Date Invitation	Jeb description	Date &Time Completed	Done by
Date In: h 4 1 8 - 11:09	SAS e-filing		
Ref No: NA /INC 180 06642/24	E-mail (within Shrs, AIC 2hrs)		2017
Vch No: 57492640	i-Motor Claim Form	MT/0989889	11/4/18 11:32
D.O.A .: 11/4/18-09:45	i-Motor W/O (Within: OD 2h		
OD TP Reporting Only		1	
	i-Photo Uploaded	-	
TP Insurer:	Assessment/Survey Report	13/1/20	
IF Insurer.	Ass't Report by Fax / Hand		ax:
Preferred Wksp / INC Assign Wksp / QW:	(101.	- ax:
TP Particulars: Veh No: 5	HC8488X INC (1
Owner / Driver: (Tel:	
Policy No: ()	Period: (Cover Type: (
Confirmed by : (Date:	Time:	100%1
Insured/Driver Liability: (9	%) [Note-Est Status (WO): N: 0-	20%; P: 21-79%. P: 50-	15070
I car of registration.) Warranty: YES ()/NO ()	
Director (\$1,000()/\$2,000()		mas in the
General Remarks:-	を受けます。 たんが 200 Met ボンベルしょうのかまじからいかか かんしょ アンシュース・コンド		
() Walk-In Customer: Customers	s information strictly Confidential & S	strictly NO refer of repairer	·
() Total Loss Case : to e-mail Ir	nsurer URGENTLY.	, - , , , , , , , , , , , , , , , , , ,	
Drive-In ()/ Towed-In (); In	voice: YES() / NO();	Towing Co: (
Remarks:- (INC hotline: 6788 661	(6) Y-	Date& Timb Completed	Done by
1) A L. Fau Trongs art Allowance) / Courtesy Car (and the same of th	Vancous and the same of the sa
.,)/Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		
·/··PP-2	()		
2) QC Check / Post Repair Inspection	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury:	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury:	()		Webs Constitution
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury:	()		The Contract
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury:	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury:	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury:	() t>\$3000] ()		Ant(S) Am
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions	() t>\$3000] ()	reparation Checklist	Ant(S) Amil
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Date/Time: Actions NAI862242	() t > \$3000] () Invoice P	ent Reporting (\$30);	MBill Add I
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Date/Time: Actions NAI862242	() t > \$3000] () Invoice P 1) AR: Accid 2) DA: Darry 3) TF: Towis	ent Reporting (\$30); ge Assessment (\$100); INC g Fee	(\$80) \$40/\$45
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions NAI862242 Laimant's Particulars:	() t > \$3000] () Invoice P 1) AR: Accid 2) DA: Darry 3) TF: Towis 4) ET: Fallo	ent Reporting (\$30); ge Assessment (\$100); INC g Fee v-Through Survey	(\$80)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions NAI862242 Claimant's Particulars:- Driver/Owner:	() ()	ent Reporting (\$30); Ige Assessment (\$100); INC Inc. Inc.	(\$80) \$40/\$45 \$120 \$30 \$900
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions NA/862242 Claimant's Particulars: Oriver/Owner: Contact No:	Invoice P	ent Reporting (\$30); Ige Assessment (\$100); INC Inc. Inc.	(\$80) \$40/\$45 \$120 \$30
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Date/Time! Actions NAI862242 Claimant's Particulars: Oriver/Owner: Contact No:	() ()	ent Reporting (\$30); Ige Assessment (\$100); INC Inc. Inc.	(\$80) \$40/\$45 \$120 \$30 \$93) \$75
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions NAI862242 Claimant's Particulars: Oriver/Owner: Contact No: Damaged Portion:	() ()	ent Reporting (\$30); Ige Assessment (\$100); INC Inc Bree -Through Survey -Through Survey (Resurvey) In against INC Only (wef 10 Jan 2) Spection OA + SMRT Survey ditional Services:	(\$80) \$40/\$45 \$120 \$30 \$93) \$75
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions NAISD 2242 Claimant's Particulars:- Oriver/Owner: Contact No: Damaged Portion:	() t > \$3000] () Invoice P 1) AR: Accid 2) DA: Darra 3) TF: Towis 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in 7) N1: Idao 8) NTUC Ad OD* *N5: Cour *N6: Reps	ent Reporting (\$30); Ige Assessment (\$100); INC Inc. Inc.	(\$80) \$40/\$45 \$120 \$30 \$900 \$75 \$160
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions NA/862242 Inimant's Particulars:- Oriver/Owner: Contact No: Damaged Portion: C. Checked by (Engr-In-Charge):	() ()	ent Reporting (\$30); Ige Assessment (\$100); INC Inc Fee -Through Survey -Through Survey -Through Survey (Resurvey) In against INC Only (wef 10 Jan 2) Spection OA + SMRT Survey ditional Services It Co-ordination Repair Inspection	(\$80) \$40/\$45 \$120 \$30 \$905) \$75 \$160
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions NAISD 2242 Claimant's Particulars:- Oriver/Owner: Contact No: Damaged Portion:	() ()	ent Reporting (\$30); Ige Assessment (\$100); INC Inc. Inc.	(\$80) \$40/\$45 \$120 \$30 9905 \$75 \$160 \$55 \$510 \$25

