Date In: 7/8/18-12: 32	Jeb description	Date &Time Completed	Done by
Ref No: NA) INC 1800 8357 2 4	SAS e-filing		
Veh No: Skp>6>7p	E-mail (within Shrs, AIC 2	hrs)	
D.O.A .: 6/5/18-13:15	i-Motor Claim Form	M10993344-201	7/3/18 N.40
	i-Motor W/O (Within: C	D 2hrs, TP 4brs)	
OD / TP/ Reporting Only	i-Photo Uploaded		
TD	Assessment/Survey Rep	ort	
TP Insurer:	Ass't Report by Fax / H	and to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:
TP Particulars: Veh No: Sk-	14266M	NC( )/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%. F: 80-	100%]
Year of Registration: ( )	Warranty: YES ( )/NO	( )	
Excess: (\$ ) Loading: \$	1,000 ( )/\$2,000 ( )		- N
General Remarks:-			See Since
( ) Walk-In Customer : Customer's in	The state of the s	Land of the contract of the co	
( ) Total Loss Case : to e-mail Inst			
	ice: YES ( ) / NO (	); Towing Co: (	, )
		3	E21-225-2-8-01-13-01-1
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	N. S.
	/ Courtesy Car ( )		
2) QC Check / Post Repair Inspection	( )		
		144	
3) Upload Resurvey Photo [Repair Cost >	\$3000] ( )	4	
3) Upload Resurvey Photo [Repair Cost>	\$3000] ( )		
Injury:	\$3000] ( )		
especial desire	\$3000] ( )		
Injury:	\$3000] ( )		es a colore
Injury:	\$3000] ( )		
Injury:	\$3000] ( )		
Injury:	\$3000] ( )		
Injury:	\$3000] ( )		
Injury:  Date/Time Actions	1	Preparation Checklist	Ant (5) Amt (5) The Bill Add Bill
Injury:  Date/Time: Actions  NA 1802852	Inveice	ceident Reporting (\$30);	fat Bill Add Bill
Injury:  Date/Time Actions  NA 1802852  Inimant's Particulars:	1 Inveits 1) AR: A 2) DA: D	ocident Reporting (530); amage Assessment (5100); INC (5	fat Bill Add Bill
Injury:  Date/Time Actions  NA 1802852  Inimant's Particulars:-	1 Inveice 1) AR: A 2) DA: D 3) TF: Te 4) FT: Fe	ccident Reporting (530); amage Assessment (5100); INC (5 wing Fee 5 Illow-Through Survey	75 Bill Add Bill 580) 50/545 5120
Injury:  Date/Time Actions  NA 180285 2.  Inimant's Particulars:- river/Owner:	1 Inveits 1) AR: A 2) DA: D 3) TF: Te 4) FT: Fe 5) FT: Fe	ccident Reporting (530); amage Assessment (5100); INC (5 wing Fee 5 Illow-Through Survey Illow-Through Survey (Resurvey)	75 Bill Add Bill 580) 50/545 5120 530
Injury:  Date/Time Actions  NA 1802852  Inimant's Particulars:- river/Owner: ontact No:	1 Invoice 1) AR: A 2) DA: D 3) TF: Te 4) FT: Fe 5) FT: Fe Forelan 6) TR: Re	ccident Reporting (530); amage Assessment (5100); INC (5 wing Fee S. Illow-Through Survey Illow-Through Survey (Resurvey) mine sesinst INC Only (wef 10 Jan 20) -inspection	78.Bill Add Bill 580) 50/545 5120 \$30 575
Injury:  Date/Time: Actions  NA 1802852.  Inimant's Particulars:-  river/Owner:  ontact No:	1 Invoice 1) AR: A 2) DA: D 3) TF: Te 4) FT: Fo 5) FT: Fe Foreka 6) TR: R 7) N1: Id	ccident Reporting (530); amage Assessment (5100); INC (5 wing Fee S. Illow-Through Survey Illow-Through Survey (Resurvey) mine accinst INC Only (wef 10 Jan 20) inspection ac DA + SMRT Survey	76 Bill Add Bill 580) 50/545 5120 \$30
Injury:  Date/Time: Actions  NA 180285 2  Elimant's Particulars:  river/Owner:  ontact No:  amaged Portion:	1 Invoice 1) AR: A 2) DA: D 3) TF: Te 4) FT: Fo 5) FT: Fo Forela 6) TR: R 7) N1: Id 8) NTUC OD:	ccident Reporting (\$30); amage Assessment (\$100); INC (\$100); wing Fee \$1000.  Illow-Through Survey Illow-Through Survey (Resurvey) mine against INC Only (wef 10 Jan 20)  -inspection as DA + SMRT Survey  Additional Services.	18 Bill Add Bill (880) (10/545 5120 530 55) 575 5160
Injury:  Date/Time Actions  NA 180285 2  Inimant's Particulars: river/Owner: ontact No: amaged Portion:	1 Invoice  1) AR: A  2) DA: D  3) TF: Te  4) FT: Fo  5) FT: Fo  Forelan  6) TR: R  7) N1: Id  8) NTUC  OD*  *N5: C	ccident Reporting (530); amage Assessment (\$100); INC (\$100); INC (\$100).  wing Fee Stillow-Through Survey  Illow-Through Survey (Resurvey)  ming against INC Only (wef 10 Jan 20)  -inspection  ac DA + SMRT Survey  Additional Services  ourtesy Car / Tpt Allowance	78 Bill Add Bill 580) 50/545 5120 \$30 575
Injury:  Date/Time Actions  NA 1802852  Inimant's Particulars: river/Owner: ontact No: armaged Portion:  C Checked by (Engr-In-Charge):	1 Inveice  1) AR: A  2) DA: D  3) TF: Te  4) FT: Fe  5) FT: Fe  Forela  6) TR: R  7) N1: Id  8) NTUC  OD:  *N5: C  *N6: R  *N1: P	ccident Reporting (530); amage Assessment (5100); INC (5 amage Assessment (5100); INC (5100); amage Assessment (5	\$80) \$00/\$45 \$120 \$30 \$55 \$160 \$5 \$5
Injury:  Date/Time Actions  NA 1802852  Inimant's Particulars:- river/Owner: ontact No: amaged Portion:  C Checked by (Engr-In-Charge): uditors' Comments:-	1) AR: A 2) DA: D 3) TF: Te 4) FT: Fe 5) FT: Fe Forela 6) TR: R 7) N1: Id 3	ccident Reporting (530); amage Assessment (5100); INC (5 amage Assessment (5 amage Assessment (5100); INC (5 amage Assessment (5 amage	\$80) \$00/\$45 \$120 \$30 \$75 \$160
Injury:  Date/Time: Actions  NA 1802852  Inimant's Particulars: river/Owner: ontact No: armaged Portion:  C Checked by (Engr-In-Charge):	1 Invoice  1) AR: A  2) DA: D  3) TF: Te  4) FT: Fo  5) FT: Fo  Forela  6) TR: R  7) N1: Id  8) NTUC  OD*  *N5: C  *N6: R  *N7: F  *N8: D  TP (N	ccident Reporting (530); amage Assessment (5100); INC (5 amage Assessment (5100); INC (5100); amage Assessment (5	\$80) \$0/\$45 \$120 \$30 \$55 \$160 \$55 \$55 \$50 \$25 \$30 \$30 \$30

