I There is a second of the sec	tre Services were		ate &Time Completed	Done	by
Date In: 19/5 18 - 17: 08	Jeb description		ite te i ino completos		
Ref No: NA NC18 008610 24	SAS e-filing	-			
Veh No: SICC 1856V	E-mail (within Shrs, /			1.0	
D.O.A .: 10/1/18-08:20	i-Motor Claim Fo	orm /	7/0993878-001	10/1/18 18	:52
OD TP Reporting Only	i-Motor W/O (wit	hin: OD 2hrs, TP	hrs)		
OB . 11 Reporting Only	i-Photo Uploadec				
TD I	Assessment/Survey	Report			
TP Insurer:	Ass't Report by Fa	x / Hand to Ov	vner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Т	ol:	Fax:)
TP Particulars: Veh No: 1k	467686	INC()	/Non-INC()	4	
Owner / Driver: (Т	cl:)	
Policy No: ()	Period: () Co	ver Type: ()	
Confirmed by : (THE STATE OF THE S	ate:	Time:)	
Insured/Driver Liability: (%)	Note-Est. Status (WO):	N: 0-20%;	P: 21-79%. P: 30-	100%]	
Year of Registration: ()	Warranty: YES ()/	NO()			
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()			
General Remarks:-				State States	
() Walk-In Customer: Customer's in	nformation strictly Confide	ntial & Strictly	NO refer of repairer.		
() Total Loss Case : to e-mail Ins	urer URGENTLY.		* 1 D		
Drive-In ()/ Towed-In (); Invo	ice: YES () / NO () ; Towin	ng Co: (1')
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > Injury:	\$3000] ()				
				Caretain Office - Street	
Date/Time Actions				SESSION IN	- , NII. 91.7
Date/Time Actions					
Date/Time Actions	1				, , , , , , , , , , , , , , , , , , , ,
NAI802967	10000	Control of the Contro	tion Checklist	Ant (S)	Amt (\$)
NA180>967.	1) A	R : Accident Repo	tion Checklist; rung (\$30); sment (\$100); INC (\$	Ani: (5). 73 Bill 580)	Section 1.
NAI802967: Eliumant's Particulars:-	1) A 2) D 3) T	R : Accident Repo A : Damage Asset F : Towing Fee	rting (\$30); sment (\$100); INC (\$	Anit (5). 751 Bill 580) 40/545	Section of Section 19
NAI802967: laimant's Particulars:- river/Owner:	1) A 2) D 3) T 4) F 5) F	R: Accident Report A: Damage Asset F: Towing Fee T: Follow-Throug T: Fullow-Throug	rting (\$30); sment (\$100); INC (\$50) h Survey h Survey (Resurvey)	Ant (5) 75t Bill 580) 40/545 \$120 \$30	Section 1.
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NAI802967: laimant's Particulars:- river/Owner: ontact No:	1) A 2) D 3) T 4) F 5) F 6) T 7) N	R: Accident Report A: Damage Asset F: Towing Fee T: Follow-Throug T: Follow-Throug T: cleiming agains R: Re-inspection [1: Idae DA + SM	rting (\$30); sment (\$100); INC (\$50) h Survey h Survey (Resurvey) UNC Only (wef 10 Jen 200)	Anit (5) 751 Bill 580) 40/545 \$120 \$30 25)	Section 1.
