| Date In: 29/3/18-15:16 | | 149 TANA11804249 | | |
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| - 1110 | Jeb description | Date &Time Completed | Done | pì. |
| Ref No: NA INC 1800 7 8 82 24 | SAS e-filing | | | |
| Veh No: 5mg 391A | E-mail (within Shrs, AIC 2hrs) | | | , |
| D.O.A.: 29/3/18-11:25 | i-Motor Claim Form | m7)0988257 | 29/3/18 | 16:06 |
| | i-Motor W/O (Within: OD 2 | hrs, TP 4hrs) | | |
| OD TP! Reporting Only | i-Photo Uploaded | | | t and |
| T | Assessment/Survey Report | | | |
| TP Insurer: | Ass't Report by Fax / Hand | to Owner/Wksp | | |
| Preferred Wksp / INC Assign Wksp / QW: (| | Tel: F | ax: | |
| TP Particulars: Veh No: Yms | 8988H . INC | ()/Non-INC() | | |
| Owner / Driver: (| THE PERSON NAMED OF THE PE | Tel: |) | |
| Policy No: () Po | eriod: (| |) . | |
| Confirmed by : (| Date: | Time: |) | |
| Insured/Driver Liability: (%) | [Note-Est. Status (WO): N: 0 | -20%; P: 21-79%. P: 80-1 | 00%] | |
| Year of Registration: () | Warranty: YES ()/NO (|) | | |
| Excess: (\$) Loading: \$1, | | or and the contraction of the contract of the | 788 c 14. 4 . 1 | |
| General Remarks: | | | C000 | 200 |
| () Walk-In Customer: Customer's info | | | | |
| () Total Loss Case : to e-mail Insur | | | | |
| | | Towing Co: (| |) |
| | | Date& Time Completed | Done | by . |
| Remarks:- (INC hotline: 6788 6616) | | | 87.37.1.4 | - |
| Apply for Transport Allowance ()/ QC Check / Post Repair Inspection | Courtesy Car () | | - | 2/2 |
| 3) Upload Resurvey Photo [Repair Cost > \$ | () | | | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| | | | | |
| Injury: | | • | 204 S. S. S. S. S. | |
| | 10 3457 | | | |
| | | | 250 S. F. | · · · · · · · · · · · · · · · · · · · |
| | | | e e e e e e e e e e e e e e e e e e e | |
| | | | 7.5856.38. | |
| | | | | |
| | | | | AMIST |
| Date/Time Actions | Inveice P | reparation Checklist | Ant((S)) | Amt (5) |
| Date/Fime Actions NAI 801983 | 1) AR : Accid | ent Reporting (\$30); | Tit Bill | A COURSE STORY |
| NAI 801983 Inimant's Particulars:- | 1) AR : Accid 2) DA : Darru | ent Reporting (\$30); age Assessment (\$100); INC (\$ | Tit Bill | A CONTRACT CONTRACT |
| NAI 801983 Laimant's Particulars:- | 1) AR : Accid 2) DA : Darra 3) TF : Towin 4) FT : Follow | ent Reporting (\$30); age Assessment (\$100); INC (\$ ag Fee \$50 v-Through Survey | 80) 0/\$45 \$120 | A CONTRACT CONTRACT |
| NAI 801983 Inimant's Particulars:- | 1) AR : Accid 2) DA : Dame 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin | cent Reporting (\$30); Ige Assessment (\$100); INC (\$30); Inc (\$30 | 80) 80/\$45 \$120 \$30 \$5) | A STATE OF THE PARTY OF THE PAR |
| NAI 801983 Inimant's Particulars:- river/Owner: | 1) AR : Accid 2) DA : Dame 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-in | cent Reporting (\$30); Ige Assessment (\$100); INC (\$30); Ing Fee Sow-Through Survey V-Through Survey (Resurvey) Ing against INC Only (wef 10 Jan 200) Spection | 80) 0/\$45 \$120 \$30 | A COURSE STORY |
| NAI 801983 laimant's Particulars:- river/Owner: | 1) AR : Accid 2) DA : Dame 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-in 7) N1 : Idae I | cent Reporting (\$30); Ige Assessment (\$100); INC (\$30); Inc (\$30 | 80) 0/\$45 \$120 \$30 \$75 | A CONTRACT CONTRACT |
| NAI 801983 Inimant's Particulars:- river/Owner: ontact No: amaged Portion: | 1) AR : Accid 2) DA : Dame 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-in 7) N1 : Idao I 8) NTUC Ad OD* | lent Reporting (\$30); Ige Assessment (\$100); INC (\$30); Ige Fee Sover Through Survey (Resurvey) Inc Assessment INC Only (wef 10 Jan 200) Spection OA + SMRT Survey ditional Services: | 80) 0/\$45 \$120 \$30 \$75 | A COURSE STORY |
| NAI 801983 Inimant's Particulars:- river/Owner: ontact No: amaged Portion: | 1) AR : Accid 2) DA : Darm 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-in 7) N1 : Idae I 8) NTUC Ad QD* *N5: Cour | cent Reporting (\$30); Ige Assessment (\$100); INC (\$ Ige Fee See V-Through Survey V-Through Survey (Resurvey) Ige assainst INC Only (wef 10 Jan 200 Spection DA + SMRT Survey | 80) 0/\$45 \$120 \$30 \$75 \$160 | A CONTRACT CONTRACT |
| NAI 80[98] Inimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge): | 1) AR : Accid 2) DA : Darne 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-in 7) N1 : Idao I 8) NTUC Ad QD* *N5: Cour *N6: Reps *N7: Fost | cent Reporting (\$30); Ige Assessment (\$100); INC (\$30); Ige Assessment (\$100); INC (\$30); Ige Fee Sover Through Survey Ver Through Survey (Resurvey) Ige asseinst INC Only (wef 10 Jan 200); Ige as | 80) 0/\$45 \$120 \$30 \$75 \$160 \$5 \$10 \$25 | A CONTRACT OF THE PARTY OF THE |
| NAI Solas Actions NAI Solas 3 Inimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge): additors' Comments:- | 1) AR : Accid 2) DA : Darm 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-in 7) N1 : Idae I 8) NTUC Ad QD* *N5: Cour *N6: Reps *N7: Fost *N8: DV / | cent Reporting (\$30); Ige Assessment (\$100); INC (\$30); Ige Assessment (\$100); InC (\$100); In | \$6.Bill | 1.000 |
| Date/Time Actions | 1) AR : Accid 2) DA : Darm 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-in 7) N1 : Idae I 8) NTUC Ad QD* *N5: Cour *N6: Reps *N7: Fost *N8: DV / | cent Reporting (\$30); Ige Assessment (\$100); INC (\$30); Ige Fee \$40 V-Through Survey (Resurvey) Ige assinst INC Only (wef 10 Jan 200) Spection A + SMRT Survey ditional Services:- Icsy Car / Tpt Allowance ir Co-ordination Repair Inspection Collect Excess Coordination TP (Non INC) against INC Mobile | \$6 Bill | 1.000 |

