
Registration No.			GST Status Ventied	Yes		
Incation History						
Policyholder Mailing Ad	dress	20 100 100	A1100000000000000000000000000000000000	14140-14	CHICKOPOR ALTROP	
iress 1	25 KAKI BUKIT ROAD 4	Address 2	#01-62 SYNERGY @ KB	Address 3	SINGAPORE 417800	
dress 4		Address Type	Singapore address	Post Code	417800	
t No.	01-62	Related Policy Number	5098811203			
OI Driver Info						
ver Name	Unnamed Driver	Driver Type	Unnamed Driver	122.00 (2.00)	DE ME CLAPF	
named driver Name	CHIN YOKE MENG	Driver NRIC	\$2574596E	Driver DOB	09/08/1965	
gister Date of Driver License	15/11/1990	Driver Age	52	Driving Experience	27	
ntact No.(Mobile)	96360401	Contact No.(Office)	•	Contact No. (Home)	0	
dress 1	BLK 615	Address 2	CHOA CHU KANG STREET 62	Address 3	SINGAPORE 680615	
dress 4		Address Type	Singapore address	Post Code	680615	
it No.	09-255					
es he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company		
gistered car?	0.144.0114					
(A-21.00 (DA)(00.0 A)						
Slaration	0.00	Any injury?	® Yes ○ No			
claration cathalyser or Blood Test	0 mg	Any injury?	® Yes ○ No			
clanktion eathalyser or Blood Test eading?	0 mg	Any ingury?				
cleration cathalyser or Blood Test ading?	0 mg	Any injury?	⊛ Yes ○ No			
claration tathalyser or Blood Test ading? sification History	0 mg	Any injury?	⊛ Yes ○ No			
claration cathalyser or Blood Test ading? diffication History	0 mg	Апу издиу?	® Yes ○ No			
claration cathalyser or Blood Test ading? diffication History	0 mg					
claration realhalyser or Broad Test ading? diffication History Claim 001 New	0 mg	Any injury? Insured Name	® Yes ○ No PRESTIGE LEASING PTE, LTD	Insured NRIC	201723326H	
claration cathalyser or Blood Test ading? dification History Claim GG1 New	- 1975 -			Contact No.(Office)	NIL	
claration claration per proof Test ading? Claim 001 New Him Type * Indian No. (Mobile)	- 1975 -	Insured Name		Contact No.(Office) TP Vehicle Number	NIL SBC3399R	
claration realthalyser or Blood Test ading? Claim 001 New birn Type + rotact No. (Mabile) nell Address	- 1975 -	Insured Name Contact No.(Home) OI Vehicle Number	PRESTIGE LEASING PTE, LTD	Contact No.(Office)	NIL SBC3399R	
claration contrality ser or Blood Test ading? diffication History Claim 001 New with Type + ontact Ne. (Mabile) nail Address arm Description eferred Workshop Contact	CO-MM 💟	Insured Name Contact No.(Home) OI Vehicle Number	PRESTIGE LEASING PTE, LTD	Contact No.(Office) TP Vehicle Number	MIL SBC3199R	
claration ading? dification History Claim 001 New Him Type + Indict No. (Mobile) Insil Address arm Description efforces Workshop Contact L.	GO-MX S332361Z / SBC3399R ON 24 Mar 20	Insured Name Centact No. (Hame) OI Vehicle Number	PRESTIGE LEASING PTE, LTD S132361Z Not at Fault	Contact No.(Office) TP Vehicle Number	NIL SBC3399R	
claration restriction ading? Claim 001 New Mem Type + Indict No. (Mabile) nail Address arm Description efferred Workshop Contact because Finalisation	CO-MX	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option	PRESTIGE LEASING PTE, LTD S132361Z Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Work	MIL SBC3199R	
claration catholise or Blood Test ading? Claim 001 New Birm Type + react Ne. (Mabile) nail Address arm Description eferred Workshop Contact c. quire Finalisation are Registered	CO-MX S3023612 / SRC1399R ON 24 Mar 20 Yes 27/03/2018 17:48	Insured Name Contact No.(Home) OI Vehicle Number IS Insured Liability *	PRESTIGE LEASING PTE, LTD S132361Z Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Work GSA report	NIL SBC3399R Received	
claration cathalyser or Blood Test ading? Claim 001 New New Ambies Address were Description eferred Workshop Contact or quire Finalisation ste Registered apport Taken by	CO-MX	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option	PRESTIGE LEASING PTE, LTD S132361Z Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Work GSA report	NIL SBC3399R Received	
claration cathalyser or Blood Test ading? Claim 001 New New Ambies Address were Description eferred Workshop Contact or quire Finalisation ste Registered apport Taken by	CO-MX S3322612 / SRC1399R ON 24 Mar 20 Yes 27/03/2018 17:48	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option	PRESTIGE LEASING PTE, LTD 532263Z Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Work GSA report	NIL SBC3399R Received	
claration realthalpser or Blood Test ading? diffication History Claim 001 New with Type + orbact No. (Mabile) nail Address arm Description eferred Workshop Contact orquire Finalisation are Registered appur Taken By	CO-MX S3322612 / SRC1399R ON 24 Mar 20 Yes 27/03/2018 17:48	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option	PRESTIGE LEASING PTE, LTD S132361Z Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Work GSA report	NIL SBC3399R Received	
claration nathalyser or Blood Test ading? sification History Claim 001 New Him Type * next Ne. (Mobile) nail Address em Description eferred Workshop Contact quire Finalisation rie Registered riggert Taken by } Print AK letter	CO-MX S3322612 / SRC1399R ON 24 Mar 20 Yes 27/03/2018 17:48	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option	PRESTIGE LEASING PTE, LTD 532263Z Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Work GSA report	NIL SBC3399R Received	
