	cb description	Date & Time Completed	Done by	
Date III 211091200				
Reino NA INCL8007387 KY	SAS e-filing			
Veh No SJK1657Y	E-mail (within 8hrs, AIC 2hrs)	1 1 1 1 1 1 1 1 1 1 1 1	-001 23 8 (8	(0:
DOA 20/04/2018 19:15	i-Motor Claim Form		2001	
	i-Motor W/O (Within: OD 2h	rs. TP 4hrs)		
OD (TP) Reporting Only	i-Photo Uploaded			
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand			1
Preferred Wksp / INC Assign Wksp / QW: (Ter.	ax:	
TP Particulars: Vch No:	265275 INC		1	
Owner / Driver: (Tel:		
Policy No: () Period	d: (')	Cover Type: (
	Date:	Time:	100%1	
Insured/Driver Liability: (%) [No	te-Est. Status (WO): N: 0-	20%; P: 21-79%. F: 80-	1.0070]	
Year of Registration: () Wa	arranty: YES ()/NO ()		
Excess: (\$) Loading: \$1,000	()/\$2,000()	Control of the second	7	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Chi containe for the	A TARIA MARKANTANA TAN		
General Remarks;- () Walk-In Customer: Customer's inform	nation strictly Confidential &	Strictly NO rafer of repaire	<u>-</u>	
() Total Loss Case : to e-mail Insurer	URGENTLY.			1
Drive-In ()/ Towed-In (); Invoice:	YES () / NO ()	Towing Co: (1
1) Apply for Transport Allowance ()/ Co	ourtesy Car ()			
	()			
Apply for Transport Allowance ()/ Co QC Check / Post Repair Inspection	()			
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()			
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1) Apply for Transport Allowance ()/Co 2) QC Check/Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()			
1) Apply for Transport Allowance ()/Co 2) QC Check/Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()			
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1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion:	() () () () () () () () () ()	cident Reporting (\$30); mage Assessment (\$100); IN wing Fee low-Through Survey llow-Through Survey (Resurvey) ming against INC Only (wef 10 Ja- inepection ac DA + SMRT Survey Additional Services:-	C (\$80) \$40/\$45 \$120 \$30 \$2005) \$75 \$160	
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1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Claimant's Particulars:- Driver/Owner:	() () () () () () () () () ()	cident Reporting (\$30); rmage Assessment (\$100); IN wing Fee low-Through Survey llow-Through Survey (Resurvey) ming against INC Only (wef 10 Ja- inspection as DA + SMRT Survey Additional Services:- courtesy Car / Tpt Allowance repair Co-ordination out Repair Inspection	Lst Bill	Amt (S Add B)
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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
- 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.

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

foresaid.	ACCIDENT STATEMENT
Date Of Report	21/04/2018 14:27
o controlled	20/04/2018 19:15
Exact Location Of Accident	SEMBAWANG RD AND GAMBAS AVE JUNCTION
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJK1657Y
Insured/Policyholder	
Name Of Registered Owner	METRO CAR LEASING PTE LTD
	201810490D
Co Reg No Email Address	FRANCISGOH@PROPNEX.COM
The state of the s	(LOCAL) +65-98784767
Mobile Phone No	OFFICE-98784767
Alternative Phone No Vehicle Particulars	
	TOYOTA
Manufacturer	ALLION 1.5 A
Model Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099866864
Cover Note Number	
Driver	
3-33-33-37.	COH LYE SENG

GOH LYE SENG Name of Driver S1494704C NRIC No 08/06/1961 Date Of Birth OUTDOOR Occupation 16/09/1978 Date Of Driving Pass

39 YEARS AND 7 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-98784767 Mobile Number

Fax Number

OTHERS-98784767 Contact Number

FRANCISGOH@PROPNEX.COM EMail Address

BLK 510A YISHUN STREET 51 Address #06-537

761510 Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

RAINING Weather Conditions WET 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 NO

ambulance?

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

: NIL NAME: Passenger 1

: FEMALE GENDER:

YES

NO

3

NO

NO

: NIL NAME: Passenger 2 : FEMALE GENDER:

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

FR6527S Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

MOTORCYCLE Vehicle Category

UMMU KHAULAH BINTE AZLAN Name of Driver

S9604171C NRIC/Passport Number 91080444 Contact Number

Address Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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.

