| NATIONAL Assessment Cu | ntre Services 1 | we! 1 Jan'05] MI | VA118050953 | 1 2 | - |
|--|--------------------------|---------------------------------|--|--|--------------|
| Date In: 17/4/18-15:08 | Jeb description | | Date & Time Completed | Done | ov. |
| Ref No: NA) IN C 1800 7 37 24 | SAS e-filing | | i | | |
| Veh No: CN6622A | E-mail (within 8 | hrs, AIC 2hrs) | | | • |
| D.O.A : 16/4/18-2/130 | i-Motor Clain | n Form | M1 099 0819 -001 | 17/4/18-10 | 1:34 |
| | i-Motor W/O | (Within: OD 2h | s, TP 4hrs) | | |
| OD (P) Reporting Only | i-Photo Uploa | ded | | | |
| TD Leaves | Assessment/Sur | vey Report | | | |
| TP Insurer: | Ass't Report by | Fax / Hand | to Owner/Wksp | 1 | |
| Preferred Wksp / INC Assign Wksp / QW: | :(| | Tel: | Fax: |) |
| TP Particulars: Veh No: | US166C | INC (|)/Non-INC() | - | |
| Owner / Driver: (| | 15 | Tel: |) | |
| Policy No: () | Period: (|) | Cover Type: (|) | |
| Confirmed by : (| | Date: | Time: |) | |
| Insured/Driver Liability: (| | | 0%; P: 21-79%. P: 80 |)-100%] | (7 |
| Year of Registration: (|) Warranty: YES (|)/NO(|) | | |
| | \$1,000 ()/\$2,000 (| | A Marie Control of the Control | man bar | · |
| | | | Talk Charles | Contract of the Contract of th | 6 1 1 |
| () Walk-In Customer: Customer's | | fidential & S | trictly NO refer of repaire | er. | |
| () Total Loss Case : to e-mail In | surer URGENTLY. | 100 | , HA 1 3 | | |
| Drive-In ()/Towed-In (); In | voice: YES () / N | 0(); | Towing Co: (| 650 |) |
| Remarks:- (INC horline: 6788 661 | (6) | | Date&Time Completed | Don | by |
| |) / Courtesy Car (|) | | | |
| 2) QC Check / Post Repair Inspection | () | | | | |
| 3) Upload Resurvey Photo [Repair Cost | > \$3000] () |) | | | |
| Injury: | | | | | |
| | | AND DEPOSIT | a Suchasi | SECULAR CO. A. | W-15 mil 87. |
| Date/Time Actions | 200 | a miles | An in the second of the second | PRESIDENCE N | <u>'.'</u> |
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| · | | | 22 100 mar 100 | | |
| . 2.1 | | 1 | eparation Checklist | Anit (S) | Amt (3) |
| NA1802402 . | | 1) AR : Accide | SECTION ASSESSMENT OF THE OWNER OWN | fa Bill | Add Bill |
| laimant's Particulars :- | | 2) DA : Damag | e Assessment (\$100); INC | (\$80) | |
| priver/Owner: | | 3) TF : Towing | Fee Through Survey | \$120 | |
| | | 5) FT · Follow- | Through Survey (Resurvey) | \$30 | |
| Contact No: | | For claiming 6) TR : Re-insp | ection | \$75 | 1 |
| Parmaged Portion: | | 7) N1 : Idac D/ | + SMRT Survey | \$160 | |
| | | 8) NTUC Addi | tional Services:- | | |
| C Checked by (Engr-In-Charge): | | *N5: Courte | sy Car / Tpt Allowance | \$10 | |
| To say and Think at toward the said | S. Joseph March & Bright | *N7: Fost R | Co-ordination epair Inspection | \$25 | 1 |
| Auditors' Comments :- | | *N8: DV/C | ollect Excess Coordination | \$5 \$20 | |
| at. 1: | | TP (N11): 7 9) N12: Idac N | TP (Non INC) against INC tobile | 30 | - |
| at 2/3; | | Invoice dated | Fee Charg | 2045204 FT E | |
| | | Invoice dated | Fee Chan | ed Britishe | |