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claration realthalpser or Blood Test ading? dification History Claim 001 New Him Type * refact No. (Mobile) nall Address arm Description efferred Workshop Contact require Finalisation ste Registered report Taken by Print AK letter	CO-MX	Insured Name Contact No.(Hame) OI Vehicle Number IS Insured Lability * Preference Repair Option Claim Close Data	PRESTIGE LEASING PTE, LTD 51323012 Not at Fault Preferred Workshop, Name unknown Save Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Work GSA report	NIL SBC3399R Received	
cleration cathalyser or Blood Test ading? dification History Claim 001 New sim Type. * react Ne. (Mabile) nell Address siem Description efferred Workshop Contact orquire Finalisation are Registered report Taken By Print AK letter Attachment	CO-MX S3322612 / SRC1399R ON 24 Mar 20 Yes 27/03/2018 17:48	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option Claim Close Data Claim No.	PRESTIGE LEASING PTE, LTD 532301Z Not at Fault Preferred Workshop, Name unknown Save Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Work GSA report	NIL SBC3399R Received	
claration atthibition of Blood Test adding? Sification History Claim 001 New Interpret of Blood Test addings Interpret of Blood Test Interpr	CO-MX	Insured Name Contact No.(Hame) OI Vehicle Number IS Insured Lability * Preference Repair Option Claim Close Data	PRESTIGE LEASING PTE, LTD 5322012 Not at Fault Preferred Workshop, Name unknown 5ace Submit 001 27/03/2018 17:49	Contact No. (Office) TP Vehicle Number Name of Preferred Work GIA report Date Received	Received 27/03/2018 00:00	
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claretion tathstyser or Blood Test ading? diffication History	CO-MX	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option Claim Close Data Claim No. Upload Date Brow Brow	PRESTIGE LEASING PTE, LTD 532201Z Not at Fault Preferred Workshop, Name unknown 003 27/03/2018 17:49 Category * Se Clear Please Select Se Clear Please Select Please Select Please Select Please Select Please Select Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Work GIA report Date Received Confidential Pro V No. No. V No. V No.	Received 27/03/2018 00:00 Urgency * Description * rmail rm	

ttachment	Uploaded By/Date	Category	9	Urgency	Description	Meg Sent7 Act (CO)
er ins	NAC_PAYA_UBI_BODGOI(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Ma r 2018 17:49	NRIC/ Driving License		Normal	NR3C/ Driving License 2018-3-27	E
663	NAC PAYA UBI. 800601/ NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Me	SAS Photos Photos		Normal	SAS 2018-3-27	E
·	F 2018 17:49 NAC_PAYA_UBI_BOOGOI(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Ma F 2018 17:49		Normal		Photos 2016-3-27 Photos 2016-3-27	Es
di la	NAC PAYA UBI 800603(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Ma		Normal			
	r 2018 17:49 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Ma	Photos		Normal	Photos 2018-3-27	
*	NAC_PAYA_UB1_BD0601(_NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Ma r 2018 17:49	Photos		Normal	Photos 2018-3-27	,
	NAC_PAYA_UBI_800501(, NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Ma r 2018 17/49	Photos		Normal	Photos 2018-3-27	1
Z	NAC. PAYA. UBI. BOOKOLI NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Ma	Photos.		Normal	Photos 2018-3-27	
	r 2018 17:49 NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Ma	Photos		Normal	Photos 2018-3-27	
	r 2018 17:49 NAC_PAYA_URL_BODBD1(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Ma	Photos		Normal	Photos 2018-3-27	9
	r 2018 17:48 NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Ma r 2018 17:48	Photos		Normal	9hotos 2018-3-27	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Ma r 2018 17-48	Photos		Normal	Photos 2018-3-27	
	NAC_PAYA_UB1_500601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Ma r 2018 17-48	Photos		Normal	Photos 2018-3-27	
1	NAC_PAYA_UBI_BOOGO1(NATJONAL ASSESSMENT CENTRE SERVICES) on 27 Ma r 2018 17:46	Photos		Normal	Photos 2018-3-27	
6	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Ma r 2018 17:48	Photos		Normal	Photos 2018-3-27	
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O.	NAC_PAYA_UGI_BD0601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Mar r 2018 17:48	Photos		Normal	Photos 2018-3-27	
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Ma r 2016 17:48	Photos		Normal	Photos 2018-3-27	
T.	NAC_PAYA_URL_BOOGOL(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Ma + 2018 17/48	Photos		Normal	Photos 2018-3-27	
4	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Ma r 2018 17:48	Photos		Normal	Photos 2018-3-27	
と	NAC_PAYA_UBL_600601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Ma r 2018 17:45	Photos		Normal	Photos 2015-3-27	
W	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Ma r 2018 17:48	Photos		Normal	Photos 2018-3-27	
	NAC_PAYA_UBI_000601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Ma + 2018 17:48	Photos		Normal	Photos 2018-3-27	
	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Ma r 2018 17:48	Photos		Normal	Photos 2018-3-27	
	NAC_PAYA_UBI_SOUGOI(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Ma r 2018 17:48	Photos		Normal	Photos 2018-3-27	
8	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Ma / 2018 17:48	Photos		Normal	Photos 2018-3-27	
Video List	TO COMPANY AND	File Name		Ŷ	Source	Action