NATIONAL Assessment Cent	tre Services	we! 1 Jan'05] Mh	848450811AN	-	E.
Date In: 3   5   18 - 15 : 17	Jeb description		Date & Time Completed	Done	e by
Ref No: NA) INC/80081 08/24	SAS e-filing		İ		
Vch No: 57X 5276T	E-mail (within 8	hrs, AIC 2hrs)			
D.O.A .: 23 4/18 -12:45	i-Motor Clain	n Form	MT/0991969-002	3/5/18	15:37
	i-Motor W/O	(Within: OD 2hrs	, TP 4brs)		
OD / TP / Reporting Only	i-Photo Uploa	ded			
	Assessment/Sur	vey Report			
TP Insurer:	Ass't Report by	Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	)
TP Particulars: Veh No: 57	149104	INC(	)/Non-INC( )		
Owner / Driver: (			Tel:	)	
Policy No: ( )	Period: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
	[Note-Est. Status (W	7O): N: 0-2	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: ( )	Warranty: YES (	)/NO(	)		
	,000 ( )/\$2,000	( )			
General Remarks:-		Section 1	STATE OF STA	Contract Contract	
( ) Walk-In Customer: Customer's in	formation strictly Cos	fidential & St	rictly NO refer of repairer		
No. of the control of		indential & St	nouy ito isio, or reposit		
( ) Total Loss Case : to e-mail Insu		0/ \ 7	Suring Co. (		)
Drive-In ( )/ Towed-In ( ); Invoi	ice: YES ( ) / N	0( );1	owing Co: (		W
Remarks: (INC hotline: 6788 6616)	The second second		Date&Time Completed	Don	chy
1) Apply for Transport Allowance ( )	Courtesy Car (	)			
2) QC Check / Post Repair Inspection	( )				
3) Upload Resurvey Photo [Repair Cost>	\$3000] (	)			
Injury:			AND	10 THE PARTY OF THE	er Carlotte
Date/Time Actions	transfer of the second	7.4		Webelchin	<u> </u>
	Market Company				200
	Si			A TOP TO SEA	Amil (3)
NA1802762.		Invoice Pre	paration Checklist	Ant (S) fit Bill	Add Bill
		1) AR : Acciden	t Reporting (\$30);		
laimant's Particulars :-		2) DA : Damage 3) TF : Towing	Assessment (\$100); INC	(\$80) \$40/\$45	
river/Owner:		4) FT : Follow-T	Through Survey	\$120	
ontact No:		STET : Follow-	Through Survey (Resurvey) against INC Only (wef 10 Jan 20	230	<del> </del>
		6) TR : Re-inspe	ection	375	-
amaged Portion:		7) N1 : Idao DA 8) NTUC Addit	+ SMRT Survey	\$160	
	172)	OD.			
C Checked by (Engr-In-Charge):			y Car / Tpt Allowance	\$5 510	-
The Filter Court of the part Art of made and court of the charter	Languar Distriction Back Plant	*N7: Fost Re	Co-ordination pair Inspection	\$25	
uditors' Comments :-		*N8: DV / C	ollect Excess Coordination	\$5	
1. 1:		TP (N11): T 9) N12: Idea M	P (Non INC) against INC	30	
		Invoice dated	Fee Charge	nd	and it
at, 2/3;		Invoice dated	Fee Charg	ed SEU	

per 12

## 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 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 aforesaid.

oforesaid.	
A SECTION OF SECTION OF	ACCIDENT STATEMENT
Date Of Report	03/05/2018 15:17
Date Of Accident	23/04/2018 12:45
Exact Location Of Accident	QUEENWAY SHOPPING CENTRE CARPARK GANTRY
Country/State of Loss	SINGAPORE
Description of the second seco	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJX5276T
Insured/Policyholder	
Name Of Registered Owner	MY CAR CONSULTANT PTE LTD
Co Reg No	201605878Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER 1.6 GLX AUTO ABS AIRBAG 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5084994520-01
Cover Note Number	
Driver	
	The state of the s

SANDRA ONG SEE HWEE Name of Driver

S9318486F NRIC No. 02/06/1993 Date Of Birth INDOOR Occupation 05/12/2017 Date Of Driving Pass

0 YEAR AND 4 MONTH **Driving Experience** 

FEMALE Gender

(LOCAL) +65-82226044 Mobile Number

Fax Number

OFFICE-82226044 Contact Number

NOEMAIL EMail Address

Address

BLK 52 MARINE TERRACE

#11-183 440052

Postcode

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

Insurance Company of Driver's Own Vehicle

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

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

SJY4910Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

ADRIAN NG LENG CHOON

NRIC/Passport Number

S7217349Z

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</u> and accurate as <u>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)

l 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.:

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

Policyholder's Signature

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

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. 4
- 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.