Exposit the

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.
- 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

| THE RESERVE OF THE PARTY OF THE | ACCIDENT STATEMENT |
|--|--|
| Date Of Report | 17/04/2018 15:08 |
| Date Of Accident | 16/04/2018 21:30 |
| Exact Location Of Accident | JUNC NORTH BUONA VISTA RD & COMMONWEALTH AVE W |
| Country/State of Loss | SINGAPORE |
| D | ETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SLN6622A |
| Insured/Policyholder | |
| Name Of Registered Owner | GOH SHUNHAO (WU SHUNHAO) |
| NRIC No | S8501116B |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97542830 |
| Alternative Phone No | OFFICE-97542830 |
| Vehicle Particulars | |
| Manufacturer | VOLKSWAGEN |
| Model | GOLF GTI |
| 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 | 5097032020 |
| Cover Note Number | |
| Driver | |
| | 3 T 188, 1987 (1788) 1997 (1789) D 1 (1889) 19 1 (1897) 1997 (1997) 1997 (1789 |

GOH SHUNHAO (WU SHUNHAO) Name of Driver

S8501116B NRIC No 27/01/1985 Date Of Birth INDOOR Occupation 07/04/2004 Date Of Driving Pass

14 YEARS AND 0 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-97542830 Mobile Number

Fax Number

OFFICE-97542830 Contact Number

NOEMAIL EMail Address

BLK 29 GHIM MOH LINK Address

#27-326

270029 Postcode

Was driver an employee of the Insured's Company

OWNER If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

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

NO Was any foreign vehicle involved in this accident? 2 Number of vehicles involved in the accident Was any body injured in the Accident? YES Was any injured conveyed to hospital by NO ambulance?

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

Number of Passengers (Including Driver) 1

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

BOON TECK NEIGHBOURHOOD POLICE POST Police Station Name

ROAD: BLK 207 TOA PAYOH NORTH , POSTCODE: 310207 , COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-2549999 - FAX NO: 63554310 Police Station Contact

NO

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180417/2056.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

EU5166C Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

GOH SHUNHAO (WU SHUNHAO) Name

Approximate Age

NECK, LOWER BACK & SHOULDER Injuries Sustain

Injured person in which vehicle?

SLN6622A

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

| SKETCH PLAN | | 23 | / | | |
|-------------|-----|-----------|---|--|--|
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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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.:

Common wealth B DATE - 16th April 2018 TIME - 2130 HRS 97542830 A: SLN 6622 A B: EU5166C





Report No. T/20180417/2056

1 of 3

Police Station Of Origin:

Boon Teck NPP

207 Toa Payoh North #01-1231 SINGAPORE

310207

Tel No: 1800-2549999

REPORT OF A TRAFFIC ACCIDENT

Date of Expiry:

Vide Report No.: Date/Time Report Made: Station Diary No.: 17/04/2018 13:16 10 Informant's Particulars Name of Informant: Address: GOH SHUNHAO APT BLK 29 GHIM MOH LINK #27-326 SINGAPORE 270029 ID Type / ID No .: Contact No.: NRIC NO / S8501116B Home/Office: Mobile: 97542830 Nationality: Email: SINGAPORE CITIZEN Sex: Date of Birth: Type of Informant: Age: Male 27/01/1985 Driver Race: Language: Institution / School Name: Chinese English Occupation: Driving Licence Information: SELF EMPLOYED

Class: 3

| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 16/04/2018 21:30 | Type of Location: Straight Road |
|--|---|--|---|------------------------------------|
| NORTH BUO COMMONWE Accident occu Weather: | oad 1 and Road 2 NA VISTA ROAD ALTH AVENUE urred at the junction | of North Buona Vista ro Road Surface: | ad and Commonwealt | Road Speed Limit: |
| Clear | | Dry | | 50 Km/h |
| Traffic Flow: | Way | Traffic Control: Traffic Light - Wo | rking | Traffic Volume: Moderate |
| Dual Carriage | | | | Anyone conveyed by |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|----------------|----------|-------|---------------------|-----------------|
| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenger |
| EU5166C | Car | | | | | 0 |
| SLN6622A | Car | VOLKSWAGO N | GOLF GTI | Red | Slightly Damaged | 0 |

| Details of Vehicle Insurance | | | | | | | |
|------------------------------|--|--------------|------------|-------------|--|--|--|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date | | | |
| SLN6622A | NTUC Income Insurance Co-Operative Limited | 5097032020 | 29/12/2017 | 29/12/2018 | | | |





2 of 3

Report No. T/20180417/2056

Police Station Of Origin: Boon Teck NPP 207 Toa Payoh North #01-1231 SINGAPORE CONTINUATION OF REPORT

Tel No: 1800-2549999

Brief Details.

