NATIONAL Assessment Cen		The state of the s	
Date In: 185/18-20:29	Jeb description	Date &Time Completed	Done by
Res No: NA INC 1800 9124 124	SAS e-filing		
Vch No: 614 2958 U	E-mail (within 8hrs, AIC 2hrs)	T	
D.O.A: 14/1/18-16:40	i-Motor Claim Form	M/0994565-002	18/1/18 20
	I-Motor W/O (Within: OD 2h	-	
OD : TP : Reporting Only	i-Photo Uploaded		
TDI	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:
TP Particulars: Veh No: SKI	D777B . INC()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: () F	Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)	[Note-Est Status (WO): N: 0-2	0%; P: 21-79%. P: 30-1	00%]
Year of Registration: ()	Warranty: YES ()/NO()	
	,000()/\$2,000()		
General Remarks			
() Walk-In Customer : Customer's inf			CONT. 151
		nctly NO reter of repairer.	
() Total Loss Case : to e-mail Insu			
Drive-In ()/ Towed-In (); Invoice	ce: YES() / NO(); T	owing Co: (
Remarks:- (INC bottone: 6788 6616)	V-12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Direction of the land	Doneby
Remarks: (INC hotline: 6788 6616):	The state of the s	Date& Jame Completed	Done by
1) Apply for Transport Allowance ()/	Courtesy Car ()	Date&Time Completed	Done by
Apply for Transport Allowance ()/ QC Check / Post Repair Inspection	Courtesy Car ()	Date&Tims Completed	Dont by
1) Apply for Transport Allowance ()/	Courtesy Car ()	Date&Tims Completed	Dontby
Apply for Transport Allowance ()/ QC Check / Post Repair Inspection	Courtesy Car ()	Date&Timis Completed ?	Done by
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	Courtesy Car ()		
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$	Courtesy Car ()	Date&Tims Comple od S	
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	Courtesy Car ()		
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	Courtesy Car ()		
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	Courtesy Car ()		
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	Courtesy Car ()		
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	Courtesy Car ()		
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions	Courtesy Car () () () () ()		
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions	Courtesy Car () () () () ()		
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions NA 1803149	Courtesy Car ()	paration Checklist Reporting (\$30);	Anit (S) Am
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions NA 1803149 Claimant's Particulars:	Courtesy Car ()	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$80	Ame (S) Am
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions NA 180 3149 Claimant's Particulars:	Courtesy Car ()	Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$80	Ame (S) Am
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions NA 180 3149. Claimant's Particulars:	Courtesy Car ()	Daration Checklist. Reporting (\$30); Assessment (\$100); INC (\$80 to \$40/0 to \$100 to	Ame (S) Am Tit Bill Ade
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions NA 180 3149 Claimant's Particulars: Driver/Owner: Contact No:	Courtesy Car () ()	Daration Checklist. Reporting (530); Assessment (\$100); INC (\$80 to \$40/0 to \$100 to	Ant (S) Am (ii Bill Ade) S45
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions NA 180 3149. Claimant's Particulars: Driver/Owner: Contact No:	Courtesy Car () ()	Paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$80 or \$40/0 or \$100 or	Ant (S) Am Tit Bill Add
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions NA 180 3149 Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion:	Courtesy Car () ()	Paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$80 or \$40/0 or \$100 or	Ant (S) Am Tit Bill Add
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions NA 180 3149 Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion:	Invoice Pre Invoice Pre I) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Tr For claiming as 6) TR: Re-inspec 7) N1: Idae DA + 8) NTUC Additio	Daration Checklist. Reporting (530); Assessment (\$100); INC (\$80 to \$40/0 to \$100 to	Ant (S) Am Tit Bill Add
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions NA 1803149. Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion:	Courtesy Car () ()	Daration Checklist. Reporting (530); Assessment (\$100); INC (\$80 to \$40/0 to \$100 to	Ant (S) Am Th Bill Add
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date Time Actions NA 180 3149 Claimant's Particulars: Oriver/Owner: Contact No: Darnaged Portion: (C Checked by (Engr-In-Charge):	Courtesy Car () ()	Daration Checklist. Reporting (530); Assessment (\$100); INC (\$80 to \$40/0 to \$100 to	Ant (S) Am The Bill Add (S) Ad
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:	Courtesy Car () ()	Car / Tpt Allowance coordination ir Inspection cat Excess Coordination care and care	Ant (S) Am Th Bill Add
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Claimant's Particulars: Oriver/Owner: Contact No: Damaged Portion: C Checked by (Engr-In-Charge): Auditors' Comments: at 1:	Courtesy Car () ()	Car / Tpt Allowance Car / Tpt Allowance Cor / Tpt	Ant (S) Am Tit Bill Add (S) Ad
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date Time Actions	Courtesy Car () ()	Daration Checklist Reporting (530); Assessment (\$100); INC (\$80 or \$40/0 or \$100 or \$	Xmt((S)) Am Tit Bill Add 120 530 575 160 510 525 530