William Ball Control of the Control		NT DETAILS		A SECTION ASSESSMENT	(DD/MM/YY
Date of accident	23/4/201				(HH:MM
Time of accident	@ 1246 hr	S			
Exact location of accident	Queenway	Shopping	Courtre	Carpane	Gantry

SINGLE CHESTON TO A SECTION AS	DETAILS OF VEHICLE
Vehicle registration number	37×5276T
Vehicle make and model	Mitsubish'i Lancer
Type of vehicle	Saloon MPV CRV Van Corry Bus Motorcycle Others:
Vehicle category	Private Commercial 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 □

The second secon	INSURANCE IN	FORMATION	
Insurance company	NTUC		
Policy number		Third party fire & theft	TP only
Type of policy	Comprehensive 2	Third party life & there a	

CONTRACTOR OF THE PARTY OF THE	INSURED / POLICY HOLDER	Male	Female
Name	My Car Consultant Ptc Ltd		
NRIC / Fin / Passport number	2016058782		
Contact	53 Ubi AVUNUL 1 #01-33 Paya	Ubi Inc	lustria.1
Address	park \$(408934	Contract Click A	74

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)  Male   Female
Name	Sandra Una Sce Hive
NRIC / Fin / Passport number	393184865
Contact	82226044
Address	118 Potong Pasir Ave 1 #02-086 3(350118)
Email address	-1-11-007
Date of birth	02 06 1993
Occupation	Indoor Outdoor
Driving date pass	05 12 2017

G	ENERAL IN	FORMATION C	F THE ACCIDENT	
Vas driver an employee of	Yes 🗆	No 7	driver and insured:	Hirer
he insured's company?	If no, rela	tionship of the	Ullyer and modification	The state of the s
Accident captured by camera?	Yes 🗆	Noza	Others:	
Weather condition	Clear	Raining 🗆	Others.	
Road surface	Dry 5	Wet 🗆		(Inclusive of driver)
No of passenger				
		PASSENGE	R1	<b>一种一种工作</b>
<b>数据是国际的</b>	20	ndra One	3u Hwee	10
Name	Male 🗆	Female		
Gender	IVIdie U			
	PERSONAL PROPERTY.	PASSENG	R 2	THE PARTY OF THE P
		Control of the State of State		
Name	Male D	Female 🗆		
Gender				
	NAME OF THE OWNER, OWNE	PASSENG	ER 3	
PARTY NEW YORK OF THE PARTY NAMED IN COLUMN TWO IS NOT THE PARTY NAMED IN COLUMN TWO	NAME OF TAXABLE PARTY.	100000		
Name	Male 🗆	Female D		
Gender				
AND DESCRIPTION OF STREET	PATRICES.	PASSENG	SER 4	
CALL STREET, ST.				
Name Gender	Male	Female 1		
Gender				William William William Co.
		PASSEN	GER 5	
Name				
Gender	Male	□ Female	2	
Belles			CER CHANGE CONTRACTOR	*************************************
THE REPORT OF THE PARTY OF THE	term tro	PASSEN	GER 6	MANUAL ASPERTA
Name				
Gender	Male	Female	D	
			PRACTION	THE RESERVE TO SERVE THE RESERVE TO SERVE THE RESERVE
<b>计学院发展计算型</b>		OTHER INFO	DRIVIATION	
Was anybody injured?	Yes	22/20/20/20		
Was other vehicle damaged	? Yes	No 🗆		
		DETAILS OF P	OLICE ACTION	
THE REAL PROPERTY.	Yes		If yes, please state	which police station.
Reported to police?	1es l	1107		
Police station name				
	ELL WINDS	MIT	NESS 1	
	Long-Land	NO TO THE PARTY OF		
Name				
	A STATE OF THE STA	MIT	NESS 2	
	-	OF THE PARTY OF TH		
Name				

	THIRD PARTY VEHICLE 1
AND MEDICAL PROPERTY.	37449104
/ehicle registration number	5701401100
Vehicle make model	Advices no Ling choon
Name	Adrian ng Ling (hoon) 872173492
NRIC / Fin / Passport number	57217090
Contact	
The second secon	THIRD PARTY VEHICLE 2
THE STREET STREET	THIRD PARTY VELICE
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
00110000	THE PARTY OF THE P
THE SOURCE SERVICE STREET, STR	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
001115	THE RESERVE OF THE PARTY OF THE
THE PROPERTY OF STREET STREET	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
CHARLEST ST. ST. CO.	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
Name / Persont number	
MDIC / Fin / Passport Hulling	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 7
Contact	THIRD PARTY VEHICLE 7
Vehicle registration number	THIRD PARTY VEHICLE 7
Vehicle registration number Vehicle make model	THIRD PARTY VEHICLE 7
Vehicle registration number	

