NATIONAL Assessment Ce.	ntre Services - 🕨	41 1 Jan'05] M N /	11180	72488			_
Date In: 4/6/18-18:00	Job description		Date	&Time Completed	De	one by	
Re[No: NA / INC18010117/24	SAS e-filing		25				
Vch No: 5093243	E-mail (within Sh	rs, AIC 2hrs)	-X (-1)(1)				
D.O.A: 2/6/18-18:05	i-Motor Claim	Form	MT	0997199,001	4/6/18	- 20:00	
	i-Motor W/O	Within: OD 2hrs, 7	-				***************************************
OD (TP) / Reporting Only	i-Photo Upload	ded					,
	Assessment/Sur	vey Report	P. Ceres				
TP Insurer:	Ass't Report by	Fax / Hand to	Owne	r/Wksp			
Preferred Wksp / INC Assign Wksp / QW:	(Tel:		Fax:)
TP Particulars: Veh No: 1	JV5597 .	. INC()/1	lon-INC()	- 8		
Owner / Driver: (Tel:)		
Policy No: ()	Period: () (Cover	Туре: (
Confirmed by: (Martin San San San San San San San San San Sa	Date:		Time:)		
Insured/Driver Liability: (%	6) [Note-Est. Status (W	O): N: 0-20%	6; P	21-79%. P: 30-	-100%]		
Year of Registration: () Warranty: YES ()/NO()					
	\$1,000()/\$2,000()					
General Remarks:					3300		
() Walk-In Customer: Customer's	information strictly Confi	idential & Stric	tly NO	refer of repairer			
() Total Loss Case : to e-mail In	surer URGENTLY.	*		1.2			
Drive-In ()/ Towed-In (); Inv	oice: YES () / NO) () ; Tov	ving (Co: (, , , , , ,)	-
Remarks:- (INC hotline: 6788 6610			Dates	Time Completed	Do	ne by	
) / Courtesy Car ()	aleo man es					-
2) QC Check / Post Repair Inspection	()			***************************************	-		
3) Upload Resurvey Photo [Repair Cost		- ,	-		-		
	,	entities new rent	-400	12.			
Injury:		* It	-				-
Date/Time Actions		100				382	
			- 100				-
				- 10100			
	4		Di teorie				
•			-000.0.600	VULS 99-100-5-10-10-0	Anit (S) Amt (ti.
NA 1803 496		nvoice Prepa	ratio	n Checklist	fu Bi	100	
TOTAL TO		AR : Accident Re			580)		
aimant's Particulars :-	3	DA : Damage As: TF : Towing Fee	essme	at (\$100); INC (\$	40/\$45		
nimant's Particulars :-	3 4) DA : Damage As:) TF : Towing Fee) FT : Follow-Thro	ugh Su	at (\$100); INC (\$	The state of the s		
nimant's Particulars :- iver/Owner:	3 4 5) DA: Damage As:) TF: Towing Fee) FT: Follow-Thro) FT: Follow-Thro For claiming agai	ugh Su ugh Su ugh Su	at (\$100); INC (\$	\$120 \$30 \$30		
nimant's Particulars :- iver/Owner: ntact No:	3 3 4 5) DA: Damage As:) TF: Towing Fee) FT: Follow-Thro) FT: Follow-Thro For claiming agai) TR: Re-inspection	ugh Su ugh Su ugh Su pst INC	t (\$100); INC (\$ fivey rvey (Resurvey) Only (wef 10 Jan 200	40/\$45 \$120 \$30 \$25) \$75		
