Date In: 18 3/18 - 15:41	Jeb description		Date &Time Complete	d	Done b	ý.
Ref No: Na INC/8005768 24	SAS e-filing					
Veh No: 57 66462	E-mail (within 8	hrs, AIC 2hrs)				
D.O.A : 37/3/18-11:30	i-Motor Clair		MT/0988088	28/3	18 IJ	59
D.O.A. 37/7/18-11:30	) (Within: OD 2hrs, TP 4hrs)					
OD TP Reporting Only	i-Photo Uplos		1	1		
		898 77.77	18.00	+		w/s
TP Insurer:	Assessment/Sur		0	-		
	Ass't Report by	Pax/Hand to		Fax:		
Preferred Wksp / INC Assign Wksp / QW:		DIC/	Tel:			
TP Particulars: Veh No: PC	53146	. INC(	)/Non-INC( ) Tel:		)	
Owner / Driver: (	David de (	,	Cover Type: (		)	
Policy No: ( )	Period: (	Date	Time:		)	-
Confirmed by : (	6) [Note-Est. Status (W	Date:		0-100%]		
			76, F. 21-7976. 1. 3	0-10070]		
Year of Registration: ( )	Warranty: YES (	)/NO(				
	\$1,000 ( ) / \$2,000		PROPERTY OF THE PROPERTY OF TH	1731		
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( ) Walk-In Customer: Customer's		fidential & Stri	ctly NO rater of repair	st.		10
( ) Total Luss Case : to e-mail Ins				-	-	1
Drive-In ( )/ Towed-In ( ); Inve	oice: YES ( ) / N	O( ); To	wing Co: (			
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > ]	> \$3000] ( )					
Injury:					A . 500	V 2011. 3
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Date/Time / Actions	1				net (S)	Amil
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NAISO1960 Laimant's Particulars :-		1) AR : Accident 2) DA : Damage / 3) TF : Towing Fe	Reporting (\$30); Assessment (\$100); INC	(\$80) \$40/\$45	The Property of	
NAISO1960 Luimant's Particulars:-	•	1) AR : Accident 2) DA : Damage / 3) TF : Towing Fe 4) FT : Follow-Th	Reporting (\$30); Assessment (\$100); INC  rough Survey rough Survey (Resurvey)	(\$80) \$40/\$45 \$120 \$30	The Property of	
NAISO1960 Luimant's Particulars:-	4	1) AR : Accident 2) DA : Damage A 3) TF : Towing Fe 4) FT : Follow-Th 5) FT : Follow-Th For claiming as	Reporting (\$30); Assessment (\$100); INC FOUGH Survey FOUGH SURVEY (Resurvey) Ainst INC Only (wef 10 Jan.)	(\$80) \$40/\$45 \$120 \$30	The Property of	
NAISO1960 Laimant's Particulars :: Priver/Owner:	•	1) AR: Accident. 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) i*T: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idac DA +	Reporting (\$30); Assessment (\$100); INC Frough Survey Resurvey (Resurvey) Ainst INC Only (wef 10 Jan 160) SMRT Survey	(\$80) \$40/\$45 \$120 \$30	The Property of	