Figure 1 Care

SINGAPORE ACCIDENT STATEMENT

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.
- 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.
- 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

A CONTRACTOR OF STREET	ACCIDENT STATEMENT	
Date Of Report	18/05/2018 20:29	
Date Of Accident	14/05/2018 16:40	
Exact Location Of Accident	SLIP RD BUKIT TIMAH RD TWDS HOLLAND RD	
	SINGAPORE	
DE	TAILS OF OWN VEHICLE	
Vehicle Registration Number	GBA2958U	
Insured/Policyholder		
	ROUTEWERKS	
	53258032W	
	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-89999999	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	HIACE MANUAL	
	WORKING	
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	COMMERCIAL VEHICLE	
Insurance Company		
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	5091715039	
Cover Note Number		
Driver		
Name of Driver	WONG KEE LONG	
NRIC No	S9009011I	
Date Of Birth	23/03/1990	
Occupation	OUTDOOR	
Date Of Driving Pass	22/12/2009	
Driving Experience	8 YEARS AND 4 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-97979028	
Fax Number	PROGRAMS AND TO A SECTION OF SEC	
Contact Number	OFFICE-97979028	
EMail Address	NOEMAIL	Page 1 of 1

Address BLK 2C UPPER BOON KENG ROAD

#16-678

383002 Was driver an employee of the Insured's Company YES

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

NO

1

NO

SKD777B

Weather Conditions CLEAR Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2 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. NO

Number of Passengers (Including Driver)

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number 96362238

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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 <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:
 - (i) 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.

PolicyMorder's Signature Date & Fiffie : 53258032W

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centerersonnel solg motore

Name:

NRIC/FIN No .:

The state of the s
Driver A stop behidn the sive way line and i stop
at his back. When there is no car vectoral it more
forward and Stor Suddenly and i was unable to do in
time and brong into his car at Slip road of
Bukit Timah Rock and Holland Road!

DECLARATION

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

POUTEWERKS

PolityAbider \$51 pater Brime: 53258032W

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

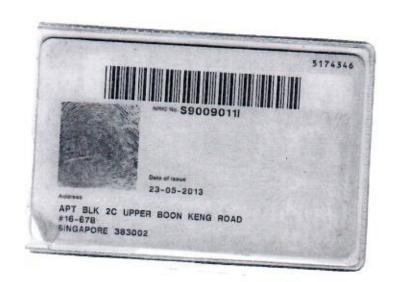
NRIC/FIN No .:

. Reported on 1615/2018 @ 1325429.