## SINGAPORE ACCIDENT STATEMENT

### 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.
- 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.

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 aforesaid.

aforesaid.		
CONTROL SERVICE SERVIC	ACCIDENT STATEMENT	
Date Of Report	07/05/2018 12:32	
Date Of Accident	06/05/2018 13:15	
Exact Location Of Accident	ALONG TAMPINES ST 11 NEAR BLK 139	
Country/State of Loss	SINGAPORE	
Design the second secon	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKP2627P	
Insured/Policyholder		
Name Of Registered Owner	TAN LAY NAH LINDA	
NRIC No	S7127029G	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-87812627	
Alternative Phone No	OFFICE-87812627	
Vehicle Particulars		
Manufacturer	BMW	
Model	523I 2.5 AT ABS D/AB 2WD 4DR GAS/D	
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	5094430024	
Cover Note Number		

Driver			

Driver	
Name of Driver	TAN LAY NAH LINDA (CHEN LINA LINDA)
NRIC No	S7127029G
Date Of Birth	27/07/1971
Occupation	INDOOR
Date Of Driving Pass	25/04/2009
Driving Experience	9 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-87812627
East Number	

Fax Number

OFFICE-87812627 Contact Number

NOEMAIL EMail Address

BLK 585 PASIR RIS STREET 53 Address

#04-47

NO

NO

510585 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

## General Information of the Accident

CHAIN COLLISION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

### Other Information

Was any foreign vehicle involved in this accident?