On 16/04/2018 at about 2130hrs, I was driving my white colour Volkswagen bearing registration no: SLN 6622A along North Buona Vista road. I was stopping at a cross junction between North Buona Vista road and Commonwealth Ave when I felt an impact from the rear. I went down to make a check and discovered that a silver colour Toyota Wish bearing registration no: EU 5166C had collided into the rear of my car. The accident cause a dent and scratches at the rear bumper. My car exhaust pipe was also damaged in the accident. I managed to exchange particulars with the driver

Lee Siow Peng S0214329A HP: 98350523

After exchanging particulars, we left the accident scene. I then felt pain at the lower back and numbness at the neck and shoulder. I seek treatment at Mt Alvernia and was given 5days of MC. There is a camera install in my car.





3 of 3

Report No. T/20180417/2056

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207 CONTINUATION OF REPORT

Tel No: 1800-2549999

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: E / Sgt 2 CHI WEI SIANG, DESMOND | Signature Of Informant: |
|--|--------------------------------|
| Signature Of Interpreter: Not applicable | Date/Time: 17/04/2018 13:16 |
| Officer In Charge Of Case: TP / AEIT / SSI KASMAWATI BTE SAMIAN Contact No.: 65476179 | Classification Of Case: |
| Authentication Stamp | SN 062 |

SIGNATURE



Mount Alvernia Hospital Medical Certificate

24-Hour Walk-In Clinic and Emergency Department No: M18005692

This is to certify that GOH SHUNHAO (S8501116B) is granted medical leave for 5 day(s) from 17/04/2018 to 21/04/2018.

| e of medical leave: | | | | |
|---|--|----------------------------|-----------|-------------|
| OUTPATIENT SICK LEAVE | | | | |
| HOSPITALISATION LEAVE | | | | |
| 7 EXCUSE CHIT | | | | |
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| : This medical cert is not valid for absence from | court or judicial proceeding unli | ess specificall | y stated. | |
| 4 | | | | |
| · 10 | ÆE / 24-H:)UR WALK-II Moent Alvernia Hosp | N 1 Lifes | | |
| W 101 - 010 011 | 200 Thomason 18 118 | | _ | 17/04/2018 |
| NG KWEE CHOON MBBS (SINGAPORE) | Singapore 574523 Tel: 63476214 | | | Date |
| MCR: 02005B | 141.00 | | | |
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| | | 1.00 | | |
| | | | | |
| MOUNT | 820 THOMSON ROAD, SINGAPORE MAIN LINE: 6347 6688 WEBSITE: W | 574623 ww.mtalvernia.sq | į | 9 |
| ALVERNIA | GST REGN NO: M4-0003321-8 | | | |
| 15 | | | | |
| Patient Name : GOH SHUNHAO | Receipt N | 0. : 180 | 0047241 | |
| ID No. : S8501116B | Date | | /04/2018 | |
| Account No. : 0180716922 | Page | : 1 (| or 1 | |
| S. OFFICIAL | | 04 | UOM | Amount (\$) |
| Item ANAREX (PARA450/ORPH35) | | Qty 20.00 | EA | 7.00 |
| | | | | 5.00 |
| MEFENAMIC CAP 250MG | | 20.00 | EA | 3+00 |

| Item | QCY | COM | Milloune (9) |
|--|-------|-----|--------------|
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| MEFENAMIC CAP 250MG | 20.00 | EA | 5.00 |
| OUTPATIENT NURSING SERVICE | 1.00 | EA | 22,00 |
| RMO CONSULTATION FEE | 1.00 | EA | 37.00 |
| VOREN GEL | 1.00 | EA | 5.90 |
| Total Charges | | | 76.90 |
| GST @ 7% | | | 5.38 |
| 20 May 10 | | | 82.28 |
| Paid; | | | 02.20020 |
| NETS BY GOH SHUNHAO | | | 82.28 |

Reference No. :

This is a computer generated official receipt, no signature is required.