+ per 11 + 170

SINGAPORE ACCIDENT STATEMENT

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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

Any false reporting may be referred to the Police for investigation.

- 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

| Name of the Party | ACCIDENT STATEMENT |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date Of Report | 29/03/2018 15:56 |
| Date Of Accident | 29/03/2018 11:25 |
| Exact Location Of Accident | JUNC UPP SERANGOON RD & POTONG PASIR AVE 1 |
| Country/State of Loss | SINGAPORE |
| William Company of the Books of Company | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SJM9391A |
| Insured/Policyholder | |
| Name Of Registered Owner | FUN AH KOW |
| NRIC No | S0982107D |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97929408 |
| Alternative Phone No | OFFICE-97929408 |
| Vehicle Particulars | |
| | Subjective Control of the Control of |

KIA Manufacturer

PICANTO 1.1(A) Model

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?

THIRD PARTY

If No, Please state action to be taken Vehicle Category

PRIVATE CAR

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

NO

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5097808444 Policy Number

Cover Note Number

Driver

FUN AH KOW Name of Driver S0982107D NRIC No 10/01/1948 Date Of Birth INDOOR Occupation 14/03/1974 Date Of Driving Pass

44 YEARS AND 0 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-97929408 Mobile Number

Fax Number

OFFICE-97929408 Contact Number

NOEMAIL EMail Address

BLK 290G BUKIT BATOK STREET 24 Address

#10-89

656290 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 ON COLLISION Type Of Accident

2

YES

NO

NO

NO

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

YM8988H

DETAILS OF OTHER VEHICLE PROPERTY 1

YES

NO

NO

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

COMMERCIAL VEHICLE

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

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.
- 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.

Date & Time:

Policyholder's Signature Date & Time:

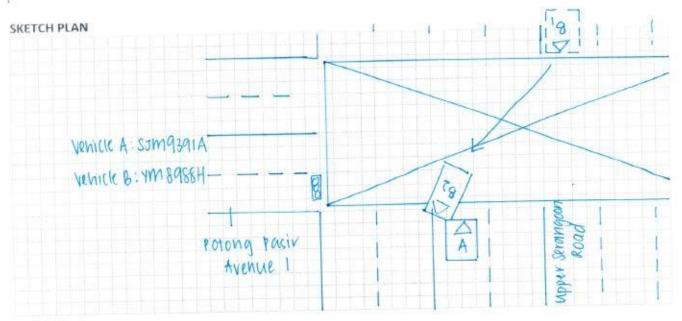
Driver's Signature (If driver is not the policyholder)

Name:

NRIC/FIN No.:

Reporting Centre Per

onnel's Signature



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| | on the | stated | date 8 | time, I | , vehicle | A', SJM | 93914, W | ias |
|--------|--------|--------|------------|---------|-----------|-------------|---------------|------|
| stati | onavy | on th | ie statea | 1 venue | due to | red ligh | 11 sudde | nly, |
| enicle | 'B' | 7m 89 | 88H , c | ame for | n the | opposite di | rection a | nd |
| ound | ed ont | o my | vehicle 's | 100 M1 | portion. | | allo a — Ilin | |
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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.:

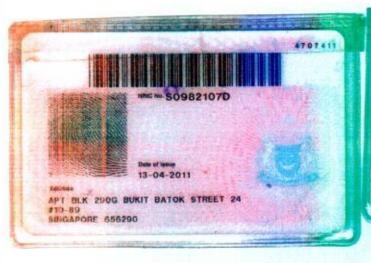
ACCIDENT STATEMENT

| b)NRIC/FIN/PASSPORT: S0982107D CONTACT: | Y FIRE &THEFT) LE / OTHERS) CLE) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| DETAILS OF VEHICLE a) VEHICLE NUMBER: b) INSURANCE COMPANY: NTUC c) POLICY NUMBER: d) POLICY TYPE: [COMPREHENSIVE / THIRD PARTY / THÎRD PARTY e) MAKE & MODEL: KIÚ PI (ANTO) f) TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCI g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCI h) PURPOSE OF USING AT ACCIDENT TIME: PHVATE i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: A) NAME: BUN KN KOW (MAC) BURIT BATOK SYEEL 34 H | LE / OTHERS) CLE)))) E / FEMALE) |
| DINSURANCE COMPANY: DINSURANCE COMPANY: DINSURANCE COMPANY: DINGUICY NUMBER: DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY) DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY) DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY) DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THI | LE / OTHERS) CLE)))) E / FEMALE) |
| DINSURANCE COMPANY: NTUC CIPOLICY NUMBER: CIPOLICY NUMBER: CIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY E) MAKE & MODEL: KID PICANTO FITTPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCL GIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCL I) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: TUN KN KOW (MAD) B) NRIC/FIN/PASSPORT: SOGE 2107D CONTACT: CLADDRESS: 290 & BURIT BOTOK STYRET 34 H | LE / OTHERS) CLE)))) E / FEMALE) |
| CIPOLICY NUMBER: GIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PART GIMAKE & MODEL: KIA PICANTO FITYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCL GIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYC TO PURPOSE OF USING AT ACCIDENT TIME: PRIVATE I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: TUN KN KOW (MAD) B) NRIC/FIN/PASSPORT: SOGO 2107D CONTACT: CLADDRESS: 290 & BWOLL BATOR STYREL 34 H | LE / OTHERS) CLE)))) E / FEMALE) |
| DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY E)MAKE & MODEL: KIA PICANTO F)TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCL G)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCL T) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY 2. INSURED / POLICY HOLDER A)NAME: PUN KN KOW (MAD) B)NRIC/FIN/PASSPORT: SOGO 2107D CONTACT: CLADDRESS: 290 & BURIT BOTOK STYRET 34 F | LE / OTHERS) CLE)))) E / FEMALE) |
| E)MAKE & MODEL: MAY VAN / LORRY / MOTORCYCLE (1)TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE (2)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE (3) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO (4) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY (4) INSURED / POLICY HOLDER (A) NAME: FUN KN KOW (MAD) (5) INRIC/FIN/PASSPORT: SOME LOTO CONTACT: (5) ADDRESS: 290 & BURIT BOTOK STYLLT 34 H | LE / OTHERS) CLE)))) E / FEMALE) |
| E)MAKE & MODEL: MAY YOUN / LORRY / MOTORCYCLE f)TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: FUN KN KOW (MAD) b)NRIC/FIN/PASSPORT: SOME LOTO CONTACT: CLADDRESS: 290 & BURIT BOTOK STYRET 34 # | LE / OTHERS) CLE)))) E / FEMALE) |
| GIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCE) (h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE (i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: FUN KN KOW (MAD) (MAD) (MAD) (NAME: SOPE 2107D CONTACT: SOPE 2107D CONTACT: THE PRIVATE PRIVA |))) E / FEMALE) |
| g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCTO h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE i) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: FUN KN KOW [MAD] b) NRIC/FIN/PASSPORT: S0902107D CONTACT: CLADDRESS: 290 T BURIT BOTOK STYLET 34 T |))) E / FEMALE) |
| i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: FUN KN KOW (MAD) b) NRIC/FIN/PASSPORT: S0902107D CONTACT: CLADDRESS: 290 T BURIT BOTOK STYRET 34 F |)) E / FEMALE) |
| i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (TESTAGE IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: 74M KN KOW (MA) b) NRIC/FIN/PASSPORT: SO982107D CONTACT: CLADDRESS: 290 & BURIT BOTOK STYRET 34 # | E / FEMALE) |
| IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONE) 2. INSURED / POLICY HOLDER A)NAME: 7UM KN KOW (MAD) b)NRIC/FIN/PASSPORT: S0902107D CONTACT: CLADDRESS: 290 & BURIT BOTOK STREET 34 A | E / FEMALE) |
| 2. INSURED / POLICY HOLDER A) NAME: 7Uh KN KOW [MAD] b) NRIC/FIN/PASSPORT: SO962107D CONTACT: CLADDRESS: 290 & BURIT BOTOK STYRET 24 # | E / FEMALE) |
| DINRIC/FIN/PASSPORT: SO902107D CONTACT: | 9792 9408 |
| DINRIC/FIN/PASSPORT: SO982107D CONTACT: | 10-00 |
| CLADDRESS: 2904 BURIT BUILT SIVEEL 34 " | |
| CIADDRESS. | 10 04 |
| (656290) | |
| * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER | |
| A PRIMER | |
| OF PASSON GA DRIVER (MALI | E / FEMALE) |
| duding driver) DINRIC/FIN/PASSPORT:CONTACT: | |
| (01) c)ADDRESS: | |
| CIADDRESS. | |
| *d) DATE OF BIRTH: (10 / 01 / 1948) (DD/MM/YYYY) | |
| LOCCUPATION: (INDOOR / OUTDOOR) | |
| THE PROPERTY OF THE PROPERTY O | (A |
| THE THE ALL END OVER OF THE INSURED S CUPITOR! | ? (YES / NO) |
| IE NO RELATIONSHIP OF THE DRIVER WITH INSURED | Wher |
| 5. GIWEATHER CONDITION: (CLEAR / RAINING / OTHERS | |
| b)ROAD SURFACE: (DRY / WET / OTHERS | |
| 6. WAS ANYBODY INJURED (YES / NO) | |
| 7. a) REPORTED TO POLICE (YES / NO) | |
| IF YES, PLEASE STATE WHICH POLICE STATION: | |
| 8 THIRD PARTY VEHICLE | |
| of passenger a) VEHICLE NUMBER: YM 8988H MODEL: | |
| b) DRIVER'S NAME: | |
| luding driver) b) DRIVER'S NAME:CONTACT:CONTACT: | |
| 9. THIRD PARTY VEHICLE | |
| d) VEHICLE NUMBER: MODEL: | |
| of Passinger of DRIVER'S NAME | |
| duding driver) f) NRIC/FIN/PASSPORT:CONTACT: | |
| T) NKIC/TIN/T NON OKI- | |
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| eBao Tech | | 120 | | | | | | | Gene | ralClaim |
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| Hello, NAC_PAYA_UBI_800 | 601 | | The state of the s | | | | Change Lan | guage) | Change Passwor | d Log Out |
| My Desktop | Polic | y Query | | | | | | 1200000 | | |
| Notice of Loss | Policy N | 0. | | | | Date of Acc | ident | 29/03/ | 2018 11:25 | |
| | Vehicle | No.(For Motor) | S)M9391A | | | | | | | |
| | | | | | | Search | | | | |
| | Select | Policy No. | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | 0 | 5097808444 | FUN AH KOW | 50982107D | GPC | drivo CLASSIC | SJM9391A | S3M9391A | 31/01/2018 | 30/01/2019 |