1.02 45

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.

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.

	ACCIDENT STATEMENT
Date Of Report	11/04/2018 11:09
Date Of Accident	11/04/2018 09:45
Exact Location Of Accident	MAPLETREE BUSINESS CITY ROUNDABOUT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJN9264D
Insured/Policyholder	
Name Of Registered Owner	CONNECT4CAR PTE LTD
Co Reg No	201411459M
Email Address	NOEMAIL
Mobile Phone No.	
Alternative Phone No	OFFICE-89999999

Vahicle	Parti	CIII	ars

Manufacturer	HONDA
Model	CIVIC 1.6L 5AT

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

Are you claiming under your own insurance policy

for repair to your vehicle? THIRD PARTY If No, Please state action to be taken PRIVATE HIRE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

YES Fleet Policy

5068994860-03 Policy Number

Cover Note Number

Driver

SEAH CHONG SENG (XIE ZHONGCHENG) Name of Driver

S7316394C NRIC No 10/05/1973 Date Of Birth OUTDOOR Occupation 08/06/1994 Date Of Driving Pass

23 YEARS AND 10 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-92470744 Mobile Number

Fax Number

OFFICE-92470744 Contact Number

NOEMAIL EMail Address

Address

BLK 222 LORONG 8 TOA PAYOH

#14-715

Postcode

310222

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

10

Insurance Company of Driver's Own Vehicle

33

.

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

...

ambulance?

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHC8468X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

ON DE LIZO

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

Name: NRIC/FIN No.: My car was completely stationary along the downslope of Mapletree Business City besides building Servicesource International Singapore, without any contact and a safe distance with the front stationary vehicle and I was waiting to filter out to the roundabout. While I was waiting for my turn to filter, all of a sudden I felt an impact from the rear portion of my car. I got off my car and found that vehicle B had hit onto my car rear portion.

	AN .	
	6/	

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 Personnal's Signature

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 ٠ 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. ٠
- Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS		
Date of accident	11.04.2018	(DD/MM/YY)
Time of accident	0945	(HH:MM)
Exact location of accident	Mapletree Business City raindabatt.	

	DETAILS OF VEHICLE
Vehicle registration number	3JN 9264D
Vehicle make and model	Henda Civic.
Type of vehicle	Saloon MPV CRV Van D
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	Commercial
Are you claiming under your own insurance company?	Yes □ No □ if no, please select: Third part claim □ Reporting only □

THE PROPERTY OF THE PERSON	INSURANCE IN	FORMATION	
Insurance company	NTUC.		
Policy number			anticological contract
Type of policy	Comprehensive □	Third party fire & theft \square	TP only

	INSURED / POLICY HOLDER		
Name	CONNECT4CAR PTE LTD	Male □	Female
NRIC / Fin / Passport number	201411459M		
Contact			
Address	53 UBI AVENUE 1 #01-23 PAYA UBI INDI SINGAPORE 408934	USTRIAL PARK	

DRIVER	SAME AS INSURED ABOVE	□ (SKIP TO D.O.B)
N. C.	San Chang Jana	Male Female
NRIC / Fin / Passport number	37316394C	
Contact	924-10744 / 91283	3004 (Iny).
Address	87316394C 92470744 / 91283 BIK J22 Leving 8 Ton Pay #14-715-(310222)	ob
Email address		
Date of birth	10.05.1973	
Occupation	Indoor Outdoor	
Driving date pass	08.06.1994	