AR LEAST TO POST TO PO

Policyholder's Signature Date & Time: (gr

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

- 21/4/2018

Name: NRIC/FIN No.: SKETCH PLAN

A STICLES TY

B FR 65275

SCRIBE CIRCU	MSTANCES OF THE	ACCIDENT	+	ne		
I was	Stationary	waiting	forA	traffic	light	at
sembawa	ng rd and	gumbars	Ave	Juction	n, Sudd	enly the
nutor (F	FR65275)	nit onto	my	secr	right y	portion.
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			rii vaan		× 6113 217 220	
					2 10 F	
				11 - 120 - W		
14		- I MANAGE AND A STATE OF THE S				
		-0				

DECLARATION

I/We declare the toregoing particulars are true in every respect.

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

NRIC/FIN No .:

.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The Issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

Accident details

Sembawang f	d and kgambas	Ave Junction
		Date: 20/04/2018 (DD/MM/YY) Times Sembawang rd and *gambas

Details of vehicle

Vehicle registration number	SJK16		
Vehicle make and model	TOYUTA	Allic	27
Type of vehicle	Saloon D	MPV =	
Vehicle category	Private 🗆		ercial 🗹 Motorcycle 🗆
Purpose of using at said time	Morking	5	
Are you claiming under your own insurance company?	Yes □ Third part cla	No 🗗	if no, please select: Reporting only □

Insurance information

Insurance company	NTUC.		
Policy number	504486686	+	
Type of policy	Comprehensive a	Third party fire & theft a	TP only D

Insured / Policy holder

Name	Jeck Wei credit placeted	Male 🗆	Female 🗆
NRIC / Fin / Passport number	200512300K 201810490D		
Contact		1.100	
Address	210 Turk club and the grandstan	d, LUT 198	

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

Goh LYE Seng Male 0	Female 🗆
S1494704C	
98784767	
francisgon of propriet com	
08/06/1961	
11.72.2.2.2	
	\$1494704C 98784767 BIK 5104 Vistom St 51 # 06-537 Singapore 761510 francisgon & propnex.com 08/06/1961

Waitness for Certificate !

General information of the accident

Was driver an employee of the insured's company?	Yes If no, rel	No □ ationship of the o	driver and insured:	
Accident captured by camera?	Yes 🗆	No o		
Weather condition	Clear 🗆	Raining o	Others:	
Road surface	Dry 🛭	Wet 🗹		
No of passenger	3			(Inclusive of driver)

Passenger 1

Name			
Gender	Male 🗆	Female 🗆	

Passenger 2

7			
Name			
Gender	Male 🗆	Female D	

Passenger 3

Name			
Gender	Male 🗆	Female 🗆	

Passenger 4

Name			
Gender	Male 🗆	Female	

Passenger 5

V201-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			
Name	ACMINISTRATION OF THE PARTY OF		
Gender	Male 🗆	Female 🗆	

Passenger 6

Name			
Gender	Male □	Female 🗆	

Other information

Was anybody injured?	Yes 🗆	No of	
Was other vehicle damaged?	Yes 🗹	No 🗆	

Details of police action

Reported to police?	Yes 🗆	Nod	If yes, please state which police station.
Police station name			

Third party vehicle 1

Name	R65238 UMMU Khallah Binte H2191
Contact number	91080444
NRIC / Fin / Passport number	S9604171C
Vehicle registration number	FR 6525 65275
Vehicle make model	