3 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? YES

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

Number of Passengers (Including Driver) 2

Passenger 1

NAME:

: FEMALE GENDER:

### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

CHANGKAT NEIGHBOURHOOD POLICE POST Police Station Name

YES

NO

ROAD: BLK 109 TAMPINES STREET 11 #01-261 , POSTCODE: 521109 ,

Police Station Address COUNTRY: SINGAPORE

TEL NO: 1800-7819999 - FAX NO: 67832722 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

## Circumstances of Accident

REFER TO POLICE REPORT - T/20180506/2080.

### 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

SKT4266M

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

No. Of Passenger (Including Driver)

1

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SJN7416X

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

No. Of Passenger (Including Driver)

1

#### 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 Personnell's Signature Name:

NRIC/FIN No.:

SKETCH PLAN	
A	A: 5kp26>2P
=   B	13: 5£74266m
2 Saniamol	C: SJN-ZU16X
DESCRIBE CIRCUMSTANCES	DE THE ACCIDENT
	report - T/2018 0506/2080.
DECLARATION  I/We declare the foregoing part	culars are true in every respect.
Carrie the thregoning part	m
Policyholder's Signature	Driver's Signature Reporting Centre Personnel's Signature

Date & Time:

(If driver is not the policyholder) Date & Time:

1 Name:

NRIC/FIN No.:





1 of 4

Report No. T/20180506/2080

Police Station Of Origin: Changkat NPP 109 Tampines Street 11 #01-261 SINGAPORE 521109

Tel No: 1800-7819999

Date/Time 06/05/2018	Report M	ACCIDENT ade:	Vide Report No.: Station Diary 20				
Informant	's Particu	lars					
Name of Informant: TAN LAY NAH LINDA			Address: APT BLK 585 PASIR RIS STR 510585	EET 53 #04-47 SINGAPORE			
ID Type / ID No.: NRIC NO / S7127029G			Contact No.: Home/Office:	Mobile: 87812627			
Nationality	<i>r</i> :	CONTROL OF THE CONTRO	Email:				
Sex: Female	Sex: Age: Date of Birth:		Type of Informant: Driver	Institution / School Name:			
Race: Chinese Occupation:			Language: Institution / School				
			Driving Licence Information: Class: 3A	Date of Expiry:			

eneral Information  Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 06/05/2018 13:15	Type of Location Straight Road	
Location: Along Road of TAMPINES S	STREET 11	Blk 139 Tampines Stre	et 11	Road Speed Limit:	
Neather:	100 011001 11 11001	Road Surface: Dry		=	
Traffic Flow: Traffi		Traffic Control: Traffic Light - Wo	orking	Traffic Volume:  Anyone conveyed by	
Traffic Flow: Two Way				Anyone conveyed by	

Details of Ve	ehicle Invo	ved	lores a	Color	Condition	No of Passenge
Vehicle No.	Туре	Make	Model	COIO		0
SJN7416X	Car					
SKP2627P	Car	BMW	523I 2.5 AT ABS D/AB 2WD 4DR	White		1
SKT4266M	Car		GAS/D			0





T/20180506/2080

2 of 4

Report No. T/20180506/2080

Police Station Of Origin: Changkat NPP 109 Tampines Street 11 #01-261 SINGAPORE 521109 Tel No: 1800-7819999

## CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKP2627P	NTUC Income Insurance Co-Operative Limited	5094430024	30/09/2017	29/09/2018