Contact

AND THE PROPERTY OF THE PARTY O	INJURED PERSON 1
ame	
juries sustained	
/hich vehicle person in?	
/ere seat belts worn?	Yes 🗆 No 🗈
vas injured conveyed to	Yes D No D
ospital by ambulance?	
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njuries sustained	
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Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes 🗆 No 🗈
nospital by ambulance?	
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(A) 2017年中 (A) 1017年 (A)	INJURED PERSON 3
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes 🗆 No 🗆
hospital by ambulance?	
	INJURED PERSON 4
<b>地址的传统的设施。</b>	INJURED PERSON +
Name	
Injuries sustained	
Which vehicle person in?	
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Were seat belts worn?	Yes D No D
Were seat belts worn? Was injured conveyed to	Yes D No D Yes D No D
Were seat belts worn?	1000
Were seat belts worn? Was injured conveyed to	Yes D No D
Were seat belts worn? Was injured conveyed to	1000
Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name	Yes D No D
Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained	Yes D No D
Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?	Yes D No D INJURED PERSON 5
Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes   No      Ves   No      Ves   No
Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes D No D INJURED PERSON 5
Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes   No      Ves   No      Ves   No
Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes   No
Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes   No      Ves   No      Ves   No
Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name	Yes   No
Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained	Yes   No
Were seat belts worn? Was injured conveyed to hospital by ambulance?  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
Were seat belts worn? Was injured conveyed to hospital by ambulance?  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   No      Yes   No      Yes   No      Yes   No      INJURED PERSON 6
Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained	Yes   No

## REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9318486F





SANDRA ONG SEE HWEE



CHINESE

SINGAPORE

02-06-1993

\$9318486F





mmc mc S9318486F



Date of leave 08-08-2017

APT BLK 52 MARINE TERRACE #11-183 SINGAPORE 440052

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight =< 2500kg

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: 5084994520-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SJX5276T

Chassis Number

: JMYSRCS3AAU000364

2. Name of Policyholder

: MY CAR CONSULTANT PTE LTD

3. Effective Date of Insurance

: 13 Oct 2017

4. Expiry Date of Insurance

: 12 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.

: \$\$2,000 EXCESS (SECTION 1) : \$\$1,500 **EXCESS (SECTION 2)** : S\$100 WINDSCREEN EXCESS : N/A ADDITIONAL EXCESS

: PLEASE REFER OVERLEAF LINNAMED DRIVER EXCESS

: NO REPAIR AT OWNER'S PREFERRED WORKSHOP : YES INSURE WITH COE : NO NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : N/A PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2)

: GENIE FINANCIAL SERVICES PTE LTD HIRE PURCHASE COMPANY

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

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

: ANIKA INS BROKERS & CONSULTANTS P/L (00000690423)

Date of Issue

: 16 Oct 2017 18:14 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

**Chief Executive** 



eBaoTech				NA CONTRACTOR					Change Passwor	ralClaim
Hello, NAC_PAYA_UBI_80	0601					2.0	hange Lan	guage	Change rassino.	ā <u>155</u> 0
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Notice of Loss	Policy N	a.	508499452	0-01		Date of Acci	dent	23/04	/2018 12:45	
	Vehicle	No.(For Motor)	SJX5276T	1202						
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5084994520- 01	MY CAR CONSULTANT PTE LTD	201605878Z	GFT	drivo CLASSIC	SJX5276T	SJX5276T	13/10/2017	

premium on this policy has no ident MT/0991969						CONTRACTOR SERVICES				
	084994529-01	Vehicle No.	\$1X\$276T			egistration No.	20	6058782		
70.000	TY CAR CONSULTANT PTE LTD					holder NRIC		Secretary of		
Pittoriae de la companya de la compa	LEET INSURANCE	Cover Type	grive CLASSIC		Loade		0			
and and a	44	Contact No.(Office)			Conta	ct No. (Hame)	-	-		
The state of the s		Special Remark			eCode		100	~		
a Address	® No ○ Yes	TCA	® No ○Yes		e/Code	Reason		000000000		
		NCD Encoment(%)	0		Privati	e Hire	No	t available		
	No.									
Accident Details		Accident Report Within 24 hrs	Yes		Applide	ent Type	Un	known		
ort Date	26/04/2018 13:29	Time of Accident hh:mm	12:20		Court	try of Accident	Sit	ngapore		
e of Accident	23/04/2018		1000		SCM N	No.				
orting Centre		Orange Force								
ident Lecition	NA .									
Benefits										
Excess					Wind	screen Excess	10	00.00		
n damage Excess	2,000.00	Additional Excess	0	2,000.00						
named Driver Excess		Outside Singapore OO Excess								
nd Party Except	1,500.00	Dutaide Singapore TP Excess		1,500.00						
GST Registered Informat	tion		727200							
T Registered	No			gistration Date trus Verified		Yes				
T Registration No.			US1 366	Nas various						
diffication mistory										
Policyholder Hailing Add		0.310052	#01-81 SYNER	ocy if will	Addr	ress 3		INGAPORE	417800	
tdress 1	25 KAKI BUKIT ROAD 4	Address 2			Post	Code		17800		
ddress 4		Address Type	Singapore add							
ne No.	02-06	Related Policy Number	5087836123-0	21						
Of Driver Info										
river Name		Driver Type			time	ver 008				
The second second		Down NRIC				PET DOD				
nnamed driver warre.					Proper	ing Experience				
		Onver Age				ring Experience				
egister Date of Driver License		Onver Age Contact No.(DMICE)			Con	eact No.(Home)				
egister Date of Oriver License ontest No.(Mobile)					Con	eact No.(Home) tress 3				
innamed driver Name segister Date of Driver License contect No.(Mobile) uddress t iddress 4		Contact No.(Office)	Foreign addre	45	Con	eact No.(Home)				
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