Third party vehicle 2

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

Third party vehicle 3

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

Third party vehicle 4

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

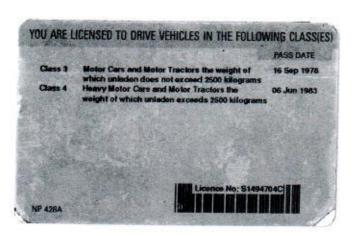
Third party vehicle 5

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

Third party vehicle 6

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











\$724.14

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5099866864

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SJK1657Y

Chassis Number

: NZT2603032577

2. Name of Policyholder

: METRO CAR LEASING PTE LTD

3. Effective Date of Insurance

: 13 Apr 2018

4. Expiry Date of Insurance

: 08 Oct 2018

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation)
Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	; S\$1,500	
EXCESS (SECTION 2)	: \$\$1,500	
WINDSCREEN EXCESS	: S\$100	
ADDITIONAL EXCESS	: N/A	
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF	
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO	
INSURE WITH COE	: YES TECK WEI CREDIT PTE L'	TD
NCD PROTECTION	: NO Co. Reg. No. 200512300K	
TRANSPORT ALLOWANCE	: NO 210 Turf Club Road	
EXCESS WAIVER	: NO The Grandstand, Lot A8	
PRIMARY DRIVER	: N/A Singapore 287995	
NAMED DRIVER (1)	: N/A Tel: 6465 0020 Fax: 6465 001	7
NAMED DRIVER (2)	: N/A Email: Info@teckwel.com.sg	
HIRE PURCHASE COMPANY	: TECK WEI CREDIT PTE LTD	
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS	

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: TECK WEI CREDIT PTE. LTD. (00000572499)

Date of Issue

: 13 Apr 2018 10:56 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech			General							ralClaim
Hello, NAC_PAYA_UBI_80	0601				and the last of th		Change Lan	guage	· Change Passwor	d • Log Out
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	la.				Date of Acc	cident	20/0	4/2018 19:15	
	Vehicle No.(For Motor)		S)K1657Y							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5099866864	METRO CAR LEASING PTE LTD	201810490D	GPC	drivo CLASSIC	S)K1657Y	SJK1657\	13/04/2018	08/10/2018
						Continue				

Sequen	ce Date of Endorsement	Endorse	Endorsement Type Endorseme		Endorsement Content	
▼ Endors	sements					
▶ Insure	ed Object: SJK1657Y					
Unit No.	LOTA8	Related Policy Number	5100022772			
Address 4		Address Type	Singapore address	Post Code	287995	
Address 1	210 TURF CLUB ROAD	Address 2	#LOTA8 THE GRANDSTAND	Address 3	SINGAPORE 287995	
	holder Mailing Address					
Certificate Info						
Open Policy Info						
Co- insurance Flag	No					
Agent	TECK WEI CREDIT PTE. LTD.	Agent Tel.	64650020 null	GST Flag	Υ	
Outside Singapore OD Excess	1500	Outside Singapore TP Excess	1500			
Additional excess	0	OS Premium	724.14			
Third Party Excess	1500	Own damage Excess	1500	Windscreen Excess	100	
Policy ssue Date	13/04/2018	Effective Date	13/04/2018 00:00	Expiry Date	08/10/2018 23:59	
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N	
ddress	210 TURF CLUB ROAD #LOTA8	THE GRANDST	AND SINGAPORE 287995			
Policy No.	5099866864	Policyholder Name	METRO CAR LEASING PTE LTD	Policyholder NRIC	201810490D	

Claim Handling

Policy No.	5099866864	Vehicle No.	SJK1657Y	GST Registration No.		
Policyholder Name	METRO CAR LEASING PTE LTD			Policyholder NRIC	20	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0	
Contact No.(Mobile)	98784767	Contact No.(Office)	0	Contact No.(Home)	0	
Email Address		Special Remark		eCode	No	
KFK	No Yes	TCA	No Yes	eCode Reason		
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes	
Accident Details	No		9. ²			
	**************************************	Accident Report Within 24 hrs	Yes	Accident Type	Col	
Report Date	23/04/2018 10:13	Time of Accident hh:mm	19:15	Country of Accident	Sin	
Date of Accident	20/04/2018	Orange Force	15.15	ICM No.		
Reporting Centre	SEMBAWANG RD AND GAMBAS AVE JUNCTION					
Accident Location	SEMBAWANG RD AND GRINDAS AVE JUNCTION					
→ Benefits						
♥ Excess	25.22.22	Additional Excess	0.00	Windscreen Excess		
Own damage Excess	1,500.00		1,500.00			
Unnamed Driver Excess		Outside Singapore OD Excess				
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00			
	ition					
GST Registered	No		GST Registration Date			
GST Registration No.			GST Status Verified	No		
Modification History						
	Mars.					
Policyholder Mailing Ad	Manage of the Control	Address 2	#LOTAS THE GRANDSTAND	Address 3	SI	
Address 1	210 TURF CLUB ROAD	Address Type	Singapore address	Post Code	28	
Address 4	Citation and	Related Policy Number	5100022772			
Unit No.	LOTA8	Related Policy Hornber	3100022772			
⇒ OI Driver Info	CONTRACTOR LANGUAGE	Manual Radio	Unnamed Driver			
Driver Name	Unnamed Driver	Driver Type Driver NRIC	\$1494704C	Driver DOB	08	
Unnamed driver Name	GOH LYE SENG	Driver Age	56	Driving Experience	39	
Register Date of Driver License		The same of the sa	0	Contact No.(Home)	0	
Contact No.(Mobile)	98784767	Contact No.(Office)	YISHUN STREET 51	Address 3		
Address 1	BLK 510A	Address 2		Post Code	76	
Address 4		Address Type	Singapore address	1000		
Unit No.	#06-537					
Does he own a Singapore Registered car?	Yes « No	Driver Vehicle No.		Driver Insurer Company		
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes • No			
Modification History						
Claim 001 OD-MX Nev	×.					
Claim Type *	OD-MX ▼	Insured Name	METRO CAR LEASING PTE LTD	Insured NRIC	20	
Contact No.(Mobile)	81119294	Contact No.(Home)		Contact No.(Office)	NI	
Email Address		OI Vehicle Number	SJK1657Y	TP Vehicle Number	FR	
Claim Description	SJK1657Y / FR6527S ON 20 Apr 2018	_==07		Name of Preferred Workshop		
Preferred Workshop Contact		Insured Liability *	Not at Fault ▼			
No.	Voc.	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	R	
Require Finalisation	ies .	Claim Close Date		Date Received	23	
Date Registered	23/04/2018 10:23			Total Loss but Repaired		
Report Taken By	KRISHNASAMY	Workshop Repairer		A STANSON AND STRAIGHTS		