G	ENERAL IN	FORMATION C	F THE ACCIDENT	
Was driver an employee of	Yes 🗆	No		Hiver-
the insured's company?	If no, rela	tionship of the	driver and insured: _	1.36.2
Accident captured by camera?	Yes 🗆	No		
Weather condition	Clear	Raining	Others:	
Road surface	Dry	Wet 🗆		() 1
No of passenger	ØI			(Inclusive of driver)
		PASSENGER	1	
Name				
Gender	Male □	Female 🗆		
		/		
N. S. C. L. B. B. S. S. S. S. S. S.		PASSENGER	12	
Name				
Gender	Male 🗆	Female □		
		PASSENGER	13	
Name				
Gender	Male 🗆	Female 🗆	- w	
		/		
		PASSENGER	14	
Name				
Gender	Male 🗆	Female 🗆		
	WE DEED	PASSENGER	R 5	
Name				
Gender	Male 🗆	Female		
Gender	1.00			
	200	PASSENGE	36	
Name	AND DESCRIPTION OF THE PARTY OF			
Gender	Male 🗆	Female □	/	
		OTHER INFORM	IATION	
Was anybody injured?	Yes 🗆	No 🗆		
Was other vehicle damaged?	Yes 🗆	No 🗆		
	A.C.			
ENGLISHED THE PROPERTY AND DESCRIPTION OF THE PARTY AND DESCRIPTION OF THE	DE	TAILS OF POLIC	E ACTION	
Reported to police?	Yes 🗆	No If	es, please state which	h police station.
Police station name				
		WITNESS	1	THE RESERVE OF THE PERSON OF T
Name				
100000		/		
		WITNESS	2	
Name	AND DESCRIPTION OF THE PARTY OF	/		
reame		/		

CONTRACTOR OF A SECURITY	THIRD PARTY VEHICLE 1
Vehicle registration number	THIRD PARTY VEHICLE 1 SHC 8468 X .
Vehicle make model	200 100 100 100 100 100 100 100 100 100
Name	
NRIC / Fin / Passport number	
Contact	
10100	
	THIRD PARTY VEHICLE 2
Vehicle registration number	THIRD PARTY VEHICLE 2
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
ALLOW SHOP SHOP THE PROPERTY OF THE PARTY OF	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THE REPORT OF THE PARTY OF THE
THE RESERVE OF THE RE	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

		INJURED PERSON 1
Name		MOORED PERSON I
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	103 🗆	100
	PART N	INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	(ACRES ACE)	
200		
		INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
		INJURED PERSON 4
Name		
Injuries sustained		
Which vehicle person in?	1000	4
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
		INJURED PERSON 5
Name		INJURED PERSON 5
Name Injuries sustained		INJURED PERSON 5
Name Injuries sustained Which vehicle person in?	Voc G	
Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	No 🗆
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆 Yes 🗅	
Name Injuries sustained Which vehicle person in? Were seat belts worn?	100000	No 🗆
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	100000	No 🗆 No 🗆
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	100000	No 🗆
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	100000	No 🗆 No 🗆
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	100000	No 🗆 No 🗆
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes 🗆	No No INJURED PERSON 6
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes Yes	No INJURED PERSON 6
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes 🗆	No No INJURED PERSON 6



REPUBLIC OF SINGAPORE





SEAH CHONG SENG (XIE ZHONGCHENG)

射忠成

CHINESE

Date of birth 10-05-1973

Country of birth

57416394C

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

FASS DATE

Class 3

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

05 Jun 1994

4150719

ñ

Licence No: 87316394C

JP 428A

**** S7316394C



Data of Insur 16-01-2008

APT BLK 222 LORONG 8 TOA PAYOH #14-715 SINGAPORE 310222

NRIC No: \$7316394C

Date: 12/02/2011

eBao Tech								GeneralClaim		
Hello, NAC_PAYA_UBI_80	0601						Change Lan	guage	Change Passwo	rd Log Out
My Desktop	Poli	cy Query								
Notice of Loss	Policy N	la. No.(For Mator)	SJN9264D			Date of Acc	ident	11/04	/2018 09:45	
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5068994860- 03	CONNECT4CAR PTE, LTD.	201411459M	GFT	drivo PREMIUM	SJN9264D	S3N9264D	04/12/2017	
					1	Continue				