Details of Person						
Any Pedestrian In	volved: No					
No. of Pedestrian	s Injured: NIL		Use of Ped	lestrian	Cross	ing: NA
Driver						
Name	Unknown Driver			ID No.		NIL
Related Vehicle	SJN7416X (Car)			Contact No.		94357048
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL -		Date Disch			
	ed Medical Leave	NIL	Degree of		NIL	EWISHING E - Proper Committee
Driver			Maria District		150 ESS	
Name	TAN LAY NAH LINDA			ID No.		S7127029G
Related Vehicle	SKP2627P (Car)				ct No.	87812627
Hospital/Clinic	NIL			Class Driving Licence Expiry	g ce &	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	-18-15-15	Date Disc	harge	NIL	
No of Days gran	ted Medical Leave	NIL		of Injury NIL		
Driver					STEP 10H	
Name	Unknown Driver			ID No		NIL
Related Vehicle	SKT4266M (Car)			Contact No.		93877194
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
	ted Medical Leave	NIL	Degree of		NIL	





3 of 4

Report No. T/20180506/2080

Police Station Of Origin: Changkat NPP 109 Tampines Street 11 #01-261 SINGAPORE 521109 Tel No: 1800-7819999

## CONTINUATION OF REPORT

# Brief Details.

On the 06/05/2018 at about 1315hrs, I was driving my vehicle (SKP2627P) along Tampines Street 11 toward Tampines Avenue 2 near to Blk 139 Tampines Street 11. I was travelling at low speed as there were vehicles in front of me which were also travelling at low speed. Suddenly I felt and impact from the rear of my vehicle. I then stopped my vehicle to make a check. I enquired with the driver of vehicle (SKT4266M) who informed me that his vehicle collided onto my vehicle rear portion due to the impact of another vehicle (SJN7416X) which collided onto the rear portion of his vehicle. As the road was narrow and I had to rush off, I managed to take the drivers contact numbers and photos of the accident. No one was injured during the accident.

On the same day I had texted both parties and asked them how they wanted to settle the issues. The male driver (SKT4266M) informed me that he will make insurance claims as it involve 3 vehicles and his vehicle was in the center. The lady driver (SJN7416X) told me that I should claim from the male driver (SKT4266M) and the male driver (SKT4266M) will make the claim from her.





T/20180506/2080

4 of 4

Report No. T/20180506/2080

Police Station Of Origin: Changkat NPP 109 Tampines Street 11 #01-261 SINGAPORE 521109 Tel No: 1800-7819999

### CO CO SE

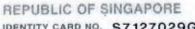
Sketch Plan
Informant is not able to provide sketch plan

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.

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: G / Sgt 2 HASAN BIN SIDIK	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/05/2018 20:41
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:
Authentication Stamp	





IDENTITY CARD NO. S7127029G





TAN LAY NAH LINDA (CHEN LINA' LINDA)

CHINESE

27-07-1971 Country of birth SINGAPORE



4838067

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

PASS DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 pussengers, exclusive of the driver; and other motor vehicles without slutch pedals =< 2000kg

25 Apr 2009

13-03-2012

APT BLK 585 PASIR RIS STREET 53 #04-47 SINGAPORE 510585

NRIC No: \$7127029G

Date: 14/08/2017

NP 428A



eBaoTech								GeneralClaim		
Hello, NAC_PAYA_UBI_80	0601				2.00		Change Lan	guage +	Change Passw	ord • Log Out
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	lo.				Date of Acc	ident	06/05	/2018 13:15	
	Vehicle	No.(For Motor)	SKP2627P							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5094430024	TAN LAY NAH LINDA	S7127029G	GPC	drivo CLASSIC	SKP2627P	SKP2627P	30/09/2017	29/09/2018
					- 1	Continue				

olicy No.	5094430024	Policyholder Name	TAN LAY NA	H LINDA	Policyholder NRIC	57127029G		
Address	BLK 113 #07-153 TAMPINES STREET 11 SINGAPORE 521113							
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Policy ssue Date	20/09/2017	Effective Date	30/09/2017	00:00	Expiry Date	29/09/2018 23	3:59	
Excess Type		All Claim Excess						
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100		
Additional Excess	0	OS Premium	0					
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess	
Agent	LOO TZE KUEN (LU ZIKUN)	Agent Tel.	97668316		GST Flag	Υ		
Co- insurance	No							
Flag Open Policy								
Flag Open Policy Info Certificate Info								
Flag Open Policy Info Certificate Info	holder Mailing Address		David Control					
Flag Open Policy Info Certificate Info  Policy	holder Mailing Address BLK 113 #07-153	Addr	ess 2	TAMPINES STREET	11	Address 3	SINGAPORE 521113	
Flag Open Policy Info Certificate Info  Policy Address 1	Horse, Horizonali, Ann Avy	10000	ess 2 ess Type	TAMPINES STREET		Address 3 Post Code	SINGAPORE 521113 521113	
Flag Open Policy Info Certificate Info	Horse, Horizonali, Ann Avy	Addr	ess Type ed Policy			207.7.107.72710	Water Control of the	
Flag Open Policy Info Certificate Info  Policy Address 1 Address 4 Unit No.	Horse, Horizonali, Ann Avy	Addr Relat	ess Type ed Policy	Singapore address		207.7.107.72710	WINDSHIP CONTROL OF THE PARTY O	
Flag Open Policy Info Certificate Info  Policy Address 1 Address 4 Unit No.	BLK 113 #07-153	Addr Relat	ess Type ed Policy	Singapore address		207.7.107.72710	WINDSHAM STATE OF THE STATE OF	