NAI802967. Inimant's Particulars:- river/Owner: ontact No: amaged Portion:	1) A 2) D 3) T 4) F 5) F 6) T 7) N	R: Accident Reports A: Damage Asset F: Towing Fee T: Follow-Throug T: Follow-Throug T: claiming agains R: Re-inspection I: Idao DA + SM	rting (\$30); sment (\$100); INC (\$50) h Survey h Survey (Resurvey) UNC Only (wef 10 Jen 200)	Anit (5) 751 Bill 880) 40/545 \$120 \$30 25) \$75	Section 1.
NAI802967. Inimant's Particulars:- river/Owner: ontact No: amaged Portion:	1) A 2) D 3) T 4) F 5) F 6) T 7) N 2 8) N	R: Accident Reports A: Damage Asset F: Towing Fee T: Follow-Throug T: Follow-Throug T: Follow-Throug T: claiming agains R: Re-inspection 1: Idao DA + SM TUC Additional St D* N5: Courtesy Car	rtion Checklist rting (\$30); sment (\$100); INC (\$50) h Survey h Survey (Resurvey) UNC Only (wef 10 Jan 20) RT Survey ervices:-	\$30 \$120 \$30 \$575 \$160	Section of Section 19
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	1) A 2) D 3) T 4) F 5) F 6) T 7) N 2 8) N	R: Accident Report A: Damage Asset F: Towing Fee T: Follow-Throug T: Follow-Throug T: Follow-Throug T: Follow-Throug T: Idac DA + SM TUC Additional St D* N5: Courtesy Car N6: Repair Co-ord N7: Fost Repair In N8: DV / Collect I	rting (\$30); sment (\$100); INC (\$50) h Survey h Survey (Resurvey) UNC Only (wef 10 Jen 20) RT Survey ervices:- Tpt Allowance ination spection Excess Coordination	\$80) 40/\$45 \$120 \$30 \$51 \$75 \$160 \$5 \$10 \$25 \$5	Property and the second
NAI80>967. Inimant's Particulars:- river/Owner: ontact No: amaged Portion: C. Checked by (Engr-In-Charge):	1) A 2) D 3) T 4) F 5) F 6) T 7) N 2 8) N 0 1	R: Accident Report A: Damage Asset F: Towing Fee T: Follow-Throug No: Courtesy Car No: Repair Co-ord No: Repair Co-ord No: Fost Repair In No: DV / Collect I P (No.): TP (No.)	rting (\$30); sment (\$100); INC (\$50) h Survey h Survey (Resurvey) UNC Only (wef 10 Jen 20) RT Survey ervices:- Tpt Allowance ination spection	\$80) \$40/\$45 \$120 \$30 25) \$75 \$160 \$5 \$10 \$25	AddiBill
NAI802967: Inimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	1) A 2) D 3) T 4) F 5) F 6) T 7) N 8) N Q 1 1 A 1 A 2 D 2 A 3 T 4 A 4 A 5 A 6 A 7 A 7 A 8 A 8 A 9 A 9 A 9 A 9 A 9 A 9 A 9 A 9 A 9 A 9	R: Accident Report A: Damage Asset F: Towing Fee T: Follow-Throug T: Follow-Throug T: Follow-Throug T: Follow-Throug T: Idac DA + SM TUC Additional St D* N5: Courtesy Car N6: Repair Co-ord N7: Fost Repair In N8: DV / Collect I	rting (\$30); sment (\$100); INC (\$50) h Survey h Survey (Resurvey) UNC Only (wef 10 Jen 20) RT Survey ervices:- Tpt Allowance ination spection Excess Coordination	\$50) \$120 \$30 \$515 \$120 \$30 \$515 \$5160 \$55 \$510 \$525 \$53 \$520 \$30	AddiBill