Police	cy Information				
Policy No.	5068994860-03	Policyholder Name	CONNECT4CAR PTE. L	TD. Policyholder NRIC	201411459M
Address	53 UBI AVENUE 1 #01-2	3 PAYA UBI INDUSTRI	AL PARK SINGAPORE	108934	
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	23/11/2017	Effective Date	04/12/2017 00:00	Expiry Date	03/12/2018 23:59
Third Party Excess	1000.00	Own damage Excess	1000.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	5543.45		
Outside Singapore OD Excess	1000.00	Outside Singapore TP Excess	1000.00		
Agent	SOONG WAI SAN	Agent Tel.	65471154	GST Flag	Y
Co- insurance Flag Open	No				
Policy Info Certificate Info					
	older Mailing Address				
Address 1	53 UBI AVENUE 1	Address 2	#01-23 PAYA UBI INC	OUSTRIAL Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address	Post Code	408934
Unit No.	01-23	Related Policy Number	5087771369-01		
) Insure	d Object: SJN9264D				
▽ Endors	ements				
Sequenc	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	04/12/2017 00:00	Basic Information Endorsement	000001286715172	Endorsement Take Effective	internal endt - vehicle usage change from Rental vehicle (less than 12 mths) to Private Hire (Self Drive or Chauffeur)
2	15/01/2018 00:00	Basic Information Endorsement	000001286735612	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 15 Jan 2018, the Original Registration Date is amended as follows for SE2018K: ORIGINAL REGISTRATION DATE: 08 Oct 2015
3	02/02/2018 00:00	Basic Information Endorsement	000001286749083	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SKX2251Y 02-02-2018 \$1,009.10 In view of this amendment, an additional premium of \$1,009.10 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make