Attachment

7

Accident No.	MT/099	1358	Claim No.		001			
ast Doc. Received	* Yes	○ No	Upload Date		23/04/2018 10	:20		
		Path *			Catego	rv *	Confidential	Urgency *
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	List							
Attachment		Uploaded By/Date		Category	?	Urgency		Descrip
• 77 BHS • 7 Note	NAC_PAYA_UBI_8006	01(NATIONAL ASSESSMENT CENTRE SE Apr 2018 10:23	RVICES) on 23	RIC/ Driving Lice	nse	Normal	,	RIC/ Driving Lice
60	NAC_PAYA_UBI_8006	01(NATIONAL ASSESSMENT CENTRE SE Apr 2018 10:22	RVICES) on 23	SAS		Normal		SAS 2018
TOTAL	NAC_PAYA_UBI_8006	01(NATIONAL ASSESSMENT CENTRE SE Apr 2018 10:20	RVICES) on 23	Photos		Normal		Photos 20:
DEV	NAC_PAYA_UBI_8006	01(NATIONAL ASSESSMENT CENTRE SE Apr 2018 10:20	RVICES) on 23	Photos		Normal		Photos 20:
A P	NAC_PAYA_UBI_8006	01(NATIONAL ASSESSMENT CENTRE SE Apr 2018 10:20	RVICES) on 23	Photos		Normal		Photos 20:
-1	NAC_PAYA_UBI_8006	01(NATIONAL ASSESSMENT CENTRE SE Apr 2018 10:20	RVICES) on 23	Photos		Normal		Photos 20:
-	NAC_PAYA_UBI_8006	01(NATIONAL ASSESSMENT CENTRE SE Apr 2018 10:20	RVICES) on 23	Photos		Normal		Photos 20:
5	NAC_PAYA_UBI_8006	01(NATIONAL ASSESSMENT CENTRE SE Apr 2018 10:20	RVICES) on 23	Photos		Normal		Photos 20;
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	NAC_PAYA_UBI_8006	01(NATIONAL ASSESSMENT CENTRE SE Apr 2018 10:20	RVICES) on 23	Photos		Normal		Photos 20:
9	NAC_PAYA_UBI_8006	01(NATIONAL ASSESSMENT CENTRE SE Apr 2018 10:20	RVICES) on 23	Photos		Normal		Photos 20:
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	NAC_PAYA_UBI_8006	01(NATIONAL ASSESSMENT CENTRE SE Apr 2018 10:20	RVICES) on 23	Photos		Normal		Photos 20:
	NAC_PAYA_UBI_BD06	01(NATIONAL ASSESSMENT CENTRE SE Apr 2018 10:20	RVICES) on 23	Photos		Normal		Photos 20:
	Uploaded By/Date	Folder Date		File Name		9)	Source

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