ACCIDENT STATEMENT

	.14. 5.2	OL8 HODIMMAY	YY) TIME: (16:	€0)(HH:MM)		
ACCID	ENT DATE:	Final R	1 towards	Holland	Roli	
LOCAT	ION: Bulcet	I man pe	0 1,000,000			
	ESTABLE OF VEHICLE	O 0 1 -	C.1			85
T ₁	DETAILS OF VEHICLE	GBA29	2801.	Ų.		
	b)INSURANCE COMPAN	γ.				
				ATURETI	**	
	dIPOLICY TYPE: (COMPR	REHENSIVE / THIRD	ARTY / THIRD PAR	TY FIRE & I HEFT	8	
	e)MAKE & MODEL:		PRY / MOTORCYC	CLE / OTHERS)		
	f)TYPE:(SALOON / COUP g) VEHICLE CATEGORY: (E / MPV /V AN / LC	RCIAL / MOTORC	YCLE)		
	LAURENCE OF LICINIC A	ACCURENT HIME.	The second secon	The state of the s		
	THE PARTY OF THE PROPERTY OF THE	THER YOUR OWN I	SURANCE (YESAN	0)		
	IF NO, PLEASE STATE (TH	HIRD PARTY CLAIM	REPORTING ONL	(1)	141	
2.	INSURED / POLICY HOLD	ER .		LE / FEMALE)		
	A)NAME:		CONTACT:			5.To
	b)NRIC/FIN/PASSPORT:_ c)ADDRESS:				-	
	The state of the s	Mark Mark	· · · · · · · · · · · · · · · · · · ·		-	
W 19	· CONTINUE TO 3.d IF D	RIVER ALSO POLIC				
Who of passenges	DRIVER a) NAME:	1		ALE / FEMALE)	9028	
(Including driver)	b) NRIC/FIN/PASSPORT:		CONTACT		10 20	
(1)	CIADDRESS:					
or after	-	, , , , , , , , , , , , , , , , , , ,	DD/MM/YYYY)	-		
849	"d) DATE OF BIRTH: (The state of the s	00/11117			
				CE INO	¥ 2	
4		OVER OF THE IN	SURED'S COMPA WITH INSURED:	MAS (MER) INO	/	
	IF NO, RELATIONSHIE)	
	MIRCAD SURFACE: IDE	I WELL STUDENS				
6.	WAS ANYBODY INJURE	D (YES /(NO)				
7.	SUPPOPTED TO POLIC	E (YES /MO)	TION:			
	IF YES, PLEASE STATE					
regional substant activities	THIRD PARTY VEHICLE a) VEHICLE NUMBER:	SKOT	7 B MODEL:		<u> </u>	
The state of pressering to	L) DRIVER'S NAME:		CONTAC	T: 9636	2238	
2.42	C) NRIC/FIN/PASSPO	KI	No Section 20		69	
	d) VEHICLE NUMBER:		MODEL:			
47 Sta 19 19 4 7200 Julya	e) DRIVER'S NAME:_		CONTAC	T: -		
the start defen-	() NRIC/FIN/PASSPC	RT:		_		
1		377	35	4		
-11-104.5	A 40			3	T	
		127	- 1	41 Gn 6	OGmail 1	a 1/0
	·	mail = M	Jordanwe	ngKL TO C		0 0-1
	6	Pax =	T. 1-		00 -1	
			Jordanu	iong ict 10	gmail.	:on
		11-05	0 .	100000	41	1
		Mad und	for . Ce	mpany	Chop o	
	360		1	- 0	(
			and I		•	







YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc 23 Jul 2009
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 22 Dec 2009
of the driver; and other motor vehicles =< 2500kg

NP 428A





Certificate of Insurance

	VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 103)
2001	THE PROPERTY AND COMPENSATION RILLES 1960

When Fricles (THIRD PARTY RISKS AND COMPENSATION) RUL

in the schedule TRANSPORT ACT, 1987 (MALAYSIA) Fative'.

EMICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

cate Number: 5091715039

Cover : Comprehensive

: GBA2958U

under section 2 de Dassis Number

mark and Registration Number of Vehicle

Es not apply.

JTFHT02PX00003726

ame of Policyholder Fective Date of Insurance ROUTEWERKS

Expiry Date of Insurance

: 09 Jun 2017 : 08 Jun 2018

theft of your veh. (a) The Policyholder.

section 1 of the parersons or Classes of Persons entitled to drive#

nder section 2 of 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.

tal loss, we are re alue of the COE of loss.

ferred workshop.

vorkshop

Limitations as to Use#

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

(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

his Policy does not cover

(a) Use for hire or reward.