2 - pri at 1 pr

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 repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

- Any false reporting may be referred to the Police for Investigation.
 This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

aforesaid.	AND THE REPORT OF THE PROPERTY
NAME OF THE OWNER OF THE OWNER.	ACCIDENT STATEMENT
Date Of Report	10/05/2018 17:08
Date Of Accident	10/05/2018 08:20
Exact Location Of Accident	UPP CHANGI RD NORTH AFTER THE SALVATION ARMY
Country/State of Loss	SINGAPORE
D. D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKC1856U
Insured/Policyholder	
Name Of Registered Owner	JESSICA WANG SHUQIN
NRIC No	S7223492H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81008075
Alternative Phone No	OFFICE-81008075
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA 1.6 AT ABS D/AB 2WD 4DR SR
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	5095519953

-	1			_
	-	n	/e	r

Cover Note Number

HOO TOON LEE (HE JUNLI) Name of Driver S7743081D NRIC No

10/02/1977 Date Of Birth INDOOR Occupation 21/06/2006 Date Of Driving Pass

11 YEARS AND 10 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-97489416 Mobile Number

Fax Number

OFFICE-97489416 Contact Number

NOEMAIL EMail Address

BLK 614A EDGEFIELD PLAINS Address

#16-321 821614

Postcode

Was driver an employee of the Insured's Company

SPOUSE 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

CHAIN COLLISION Type Of Accident

CLEAR Weather Conditions

DRY Road Surface

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?

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)

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

EUNOS NEIGHBOURHOOD POLICE POST Police Station Name

3 YES

YES

NO

1

ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620, POSTCODE: Police Station Address

470629 , COUNTRY: SINGAPORE

TEL NO: 1800-4439999 - FAX NO: 62444376 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180510/2117.

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

ARTHUR LIM CHIN SENG

NRIC/Passport Number

Contact Number

91709023

SKH6768G

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 21

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER:

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKH8680L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MR GOH

NRIC/Passport Number

Contact Number 96495489

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 NAME:

GENDER: :

DETAILS OF INJURED PERSON 1

Name HOO TOON LEE (HE JUNLI)

Approximate Age

Injuries Sustain BACK

Injured person in which vehicle? SKC1856U

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode NO

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.
- 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.

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.:

KETCH PLAN		
		A: 2xc 18 500
Coop dan	A B	C: ZK H 8 68 0 T 8: ZK H 6 3 6 5 6
Mach Pa 60		
ESCRIBE CIRCUMSTANCES OF	THE ACCIDENT	
Refer to police	report - 7/20/805/0/21	17.
	107	
	A	
DECLARATION I/We declare the foregoing particu	ulars are true in every respect.	Ma
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature

Date & Time:

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

Name: 1)

NRIC/FIN No.:





1 of 4

Report No. T/20180510/2117

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629

Tel No: 1800-4439999

REPORT OF A TRAFFIC ACCIDENT Date/Time Report Made: 10/05/2018 16:10			Vide Report No.:	Station Diary No. 34		
Informar	nt's Particu	ilars		THE PROPERTY OF THE PARTY OF TH		
Name of Informant: HOO TOON LEE			Address: APT BLK 614A EDGEFIELD PLAINS #16-321 SINGAPORI 821614			
ID Type / ID No.: NRIC NO / S7743081D			Contact No.: Home/Office:	Mobile: 97489416		
National			Email:			
Sex: Age: Date of Birth: Male 41 10/02/1977			Type of Informant: Driver			
Race: Chinese		-	Language:	Institution / School Name:		
Occupation: SALES EXECUTIVE			Driving Licence Information: Class: 3	nation: Date of Expiry:		

Seneral Intori	mation of the Acci	delic	Date/Time of	Type of Location	
Type of Accident:	Injury Others	Drink Drive: No	Accident: 10/05/2018 08:20	Straight Road	
Location: Along Road 1 UPPER CHA Weather:	I NGI ROAD NORTH	Road Surface:		Road Speed Limit:	
vveatner.		Dry			
Traffic Flow: Traff		Traffic Control: Traffic Light - Wo	orking	Traffic Volume: Heavy	
Type of Colli	sion: ving Vehicles - Hea			Anyone conveyed by ambulance: No	

Details of V	CONTRACTOR OF THE PARTY		Model '	Color	Condition	No of Passenger
Vehicle No.	Туре	Make	TANAMA SANAMA SANAMA			0
SKC1856U	Car	HYUNDAI	ELANTRA	Grey	Slightly Damaged	· ·
SKH6768G	Car	MERCEDES		White	Slightly Damaged	1
		BENZ	0400	Black	Slightly	1
SKH8680L	Car	MERCEDES BENZ	C180	Black	Damaged	





