NATIONAL Assessment Ce	ntre Services will samos	the state of the s	
Date In: 23/4/18 - 12:34	Jeb description	Date & Time Completed	Done by.
Ref No: 44 INC 18007490/24	SAS e-filing		
Veh No: \$1.4 666 44	E-mail (within Shrs, AIC 2hr	s)	
D.O.A . 22/4/18-19:30	i-Motor Claim Form	MT/0091541-001	23/4/18 19:05
	i-Motor W/O (Within: OD	2hrs, TP 4hrs)	
OD TP ' Reporting Only	i-Photo Uploaded		
(Name)	Assessment/Survey Repo	rt j	
TP Insurer:	Ass't Report by Fax / Ha	nd to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	:(Tel:	Fax:)
TP Particulars: Veh No:S		C()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: ()	Period: () Cover Type: (
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Note-Est. Status (WO): N:	0-20%; P: 21-79%. P: 80-	100%]
Year of Registration: () Warranty: YES ()/NO (
	\$1,000()/\$2,000()		3496 M
General Remarks -			State State Control
() Walk-In Customer: Customer's	s information strictly Confidential &	Strictly NO refer of repairer	
() Total Loss Case : to e-mail In		e de la companya de l	
Drive-In ()/ Towed-In (); Inv		; Towing Co: ()
Remarks: (INC horline: 6788 661	(6)	Date&Time Completed	Done by
)/Courtesy Car ()		
2) QC Check / Post Repair Inspection	()	SHOULD BE SHOULD	
3) Upload Resurvey Photo [Repair Cost	:>\$3000] ()		
Injury:			
		in the second	
Date/Time Actions			8208 St. 15, 15
	•		
•			- Company of the Comp
NA180×33	Invoice	Preparation Checklist	Amt (5) Amt (3) fit Bill Add Bill
	1) AR : Acc	cident Reporting (530);	
laimant's Particulars :-	2) DA : Da 3) TF : Tov	mage Assessment (\$100); INC	(\$80) \$40/\$45
river/Owner:	4) FT : Foll	ow-Through Survey	\$120 \$30
ontact No:	5) FT : Foll For clain	low-Through Survey (Resurvey) ning against INC Only (wef 10 Jan 20	205)
amaged Portion:	6) TR : Re-	inspection o DA + SMRT Survey	\$75
ugu . v.uo	8) NTUC	Additional Services:-	
C Checked by (Engr-In-Charge):	OD:	urtesy Car / Tpt Allowance	\$5
2) (8, 26-1)	• N6: Re	pair Co-ordination	\$10 \$25
uditors! Comments :-	•N7: Fo	st Repair Inspection // Collect Excess Coordination	\$5
it. 1:	TP (NI	1): TP (Non INC) against INC	30
.4	9) N12: Id. Invoice do	ted Fee Charge	ed Market E
at. 2 / 3;	Invoice da	ted Fee Charge	ed Marky

1 . p.m. et 1.30

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.

5. 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

 By the lodgement of this report to the insurers, yo aforesaid. 	u hereby consent to the archiving of this report of the consent to the archiving of this report of the
Control of the second	ACCIDENT STATEMENT
Date Of Report	23/04/2018 12:34
Date Of Accident	22/04/2018 19:30
Exact Location Of Accident	TANGLIN RD BEFORE CHATSWORTH RD
Country/State of Loss	SINGAPORE
AND THE PERSON NAMED IN	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLA6664Y
Insured/Policyholder	
Name Of Registered Owner	EHB LIMOUSINE PTE LTD
Co Reg No	201536531R