Accident MT/0989889	not been collected.				- 60
Paticy No.	5064994860-03	Vehicle No.	SIN9264D	GST Registration No.	
Policyholder Name	CONNECT4CAR PTE, LTD.			Policyholder NR3C	201411459M
Product Code	FLEET INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No. (Home)	0
Email Address	**	Special Remark:	**	eCode	Te V
	44040	TCA	® No ○ Yes	eCode Reason	* 15-45S
KFK	® No ○ Yes		STATE TO STATE OF THE STATE OF		West
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Ves.
Accident Details				VIII.VIII.	2.2
Report Date	11/04/2018 11:20	Academ Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	11/04/2018	Time of Accident hh:mm	09:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	MAPLETREE BUSINESS CITY ROUNDABOUT				
□ Benefits					
♥ Excess					
Own damage Excess	1.000.00	Additional Excess	0.00	Windscreen Excess	100.00
Innemed Driver Excess		Outside Singapore OD Excess	1,000.00		
Third Party Excess	1,000.00	Outside Singapore TP Excess	1,000.00		
□ GST Registered Informat	tion				
ST Registered	No		GST Registration Date		
SST Registration No.			GST Status Venfied	Yes	
fodification History					
→ Policyholder Mailing Add	dress				
Address 1	53 UBI AVENUE 1.	Address 2	#01-23 PAVA UBI INDUSTRIAL I	Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address	Post Code	408934
unit No.	04-23	Related Policy Number	5087771369-01		
Of Driver Info					
Driver Name	Unnemed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SEAH CHONG SENS (XIE ZHON-	Driver NRIC	37316394C	Driver DOB	10/05/1973
Register Date of Driver License.	08/06/1994	Driver Age	44	Driving Experience	23
Contact No.(Mobile)	92470744	Contact No.(Office)	0	Contact No. (Home)	0
Address 1	BLK 222	Address 2	LORONG 8 TOR PAYOH	Address 3	SINGAPORE 310222
Address 4		Address Type	Singapore address	Post Code	310222
Unit No.	14-715				
2006 Memory service					
Does ne own a Singapore	○ Yes (¥) No	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	○ Yes (● No	Driver Vehicle No.		Driver Insurer Company	
Registered car?	○ Yes (No	Driver Vehicle No.		Driver Insurer Company	
Registered car? Declaration Breathalyser or Blood Test	○ Yet ⊕ No 0 mg	Driver Vehicle No. Any Injury?	○ res ® No	Driver Insurer Company	
Registered car? Dectaration Reading?	9 mg		○ Yes ® No	Driver Insurer Company	
Registered Car? Declaration Reading? Reading? Abortication History Claim 801 OD-MX New	0 mg	Any injury?		561.09b; 5590 b; 0.103800	20141145984
Registered Car? Declaration Reading? Reading? Claim 001 OD-MX New Claim Type *	0 mg	Any Injury? Insured Name	○ YES ® NO CONNECTALAR PTE. LTO.	Insured NRIC	20141145994
Registered Car? Declaration Reading? Aconfication History Claim 801 OD-MX New Claim Type * Contact No. [Mobile]	0 mg	Any Injury? Insured Name Contact No.(Home)	CONNECTACAR PTE. ETO,	Insured NRIC Contact No.(Office)	•
Registered Car? Declaration Reading? Absolication History Claim 001 OD-MX New Claim Type * Contact No. [Mobile] Email Address	0 mg	Any Injury? Insured Name		Insured NRIC Contact No.(Office): TP Vehicle Number	parameter and the same and the
Registered Car? Declaration Broathalyour or Blood Test Reading? Adodfication History Claim 001 OD-MX New Claim 101 OD-MX Page 1 Contact No. (Mobile) Email Address Cleim Description	0 mg	Any Injury? Insured Name Contact No.(Home) OI Vehicle Number	CONNECTACAR PTE. LTD. S3N92640	Insured NRIC Contact No.(Office)	•
Registered car? Deciaration Reading? Claim 001 OD-MX Claim 001 OD-MX New Claim 001 OD-MX Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No.	0 mg SJN9364D / SHCB46BX ON 11 Apr 2018	Any Injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability *	CONNECT4CAR PTE. LTD. S3N9264D Not at Fault	Insured NRIC Confact No. (Office): TP Vehicle Number Name of Preferred Workshop	+ SHCB468X
Registered car? Deciaration Reading? Claim 001 OD-MX Claim 001 OD-MX New Claim 001 OD-MX Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No.	0 mg	Any Injury? Insured Name Contact No.(Home) OI Vehicle Number	CONNECTACAR PTE. LTD. S3N92640	Insured NRIC Contact No. (Office): TP Vehicle Number Name of Preferred Workshop GIA report	+ SHCB468X
Modification History Claim 001 OD-MX New Claim Type * Contact No.(Moisrle) Email Address Claim Description Preferred Workshop Contact No. Require Finelisation	0 mg SJN9364D / SHCB46BX ON 11 Apr 2018	Any Injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability *	CONNECT4CAR PTE. LTD. S3N9264D Not at Fault	Insured NRIC Confact No. (Office): TP Vehicle Number Name of Preferred Workshop	+ SHCB468X
Registered Car? Declaration Reading? About Cale of Mission Test Reading? Claim 001 OD-MX New Claim 101 OD-MX New Claim 101 OD-MX Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	0 mg Ony STM9364D / SHCB46BX ON 11 Apr 2018	Any Injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Lability * Preference Repair Option	CONNECT4CAR PTE. LTD. S3N9264D Not at Fault	Insured NRIC Contact No. (Office): TP Vehicle Number Name of Preferred Workshop GIA report	+ SHCB468X
registered car? Pectaration Invation/or or Blood Test Reading? Claim 001 OD-MX Liem Type * Contact No. (Mobile) Email Address Claim Description Verterred Workshop Contact No. Require Finalisation ace Registered Report Taken By	0 mg Ony Sinaseab / Shc8468x ON 11 Apr 2018 Ves 11/04/2018 11:22	Any Injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Labelity * Preference Repair Option Claim Close Date	CONNECT4CAR PTE. LTD. S3N9264D Not at Fault	Insured NRIC Confact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	+ SHCB468X
Pectaration Reading? Another or Blood Tett Reading? Claim 001 OD-MX Claim 001 OD-MX New Contact No. (Mobile) Email Address Claim Description Perferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	0 mg Ony Sinaseab / Shc8468x ON 11 Apr 2018 Ves 11/04/2018 11:22	Any Injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Labelity * Preference Repair Option Claim Close Date	CONNECT4CAR PTE. LTD. S3N9264D Not at Fault	Insured NRIC Confact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	+ SHCB468X