| olicy No. | 5097808444 | Policyholder Name | FUN AH KOW | Policyholder NRIC | S0982107D |
|--------------------------------------|----------------------------|-----------------------------------|-----------------------|----------------------|---------------------|
| Address | BLK 290G #10-89 BUKIT BATC | K STREET 24 S | INGAPORE 656290 | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | Group Policy Flag | N |
| Policy ssue Date | 31/01/2018 | Effective Date | 31/01/2018 00:00 | Expiry Date | 30/01/2019 23:59 |
| Third Party Excess | 0 | Own damage Excess | 600 | Windscreen Excess | 100 |
| Additional Excess | 0 | OS Premium | 0 | | |
| Outside Singapore OD Excess | 600 | Outside Singapore TP Excess | 0 | | |
| Agent | DICKSON AUTO AGENCY | Agent Tel. | NIL | GST Flag | Υ |
| Co- insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |
| | nolder Mailing Address | | | 7270000 | |
| Address 1 | BLK 290G #10-89 | Address 2 | BUKIT BATOK STREET 24 | Address 3 | SINGAPORE 656290 |
| Address 4 | | Address Type | Singapore address | Post Code | 656290 |
| Unit No. | | Related Policy Number | 5097808444 | | |
| 1 Insure | d Object: SJM9391A | | | | |
| | sements | | | | |
| Sequen | ce Date of Endorsement | Endorse | ement Type Endorser | ment Status | Endorsement Content |