NAISO1960 Laimant's Particulars :: Priver/Owner:	1	1) AR: Accident 1 2) DA: Damege A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idac DA + 8) NTUC Additio	Reporting (\$30); Assessment (\$100); INC Frough Survey Resurvey (Resurvey) Ainst INC Only (wef 10 Jan 160) SMRT Survey	C (\$80) \$40/\$45 \$120 \$30 2005) \$75	The Property of	
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Date/Time Actions		1) AR: Accident 1 2) DA: Damege A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idac DA + 8) NTUC Additio OID* *N5: Courtesy *N6: Repair Co	Reporting (\$30); Assessment (\$100); INC  rough Survey rough Survey (Resurvey) ainst INC Only (wef 10 Jan 2 tion SMRT Survey and Services: Car / Tpt Allowance	(\$80) \$40/\$45 \$120 \$30 2005) \$75 \$160	The Property of	
NAISO(960  Inimant's Particulars:  Oriver/Owner:  ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):		1) AR: Accident 1 2) DA: Damege A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idac DA + 8) NTUC Additio OID * *N5: Courtesy *N6: Repair Cc *N7: Fost Repair Cc *N8: DV / Coll	Reporting (\$30); Assessment (\$100); INC  rough Survey rough Survey (Resurvey) ainst INC Only (wef 10 Jan 2) tion SMRT Survey nal Services: Car / Tpt Allowance condination in Inspection ect Excess Coordination	\$ (\$80) \$40/\$45 \$120 \$30 \$2005) \$75 \$160 \$5 \$10 \$25 \$5	The Property of	Amt E
NAISO(960 Inimant's Particulars :- Oriver/Owner: Contact No: Camaged Portion:		1) AR: Accident 2) DA: Damege / 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idac DA * 3) NTUC Additio OD * *N5: Courtesy *N6: Repair Cc *N7: Fost Repair Cc	Reporting (\$30); Assessment (\$100), INC  rough Survey rough Survey (Resurvey) ainst INC Only (wef 10 Jan ainst INC Only (No. 10 NC))  Reporting (\$30); Reporting (\$30); Reporting (\$100); Reporting (\$100	\$ (\$80) \$ \$40/\$45 \$ 120 \$ 30 \$ 2005) \$ 75 \$ 160 \$ 55 \$ 510 \$ 525	A B III	Add
NAISO(960  Italimant's Particulars:- Driver/Owner: Contact No: amaged Portion:  C Checked by (Engr-In-Charge):	1	1) AR: Accident 1 2) DA: Damege A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idac DA + 8) NTUC Additio OID * *N5: Courtesy *N6: Repair Cc *N7: Fost Repair Cc *N8: DV / Coll	Reporting (\$30); Assessment (\$100), INC  rough Survey rough Survey (Resurvey) ainst INC Only (wef 10 Jan ainst INC Only (No. 10 NC))  Reporting (\$30); Reporting (\$30); Reporting (\$100); Reporting (\$100	\$ (\$80) \$ \$40/\$45 \$ \$120 \$ \$30 \$ 2005) \$ 75 \$ \$160 \$ \$5 \$ \$10 \$ \$25 \$ \$5 \$ \$20 \$ 30	A B III	