NOEMAIL Email Address

Mobile Phone No

OFFICE-89999999 Alternative Phone No

Vehicle Particulars HONDA Manufacturer

VEZEL 1.5X CVT Model

Exact Purpose for which vehicle was being used at COMMERCIAL

Are you claiming under your own insurance policy

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

COMMERCIAL VEHICLE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

YES Fleet Policy

5075309111-02 Policy Number

Cover Note Number

Driver

TOH CHER KIANG Name of Driver S1005487G NRIC No 18/07/1946 Date Of Birth INDOOR

Occupation 14/07/1973 Date Of Driving Pass

44 YEARS AND 9 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-97329311 Mobile Number

Fax Number

OFFICE-97329311 Contact Number

NOEMAIL EMail Address

BLK 109 BUKIT PURMEI ROAD Address

#11-149

090109 Postcode

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

OTHER - HIRER

General Information of the Accident

COLLISION - MAJOR/MINOR RD Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Passenger 1

YES

2

NO 2

NO

: ONG SI MIN NAME:

: 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?

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

S9913CD

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 15

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 truthful 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.
- 5. Any faise 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.

Policyhelder's Signature

Date & Time:

Driver's Signature

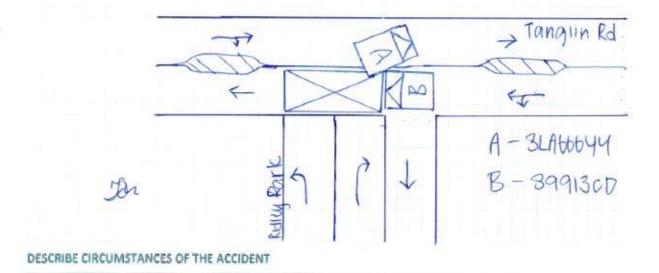
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



After I've ensuring both sides of the road along Tanglin Road were clear without any vehicles travelling on both lanes, I gradually filter out from Ridley Road. While my car was already ¾ crossed over to the other side of the road, all of a sudden I felt an impact from the right rear side portion of my car. I got off my car and found that vehicle B had hit onto my car right rear side portion.

ter	
- Ja	
LARATION	

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

Policyholoer science in

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

Name: NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

MNA11805 180

- 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. ٠
- 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	22/4/2018	(DD/MM/YY)
Time of accident	7:30pm	(HH:MM)
Exact location of accident	Tanglin Road before	Chatsworth Road

	DETAILS OF VEHICLE
Vehicle registration number	3LA6664Y
Vehicle make and model	Honda Vizel
Type of vehicle	Saloon MPV CRV Van Crv Van Crv Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes No if no, please select: Third part claim Reporting only

	INSURANCE INFORMATION					
Insurance company	NTUC					
Policy number	5075309		5.00 Sec. (5.00 20 Oct (5.00)			
Type of policy	Comprehensive	Third party fire & theft □	TP only			

Name	EHB LIMOUSINE PTE LTD	Male □	Female
NRIC / Fin / Passport number	201536531R		
Contact			
Address	70 UBI CRESCENT #01-12 UBI TECH PARK SINGAPORE 408570		

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	Ton Chur Liang Male Female
NRIC / Fin / Passport number	310054876
Contact	97329311
Address	APT BIK 109 BUKIT PUTCINCI ROAD #11-149 3(090109)
Email address	jazs-mine @ Yanoo.com
Date of birth	18-07-1946
Occupation	Indoor Outdoor
Driving date pass	23-04-1993

G	ENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Ves II No P
	If no, relationship of the driver and insured: HITCY
the insured's company? Accident captured by camera?	Yes No No
	Clear Raining Others:
Weather condition	Dry Ø Wet □
Road surface	(Inclusive of driver)
No of passenger	
	PASSENGER 1
Name	Ton Cher King
Gender	Male Female
ochiuc.	
	PASSENGER 2
Name	Ong 31 Min
Gender	Male Female F
	PASSENGER 3
Name	
Gender	Male Female
	PASSENGER 4
Name	
Gender	Male - Female
	PASSENGER 5
Name	
Gender	Male Female
X2	
	PASSENGER 6
Name	
Gender	Male Pemale
	OTHER INFORMATION
Was anybody injured?	Yes 🗆 No 🗆
Was other vehicle damaged?	Yes 🗆 No 🖻
	Yes No lf yes, please state which police station.
Reported to police?	Yes No If yes, please state which police station.
Police station name	
	WITNESS
	WITNESS 1
Name	
	WENEGE C
	WITNESS Z
Name	