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

(c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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)

: \$\$600

EXCESS (SECTION 2)

: N/A

WINDSCREEN EXCESS

: S\$100

INSURE WITH COE

· YES

HIRE PURCHASE COMPANY

: ETHOZ CAPITAL LTD

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

Agency

: SG MOTOR TRADER PTE. LTD. (00000573388)

Date of Issue

: 08 Jun 2017 10:46 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Dore rom of

eBao Tech						GeneralClaim				
Hello, NAC_PAYA_UBI_80	0601						Change Lar	nguage (Change Passw	ord • Log Ou
My Desktop	Poli	cy Query								
Notice of Loss	Policy N	No.				Date of Acc	cident	14/05	/2018 16:40	3
	Vehicle	No.(For Motor)	G8A2958U					10-		
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5091715039	ROUTEWERKS	53258032W	GCV	Comprehensive	G8A2958U	GBA2958U	09/06/2017	08/06/2018

ccident MT/0994565						
olicy No.	5091715039	Vehicle No.	G8A2958U	GST Registration (
olicyholder Name	ROUTEWERKS		00423360			200000
roduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehenitive	Policyholder NRIC		258032W
ontact No.(Mobile)	NA		Comprehensive	Loading	0	
mail Address		Contact No. (Office)		Contact No. [Home	e).	
	2.2	Special Remark		eCode	100	Y
×	No Yes	TCA	® No ○ Yes	eCode Reason		
ID Protection	TNG	NCO Entitlement(%)	0	Private Hire	No	available .
Accident Details						
port bare.	17/05/2018 09:14	Accident Report Within 24	his Non-Reporting	Accident Type	1140	kridwn
the of Accident	14/05/2018	Time of Accident Nicmm	16:45			
porting Centre	administrator			Country of Acoder	nt Sin	gapore
oident Location		Orange Force	No	JCM No.		
	SLIP RD BT. TIMAH RD TO HOLLAND RD					
- Benefits						
Excess						
n damage Excess	600.00	Additional Excess		Windscreen Exces	s. 100	1.00
named Driver Excess		Outside Singapore OD Exce	96			
nt Party Excess	0.00	Outside Singapore TP Exce	16			
GST Registered Inform	ation	ORONO INTO ELECTRONO				
Registered	No		GST Registration Date			
Registration No.			GST Status Ventiled	Manage		
Affication History			and werned	Yes		
Policyholder Mailing Ad	idress					
ress 1	I KAKI BUKIT ROAD 1	Address 2	#04-47 ENTERPRISE ONE	Address 3	1,22	Manage Avena
ress 4	CALCULATION CONTROL	Address Type				GAPORE 415934
No.			Singapore address	Post Code	415	1934
OI Driver Info		Related Policy Number	5077374125-02			
er Name						
amed driver Name		Driver Type				
		Driver NRIC		Driver DOB		
ster Date of Driver License		Driver Age		Driving Experience	to .	
tect No.(Mobile)		Contact No (Office)		Contact No. (Home	1	
		Contact No (Office) Address 2		Contact No.(Home Address 3)	
iress 1			Foreign address	Address 3	1	
Press I Dress 4		Address 2	Foreign address)	
oress 1 Oress 4 It No. os he own a Singapore	O Year (10 No.)	Address Type	Foreign address	Address 3 Post Code		
ntact No. (Mobile) dress 1 dress 4 d No. es he own a Singapore juttered car?	○ Yes Na	Address 2	Foreign address	Address 3		
oress I Oress 4 It No. es he own a Singapore potered car?	○ Yes ④ No	Address Type	Foreign address	Address 3 Post Code		
iress 1 Iress 4 I No. Is he own a Singapore	○ Yes Na	Address Type	Foreign address	Address 3 Post Code		
ress I hess 4 t No. is the own a Singapore intered car?	○ Yes ② No	Address Type	Foreign address	Address 3 Post Code		
ress I ress 4 No. s the own a Singapore extered car? fication History with 002 New		Address Type Driver Vehicle No.		Address 3 Post Code Oniver Insurer Com		
ress I ress 4 No. s he own a Singapore stered car? fication History aim 902 New	○ Yes ® No	Address Type Driver Vehicle No. Insured Name	POUTEWERKS	Address 3 Post Code	noenv	58032W
ress I ress 4 No. s he own a Singapore stered car? fication History aim 902 New n Type +		Address Type Driver Vehicle No.		Address 3 Post Code Oniver Insurer Com	70anv	58033W
ess I ess 4 No. The own a Singapore direct car? Incation History In Type + Int No. (Mobile)	GD-MX	Address Type Driver Vehicle No. Insured Name	POUTEWERKS	Address 3 Post Code Driver Insurer Com	532	58032W
ress I ress 4 No. I the own a Singapore restored car? Reation History aim 002 New Type + act No.(Motelle) I Address I Description		Address Type Driver Vehicle No. Insured Name Contact No.(Home)	ROUTEWERKS NOL	Address 3 Post Code Oniver Insurer Com Insured NRIC Contact Na. (Office) TP Vehicle Number	532 543	
ress I ress 4 No. s he own a Singapore stered car? fication History aim 002 New n Type + act No.(Mobile) if Address n Description	GD-MX	Address Type Driver Véhicle No. Intured Name Coreact No. (Home) Of Vehicle Number	ROUTEWERKS NIL GBA295BU	Address 3 Post Code Driver Insurer Com Insured NR3C Contact No. (Office)	532 543	