2 of 4

Report No. T/20180510/2117

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

CONTINUATION OF REPORT

Details of Person	Involved	The state of the s					
Any Pedestrian In	volved: No		Use of Ped	lostrian	Crocci	na: NA	
No. of Pedestrians	Injured: NIL		Use of Ped	estrian	Clossi	ng. NA	
Driver				ID No.		S7743081D	
Name	HOO TOON LEE			ID No.		50 F 10 F	
Related Vehicle	SKC1856U (Car)	8		Contac	t No.	97489416	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Older of		Class: 3 Date of Expiry: NIL	
	10/05/2018	- 1	Date Disc	harge	NIL		
Date Treatment		05	Degree of		Slight		
	ed Medical Leave	00	Dog. Co C.		Date: No	THE RESERVE OF THE PERSON NAMED IN	
Driver		CENC		ID No.		NIL	
Name	ARTHUR LIM CHIN	SENG		10 110	8	(8.5)5 0 (2.5)500	
Related Vehicle	SKH6768G (Car)			Contact No.		91709023	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
	NIL		Date Disc				
Date Treatment		NIL	Degree o		NIL		
	ted Medical Leave	- China - China			DOM		
Driver	LIN COLL			ID No		NIL	
Name	HY GOH			15.140		-500000	
Related Vehicle	SKH8680L (Car)			Contact No.		96495489	
Hospital/Clinic	NIL ,			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
	F101		Date Dis	-	NIL		
Date Treatment	NIL	101	Degree of				

On 10/05/2018 at about 0820hrs, I was driving my grey coloured Hyundai Elantra (bearing registration number SKC1856U) along Upper Changi Road North. Due to the traffic, my vehicle came to a complete stop. After which, I noticed from my rear view mirror that a white coloured Mercedes Benz (bearing registration number SKH6768G)(Vehicle B) had stopped right behind my vehicle. Out of a sudden, I felt an impact from the rear. I then discovered that it was a chain collision. There was a black coloured Mercedes Benz (bearing registration number SKH8680L)(Vehicle C) which had collided into the rear of Vehicle B and due to the impact, the front of Vehicle B collided into the rear of my vehicle.





MAN (1707-1.1.1)

3 of 4

Report No. T/20180510/2117

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

CONTINUATION OF REPORT

Due to the collision, there was a huge dent on the rear bumper and the rear bodykit of my vehicle. Eventually, I went to seek for medical treatment at Mount Alvernia hospital and complaint of backpain. I was then given 5 days MC.





4 of 4

Report No. T/20180510/2117

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 2 MUHAMMAD NAQIB BIN ABDUL RAZAK	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/05/2018 16:10
Officer In Charge Of Case: TP / AEIT / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:



MBBS, MRCSED (A&E) & M.MED MCR: 08966D

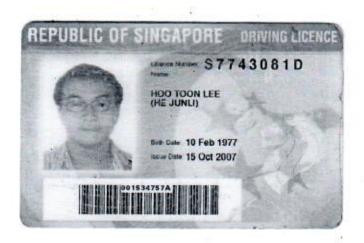
Mount Alvernia Hospital Medical Certificate

24-Hour Walk-In Clinic and Emergency Department No: M18006809

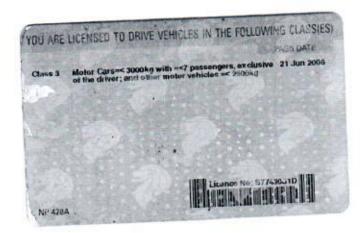
This is to certify that HOO TOON LEE (S7743081D) is granted medical leave for 5 day(s) from 10/05/2018 to 14/05/2018.