nimant's Particulars :- iver/Owner: ntact No:	3 3 4 5 6 7) DA: Damage As:) TF: Towing Fee) FT: Follow-Thro) FT: Follow-Thro For claiming agai	ugh Su ugh Su ugh Su pst INC n	t (\$100); INC (\$ rvey rvey (Resurvey) Only (wef 10 Jan 200 urvey	\$120 \$30 \$30		
nimant's Particulars :- iver/Owner: ntact No: maged Portion:	3 3 4 5 6 7	DA: Damage As:) TF: Towing Fee) FT: Follow-Thro) FT: Follow-Thro) FT: Follow-Thro) TR: Re-inspectio) TR: Re-inspectio) N1: Idac DA + S) NTUC Additiona OD*	ugh Su ugh Su ugh Su nst INC n MRT S	t (\$100); INC (\$ \$0 Fivey Frough (Resurvey) Only (wef 10 Jan 200) urvey urvey	40/\$45 \$120 \$30 \$25) \$75		
nimant's Particulars :- iver/Owner: ntact No: maged Portion:	3 3 4 5 6 7	DA: Darnege As:) TF: Towing Fee) FT: Follow-Thro) FT: Follow-Thro For claiming agai) TR: Re-inspectio) N1: Idae DA + S) NTUC Additiona OD* *N5: Courtesy Ce *N6: Repair Co-6	ugh Su ugh Su ugh Su ust INC n MRT S Service r/Tpt	ot (\$100); INC (\$ rvey rvey (Resurvey) Only (wef 10 Jan 200 urvey Allowance	40/\$45 \$120 \$30 25) \$75 \$160		
nimant's Particulars :- iver/Owner: intact No: imaged Portion: Checked by (Engr-In-Charge):	3 3 4 5 6 7	DA: Darnege As:) TF: Towing Fee) FT: Follow-Thro) FT: Follow-Thro For claiming agai) TR: Re-inspectio) N1: Idae DA + S) NTUC Additiona OD* *N5: Courtesy Ca *N6: Repair Co-a *N7: Fost Repair	ugh Su ugh Su ugh Su ust INC n MRT S Service r/Tpt rdinati	rvey rvey (Resurvey) Only (wef 10 Jan 200 urvey Allowanse	\$120 \$30 \$30 \$55 \$75 \$160		
nimant's Particulars :- iver/Owner: intact No: imaged Portion: C Checked by (Engr-In-Charge): iditors' Comments :-	2 3 4 5 6 7 3 8	DA: Darnege As:) TF: Towing Fee) FT: Follow-Thro) FT: Follow-Thro For claiming agai) TR: Re-inspectio) N1: Idae DA + S) NTUC Additiona OD* *N5: Courtesy Ca *N6: Repair Co-a *N7: Fost Repair *N8: DV / Collec TP (N11): TP (N	ugh Su ugh Su ugh Su ugh Su nst INC n MRT S Service r / Tpt r dinati Inspec t Excess on INC	rvey rvey (Resurvey) Only (wef 10 Jan 200 urvey Allowantee on ion s Coordination	\$120 \$30 \$30 \$55 \$160 \$5 \$160 \$5 \$5 \$10 \$25 \$5		
Inimant's Particulars :- river/Owner: ontact No: nmaged Portion: C Checked by (Engr-In-Charge): uditors' Comments := 1: 2/3:	2 3 4 5 6 7 3 8	DA: Darnege As:) TF: Towing Fee) FT: Follow-Thro) FT: Follow-Thro For claiming agai) TR: Re-inspectio) N1: Idae DA + S) NTUC Additiona OD* *N5: Courtesy Ca *N6: Repair Co-a *N7: Fost Repair *N8: DV / Collec	ugh Su ugh Su ugh Su ugh Su nst INC n MRT S Service r / Tpt r dinati Inspec t Excess on INC	rvey rvey (Resurvey) Only (wef 10 Jan 200 urvey Allowantee on ion s Coordination	\$120 \$30 \$30 \$55 \$160 \$5 \$160 \$5 \$5 \$10 \$25 \$25 \$3		ill