ress I ress 4 No. s he own a Singapore intered car? fication History with 002 Mew Type + cart No. (Mobile) if Address in Description erred Workshep Contact	GBA2958U / SKD777B ON 14 May 2018	Address Type Driver Vehicle No. Insured Name Corract No. (Home) Of Vehicle Number	ROUTEWERKS MIL GBA29SBU Fully at Fault	Address 3 Post Code Oniver Insurer Com Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred 1	532 540 Workshop	7778
ress I ress 4 No. In the own a Singapore intered car? Incation History aim 002: New In Type + act No. (Motria) I Address In Description Intered Workshop Contact Intered Workshop Contact Intered Provision	GD-MX GDA2958U / SKD777B ON 14 May 2018 Yes	Address Type Driver Véhicle No. Intured Name Corract No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option	ROUTEWERKS NIL GBA295BU	Address 3 Post Code Oniver Insurer Com Insured NRIC Contact Na. (Office) TP Vehicle Number	532 540 Workshop	
ress I ress 4 No. I he own a Singapore attered car? Cation History with 902 New In Type + act No. (Motele) I Address In Description are Workshop Contact ire Finalisation Registered	G5A2958U / SKD777B DN 14 May 2018 Ves V	Address Type Driver Vehicle No. Insured Name Contact No. (Home) Of Vehicle Number	ROUTEWERKS MIL GBA29SBU Fully at Fault	Address 3 Post Code Oniver Insurer Com Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred 1	532 SKD Workshop	7778
ress I ress 4 No. I he own a Singapore attered car? Incation History aim 902 New In Type + act No. (Motrie) I Address I Description are Singapore Registered It Taken By	GD-MX GDA2958U / SKD777B ON 14 May 2018 Yes	Address Type Driver Véhicle No. Intured Name Corract No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option	ROUTEWERKS MIL GBA29SBU Fully at Fault	Address 3 Post Code Driver Insurer Com Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred 1	532 SKD Workshop	77778 tives v
ress I ress 4 No. I he own a Singapore attered car? Incation History aim 902 New In Type + act No. (Motrie) I Address I Description are Singapore Registered It Taken By	G5A2958U / SKD777B DN 14 May 2018 Ves V	Address Type Driver Véhicle No. Intured Name Corract No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option	ROUTEWERKS MIL GBA29SBU Fully at Fault	Address 3 Post Code Driver Insurer Com Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred 1	532 SKD Workshop	77778 tives v
ress I ress 4 No. In the own a Singapore stered car? Incation History with 002 New In Type + act No. (Mobile) I Address In Description red Workshop Contact Ire Finalisation Registered In Taken By	G5A2958U / SKD777B DN 14 May 2018 Ves V	Address Type Driver Véhicle No. Intured Name Corract No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option	RDUTEWERKS NOL GBA2958U Fully et Fault Preferred Workshop, Name unknown	Address 3 Post Code Driver Insurer Com Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred 1	532 SKD Workshop	77778 tives v
ress I ress 4 No. she can a Singapore stored car? fication History aim 002 hew n Type + act No. (Motela) I Address n Description red Workshep Contact ine Finalisation Registered in Taken By Print AK letter	G5A2958U / SKD777B DN 14 May 2018 Ves V	Address Type Driver Véhicle No. Intured Name Corract No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option	ROUTEWERKS MIL GBA29SBU Fully at Fault	Address 3 Post Code Driver Insurer Com Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred 1	532 SKD Workshop	77778 tives v
ress I ress 4 No. she can a Singapore stored car? fication History aim 002 hew n Type + act No. (Motela) I Address n Description red Workshep Contact ine Finalisation Registered in Taken By Print AK letter	G5A2958U / SKD777B DN 14 May 2018 Ves V	Address Type Driver Véhicle No. Intured Name Corract No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option	RDUTEWERKS NOL GBA2958U Fully et Fault Preferred Workshop, Name unknown	Address 3 Post Code Driver Insurer Com Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred 1	532 SKD Workshop	77778 tives v
ress I ress 4 No. she can a Singapore stored car? fication History aim 002 hew n Type + act No. (Motela) I Address n Description red Workshep Contact ine Finalisation Registered in Taken By Print AK letter	G5A2958U / SKD777B DN 14 May 2018 Ves V	Address Type Driver Véhicle No. Intured Name Corract No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option	RDUTEWERKS NOL GBA2958U Fully et Fault Preferred Workshop, Name unknown	Address 3 Post Code Driver Insurer Com Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred 1	532 SKD Workshop	77778 tives v