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### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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

as provide the first that the first	ACCIDENT STATEMENT
Date Of Report	28/03/2018 15:41
Date Of Accident	27/03/2018 11:30
Exact Location Of Accident	PIE (CHANGI) BEFORE JALAN EUNOS EXIT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJT6646Z
Insured/Policyholder	
Name Of Registered Owner	SOO LIAN FIRE
NRIC No	S2016418B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96433748
Alternative Phone No	OFFICE-96433748
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CAMRY 2.4 AUTO ABS AIRBAG
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091272717
Cover Note Number	

Driver

 Name of Driver
 SOO LIAN FIRE

 NRIC No
 \$2016418B

 Date Of Birth
 14/04/1954

 Occupation
 OUTDOOR

 Date Of Driving Pass
 10/10/1980

Driving Experience 37 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96433748

Fax Number

Contact Number OFFICE-96433748

EMail Address NOEMAIL

BLK 209B COMPASSVALE LANE Address

#03-98

542209 Postcode

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY 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

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

SENGKANG NEIGHBOURHOOD POLICE CENTRE Police Station Name

NO

1

YES

YES

ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: Police Station Address

545025, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800 - 3438999 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180327/2109.

Attachment(s)

YES Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** PC5314G

NO NO

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

BUS Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 22

### **DETAILS OF INJURED PERSON 1**

Name

SOO LIAN FIRE

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode NOSE, MOUTH & NECK

SJT6646Z

YES

YES

#### SKETCH PLAN

#### IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name: NRIC/FIN No.: SKETCH PLAN

A - 8376646 Z

B - PCS 314 G

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Potres ropert

#### 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 and time of accident	Date: 27/03/18	(DD/MM/YY) Time:	11:30	(HH:MM)
Exact location of accident	1 2/2/	15 1 1 0	1 0	P
	along P/E head	ding towards Chan	gr 6 stor	auros.

### Details of vehicle

Vehicle registration number	C2	166462			
Vehicle make and model	CAMRY	ß			
Type of vehicle	Saloon D	MPV 🗆 Bus 🙃	CRV   Motorcyc	Van 🗆	Others:
Vehicle category	Private p	Comme	rcial 🗆 N	lotorcycle	e 🗆
Purpose of using at said time					
Are you claiming under your own insurance company?	Yes □ Third part cla	No.er	if no, please Reporting on		

### Insurance information

Insurance company			
Policy number			
Type of policy	Comprehensive p	Third party fire & theft a	TP only

# Insured / Policy holder

Name	SOO LIAN FIRE	Male Female
NRIC / Fin / Passport number	52016418 B	
Contact	96433748	
Address	PIK JOPS Compassale #1	03-98 (543209)

### Driver

# Same as insured above (skip to D.O.B)

Name			Male 🗆	Female 🗆
NRIC / Fin / Passport number				
Contact				
Address				
Email address				
Date of birth	14-04	- 1954		
Occupation	Indoor 🗆	Outdoor.		
Driving date pass	10 007	1980		

# General information of the accident

Was driver an employee of	Yes 🗆	No.2	W-12-12-12-1	
the insured's company?	If no, rela	ationship of the	driver and insured:	
Accident captured by camera?	Yes 🗆	No		
Weather condition	Clear	Raining 🗆	Others:	
Road surface	Drye	Wet a		
No of passenger		0.1		(Inclusive of driver)

# Passenger 1

Name		
Gender	Male 🗆	Female

### Passenger 2

Name		
Gender	Male 🗆	Female D

### Passenger 3

Name			
Gender	Male 🗆	Female 🗆	

### 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 e	No 🗆

# Details of police action

Reported to police?	Yes	No 🗆	If yes, please state which police station.
Police station name			

# Third party vehicle 1

Name		
Contact number		- ASSESS AND THE SECOND
NRIC / Fin / Passport number		
Vehicle registration number	PC53149	
Vehicle make model		

# Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Witness 1

Name		

# Witness 2

Name			

# Injured person 1

Name	SOD LIAM FIRE
Injuries sustained	Nose, month, neck.
Which vehicle person in?	DANCE SJ76646I
Were seat belts worn?	Yes - No -
Was injured conveyed to hospital by ambulance?	Yes D No D

# Injured person 2

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆

# Injured person 3

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗆 No 🗅
Was injured conveyed to hospital by ambulance?	Yes a No a

# Injured person 4

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆





1 of 3

Report No. T/20180327/2109

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

### REPORT OF A TRAFFIC ACCIDENT

	ne Report N 018 16:02	Made:	Vide Report No.: Station Diary No.: 115				
Informa	nt's Partic	ulars					
Name of Informant: SOO LIAN FIRE			Address: APT BLK 209B COMPASSVALE LANE #03-98 SINGAPORE 542209				
D Type / ID No.: NRIC NO / S2016418B			Contact No.: Home/Office: Mobile: 96433748				
Nationality: SINGAPORE CITIZEN			Email:				
Sex: Male	Age:	Date of Birth: 14/04/1954	Type of Informant: Driver				
Race: Chinese	•		Language: Institution / School Na Chinese				
Occupat			Driving Licence Information: Class: 3  Date of Expiry:				

General Infor	mation of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/03/2018 11:30	Type of Location: Straight Road	
	EXPRESSWAY	ore Jalan Eun			
Weather: Clear	Weather: Road			Road Speed Limit:	
Traffic Flow: Traffic		fic Control: Controlled	1.72	Traffic Volume: Moderate	
Type of Collis Between Mov	sion: ring Vehicles - Head To Rear		а	nyone conveyed by mbulance: 'es	