Type of medical leave: OUTPATIENT SICK LI	EAVE	
HOSPITALISATION LI		
EXCUSE CHIT		
Note: This medical cart is not valid	for absence from court or judicial proceeding unless spec	ifically stated.
Note: This medicar cert is not valid		
Jonzess	Color Color Obs. WM is a Color CNA Steam Algeria discom-	
0 %'	On Tourison Cond Sugarore 57462	10/05/2018
OH JEN JEN	F 3- 61376211	Date









eBaoTech									Gene	ralClaim
Hello, NAC_PAYA_UBI_BO	0601		The state of the s		DATE: STORY OF THE PARTY OF THE		Change Lan	guage	Change Passwo	rd • Log Out
My Desktop	Polic	y Query								
Notice of Loss	Policy N	lo.				Date of Acc	ident	10/05	5/2018 08:20	
	Vehicle	No.(For Motor)	SKC1856U							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5095519953	JESSICA WANG SHUQIN	S7223492H	GPC	drivo CLASSIC	SKC1856U	SKC1856U	10/11/2017	09/11/2018
					1	Continue				

Seque	nce Date of Endorsem	ent	Endorseme	nt Type	Endorsemen	t Status	Endorsement Content
□ Endor	sements						
D Insure	ed Object: SKC1856U						
Unit No.		Rela Num	ted Policy ber	5095519953			
Address 4	SINGAPORE 821614		ess Type	Singapore address		Post Code	821614
Address 1	BLK 614A #16-321	Addr	ess 2	EDGEFIELD PLAINS		Address 3	PUNGGOL SPRING
Policy	holder Mailing Address						
Certificate Info							
Open Policy Info							
Co- insurance Flag	No						
Agent	CAR TIMES INSURANCE AGENO	Agent Tel.	68415111		GST Flag	Υ	
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			10V	/Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
xcess Type		All Claim Excess					
olicy ssue Date	14/11/2017	Effective Date	10/11/201	7 00:00	Expiry Date	09/11/2018 2	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
ddress	BLK 614A #16-321 EDGEFIELD	PLAINS PUNG	GOL SPRING	SINGAPORE 821614			
olicy No.	5095519953	Policyholder Name	JESSICA W	ANG SHUQIN	Policyholder NRIC	S7223492H	