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

SECTION STORES AND	ACCIDENT STATEMENT
Date Of Report	04/06/2018 18:00
Date Of Accident	02/06/2018 18:05
Exact Location Of Accident	JUNC YISHUN AVE 1 & YISHUN ST 41
Country/State of Loss	SINGAPORE
ale to the first state of the D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJD9324S
Insured/Policyholder	
Name Of Registered Owner	LIM YONG JIN
NRIC No	S8804262Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87775185
Alternative Phone No	OFFICE-87775185
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.6L VTI AUTO
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	5096095425
Cover Note Number	
Driver	
Name of Driver	LIM YONG JIN
NRIC No	S8804262Z
Date Of Birth	05/02/1988
Occupation	OUTDOOR
Date Of Driving Pass	15/10/2007
Driving Experience	10 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87775185
Fax Number	
Contact Number	OFFICE-87775185
EMail Address	NOEMAIL
	\$3.3.B

BLK 471 ANG MO KIO AVENUE 10 Address

#02-778

560471 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

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJV5591T

Vehicle Make/Model/Colour

Details Of Properties

TOYOTA

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)

DETAILS OF INJURED PERSON 1

Name LIM YONG JIN Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK & BACK

SJD9324S

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

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

Vehicle A. STOPBUTS

Vehicle B. SOVSS 117

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I Way	s turning from Yishay Ave 1 to Yishan strate	41 when my tra
	and turn into green arrow, suddenly this ve	
opposite	direction beat the red light and bong	on to my rear
portion	of my vehicle A. He came down an	I admitted is hi
Sall	and he wrote a letter stating that	is his fault.

DECLARATION

1100

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

JIHA.

Policyholder's Signature Date & Time: BW.

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Travelling from Vishon Ave 1 reach the junction of Yrshun Aue 1 & Yishan street 41, 1 char Many Dick 57639622/2 did not relaise Mat the traffic light was sed & 1 goss -through - la junt-lien & bang on to 150 93245 The Chan there tel C7078622/7

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

Accident details

Date: 2/06	12018	(0	DD/MM/	YY) Time:	6:05 pm	(HH:MM)
Yrohne 1	Jane	Yishm	struct	4 (
	V.1 .	V.1	V.1	V.1	Value and of the	V. L. L. And Challette

Details of vehicle

Vehicle registration number	536 432	45	MIN THE SECOND			
Vehicle make and model	Houle					
Type of vehicle	Saloon Lorry	MPV 🗆 Bus 🖂		Var	Others:	
Vehicle category	Private p	Comme	ercial 🗆	Motorcy	The second secon	musion.
Purpose of using at said time	grivale					
Are you claiming under your own insurance company?	Yes Third part cl	No ø	if no, pleas Reporting			

Insurance information

Insurance company	MIUL .		
Policy number			
Type of policy	Comprehensive a	Third party fire & theft a	TP only

Insured / Policy holder

LIM YORG JIN Male & Female C
586047 62 /2
8777.5185
BIK 471 Am An 190 Ave to , # 02- 474 5 (56847)

Driver

Same as insured above ☐ (skip to D.O.B)

Name			Male D	Female
NRIC / Fin / Passport number			1110.00	
Contact				
Address				
Email address		20 William 22		
Date of birth	05/02/	1988		
Occupation	Indoor 🗆	Outdoor		
Driving date pass	1		and the second	

General information of the accident

Was driver an employee of the insured's company?	Yes □	No 🗆	driver and insured:	
Accident captured by camera?	Yes 🗆	Nod		
Weather condition	Clear	Raining 🗆	Others:	
Road surface	Dryo	Wet a		
No of passenger	1			(Inclusive of driver)

Passenger 1

Name			
Gender	Male 🗆	Female	

Passenger 2

Name				
Gender	Male 🗆	Female 🗆	A CHARLE CHARLES AND	

Passenger 3

Name			-
Gender	Male 🗆	Female	

Passenger 4

Name			
Gender	Male 🗆	Female	-

Passenger 5

Name			
Gender	Male 🗆	Female 🗆	

Passenger 6

Name			
Gender	Male 🗆	Female 🗆	

Other information

Was anybody injured?	Yes	No 🗆	
Was other vehicle damaged?	Yes 🖸	No 🗆	

Details of police action

Reported to police?	Yes 🗆	No.d	If yes, please state which police station.
Police station name		-1/2-17-17	

Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 2

Name		
Contact number		
NRIC / Fin / Passport number		
Vehicle registration number	SJV 56917	
Vehicle make model	10/01h	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

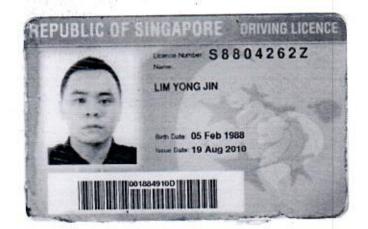
Name		
Witness 2		
Name		
Injured person 1		
Name	Lan Young Jia	researche essential trans
Injuries sustained	Banke & Meck	
Which vehicle person in?		
Were seat belts worn?	Yes p No p	
Was injured conveyed to hospital by ambulance?	Yes O No D	
Injured person 2		
Name		
Name Injuries sustained		
Name Injuries sustained Which vehicle person in?		
Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes D No D	
Name Injuries sustained Which vehicle person in?	Yes D No D Yes D No D	
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to		
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?		
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Injured person 3		
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Injured person 3		
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Injured person 3 Name Injuries sustained		

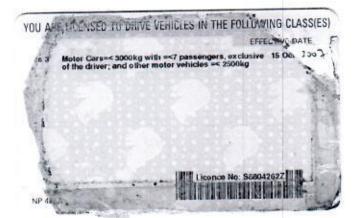
Injured person 4

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆 No 🗅	
Was injured conveyed to hospital by ambulance?	Yes 🗆 No 🗅	









								GeneralClaim		
1						Change Lan	guage	Change Passwo	ord • Log Ou	
Polic	y Query									
Policy N	0.				Date of Acc	ident	02/06	/2018 18:05		
Vehicle	No.(For Motor)	SJD9324S								
					Search					
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
0	5096095425	LIM YONG JIN	S8804262Z	GPC	drivo CLASSIC	\$3093245	SJD93245	04/12/2017	03/12/2018	
	Policy N Vehicle Select	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No.	Policy Query Palicy No. Vehicle No.(For Motor) SJD9324S Select Policy No. Policyholder Name	Policy Query Policy No. Vehicle No.(For Motor) Salest Policy No. Policyholder Name Policyholder NRIC	Policy Query Policy No. Vehicle No.(For Motor) SJD9324S Select Policy No. Policyholder Name NRIC Product	Policy Query Policy No. Date of Acc Vehicle No.(For Motor) SJD9324S Search Select Policy No. Policyholder Name NRIC Product Cover Type	Policy Query Policy No. Date of Accident Vehicle No.(For Motor) Supplicy No. Search Select Policy No. Policyholder Name NRIC Product Cover Type Vehicle No.	Policy Query Policy No. Date of Accident 02/06 Vehicle No.(For Motor) SJD9324S Search Select Policy No. Policyholder Name Policyholder NRIC Product Cover Type Vehicle No. Object	Policy Query Policy No. Date of Accident 02/06/2018 18:05 Vehicle No.(For Motor) SJD9324S Search Select Policy No. Policyholder Name NRIC Product Cover Type Vehicle Insured Commence Date	