ress I ress 4 No. In the own a Singapore received Car? Recation History aim 002 New In Type + act No. (Mobile) I Address I Description are Singapore Registered In Taken By reint AK lietter sechment	G5A2958U / SKD777B DN 14 May 2018 Ves V	Address Type Driver Vehicle No. Insured Name Corkact No. (Home) Of Vehicle Number Insured Liability * Preference Repair Option Claim Close Date	POUTEWERKS WIL GBA29SBU Fully et Fault Preferred Workshop, Name unknown Save Submit	Address 3 Post Code Driver Insurer Com Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred 1	532 SKD Workshop	77778 tives v
ess I ess 4 No. The own a Singapore fered car? Cation History Imm 002 New Type * LT No. (Mobile) Address Description Tred Workshop Contact ore Finalisation Registered t Taken By Int AK letter echmant.	GD-MX	Address Type Driver Vehicle No. Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preference Repair Option Claim Close Data Claim No.	PROUTEWERKS NOL GBA295BU Fully at Foult Preferred Workshop, Name unknown Save Submit 002	Address 3 Post Code Driver Insurer Com Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred 1	532 SKD Workshop	77778 tives v
ess I ess 4 No. The own a Singapore fered car? Cation History Imm 002 New Type * LT No. (Mobile) Address Description Tred Workshop Contact ore Finalisation Registered t Taken By Int AK letter echmant.	GD-MX	Address Type Driver Vehicle No. Insured Name Corkact No. (Home) Of Vehicle Number Insured Liability * Preference Repair Option Claim Close Date	POUTEWERKS WIL GBA295BU Fully et Fault Preferred Workshop, Name unknown Save Submit 002 18/05/2016 20:41	Address 3 Post Code Driver Insurer Com Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred 1 SIA report Date Received	SSZ SKS Workshop Rec	2778 tivos:
in AK letter asso, to the own a Sungapore fered car? cation History im 002 New Type + ct No. (Mobile) Address Description red Workshop Contact re Finalisation Registered t Taken by int AK letter achiment.	GD-MX	Address Type Driver Vehicle No. Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preference Repair Option Claim No. Upload Date	ROUTEWERKS NSL GBA295BU Fully et Fault Preferred Workshop, Name unknown Save Submit 002 18/05/2018 20:41 Category *	Address 3 Post Code Driver Insurer Com Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred 1 V GIA report Date Received Confidential	SSI2 SWorkshop Rec 18/0	77778 tives v
he own a Singapore tered car? cation History Im 002 New Type + ct No. (Mobile) Address Description red Workshop Contact re Finalisation Regimered t Taken By Im AK letter mt No.	GD-MX	Address Type Driver Vehicle No. Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preference Repair Option Claim Close Data Claim No.	ROUTEWERKS NSL GBA295BU Fully et Fault Preferred Workshop, Name unknown Save Submit 002 18/05/2018 20:41 Category *	Address 3 Post Code Driver Insurer Com Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred 1 V GIA report Date Received Confidential	SSZ SKS Workshop Rec	2778 ethed
in AK letter asso, to the own a Sungapore fered car? cation History im 002 New Type + ct No. (Mobile) Address Description red Workshop Contact re Finalisation Registered t Taken by int AK letter achiment.	GD-MX	Address Type Driver Vehicle No. Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preference Repair Option Claim No. Upload Date	ROUTEWERKS NOL GBA29SBU Fully of Foult Preferred Workshop, Name unknown Save Submit 002 18/05/2018 20:41 Category • Gear Please Select	Address 3 Post Code Driver Insurer Com Insured NR3C Contact No. (Office) TP Vehicle Number Name of Preferred 1 V GIA report Date Received Confidential	SSI2 SWorkshop Rec 16/0	2778 ethed: V
ess I ess 4 No. The own a Singapore dered car? Cation History III DO2 New Type * Lit No. (Mobile) Address Description med Workshep Contact ore Finalisation Registered IT Taken By Intrin AK letter echmant.	GD-MX	Address 3 Address Type Driver Vehicle No. Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preference Repair Option Claim No. Upload Date Brown	ROUTEWERKS NOL GBA29SBU Fully of Foult Preferred Workshop, Name unknown 002 18/05/2018 20:41 Category * Gear Please Select	Address 3 Post Code Driver Insurer Com Insured NR3C Contact No. (Office) TP Vehicle Number Name of Preferred 1 V GIA report Date Received Confidential	SSI2 SWorkshop Rec 18/0 Urpency • Normal	2778 ethed
ress I 1 to own a Singapore stered car? Cation History In Type + SIT No. (Mobile) I Address I Description Free Workshop Contact In Taken By Frim AK letter Sechment Int No.	GD-MX	Address 3 Address Type Driver Vehicle No. Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preference Repair Option Claim No. Upload Date Brows Brows Brows	Proferred Workshop, Name unknown Fully at Fault Preferred Workshop, Name unknown 002 18/05/2018 20:41 Category • Cear Please Select Cear Please Select	Address 3 Post Code Driver Insurer Com Insured NR3C Contact No. (Office) TP Vehicle Number Name of Preferred 1 V GIA report Date Received Confidential V N V	SSE	2778 ethed: V