Mode of Payment : NETS

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$8501116B





GOH SHUNHAO (WU SHUNHAO)







M

CHINESE

SINGAPORE

27-01-1985 Country/Place of birth

5460102





24-04-2015

APT BLK 29 GHIM MOH LINK #27-326 SINGAPORE 270029

NRIC No: \$8501116B

Date: 04/03/2018



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

PASS DATE

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





| eBaoTech | | | | | | | | GeneralClaim | | |
|------------------------|----------|----------------|--------------------------------|----------------------|---------|---------------|----------------|-------------------|------------------|--------------|
| Hello, NAC_PAYA_UBI_80 | 0601 | | 1900000 | | | | Change Lan | guage | Change Passwo | rd • Log Out |
| My Desktop | Polic | y Query | | | | | | | | |
| Natice of Loss | Policy N | 0. | | | | Date of Acc | ident | 16/04 | 4/2018 21:30 | |
| | Vehicle | No.(For Motor) | SLN6622A | | | | | | | |
| | | | | | | Search | | | | |
| | Select | Policy Na. | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | 0 | 5097032020 | GOH SHUNHAO (WU SHUNHAO) | S8501116B | GPC | drivo CLASSIC | SLN6622A | SLN6622/ | 29/12/2017 | 29/12/2018 |
| | | | | | - 1 | Continue | | | | |

| ▽ Endors | sements | | | | |
|---|--|-----------------------------|--------------------------|----------------------|------------------|
| Insure In | ed Object: SLN6622A | | | | |
| Unit No. | | Related Policy Number | 5097032020 | | |
| Address 4 | SINGAPORE 270029 | Address Type | Singapore address | Post Code | 270029 |
| Address 1 | BLK 29 #27-326 | Address 2 | GHIM MOH LINK | Address 3 | GHIM MOH EDGE |
| □ Policyl | holder Mailing Address | | | | |
| Policy Info Certificate Info | | | | | |
| Open | | | | | |
| Co- insurance Flag | No | | | | |
| Agent | ANIKA INS BROKERS & CONSUL | Agent Tel. | 66729988 | GST Flag | Y |
| Singapore OD Excess | 1500 | Singapore TP Excess | 0 | NV282/2/700 | 20 |
| Outside | | Outside | | | |
| Additional Excess | 0 | OS Premium | 0 | | |
| Third Party Excess | 0 | damage Excess | 1500 | Windscreen Excess | 100 |
| Policy ssue Date | 28/12/2017 | Effective Date | 29/12/2017 00:00 | Expiry Date | 29/12/2018 23:59 |
| Product Name | PRIVATE CAR INSURANCE | Plan | | Policy Flag | |
| ddress | BLK 29 #27-326 GHIM MOH LINI | | EDGE SINGAL OILE EL COES | Group | N |
| olicy No. | 5097032020 BLK 29 #27-326 GHIM MOH LINE | Name | GOH SHUNHAO (WU SHUNHAO | NRIC | |