| ccident MT/0988257 | 2002002444 | | Vehicle No. | SJM9391A | | GS | T Registration No. | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------|-------------------|-----------|
| | 5097808444 | | Vetilize red. | 2211222211 | | Po | licyholder NRIC | | 509821070 | | |
| The second second | FUN AH KOW | | Cover Type | arivo CLASSII | c | Le | ading | | 0 | | |
| 3 | PRIVATE CAR INSURANCE | | Contact No.(Office) | 0 | | Co | mact No.(Home) | | 0 | | |
| | 97929408 | | Special Remark | 8. | | eC | ode | | Ac V | | |
| mail Address | Laur Lines (Con) | | | ® No ○Yes | | | ode Reason | | | | |
| PK. | ® No ○ Yes | | TCA | 0 | | | wate Hire | | No | | |
| ICD Protection | No | | NCD Entitlement(%) | u . | | | | | | | |
| Accident Details | | | | | | | odent Type | | Collision - I | tead on collision | |
| eport Date | 29/03/2018 16:05 | | Acadent Report Within 24 hrs | | | | ountry of Accident | | Singapore | | |
| sate of Accident | 29/03/2018 | | Time of Accident hhomm | 11:25 | | | M No. | | | | |
| teparting Centre | | | Orange Force | | | | A 3 100 C. | | | | |
| Accident Location | JUNC UPP SERANGOON RD 8 | POTONG PASIR A | WE 1 | | | | | | | | |
| ₩ Benefits | | | | | | | | | | | |
| ♥ Excess | | | | | | | | | | 10 | 00.00 |
| Own damage Excess | 600 | .00 | Additional Excess | | 0.00 | w | Indscreen Excess | | | | |
| unnamed Driver Excess | 0 | 0.00 | Outside Singapore OD Excess | 5 | 600.00 | | | | | | |
| Trivid Party Excess | 0 | 0.00 | Outside Singapore TP Excess | | 0.00 | | | | | | |
| ♥ GST Registered Informa | ition | | | 0.7800 | | | | | | | |
| GST Registered | No | | | | Registration Date | | Yes | | | | |
| SST Registration No. | | | | GST | Status Verified | | 160 | | | | 10 |
| Hodification History | | | | | | | | | | | |
| Policyholder Mailing Ad | dress | | | | | | | | | | |
| Address 1 | BLK 290G #10-89 | | Address 2 | BUKIT BATO | K STREET 24 | A | ddress 3 | | SINGAPOR | E 656290 | |
| Address 1 Address 4 | | | Address Type | Singapore ad | | P | ost Code | | 656290 | | |
| Unit No. | | | Related Policy Number | 5097808444 | | | | | | | |
| ⇒ OI Driver Info | | | | | | | | | | | |
| Driver Name | FUN AH KOW | | Oriver Type | Main Driver | | | | | | | |
| Unnamed driver Name | | | Driver NRIC | 509821070 | | 0 | Arriver DOB | | 10/01/194 | 18 | |
| Register Date of Driver License | 14/03/1974 | | Driver Age | 70 | | . 0 | priving Experience | | 44 | | |
| Contact No.(Mobile) | 97929408 | | Contact No.(Office) | 0 | | C | Contact No.(Home) | | 0 | | |
| Address 1 | BLK 290G | | Address 2 | BUKIT BATO | OK STREET 24 | | ddress 3 | | SINGAPOR | RE 656290 | |
| Address 4 | | | Address Type | Singapore ai | ddress | 9 | ost Code | | 656290 | | |
| Unit No. | 10-89 | | | | | | | | | | |
| Does he own a Singapore Registered car? | 🖰 Yes 📵 No | | Driver Vehicle No. | | | | Priver Insurer Comp | erry | | | |
| Negacirca co. | | | | | | | | | | | |
| Declaration Breathwister or Blood Test | o mo | | Any injury? | ○ Ves ⊕ N | is . | | | | | | |
| Declaration Breakhalyser or Blood Test Reading? | o mg | | Any injury? | ○ Yes ④ N | lo . | | | | | | |
| Declaration Breathalyser or Blood Test | o ma | | Any injury? | ○ Yes ® N | ь | | | | | | |
| Declaration Breathwyser or Blood Test Reading? | | | Any injuny? | ○ Yes ® N | lo | | | | | | |
| Declaration Breakhayear or Blood Test Reading? Modification History | x II | | 9000000000000 | | | | 00.004 MOV | | Sinceons | 20 | |
| Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-NX Nex | α | <u> </u> | Insured Name | FUN AH KO | | | Insured NR3C | | 5098210 | 70 | |
| Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX Hex | x II | V | Insured Name Contact No. (Home) | FUN AH KO 65622408 | | | Contact No.(Office) | | | THE ST | |
| Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-NX Nex | 00-MX 97929406 | | Insured Name | FUN AH KO | | | Contact No.(Office) | | \$098210: YM89884 | THE ST | |
| Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX New Claim Type * Contact No.(Mobile) | α | | Insured Name Contact No. (Home) | FUN AH KO 65622408 53M9391A | w. | | Contact No.(Office) | vorkshop. | | THE ST | |
| Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX Nex Claim Type * Contact No. (Mobile) Email Address Calam Description Preferred Workshop Contact Preferred Workshop Contact | 00-MX 97929406 | | Insured Name Contact No. (Home) | FUN AH KO 65622408 | w. | | Contact No.(Office) | vorkshop. | | THE ST | |
| Declaration Breathalyeer or Blood Test Reading? Medification History Claim 001 OD-MX Hex Claim Type * Contact No. (Mobile) Email Address Claim Description | 00-MX 97929406 | | Injured Name Contact No. (Home) Of Vehicle Number | FUN AH KO 65622408 53M9391A Not at Faul | w | | Contact No.(Office) | verkshop. | YM8988H | | |
| Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX Hist Claim Type * Contact No. [Mobile) Email Address Claim Description Preferred Workshop Coreact No. | 00-MX 97929406 SIM9391A / YM8988H ON I | 29 Mar 2018 | Incured Name Contact No (Home) GI Vericle Number Incured Liability * | FUN AH KO 65622408 53M9391A Not at Faul | w | | Contact No.(Office) TP Vehicle Number Name of Preferred V | ericshop. | YM8988H | | |
| Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Confact No. Require Finalisation Date Registered | OD-MX 97929406 SJM9391A / YM8988H ON J | 29 Mar 2018 | Incured Name Contact No (Home) GI Vericie Number Insured Liebility * Preferend Repeir Option | FUN AH KO 65622408 53M9391A Not at Faul | w | | Contact No. (Office) TP Vehicle Number Name of Preferred V GIA report | | YM8988H | | |
| Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX Max Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Confact No. Require Finalisation Date Registered Report Taken By | OD-MX 97929406 SIM9391A / YM8988H ON I YWS 29/03/2018 16:06 | 29 Mar 2018 | Incured Name Contact No. (Home) OS Verscle Number Incured Liebility * Pyeferend Reper Option Claim Close Date | FUN AH KO 65622408 53M9391A Not at Faul | w | | Contact No. (Office) IP Vehicle Number Name of Preferred V GIA report Date Received | | YM8988H | | |
| Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Confact No. Require Finalisation Date Registered | OD-MX 97929406 SIM9391A / YM8988H ON I YWS 29/03/2018 16:06 | 29 Mar 2018 | Incured Name Contact No. (Home) OS Verscle Number Incured Liebility * Pyeferend Reper Option Claim Close Date | FUN AH KD 65622408 SJM9391A Not at Faul Preferred V | W Vortahop, Name unknown | | Contact No. (Office) IP Vehicle Number Name of Preferred V GIA report Date Received | | YM8988H | | |
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| Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 DD-MX Has Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Ø Prins Act letter Attachment | OD-MX 97929406 SIM9391A / YM8988H ON I Y46 29/03/2018 36:06 Tackson | 29 Mar 2018 | Incured Name Contact No.(Home) Of Versicle Number Incured Liability * Preferend Repair Option Claim Gode Date Workshop Repairer | FUN AH KD 65622408 SJM9391A Not at Faul Preferred V | W Vorkshop, Name unknown | | Contact No.(Office) TP Vehicle Number Name of Preferred V GIA report Date Received Total Loss but Repai | red | VM8988H Received 29/03/20 | 18 16:06 | |
| Declaration Breethalyser or Blood Test Reading? Medification History Claim 001 DD-MX Hex Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Direct Act Notter Attachment P | OD-MX 97929406 SIM9391A / YM8988H ON I Y85 29/03/2018 16:06 Tackson | 29 Mar 2018 | Incured Name Contact No.(Home) Of Versicle Number Incured Liebility * Preferend Repeir Option Claim Close Date Workshop Repairer Claim No. | FUN AH KO 65622408 53M9391A Not at Faul Preferred V | W. Norkshop, Name urknown Oot 29/03/2018 16:29 Category * | <u> </u> | Conflidential Conflidential | urgen | VM6988H Received 29/03/20 | 18 16:06 | inption * |
| Declaration Breethalyser or Blood Test Reading? Modification History Claim 001 0D-MX Hex Claim 100 0D-MX Hex Claim 100 0D-MX Hex Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By ### Print AK better ################################# | OD-MX 97929406 SIM9391A / YM8988H ON 3 Y85 29/03/2018 36:06 Tackson M1/0988257 © Yes ○ No | 29 Mar 2018 | Incured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Workshop Repairer Claim No. Upload Date | FUN AH KO 65622408 53M9391A Not at Faul Preferred V | W. Workshop, Name unknown United States (1997) 1997 1997 1997 1997 1997 1997 1997 | | Conflidential Conflidential | red | VM8988H Received 29/03/20 | 18 16:06 | |
| Declaration Breethalyser or Blood Test Reading? Modification History Claim 001 0D-MX Hex Claim 100 0D-MX Hex Claim 100 0D-MX Hex Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By ### Print AK better ################################# | OD-MX 97929406 SIM9391A / YM8988H ON 3 Y85 29/03/2018 36:06 Tackson M1/0988257 © Yes ○ No | 29 Mar 2018 | Incured Name Contact No.(Home) Of Verside Number Incured Liability * Preferend Repair Option Claim Gode Date Workshop Repairer Claim No. Upload Date Bro | FUN AH KO 65622408 53H9391A Not at Faul Preferred V Save Sub | W. Norkshop, Name urknown Oot 29/03/2018 16:29 Category * | <u> </u> | Confidential Confidential | urgen | VM6988H Received 29/03/20 | 18 16:06 | |
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| Declaration Breethalyser or Blood Test Reading? Modification History Claim 001 0D-MX Hex Claim 100 0D-MX Hex Claim 100 0D-MX Hex Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By ### Print AK better ################################# | OD-MX 97929406 SIM9391A / YM8988H ON 3 Y85 29/03/2018 36:06 Tackson M1/0988257 © Yes ○ No | 29 Mar 2018 | Incured Name Contact No. (Home) GE Versicle Number Incured Liability * Preferend Repair Option Claim Gose Date Workshop Repairer Claim No. Upload Date Bro | FUN AH KO 65622408 53M9391A Not at Faul Preferred V Save Sub wise Clear wise Clear | W. Workshop, Name unknown Oot 29/03/2018 16:29 Category * Please Select Please Select Please Select | N N N N N N N N N N N N N N N N N N N | Confidential Confidential Confidential Confidential | urger Normal | VM6988H Received 29/03/20 V V V V V V V V V | 18 16:06 | |
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http://giclaim.income.com.sg/gcs/icm/eclaim/icmmyTaskForward.do?taskInstanceId=1868... 29/3/2018