ress I ress 4 No. Is he own a Singapore effection History aim 902 New In Type + act No. (Mobile) I Address I Description are Workshop Contact in Finalisation Regulared It Taken By Print AK lietter Interheat No.	GD-MX	Address 3 Address Type Driver Vehicle No. Insured Name Corract No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim No. Upload Date Brown Brown Brown Brown	PouteWerks Not GBA295BU Fully of Four Preferred Workshop, Name unknown O02 18/05/2016 20:41 Category * Ge Clear Please Select	Address 3 Post Code Driver Insurer Com Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred 1 SIA report Date Received Confidential Confidential V V V V V V V V V V V V V V V V V V V	Urgency • Romai Normal Norm	2778 ethed: V
ress I 1 to own a Singapore stered car? Cation History In Type + SIT No. (Mobile) I Address I Description Free Workshop Contact In Taken By Frim AK letter Sechment Int No.	GD-MX	Address 3 Address Type Driver Vehicle No. Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preference Repair Option Claim No. Upload Date Brows Brows Brows	PouteWerks Not GBA295BU Fully of Four Preferred Workshop, Name unknown O02 18/05/2018 20:41 Category • Ge Clear Please Select	Address 3 Post Code Driver Insurer Com Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred 1 SIA report Date Received Confidential Confidential V V V V V V V V V V V V V V V V V V V	SSE	2778 ethed: V
ress I ress 4 No. Is he own a Singapore effection History aim 902 New In Type + act No. (Mobile) I Address I Description are Workshop Contact in Finalisation Regulared It Taken By Print AK lietter Interheat No.	GD-MX	Address 3 Address Type Driver Vehicle No. Insured Name Corract No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim No. Upload Date Brown Brown Brown Brown	POUTEWERKS NOL GBA295BU Fully of Foult Preferred Workshop, Name unknown 002 18/05/2018 20:41 Category * Ge Char Please Select Ge Char Please Select Ge Coar Please Select Ge Coar Please Select Ge Coar Please Select Ge Coar Please Select	Address 3 Post Code Driver Insurer Com Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred 1 SIA report Date Received Confidential Confidential No. 100 No. 10	Urgency • Romai Normal Norm	2778 ethed: V
ress I ress 4 No. Is he own a Singapore effered car? Incation History aim 902 New In Type + act No. (Mobile) If Address In Description If Address In Description If Address In Taken By In Taken By In Taken By In Ak lietter Inchment Inchm	GD-MX	Address 3 Address Type Driver Vehicle No. Insured Name Corract No. (Home) Of Vehicle Number Insured Liability * Preference Repair Option Claim No. Upload Date Brows Brows Brows Brows Brows Brows	PouteWerks Not GBA295BU Fully of Four Preferred Workshop, Name unknown O02 18/05/2018 20:41 Category • Ge Clear Please Select	Address 3 Post Code Driver Insurer Com Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred 1 SIA report Date Received Confidential Confidential No. 100 No. 10	Urgency • Rec 18/0 Urgency • Romai Normai Normai Normai Normai V	2778 etvod: V
ress I ress 4 No. In the crain a Singapore refered Car? Reation History aim 002 New In Type + ref. No. (Mobile) I Address I Description red Workshop Contact re Finalisation Registered In Taken By remin Ak lietter remin No. Doc. Received	GD-MX	Address 3 Address Type Driver Vehicle No. Insured Name Corract No. (Home) Of Vehicle Number Insured Liability * Preference Repair Option Claim No. Upload Date Brows Brows Brows Brows Brows Brows	PouteWerks Not GBA295BU Fully of Four Preferred Workshop, Name unknown O02 18/05/2018 20:41 Category • Ge Clear Please Select	Address 3 Post Code Driver Insurer Com Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred 1 SIA report Date Received Confidential Confidential No. 100 No. 10	Urgency • Rec 18/0 Urgency • Romai Normai Normai Normai Normai V	2778 ethed: V
oress I thress 4 tho. Is he own a Singapore stication History	GD-MX	Address 3 Address Type Driver Vehicle No. Insured Name Corract No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim No. Upload Date Brows Brows Brows Brows Brows Brows	PouteWerks Not GBA295BU Fully of Four Preferred Workshop, Name unknown O02 18/05/2018 20:41 Category • Ge Clear Please Select	Address 3 Post Code Driver Insurer Com Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred 1 SIA report Date Received Confidential Confidential No. 100 No. 10	Urgency • Rec 18/0 Urgency • Romai Normai Normai Normai Normai V	2778 etvod: V