| ident MT/0990519 | | | | | | | |
|--|--|--|---|---|---|---|------------------|
| y No. | 8097092020 | Vehicle No. | SLN6622A | GST Registrat | tion No. | | |
| | GOH SHUNHAD (WU SHUNHAD) | | | Policyholder N | NR3C | \$8501116 | D |
| ct Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading | | ٥ | |
| ct No.(Mobile) | 97542830 | Contact No. (Office) | 0 | Contact No. (F | Home) | 0 | |
| Address | | Special Remark | | eCode | | N: V | |
| nugress | ® No ○ Yes | TCA | ® No ○Yes | eCode Reason | 0.5 | | |
| CHECKING TO THE PARTY OF THE PA | Yes | NCD Entitlement(%) | 50 | Private Hire | | No | |
| rotection | 133 | | | | | | |
| Accident Details | - moreovale a a a- | A CONTROL WATER AND ADDRESS THAT MADE | Yes | Acodem Type | | Collision - | Head to Rear |
| Date | 17/04/2018 19:22 | Accident Report Within 24 hrs | | Country of Ar | | Singapore | |
| d Acodem | 16/04/2018 | Time of Accident hh:mm | 21:30 | ICM No. | | 11.11.11.11 | |
| ting Centre | | Orange Feros | | 100 mo | | | |
| ent Location | JUNC NORTH BUONA VISTA RD & COMM | DINWEALTH AVE W | | | | | |
| Benefits | | | | | | | |
| Excess | | | | | | | 382222 |
| tamage Excess | 1,500.00 | Additional Excess | 0.00 | Windscreen f | Excess | | 100.00 |
| med Driver Excess | 0.00 | Outside Singapore OD Excess | 1,500,00 | | | | |
| | 0.00 | Outside Singapore TP Excess | 0.00 | | | | |
| Party Excess | | | | | | | |
| SST Registered Informa | | | GST Registration Date | | | | |
| egistered | No | | GST Status Venfied | Yes | | | |
| egistration No. | | | | | | | |
| cation History | | | | | | | |
| Policyholder Mailing Ad | dress | | | | | | |
| eso 2 | BLK 29 +27-326 | Address 2 | GHIM MOH LINK | Address 3 | | GHIM MO | H EDGE |
| ess 4 | SINGAPORE 270029 | Address Type | Singapore address | Post Code | | 270029 | |
| No. | | Related Policy Number | 5097032020 | | | | |
| OI Driver Info | | | | | | | |
| | GOH SHUNHAO (WU SHUNHAO) | Onver Type | Main Driver | | | | |
| er Name | GUN SHUMPHO (MO SHUMPHO) | Onver NRIC | 585011168 | Driver DOB | | 27/01/19 | 85 |
| imed driver Name | | | | Driving Expe | nence | 14 | |
| ater Date of Driver License | 07/04/2004 | Onver Age | 33 | | | 0 | |
| act No.(Mobile) | 97542830 | Contact No. (Office) | 0 | Contact No.(| (Home) | | |
| | | A state of the sta | | Address 3 | | GHIM MO | H EDGE |
| ress 1 | BLK 29 | Address 2 | GHIM MOH LINK | | | | |
| | DLK 29 SINGAPORE 270029 | Address Type | Singapore address | Post Code | | 270029 | |
| race 4 | | | | | | 270029 | |
| No. Is for own a Singapore | 51NGAPORE 270029 27-326 | | | | er Company | 270029 | |
| No. s he own a Singapore | SINGAPORE 270029 | Address Type | | Post Code | er Company | 270029 | |
| wes 4 No. s he own a Singapore stered car? | 51NGAPORE 270029 27-326 | Address Type | | Post Code | er Company | 270029 | |
| No. s he own a Singapore stend (air? station uthalyser or Blood Test | 51NGAPORE 270029 27-326 | Address Type | | Post Code | er Company | 270029 | |
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| No. S fel own a Singapore steeled Car? anation Ithalyser or Blood Test ding? | SINGAPORE 270029 27-326 □ Yes ® No | Address Type Driver Vehicle No. | Singapore address | Post Code | er Company | 270029 | |
| est 4, No. The own a Singapore served cerb cerb cerb cerb cerb cerb cerb cerb | SINGAPORE 270029 27-326 □ Yes ® No | Address Type Driver Vehicle No. | Singapore address | Post Code | er Company | 270029 | |
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| not 4 No. I he own a Singapore served cell* Instition Inalyses or Blood Test lings* Incation History Incation Mew In Type * Isot No.(Modile) Isl Address In Description | 51N5APORE 270029 27-326 ☐ Yes ⑥ No 0 mg 00-MK | Address Type Driver Vehicle No. Any injury? Insured Name Cortact No.(Home) | Singapore address | Post Code Driver Ensur Jroured NRI Contact No. TP Vehicle N | C (Office) eumber | S850111 | |