	THIRD PARTY VEHICLE 1
Vehicle registration number	39913CD
Vehicle make model	The state of the s
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THIRD PARTY VEHICLE 4
COMPANY OF THE PARTY OF THE PAR	
Vehicle registration number Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
THE RESERVE WAS IN STREET, THE RESERVE AND THE VALUE OF THE PARTY OF T	THIRD PARTY VEHICLE 5
It I'll situation number	THIRD PART OF THE PER
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	
	TURD DARTY VEHICLE 7
The late of the second second	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	INJURED PERSON 1
Name	
njuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗆 No 🗅
Was injured conveyed to	Yes No No
hospital by ambulance?	
•	
	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?	
	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?	
	NJURED PERSON 4
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗆 No 🗆
Was injured conveyed to	Yes No No
hospital by ambulance?	
	INJURED PERSON 5
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗆 No 🗈
Was injured conveyed to	Yes 🗆 No 🗈
hospital by ambulance?	
CHARLE LAND	INJURED PERSON 6
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗆 No 🗆
Was injured conveyed to	Yes - No -

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1005487G



TOH CHER KIANG

单子強

CHINESE Date of Birth 18-07-1946

SINGAPORE





License Number S 1005487G

TOH CHER KIANG

Birth Date: 18 Jul 1946 fature Date: 03 Jul 2003

000621197B

Bood Group Oute of HAMA A+ 23-04-1993

APT BLK 109 BUKIT PURMEI ROAD #11-149
SINGAPORE 090109
NRIC No: S10054876 Date: 09/10/2017

THE ARE LICENSED TO DRIVE VEHICLES IN THE FULLOWING CLASSIE

PASS DATE

Class 5 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 killograms

14 Jul 1973

NP 428A





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: 5075309111-02 Cover : drivo PREMIUM

1. Index mark and Registration Number of Vehicle

: SLA6664Y

Chassis Number

: RU11108874

2. Name of Policyholder

: EHB LIMOUSINE PTE LTD

3. Effective Date of Insurance

: 01 Nov 2017

4. Expiry Date of Insurance

: 31 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)

EXCESS (SECTION 2)

ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP YES INSURF WITH COF : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO

PRIMARY DRIVER N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : LAKE-VIEW 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)

: Marsh (Singapore) Pte Ltd (00000690300)

Date of Issue

: 23 Oct 2017 14:14 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech							GeneralClaim			
Hello, NAC_PAYA_UBI_80	0601				and the second	· (hange Lan	guage	· Change Passwo	
My Desktop	Polic	y Query								,
Notice of Loss	Policy N	0.				Date of Acc	ident	22/0-	4/2018 19:30	
	Vehicle	No.(For Motor)	SLA6664Y							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5075309111- 02	EHB LIMOUSINE PTE LTD	201536531R	GFT	drivo PREMIUM	SLA6664Y	SLA6664	01/11/2017	
					8	Continue				