laim Handling					>E
ccident MT/0993878					
YORCY NO.	3099519953	Vehicle No.	SKC1856U	GST Registration No.	
olicyholder Name	JESSICA WANG SHUQIN			Policyholder NRIC	S7223492H
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
ontact No.(Mobile)	81008075	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	THE C
rk.	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
eport Date	10/05/2018 18:50	Acadent Report Within 24 hrs	Yes	Accident Type	Chain Collision
ate of Acodent	10/05/2018	Time of Accident Nhomm	06:20	Country of Accident	Singapore
eporting Centre		Orange Force		3CM No.	
	UPP CHANGE NO NORTH AFTER THE SALVAT				
codent Location	DAY THANKS HO WOULD be ICH THE SHEAR	part Proces			
₩ Benefits			Sum Insured		
overage			99999999.99		
ransport Allowance			,		
♥ Excuss	200.00	Additional Excess	0	Windscreen Excess	100.00
wn damage Excess	600.00	Outside Singapore OD Excess	600.00		
married Oriver Excess	0.00		0.00		
hind Party Excess	0.00	Outside Singapore TP Excess	0.00		
GST Registered Informa			GST Registration Date		
ST Registered ST Registration No.	No		GST Registration Date GST Status Verified	Yes	
Notification History			The second secon		
Additional Control of					
Policyholder Mailing Ad	utress				
	BLK 614A #16-321	Address 2	EDGEFIELD PLAINS	Address 3	PUNGGOL SPRING
Address 1		Address Type	Singapore address	Post Code	821614
Address 4	SINGAPORE BZ1614				
mit No.		Related Policy Number	5095519953		
OI Driver Info	**************************************		Carrier and the		
Oriver Name	HOG TOON LEE (HE JUNLI)	Driver Type	Named Driver S7743081D	Driver DOB	10/02/1977
Innamed driver Name		Driver NRIC		Driving Experience	11
Register Date of Driver License		Driver Age	41	Contact No.(Home)	0
Contact No. (Mobile)	97489416	Contact No.(Office)	0		PUNGGOL SPRING
Address 1	BLK 6144	Address 2	EDGEFIELD PLAINS	Address 3	821514
Address 4	SINGAPORE 8J1614	Address Type	Singapore address	Post Code	021014
Unit No.	16-321				
Does he own a Singapore . Registered car?	☐ Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration			aprile-sa		
Breathalyser or Blood Test. Reading?	0 mg	Any injury?	® Yes ○ No		
1020100					
Modification History					
моженсации нестолу					
Claim 001 New					
			parameter transport to the second	Insured NRIC	57223492H
Cielm Type *	00-MM	Insured Name	JESSICA WANG SHUQIN		3722349411
Contact No. (Mobile)	81008075	Contact No.(Home)	54253100	Contact No. (Office)	
Email Address		OI Vehide Number	SKC1856U	TP Vericle Number	SKH67680
Claim Description	SKC1856U / SIGHS768G ON 10 May 2018	Alton egyelenessen	to proceed the second	Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		g
Require Finalisation	Yes 💟	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	10/05/2018 18:52	Claim Close Date		Date Received	10/05/2018 00:00
Report Taken by	Deckson				
Print AK letter					
And Aller and Annual			William (William)		
			Save Submit		
Attachment					
4			<u> </u>		
Accident No.	MT/0993976	Claim No.	001		
Leat Doc, Received	Ves No	Upload Date	10/05/2018 18:53		WAS CHARLES
	Pach *		Category *	Confidential Urge	
/		Brows	e Clear Please Select	▼ Normal	<u> </u>
		Brows	e Cear Please Select	♥ Normal	⊻
		Brows	c Cear Please Select	V Normal	▼
		Brows	The second second	V Normal	V
		Brows	and the second second	V Normal	<u> </u>
		Grows		w fun v Normal	

Attachment	List					1000
Attachment		uproaded By/Date	Category	P Urgency	Description	Sent? Acti (CD)
ल्या स्ट	NAC_PAYA_UB1_800601(NATIO	DNAL ASSESSMENT CENTRE SERVICES) on 10 Ma y 2018 18:53	NR3C/ Driving License	Normal	NRTC/ briving License 2018-5-10	Ed
46	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Ma y 2018 18:53		SAS	Normal	SAS 2018-5-10	E
1	NAC_PANA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Ma y 2018 18:52		Photos	Normal	Photos 3018-5-10	
0	NAC_PAYA_URI_000001(NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 10 Ma y 2018 18:52	Displant	Normal	Photos 2018-5-10	
13	NAC_PAVA_UBI_B00601(NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 10 Ma y 2016 18:52	Photos	Normal	Photos 2018-5-10	
1	NAC_PAYA_UB1_800003(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 10 Ma y 2018 18:52	Photos	Normal	Photos 2018-5-10	•
57	NAC_PAYA_US1_800603(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 10 Ma y 2018 18:52	Photos	Normal	Priotos 2018-5-10	,
-	NAC_PAYA_UBL_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 10 Ma y 2018 18:52	Photos	Normal	Photos 2018-5-10	
	NAC_PAYA_UBI_80060)(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 10 Ma y 2018 18:52	Photos	Normal	Photos 2018-5-10	
	NAC_PAYA_UBL.800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Ma y 2018 18:52		Photos	Normal	Photos 2018-5-10	
	NAC_PAYA_UBI_800601[NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Ma y 2018 18:52		Photos	Normal	Photos 2018-5-10	
3	NAC_PAYA_UB3_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Ma y 2018 18:52		Photos	Normal	Photos 2015-5-10	
3	NAC_PAYA_URL_BIDSO1(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Ma y 2018 18:52		Photos	Normal	Photos 2018-5-10	
Video List	Uploaded By/Date	Polder Date	File Name	9	Source	Action