| No. I he bein a Singapore street (art in the street | 51N5APORE 270029 27-326 O Yes ® No 0 mg 00-M00 97542830 9269humne@gmeit.com SLN6622A / BUSI 66C ON 16 Apr 2018 | Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability. * | Singapore address ® Yes No GOH SHUNHAD (WU SHUNHAD) 67691128 51.K8622A | Post Code Driver Ensur Jroured NRI Contact No. TP Vehicle N | C (Office) eumber | S850111 | |
| No. In wom a Singapore strend Car? stration Inhalyser or Blood Test ging? Reation History Inam OOI New In Type * Isot No. (Modile) Isi Address In Description Inmalyseron | 51N5APORE 270029 27-326 O Yes ® No 0 mg 00-M00 97542830 9059humne@gmeil.com SLN6622A / BUSI 66C ON 16 Apr 2018 Ves. | Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option | © Yes No © Yes No GOH SHUNHAD (WU SHUNHAD) 67691128 51.66622A | Post Code Driver Endur Insured NRI Contact No. TP Vehicle N | ic (Office) eumber eferred Worksho | \$850111 EU51660 | |
| No. I fel own a Singapore served car? Institut thaliser or Blood Test ang? Institut in Type * Iact No.(Modile) ii Address ii Description erred Workshop Contact ure Finalisation ii Registered | 51N5APORE 270029 27-326 O Yes ® No 0 mg 00-MX 97542830 90hshumme@gmeil.com 5LN6622A / BUSI 66C ON 16 Apr 2018 Ven 17/04/2018 19:24 | Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability. * | Singapore address ® Yes No GOH SHUNHAD (WU SHUNHAD) 67691128 51.K8622A | Insured NRI Contact No. TP Vehicle N Name of Pre | ic (Office) eumber eferred Worksho | \$850111 EU51660 | |
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| not 4 No. I fel own a Singapore stered cell* Institut Inaliser or Blood Test large* Incation History alien 001 New In Type * Isot No.(Modie) Il Address In Description Interest Workshop Contact und Finalisecon In Registerest out faken By | 51N5APORE 270029 27-326 O Yes ® No 0 mg 00-MX 97542830 90hshumme@gmeil.com 5LN6622A / BUSI 66C ON 16 Apr 2018 Ven 17/04/2018 19:24 | Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option | Singapore address ® Yes No GOH SHUNHAD (WU SHUNHAD) 67691128 51.K8622A | Insured NRI Contact No. TP Vehicle N Name of Pre | ic (Office) eumber eferred Worksho | \$850111 EU51660 | |
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| nos 4 The own a Singapore served car? ration smallsser or Blood Test sings? Incation History sales 001 New In Type * sot No.(Modise) si Address in Description erred Workshop Contact ors Finalssecon it Registered ort Taken By Print AK letter | 51N5APORE 270029 27-326 O Yes ® No 0 mg 00-MX 97542830 90hshumme@gmeil.com 5LN6622A / BUSI 66C ON 16 Apr 2018 Ven 17/04/2018 19:24 | Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option | Singapore address ® Yes No GOH SHUNHAD (WU SHUNHAD) 67691128 51.N6622A Not at Fault Preferred Workshop, Name unknown | Insured NRI Contact No. TP Vehicle N Name of Pre | ic (Office) eumber eferred Worksho | \$850111 EU51660 | |
| nos 4 The own a Singapore served car? ration smallsser or Blood Test sings? Incation History sales 001 New In Type * sot No.(Modise) si Address in Description erred Workshop Contact ors Finalssecon it Registered ort Taken By Print AK letter | 51N5APORE 270029 27-326 Yes ® No 0 mg 0 mg 0 mg SUN6622A / BUS166C ON 16 Apr 3018 Ven 17704/2018 19:24 Jackson | Address Type Driver Vahicle No. Any injury? Insured Name Consact No.(Home) Of Vehicle Number Insured Liability * Printerand Repair Option Claim Close Date | Singapore address **Yes _No SOH SHUNHAD (WU SHURMAD) 67691128 \$UN6622A Not at Fault Preferred Workshop, Name unknown Save Submit | Insured NRI Contact No. TP Vehicle N Name of Pre | ic (Office) eumber eferred Worksho | \$850111 EU51660 | |