Poli	cy Information	500000000000000000000000000000000000000					
Policy No.	5096095425	Policyholder Name	LIM YONG	JIN	Policyholder NRIC	S8804262Z	
Address	BLK 471 #02-778 ANG MO KI	O AVENUE 10 S	NGAPORE 5	660471			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	29/11/2017	Effective Date	04/12/201	7 00:00	Expiry Date	03/12/2018	23:59
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			Your	ng/Inexperience Driver Excess
Agent	ASSURE PTE, LTD.	Agent Tel.	68489119		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	nolder Mailing Address						
Address 1	BLK 471 #02-778	Addre	ess 2	ANG MO KIO AVE	NUE 10	Address 3	SINGAPORE 560471
Address 4		Addre	ss Type	Singapore address		Post Code	560471
Unit No.	#02-290	Relati Numb	ed Policy er	5096095425			
D Insure	d Object: SJD9324S						
♥ Endors	sements						
Sequen	04/12/2017 00:00		Endorsemen		Endorsement		Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 04 Dec 2017 TO 03 Dec 2018 In view of this amendment, an additional premium of \$137.08 (inclusive of GST) is payable under your polic Please ignore this premium payment request if you have sinc made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issu the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also mak payment at any of our branches by cash, credit card or NETS.
				Continue Cancel			ay sawiy seem core or ners.