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
PC5314G	Van					0	
SJT6646Z	Car	ТОУОТА	CAMRY 2.4 AUTO ABS AIRBAG	Silver	Seriously Damaged	0	

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 Tel No: 1800-343 8999

CONTINUATION OF REPORT

2 of 3 Report No. T/20180327/2109

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			
SJT6646Z	NTUC Income Insurance Co-Operative Limited	5091272717	13/06/2017	25/04/2018			

<b>Details of Perso</b>	n Involved			- Carlo		
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Per	destria	n Cross	sing: NA
Driver						
Name	SOO LIAN FIRE	- 1-/10		ID No	).	S2016418B
Related Vehicle	SJT6646Z (Car)			Contact No.		96433748
Hospital/Clinic	CHANGI GENERAL	. HOSPITAL		Class Drivin Licens Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	27/03/2018		Date Disch		NIL	
No. of Days gran	ted Medical Leave	03	Degree of		Slight	

#### Brief Details.

On 27/03/2018 at about 1130hours, I was driving my vehicle bearing SJT6646Z at along Pan-Island Expressway heading towards Changi, on the extreme left lane, just before exiting Jalan Eunos. I saw some cars in front of me had slowed down. Thus, I followed through. Suddenly, there was very big impact hit onto the rear side of my vehicle which caused me to have a great hit onto believed to be steering wheel and blood flowing from my mouth and nose. I slowly got down from my vehicle and discovered a van bearing PC5314G was the vehicle that hit onto my car. Police and Ambulance attended to the scene. I was being conveyed to Changi General Hospital and was given three days of Medical Leave.





3 of 3

Report No. T/20180327/2109

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report:	Signature Of Informant:
Sgt 3 LEE JIN WEI	Son
Signature Of Interpreter: Not applicable	Date/Time: 27/03/2018 16:02
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:
Authentication Stamp	Scor fly

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$2016418B





Name

SOO LIAN FIRE

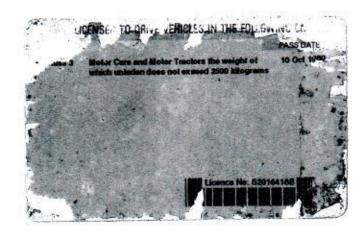
苏年輝 Race CHINESE Date of birth Sex 14-04-1954 M

Country of birth

520164168







eBaoTech	601	1200	The Control of the Co			. (	Change Lan	guage ,	Change Passwo	rd • Log Oi
My Desktop	Polic	y Query						0		
Notice of Loss	Policy N	0.				Date of Acc	ident	27/03/2	2018 11:30	
	Vehicle	No.(For Motor)	SJT6646Z							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5091272717	SOO LIAN FIRE	S2016418B	GPC	drivo CLASSIC	SJT6646Z	5JT6646Z	13/06/2017	25/04/2018

Sequen	ce Date of Endorsement	Endors	ement Type	Endorsement Status	Endorsement Content				
♥ Endor	sements								
) Insure	d Object: SJT6646Z								
Unit No.		Related Policy Number	5091272717						
Address 4		Address Type	Singapore address	Post Code	542209				
Address 1	BLK 209B #03-98	Address 2	COMPASSVALE LAN	IE Address 3	SINGAPORE 542209				
Info Policyl	nolder Mailing Address								
Certificate									
Open Policy Info									
Co- insurance Flag	No								
Agent	ZHANG PENG	Agent Tel.	83335617	GST Flag	Y				
Excess		TP Excess							
Outside Singapore OD	600	Outside Singapore	0						
Additional excess	0	OS Premium	0						
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100				
Policy ssue Date	22/05/2017	Effective Date	13/06/2017 00:00	Expiry Date	25/04/2018 23:59				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N				
ddress	BLK 2098 #03-98 COMPASSVALE LANE SINGAPORE 542209								
olicy No.	5091272717	Policyholder Name	SOO LIAN FIRE	Policyholder NRIC	S2016418B				