Programment Carry Declaration Broathalycer or Blood Test Reading? Claim 001 OD-MX New Claim 001 OD-MX New Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finelisation Date Registered Report Taxen By [V] Print AX letter Attachment	0 mg OD-MX 02959989 S3N9364D / SHCB468X CN 21 Apr 2018 Yes 11/04/2018 11:22	Any Injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Lability * Preference Repair Option Claim Close Date Workshop Repairer	CONNECTACAR PTE. LTD. SIN9264D Not at Fault Preferred Workshop, Name unknown:	Insured NRIC Confact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	+ SHCB468X
Pectaration Broathalycer or Blood Test Reading? Claim 001 OD-MX New Claim 001 OD-MX New Claim 001 OD-MX New Claim Description Preferred Workshop Contact No. Require Finelisation Dake Registered Report Taxen By [w] Print AX letter Attachment	0 mg On-MX 02959989 S3N9264D / SHCB468X ON 21 Apr 2018 Yes 11/04/2018 11:22 Tackson	Any Injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Lability * Preference Repair Option Claim Close Date Workshop Repairer	CONNECTACAR PTE. LTD. SIN9264D Not at Fault Preferred Workshop, Name unknown Save Submit	Insured NRIC Confact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	+ SHCB468X
Pecuaration Sneathalyser or Blood Test Reading? Claim 001 OD-MX New Claim 001 OD-MX New Claim 1001 OD-MX New Attachment Attachment	0 mg On-MX	Any Injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Lability * Preference Repair Option Claim Close Date Workshop Repairer	CONNECTACAR PTE LTD. SIN9264D Not at Fault Preferred Workshop, Name unknown Save Submit 11/04/2018 11:23	Insured NRIC Contact No. (DMcs) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Total Loss but Repaired	# SHCB468X
Pecuaration Sneathalyser or Blood Test Reading? Claim 001 OD-MX New Claim 001 OD-MX New Claim 1001 OD-MX New Attachment Attachment	0 mg On-MX 02959989 S3N9264D / SHCB468X ON 21 Apr 2018 Yes 11/04/2018 11:22 Tackson	Any Injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Lability * Preferend Repair Option Claim Close Date Workshop Repairer Claim No. Upload Date	CONNECTACAR PTE. LTD, SIN92640 Not at Fault Preferred Workshop, Name unknown Coll 11/04/2018 11:23 Category *	Insured NRTC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Total Loss but Repaired Confidential Urgen	* SHCB468X Received 11/04/2018 00:00 Description *
Peccaration Proathayour or Blood Tett Peclaration Proathayour or Blood Tett Peccaration Claim 001 OD-MX New Claim 001 OD-MX New Claim Type * Contact No. (Molsile) Small Address Claim Description Preferred Workshop Contact 10. Require Finelisation Peccare Registered Report Taxen By [y] Print AX letter Attachment	0 mg On-MX	Any Injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Lability * Preference Repair Option Claim Close Date Workshop Repairer	CONNECTACAR PTE. LTD. SIN92640 Not at Fault Preferred Workshop, Name unknown Onl 11/04/2018 11:23 Category * Clear Preside Select	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Total Loss but Repaired Confidential Urgen	* SHCB468X Received 11/04/2018 00:00 Cy * Description *
Peccaration Proathayour or Blood Tett Peclaration Proathayour or Blood Tett Peccaration Claim 001 OD-MX New Claim 001 OD-MX New Claim Type * Contact No. (Molsile) Small Address Claim Description Preferred Workshop Contact 10. Require Finelisation Peccare Registered Report Taxen By [y] Print AX letter Attachment	0 mg On-MX	Any Injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Lability * Preferend Repair Option Claim Close Date Workshop Repairer Claim No. Upload Date	CONNECTACAR PTE LTD. SIN9264D Not at Fault Preferred Workshop, Name unknown Save Submit Coll 11/04/2018 11:23 Category * Clear Please Select	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Total Loss but Repaired Confidential Urgen	* SHCB468X Received 11/04/2018 00:00 Description *
Pecuaration Sneathalyser or Blood Test Reading? Claim 001 OD-MX New Claim 001 OD-MX New Claim 1001 OD-MX New Attachment Attachment	0 mg On-MX	Any Injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Lability * Preference Repair Option Claim Close Date Workshop Repairer Claim No. Upload Date Browse	CONNECTACAR PTE. LTO, S3N9264D Not at Fault Preferred Workshop, Name unknown Out 11/04/2018 11:23 Category * Clear Please Select Clear Please Select	Insured NRIC Contact No. (DMce) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Total Loss but Repaired Confidencial Urgen [12] [12] [13] [14] [15] [15] [16] [17] [18] [18] [18] [18] [18] [18] [18] [18	* SHCB468X Received 11/04/2018 00:00 Cy * Description *
Programment Carry Declaration Broathalycer or Blood Test Reading? Claim 001 OD-MX New Claim 001 OD-MX New Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finelisation Date Registered Report Taxen By [V] Print AX letter Attachment	0 mg On-MX	Anv InjuryT Insured Name Contact No. (Home) OI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Workshop Repairer Claim No. Upload Date Browse Browse	CONNECTACAR PTE LTD. SIN9264D Not at Fault Preferred Workshop, Name unknown Out 11/04/2018 11:23 Category * Clear Please Select Clear Please Select	Insured NRTC Contact No. (DMice) TP Venicle Number Name of Preferred Workshop GIA report Date Received Total Loss but Repaired Confidential Urgen Confidential Urgen Normal Normal Normal	# SHCB468X Received
Peccaration Proathayour or Blood Tett Peclaration Proathayour or Blood Tett Peccaration Claim 001 OD-MX New Claim 001 OD-MX New Claim Type * Contact No. (Molsile) Small Address Claim Description Preferred Workshop Contact 10. Require Finelisation Peccare Registered Report Taxen By [y] Print AX letter Attachment	0 mg On-MX	Anv InjuryT Insured Name Contact No. (Home) OI Vehicle Number Insured Lability * Preference Repair Option Claim Close Date Workshop Repairer Claim No. Upload Date Browse	CONNECTACAR PTE. LTO, S3N9264D Not at Fault Preferred Workshop, Name unknown Col 11/04/2018 11:23 Category * Clear Please Select Clear Please Select Clear Please Select Clear Please Select	Insured NRTC Contact No. (Office) TP Venicle Number Name of Preferred Workshop GIA report Date Received Total Loss but Repaired Confidential Urgen Wormal Wo Normal Normal Normal Normal	# SHCB468X Received