olicy No.	5075309111-02	Policyholder Name	EHB LIMOUSINE PTE LTC	Policyholder NRIC	201536531R
ddress	70 UBI CRESCENT #01-12)		
roduct	FLEET INSURANCE	Plan		Group Policy Flag	N
olicy sue ate	23/10/2017	Effective Date	01/11/2017 00:00	Expiry Date	31/10/2018 23:59
hird arty xcess	1000.00	Own damage Excess	1000.00	Windscreen Excess	0.00
dditional	0	OS Premium	23202.26		
Outside Singapore OD Excess	1000.00	Outside Singapore TP Excess	1000.00		
Agent	Marsh (Singapore) Pte Ltd	Agent Tel.	63277687	GST Flag	Y
Co- insurance Flag Open Policy Info Certificate Info					
A CONTRACTOR OF	70 UBI CRESCENT	Address 2	#01-12	Address 3	SINGAPORE 408570
Address 1 Address 4		Address Type	Singapore address	Post Code	408570
Unit No.	01-12	Related Policy Number	5074680813-02		
) Insur	ed Object: SLA6664Y				
□ Endor	rsements		F. January and		
Sequel	Date of Endorsement 09/11/2017 00:00	Endorsement Type Basic Information Endorsement	e Endorsement Number 000001286691817	Endorsement Status Endorsement Take Effective	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that the following 1 vehicle have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SKL9024D 01-11-2017 1,347.68 In view of this amendment, a refund of \$1,347.68 (inclusive of GST) will be adjusted against the outstanding premium.
2	09/11/2017 00:00	Basic Information Endorsement	000001286689224	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicles as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLL60X 08-11-2017 \$1,321.8 In view of this amendment, a additional premium of \$1,321.84 (inclusive of GST) payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate the server of the ser