Ident MT/0988088		MIAN CALL	energy and the second			
icy No.	5091272717	Vehicle No.	S3T6646Z	GST Registration N		
licyholder Name	SOO LIAN FIRE	2000207	20.0020-0020-00	Policyholder NRIC	9201	64100
duct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading		
ntact No.(Mobile)	96433748	Contact No. (Office)	0	Contact No.(Home)	The S	7
half Address	naure con	Special Remark.	But Own	eCode Reason	Lac	
K.S	No □ Yes	TCA	® No ○ Yes	Private Hire	No	
D Protection	No	NCD Entitlement(%)	50	Private Hire	NO	
Accident Details						
port Date	28/03/2018 15:57	Accident Report Within 24 hrs	Yes	Acodent Type	Collis	ion - Head to Rear
te of Accident	27/03/2018	Time of Accident hh:mm	11:30	Country of Acciden	t. Singa	pore
porting Centre		Orange Force		ICM No.		
cident Location	PIE (CHANGI) BEFORE JALAN EUNOS S	XIT				
	The formal of the second second					
Benefits						
Excess		Additional Excess	0.00	Windspreen Expess		100.00
in damage Excess	600.00			William Co. Co.		200100
named Driver Excess	0.00	Outside Singapore OD Excess	600.00			
nd Party Excees	0.00	Outside Singapore TP Excess	0.00			
GST Registered Inform			GGT Section Co.			
T Registered	No		GST Registration Date GST Status Verified	Yes		
Registration No.			The same of the sa	50°00		
Sheation History						
Policyholder Mailing As	ddress					
dress 1	BLK 2098 #03-98	Address 2	COMPASSVALE LANE	Address 3	SING	APORE 542209
dress 4		Address Type	Singapore address	Post Code	5422	09
		Related Policy Number	5091272717	- AND		
it No.		Asserted storety relations	CONTRACTOR OF THE PROPERTY OF			
OI Driver Info	500 LIAN FIRE	Driver Type	Main Driver			
ver Name	DWO LIMIT FIRE	Driver NRIC	\$2016418B	Driver DOS	14/0	4/1954
named driver Name	10000000		63	Driving Experience		170165
geter Date of Driver License		Driver Age	0	Contact No.(Home		
ntect No.(Mobile)	96433748	Contact No.(Office)		Address 3	N	IAPORE \$42209
dress 1	BLK 2098	Address 2	COMPASSVALE LANE			
				Post Code	5422	NW.
dress 4		Address Type	Singapore address	1000 0000		
it No.	03-98		Singapore address			
it No. les he own a Singapore	03-98 ○ Yes <b>®</b> No	Driver Vehicle No.	Singapore address	Driver Insurer Con		
it No. ies ne own a Singapore gistered car?			Singapore audress			
it No.  es ne own a Singapore gistered car?  daration eathelyser or Blood Test	☐ Yes  ® No	Driver Vehicle No.				
nt No. ses the own a Singapore gistered car? claration eathwiyser or Blood Test			⊕ Yes ○ No			
odness 4  ne No.  bes he own a Singagore egistered car?  claration  reathelyser or Blood Test asking?	☐ Yes  ® No	Driver Vehicle No.				
nt No. des he own a Singapore gistered car? claration reathwiyser or Blood Test	☐ Yes  ® No	Driver Vehicle No.				
it No.  es ne own a Singagore gistered car?  deration eatherwer or Blood Test acting?  diffication History	☐ Yes  ® No	Driver Vehicle No.				
et No. es he own a Singapore gistered car? deration eatherweer or Blood Test eating?	☐ Yes ® No	Driver Vehicle No.				
ist No. es he own a Singapore gotered car?  daration eather/year or Blood Test ading?  dification History  Claim 001 New	○ Yes  No  0 mg	Driver Vehicle No. Any Injury?	● Yes ○ No		ng env	64188