http://giclaim.income.com.sg/gcs/icm/eclaim/claimantEdit.do?caseId=2465721&objectId=... 18/5/2018

	Uploaded By/Date	Folder Date	File Name	7	Source	Action
eo List		y 2018 20:40	Photos	Normal	Photos 2018:5-18	Ed
		ONAL ASSESSMENT CENTRE SERVICES) on 18 Ma y 2018 20:40 ONAL ASSESSMENT CENTRE SERVICES) on 18 Ma	Photos	Normai	Photos 2018-5-18	Ed
		ONAL ASSESSMENT CONTRE SERVICES) on 18 May y 2018 20:40	Photos	Normal	Photos 2018-5-18	Ed
	NAC_PAYA_UBI_800601(NAT	CNAL ASSESSMENT CENTRE SERVICES) on 18 Ma v 2018 20:40	Photos	Normal	Photos 2018-5-18	Ed
	NAC_PAYA_UB1_800803(NAT	ONAL ASSESSMENT CENTRE SERVICES) on 18 Ma y 2018 20:40	Photos	Normal	Photos 2018-5-18	Ed
1	NAC PAYA_UBI_BODGO() NAT	ONAL ASSESSMENT CENTRE SERVICES) on 18 Ma y 2018 20:40	Photos	Normal	Photos 2018-5-18	Ed
	NAC_PAYA_UB1_800601(NAT	DNAL ASSESSMENT CENTRE SERVICES) on 18 Ma y 2018-20:40	Photos	Normal	Photos 2018-5-18	6.0
9	NAC_PAYA_UBI_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 18 Ma y 2018 20:41	545	Normal	SAS 2018-5-18	te
618 815	NAC_PAYA, UBI_800601(NAT	ONAL ASSESSMENT CENTRE SERVICES) on 38 Ma y 2018 20:41	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5:18	Er
			NRIC/ Driving License	Normal	NR3C/ Driving License 2018-S-18	E