and the second second	not been collected.					
lent MT/0991541		Contract to the Contract to th	0.144419	GST Registration No.		
y No. 5075309111-02		Vehicle No.	SLA6664Y		********	
icyholder Name	EHB LIMOUSINE PTE LTD			Policyholder NR3C	201536531R 0	
duct Code	PLEET INSURANCE COVER Type drive PREMIUM			Loading		
ract No. (Mobile) 0 Wi Address		Contact No. (Office)	0	Comact No.(Home)	0	
		Special Remark		eCode		
K:	® No ○ Yes	TCA	® No ○ Yes	ecode Reason		
D Protection No		NCD Entitlement(%)	0	Private Hire	Na	
Accident Details						
	28/04/2018 19:02	Accident Report Wehin 24 hrs	Ves	Accident Type	Collision - Major Minor Road	
port Date		Time of Accident bh:mm 19:30		Country of Accident Singepore		
ite of Accident	32/04/2018	Orange Force	19:34	ICM No.		
parting Centre		Grange Force		1,300,5741		
cident Lacation	TANGLIN RD BEFORE CHATSWORTH RD					
Benefits						
Excess			0.00	Windscreen Excess	0.00	
in damage Excess	1,000.00	Additional Excess		Wellingscreen Excess		
named Driver Excess		Durside Singapore DD Excess	1,000.00			
ord Party Excess	1,000.00	Outside Singapore TP Excess	1,000.00			
GST Registered Informa	ation					
T Registered	No		GST Registration Date	8.07		
ST Registration No.			GST Status Verified	Yes		
adification History						
Policyholder Mailing Ad	dress					
ddress 1	70 LIBS CRESCENT	Address 2	#01-12	Address 3	SINGAPORE 408570	
ddress 4		Address Type	Singapore address	Post Code	408570	
nit No	01-17	Related Policy Number	5074680813-02			
Of Driver Info	PROCESSION OF THE PROCESSION O					
river Name	Unnamed Oriver	Driver Type	Unnamed Driver			
nnamed driver Name	TOH CHER KIANG	Driver MRIC	S1005487G	Driver DDB	18/07/1946	
igniter bate of Driver License.		Driver Age	75	Driving Experience	44	
ontact No. (Mobile)	97329311	Contact No. (Office)	a	Contact No.(Home)	0	
		Address 2	BUKIT PURMET ROAD	Address 3	BUKIT PURMEI VILLE	
idress t	BUK 109			Post Code	090109	
doress 4	SINGAPORE 090L09	Address Type	Singapore address	Post Cook	750000	
nit Na.	11-149					
oes he own a Singapore egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company		
eclaration						
reathelyser or Blood Test	0 mg	Any injury?	○ yes ® No			
eading?						
odification history						
and the second second						
DOSESSON IN COMM.						
2000 CONT. 1 12 10 10 10 10 10 10 10 10 10 10 10 10 10				Valletore	TOLESANTA	
Claim 601 New	DO-MX	Insured Name	EHS LIMOUSINE PTE LTD	Indured NRIC	201536531R	
Claim 001 New	DD-MX	Insured Name Contact No.(Heme)	EHS LIMOUSINE PTE LTD	Contact No.(Office)	+	
claim 601 New Sim Type * ontact No.(Mobile)	A101101101					
Claim 601 New Isom Type * ontact No.(Mobile) mail Address	86991313	Contact No.(Home)	NDL	Contact No.(Office)	+ 59913CD	
claim 601 New Join Type * ontact No.(Mobile) mail Address laim Description	86991313 benjamin@ehblimousine.com.st	Contact No.(Home) DI vehicle Number	NIL SLAGGERY	Contact No. (Office) TP Vehicle Number	+ 59913CD	
Claim 601 Nex Jam Type * ontact No. (Mobile) mail Address lawn Description referred Workshop Contact 0.	86991313 benjamin@etblimousine.com.sg SLA6664Y / 59913CD CN 22 Apr 2018	Contact No.(Home) DI Vehicle Number Insured Liability *	NIL. SLA6664Y Partially at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Worksho	+ 59913CD	
Claim 601 Next Jam Type * ontact No.(Mobile) mail Address lam Description referred Workshop Confact or equire Finalisation	86991313 benjamin@etbirmousine.com.sg SLA6664Y / S9913CD CN 22 Apr 2018 Yes	Contact No. (Home) DI Vehicle Number Insured Liability * Preferend Repair Option	NIL SLAGGERY	Contact No. (Office) TP Vehicle Number Name of Preferred Worksho GIA report	+	
Claim 601 Next Claim 601 Next Down Type * Contact No.(Mobile) Intel Address Dawn Description veformed Workshop Contact Lorgure Finalisation bate Registered	86991313 benjamin@etblimousine.com.sg SLA6664Y / 59913CD CN 22 Apr 2018	Contact No.(Home) DI Vehicle Number Insured Liability *	NIL. SLA6664Y Partially at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Worksho	+ \$9913CD	
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Mtachment	List	iproaded By/Date	Category	9	urgency	pescription	Hag Sent? Actio (CO)
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Ap + 2018 19:06		NRIC/ Doving License		Normal	NRIC/ Driving License 2018-4-23	Ed
99	NAC_PAYA_USI_BOGGOI(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Ap + 2018 19:06		SAS		Normal	SAS 2018-4-23	td
C	NAC_BAYA_UBI_R00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Ap F 2018 19:05		Photos		Normal	Protos 2018-4-23	5.4
1 5250	NAC_PAYA_UBI_800601(MATIONAL ASSESSMENT CENTRE SERVICES) on 23 Ap r 2018 19:06		Priotos		Normal	Photos 2018-6-22	Ed
	NAC_PAYA_UBI_800801; NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Apr - 2018 19:06		Photos		Normal	Photos 2018-4-23	Ed
	NAC_PAYA_URIT_BOOGOT(_NATYONAL_ASSESSMENT CENTRE SERVICES) on 23 Ap 7 2018 19-06		Photos		Normal	Photos 2018-4-23	Ed
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Ap = 2018 19-06		Photos		Normal	Photos 2018-4-23	Ed
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Ap + 2018 19:05		Photos		Normal	Priotos 2018-4-23	Ed
	NAC_RAYA_UBI_E00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Ap r 2018 19:05		Photos		Normal	Photos 2015-4-23	E
-	NAC_PAYA_UBI_B0060E(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Apr. 2018 19:05		Photos		Normal	Photos 2018-4-23	
	NAC_PAYA_USS_800603(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Ap. = 2018 19:05		Photos		Normal	Photos 2018-4-23	Ec
	NAC_MAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Apr 2018 19:05		Photos		Normal	Photos 2018-4-23	
W-1	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Ap. + 2018 19:05		Photos		Normal	Photos 2018-4-23	E
Video List							
	Uploaded By/Date	Polder Date	File Name		9	Source	Action