								- Ex	
Accident MT/0997199									
Policy No.	5096095425	Vehicle No.	53093245	6	ST Registration N	a.			
Policyholder Name	LIM YONG JIN			P	olicyholder NR3C		S88042622		
Product Code	PRIVATE CAR INSURANCE	Cover Type	driva CLASSIC		oading		0		
Contact No. (Mobile)	87775185	Contact No.(Office)	0		ontact No. (Home)		0		
Email Appress		Special Remark			Code		No. of		
KÉK	® No ○ Yes	TCA	® No ○Yes		Code Reason	7	A071180		
NCD Protection	MD MD	NCD Entitlement(%)	30		rivate Hire		No		
		acts consensual at	30	1.69	mate rice.		90		
Report Date	04/06/2018 20:07	Acodent Report Within 24 hrs.	Yes	0.0			Collision - Cross Junction		
					corners Type		Collision - Cross Junction		
Date of Accident	02/06/2018	Time of Accident hhomm	18:05	0	ountry of Accident		Singapore		
Reporting Centre		Orange Force		30	CM No.				
Accident Location	JUNC YISHUN AVE 1 & YISHUN ST 41								
▽ Benefits									
▼ Excess									
Own damage Excess	600.00	Additional Excess	0	W	Indscreen Excess		100.00		
Unnamed Onser Escent	0.00	Outside Singapore OD Excess	600.00						
Third Party Excess	0.00	Outside Singapore TP Excess	0.00						
GST Registered Inform	ation								
GST Registered	No.		GST Registration Date						
GST Registration No.			GST Status Ventled		Yes				
Modification History									
→ Policyholder Mailing Ad	ldress								
Address 1	BLK 471 #02-778	Address 2	ANG MO KIO AVENUE 10	A	ddress 3		SINGAPORE 560471		
Address 4		Address Type	Singapore address	Po	ost Code		560471		
Unit No.	#02-290	Related Policy Number	5096095425	-013			49470.4		
OI Driver Info	10000000		3030037423						
Driver Name	LIM YONG JUN	Prince Tone	Mile Section						
Unnamed driver Name	Dri 10mo zin	Driver Type Driver NRJC	Main Driver 588042622						
					nver DOB		05/02/1988		
Register Date of Driver License		Driver Age	30		nving Experience		10		
Contact No.(Mobile)	87775185	Contact No. (Office)	0		ontact No.(Home)		0		
Address I	BLK 471	Address 2	ANG MO KIO AVENUE 10	As	ddress 3		SINGAPORE 560471		
Address 4		Address Type	Singapore address	Po	ost Code		560471		
Unit No.	02-778	Address Type	Singapore address	Po			560471		
Unit No. Does he own a Singapore	02-778 □ Yes ® No	Address Type Driver Vehicle No.	Singapore address				580471		
Unit No. Does he own a Singapore			Singapore address		ost Code		560473		
unt No. Doss he own a Singapore Registered car? Declaration			Singapore address		ost Code		580471		
unit No. Doss he own a Singapore Registered car? Declaration Breathalyser or Blood Test			Singapore address		ost Code		560471		
	○ Yes ® No	Driver Vehicle No.			ost Code		560471		
unit No. Doss he own a Singapore Registered car? Declaration Breathalyser or Blood Test	○ Yes ® No	Driver Vehicle No.			ost Code		560471		
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	○ Yes ® No	Driver Vehicle No.			ost Code		560471		
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	○ Yes ® No	Driver Vehicle No.			ost Code		560471		
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Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Hodification History Claim 001 New	O mg	Driver Vehicle No.	₩ Yes ○ No	D	ost Code	pany			
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Hodification History Claim 001 New	① Yes ② No 0 mg	Driver Vehicle No. Any injury? Insured Name	₩ Yes ○ No	Dr.	osi Code niver Insurer Com	pany	\$6804262Z		
Unit No. Does he own a Singapore Registered cer? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Canbact No. (Mobile)	O mg	Driver Vehicle No. Any injury? Insured Name Contact No.(Home)	₩ Yes ○ No LIM YONG JIN NIL	In Co	ost Code river Insurer Com	pany	\$8804262Z		
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Headingson History Claim 001 New Claim Type * Contact No. (Mobile) Email Address	O mg O mg OO-MX ■ O7775185	Driver Vehicle No. Any injury? Insured Name	₩ Yes ○ No	In Cx	out Code niver Insurer Com soured NRIC antact No. (Office) F vehicle Number	pany	\$6804262Z		
Unit No. Does he own a Singapore Registered car? Declaration Breatharyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Apdress Claim Description	① Yes ② No 0 mg	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Oil Vehicle Number	₩ Yes ○ No LIM YONG JIN MIL SJD9324S	In Cx	ost Code river Insurer Com	pany	\$8804262Z		
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Heddication History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No.	O mg O mg O-MX E7775165 SID93245 / SIV5591T ON 2 Jun 2016	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Oil Vehicle Number Insured Liability *	₩ Yes ○ No LIM YONG JIN NIL SJD9324S Not at Fault	In Cr.	sured NRIC ontact No. (Office) P Vehicle Number	pany [\$6804262Z 6567472Z SIV\$591T		
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Attachment		Uploaded By/Date	Category	9	Urgency	Description	Hag Sent? (CO)	Action
201	NAC_PAYA_UBI_800601(NA	TOWAL ASSESSMENT CENTRE SERVICES) on 04 Ju n 2018 20:10	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-5-4		Edit
: : 	NAC_PAYA_UBL_800601/ NA	n 2018 20:10	NRIC/ Driving License		Normal	NRIC/ Driving License 2015-6-4		Edit
1	NAC_PAYA_UB1_800601(NA	TONAL ASSESSMENT CENTRE SERVICES) on 04 July n 2018 20:09	SAS		Normal	SAS 2018-6-4		Edit
(2)	NAC_PAYA_UBI_800801(NA	Photos		Normal	Photos 2018-6-4		Edit	
2.3	NAC_PAYA_UBI_800601; NA	IONAL ASSESSMENT CENTRE SERVICES) on 04 Ju n 2018 20:09	Photos		Normal	Photos 2018-6-4		Edit
	NAC_PAYA_UBI_600601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 July n 2018-20:09		Photos		Normal	Photos 2018-6-4		Edit
6	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 04 July 2018 20:09	Protos		Normal	Photos 2018-6-4		Edit
1	NAC_PAYA_UB1_800501(NA	TONAL ASSESSMENT CENTRE SERVICES) on 04 July n 2018 20109	Photos		Normal	Photos 2018-6-4		Edit
1	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 July n 2018 20:09		Photos		Normal	Photos 2018-6-4		Edit
	NAC_PAYA_UBL_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 04 Ju n 2018 20:09	Photos		Normal	Photos 2018-6-4		Edit
7		TONAL ASSESSMENT CENTRE SERVICES) on 04 July 12018 20:09	Photos		Normal	Photos 2018-6-4		Edit
♥ Video List								
	Uploaded By/Date	Folder Date	File Name		9	Source	Action	

Displey in New Window Scan and uploading