Sent MT/0993344				80	C. 24 (\$2000000000000000000000000000000000000			
No.	5094430024	Vehicle No.	SKP2627P		T Registration No.		57127029G	
nolder Name 1	TAN LAY NAH LINDA				ricyholder NRIC			
ct Code	PRIVATE CAR INSURANCE	Cover Type	Srive CLASSIC		ading			
	87812627	Contact No.(Office)	0	C	ortact No.(Home)			
Address		Special Remark		40	Code	- 1	N. V	
	Water Cover	TCA	® No ○Yes	80	Code Reason			
	® No ○ Yes	NCD Emillement(%)	50	Pr	tvate Hire		No	
	Yes	NCD CHILD SILE SI	77.					
Accident Details	and the second second second second	Accident Report Within 24 hrs.	Yes		codent Type		Chain Collision	
nt Date	07/05/2018 21:38			c	puntry of Accident	5	Singapore	
of Accident	06/05/2018	Time of Accident hh:mm	13:15		OM No.			
rting Centro		Orangé Force						
ent Location	ALONG TAMPINES ST 11 NEAR BLK 139							
Benefits								
Excess					Andscreen Excess		100.00	
damage Excess	600.00	Additional Excess	0	600.00	III AND THE PARTY OF THE PARTY			
amed Driver Excess	0.00	Outside Singapore OD Excess		0.00				
Party Excess	0.00	Outside Singapore TP Excess		0.00				
<b>GST Registered Informat</b>	tion		50000	W. C.				
Registered	No			egistration Date tatus Verified	Yes			
Registration No.			GST 5	terned School	880			
fication HISTORY								
Policyholder Mailing Add	dress							_
	BUX 113 #07/153	Address 2	TAMPINES ST	REET 11	viddress 3		SUNGAPORE 52111	3
ress 1		Address Type	Singapore ad	dress F	Post Code		521113	
vess &		Related Policy Number	5094430024					
OI Driver Info								
or Name	TAN LAY NAH LINDA (CHEN LINA LINDA)	Oriver Type	Main Driver					
samed driver Name		Driver NRIC	871270296		Driver DOB		27/07/1971	
pater Date of Driver License	25/04/2009	Driver Age	46		Driving Experience		9	
	87812627	Contact No.(Office)	.0.	9	Contact No.(Home)		0	
eact No.(Mobile)		Address 2	PASIR RIS 5	TREET 53	Address 3		SINGAPORE 5105	85
tress 1	BLK 585							
		Address Type	Singapore ad	dress	Post Code		510585	
		Address Type	Singapore ad	dress	Post Code		510585	
aress 4 E No.	04-47		Singapore ad			arv	510585	
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Attachment	U	ploaded By/Date	Category	?	Urgency	Description	Msg Sent? Action (CO)
6/5 to	MAC_DAYA_LIBI_RODGO1( NATION	IAL ASSESSMENT CENTRE SERVICES) on 07 Ma y 2018 21:41	NRIC/ Driving Licente		Normal	NR3C/ Driving License 2018-5-7	Edit
463	NAC_PAYA_UBI_BOOBCL( NATION	IAL ASSESSMENT CENTRE SERVICES) on 07 Ma y 2018 21:41	SAS		Normal	5A5-2018-5-7	Edit
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→ Video List		Folder Date:	File Name		9	Source	Action