| nest 4 No. The bean a Singapore seried car? Inalyser or Blood Test ling? Inalyser or Blood Test ling? Inalyser or Blood Test ling? In Type * Bot No.(Modise) I Address In Description I Registered Int Taken By Print AK lister **Lackment** | 51N5APORE 270029 27-326 O Yes ® No 0 mg 00-MX 97542830 90hshumme@gmeil.com 5LN6622A / BUSI 66C ON 16 Apr 2018 Ven 17/04/2018 19:24 | Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option | Singapore address W Yes No SDM SHUNMAD (WU SHURMAD) 67691126 SLN6622A Preferred Workshop, Name unknown Preferred Workshop, Name unknown Save Submit | Insured NRI Contact No. TP Vehicle N Name of Pre | ic (Office) eumber eferred Worksho | \$850111 EU51660 | |
| nest 4 No. The bean a Singapore tered car? ration thalyser or Blood Test ting? Incation History alim 001 New In Type * act No.(Modise) Il Address In Description track Workshop Contact for Finalisecom Registered for Taken By Print AK lister tachment | 51N5APORE 270029 27-326 Yes ® No 0 mg 0 mg 0 mg SUN6622A / BUS166C ON 16 Apr 3018 Ven 17704/2018 19:24 Jackson | Address Type Driver Vahicle No. Any injury? Insured Name Consact No.(Home) Of Vehicle Number Insured Liability * Printerand Repair Option Claim Close Date | Singapore address **Yes _No SOH SHUNHAD (WU SHURMAD) 67691128 \$UN6622A Not at Fault Preferred Workshop, Name unknown Save Submit | Insured NRI Contact No. TP Vehicle N Name of Pre | ic (Office) eumber eferred Worksho | \$850111 EU51660 | 5 V 018 00:00 |
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| Attachment | U | ploeded By/Date | Category | 9 | Urgency | Description | Sent? Action (CO) |
|--------------|--|--|-----------------------|---|---------|---------------------------------|----------------------|
| - 100 | NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Ap - 2018 19:25 | | NRIC/ Driving License | | Normal | NRDC/ Driving License 2018-4-17 | Edit |
| 193 | NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr. (2018 19:25) | | SAS | | Normal | SAS 2018-4-17 | Edit |
| VE! | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Ap (2018 19:25 | | Photos | | Normal | Photos 2016-4-17 | Edit |
| 3 | NAC_PAYA_UBI_500601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Ap (2018 19:25 | | Photos | | Normal | Priotos 2018-4-17 | Edit |
| | NAC_PAYA_UBI_BOODDI(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Ap r 2010 19:25 | | Photos | | Normal | Proces 2018-4-17 | Edit |
| | NAC_PAYA_UBE_BD0601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Ap + 2018 19-25 | | Photos | | Normal | Photos 2018-4-17 | Edit |
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| ASS | NAC_MYA_UB1_800603(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Ag + 2018 19:25 | | Photos | | Normal | Photos 2018-4-17 | Edit |
| 06622 | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Ap r 2018 19:24 | | Photos | | Normal | Photos 2018-4-17 | Edit |
| 6 | NAC_PAYA_UHI_800601(NATIO | NAL ASSESSMENT CENTRE SERVICES) on 17 Ap r 2018 19:24 | Photos | | Normal | Photos 2018-4-17 | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Ap r 2018 19:24 | | Photos | | Normal | Photos 2018-4-17 | Edit |
| 100 | NAC_PAYA_UB3_800603(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Ap ± 2018 19:24 | | Photos | | Normal | Photos 2018-4-17 | Edit |
| | NAC_PAYA_UBI_SODBOX NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr / 2018 19:24 | | Photos | | Normal | Photos 2018-4-17 | Edit |
| 3 | NAC_PAYA_UB)_BOSGOI (NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Ap r 2018 19:24 | | Photos | | Normal | Photos 2018-4-17 | Edit |
| ♥ Video List | Uploaded By/Date | Folder Date | File Name | | ? | Sauros | Action |