Attachment		uploaded By/Date	Category	9	Urgency	Description	Msg Sent? Act (CO)
115	NAC_PAYA_UB1_800801(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Ap (2018 11:23	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-4-11	E
79	NAC_PAYA_UB3_BD06D1(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Ap + 2018 11-23	SAS		Normal	SAS 2018-4-11	E
	NAC_PAYA_UBI_800601[NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Ap 7 2018 11:23	Photos		Normal	Photos 2018-4-11	E
122	NAC_PAYA_UBL_BOOBOLI	NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Ap r 2018 11:23	Photos		Normal	Photos 2018-4-11	
	NAC_PAYA_URL_BORSOLI	NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Ap + 2018 11/23	Photos		Normal	Photos 2018-4-11	te
	NAC_PAYA_UBI_600501(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Ap + 2018 11:23	Photos		Normal	Photos 2018-4-11	to
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Ap 7 2018 11:23	Photos		Normal	Photos 2018-4-11	Es
1775	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Ap + 2018 11:23	Photos		Normal	Photos 2018-4-11	
- 100	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Ap + 2018 11:22	Photos		Normal	Photos 2018-4-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Ap (2018 11:23	Photos		Normal	Photos 2018-4-11	E
1	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Ap # 2018 11/22	Photos		Normal	Photos 2018-4-11	E
-	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Ap 7 2018 11:22	Photos		Normal	Photos 2018-4-11	E
	NAC_PAYA_UBI_800601[NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Ap (2018 11:22	Photos		Normal	Photos 2018-4-11	Es
and the same		NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Ap 7 2018 11:22	Photos		Normal	Photos 2018-4-11	Ec
4	NAC_PAYA_UBI_800601[NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Ap + 7018 11:22	Photos		Normal	Photos 2018-4-11	E
	AAC_PAYA_UBL_BOOSOL(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Ap r 2016 11:22	Photos		Normal	Photos 2018-4-11	E
Video List	Uproaded By/Date	Folder Date	Pile Name		9	Source	Action

Display in New Window Scan and uploading