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ne No.  res he own a Singagore gistered car?  deration eathwarer or Blood Test adding?  diffication History  Claim 001 New int Type * intact No. (Mobile) has Address and Description eferred Workshop Contact	Ob-MX 96432748 SIT6646Z / PC5314G ON 27 Mar 2018	Driver Vehicle No.  Any Injury?  Insured Name Contact No. (Home) Of Vehicle Number  Insured Liability *	® Yes ○ No  SOO LIAN FIRE  64894783  SJT6646Z  Not at Fault	Insured NRIC Contact No. (Office TP Vehicle Number	S200	114G
e No.  es he own a Singagore gistered car?  deration hatheyser or Blood Test acting?  discation History  Claim 001 New  im Type * ntact No. (Mobile) has Address im Description referred Workshop Corkact  quire Finalization	O mg  O mg  OD-MX  P6433748  SJT6646Z / PC5314G ON 27 Mer 2018	Driver Vehicle No.  Any Injury?  Insured Name Contact No. (Home) Of Vehicle Number  Insured Liability # Preference Repair Option	® Yes ○ No  SOO LIAN FIRE  64894783  SJT6646Z  Not at Fault	Insured NRIC Contact No. (Office TP Vehicle Number Name of Preferred	\$300 PCS:	114G
e No.  es he own a Singagore gistered car?  deration hatheyser or Blood Test acting?  discation History  Claim 001 New  im Type * ntact No. (Mobile) has Address im Description referred Workshop Corkact  quire Finalization	O mg  O mg  O mg  O mg  O mg  SJT6646Z / PC5314G ON 27 Mar 2018  Yes  28/03/2018 15:59	Driver Vehicle No.  Any Injury?  Insured Name Contact No. (Home) Of Vehicle Number  Insured Liability *	® Yes ○ No  SOO LIAN FIRE  64894783  SJT6646Z  Not at Fault	Insured NRIC Contact No. (Office TP Vehicle Number	\$300 PCS:	114G
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e No. es he own a Singagore glotered car? deration setherwaer or Blood Test ading?  Sification History  Claim 001 New.  Im Type + nhact No. (Mobile) has Address im Description derred Workshop Contact quire Finalization te Registered port Taken By  Print AK letter  Attachment	O-MX 96432748 SIT6646Z / PC5314G ON 27 Mar 2018 Yes Y 28/03/2018 15:89	Driver Vehicle No.  Any Injury?  Insured Name Contact No. (Home) Of Vehicle Number  Insured Liability * Preference Repair Option Claim Close Date	© Yes O No  SOO LIAN FIRE 64894783 S776646Z  Not at Fault  Preferred Workshop, Name unknown  Save Suteme	Insured NRIC Contact No. (Office TP Vehicle Number Name of Preferred	\$300 PCS:	114G
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Attachment	Uploaded By/Date	Category	9	Urgency	Description	Msg Sent? Action (CD)
40°	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 r 2018 16:01	Ma NRJC/ Driving License		Normal	NRIC/ Driving License 2018-3-28	Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 r 2018 16:01	Ma NR3C/ Driving License		Normal	NRIC/ Driving License 2018-3-28	Edit
193	NAC_PAYA_USI_800601/ NATIONAL ASSESSMENT CENTRE SERVICES) on 28 f 2018 $16:00$	Me SAS		Normal	SAS 2018-3-28	Edit
	NAC_PAYA_URL_R00601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 r 2018 16:00	Ma Photos		Normal	Photos 2018-3-28	Edit
116	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 r 2018 16:00	Ma Photos		Normal	Photos 2018-3-28	Edit
	NAC_PAYA_USI_800801( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 r 2018 16:00	Ma Photos		Normal	Protos 2015-3-28	Rain
*	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 r 2018 16:00	Ma Photos		Normal	Photos 2018-3-28	Edit
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