| Attachment | | Uploaded By/Date | Category | ? | Urgency | Description | Msg Sent? Action (CD) |
|--------------|---------------------------|------------------------------------------------------------|----------------------|--------|------------------|---------------------------------|-----------------------------|
| CT NA | NAC_PAYA_UBI_800601(NATI | ONAL ASSESSMENT CENTRE SERVICES) on 29 Ma r 2018 16:29 | NRIC/ Driving Ucense | | Normal | NRIC/ Driving License 2018-3-29 | Edit |
| *G | NAC_PAYA_UBI_800601(NATI | ONAL ASSESSMENT CENTRE SERVICES) on 29 Ma r 2018 16:29 | SAS | | Normal | SAS 2018-3-29 | Edit |
| (), | NAC_PAYA_UBI_800G01(NAT | ONAL ASSESSMENT CENTRE SERVICES) on 29 Ma + 2018 16:06 | Photos | | Normal | Photos 2018-3-29 | Edit |
| | MAC_PAYA_LIBI_800501(NAY | ONAL ASSESSMENT CENTRE BEKVICES) on 29 Ma r 2018 16:06 | Photos | | Normal | Photos 2018-3-29 | Edit |
| | NAC_PAYA_UBL_BOOKOTI NAT | ONAL ASSESSMENT CENTRE SERVICES) on 29 Ma 7 2018 16:06 | Photos | | Normal | Photos 2018-3-29 | Edit |
| | NAC_PAYA_UBJ_800601(NAT | Photos | | Normal | Photos 2018-3-29 | Edit | |
| | NAC_PAYA_UBI_800601(NAT | IONAL ASSESSMENT CENTRE SERVICES) on 29 Ma r 2018 16:06 | Photos | | Normal | Photos 2018-3-29 | Edit |
| | NAC_PAYA_UBI_800601(NAT | IONAL ASSESSMENT CENTRE SERVICES) on 39 Ma r 2018 16:06 | Photos | | Normal | Process 2018-3-29 | Edit |
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| ♥ Video List | uproaded By/Data | Falder Date | File Name | | 9 | Source | Action |