	ntre Services			Done	h
Date In: 9 6 18-15:16	Jeb description	Date &	Time Completed	Doug	, 0,
Res No: NA   INC 1801 0543/24	SAS e-filing	1			
Veh No: SAM 4994D	E-mail (within Shrs, A	IC 2hrs)			
D.O.A : 9/6/18-03:10	i-Motor Claim Fo	rm MT/c	998021-001	9/6/18	6: 28
A	i-Motor W/O (with	in: OD 2hrs, TP 4hrs)			41.0.10
OD (TP) Reporting Only	i-Photo Uploaded	1			12
	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: >		INC( )/N	on-INC ( )		
Owner/Driver: (	N IIV	Tel:	- 1	)	
Policy No: ( )	Period: (	) Cover	Гурс: (	)	
Confirmed by : (	Da	te:	Time:	)	
Insured/Driver Liability: ( %	6) [Note-Est. Status (WO):	N: 0-20%; P:	21-79%. F: 30-1	100%]	
Year of Registration: (	) Warranty: YES ( )/	NO( )			
Excess: (\$ ) Loading:	\$1,000 ( )/\$2,000 (	)			
General Remarks:		100	Salas areas a salas a		
( ) Walk-In Customer : Customer's	The state of the s				in Asset
Remarks:- 🧳 (INC hotline: 6788 661	6)	Dates	Lime Completed	Don	T.J
1) Apply for Transport Allowance (	)/Courtesy Car ( )			3-32-1-0	
Apply for Transport Allowance (     QC Check / Post Repair Inspection	)/Courtesy Car ( )			5-12-1 A	
Apply for Transport Allowance (     QC Check / Post Repair Inspection	)/Courtesy Car ( )				
Apply for Transport Allowance (     QC Check / Post Repair Inspection	)/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 ( )				
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1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury:	)/Courtesy Car ( )				
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1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions	)/Courtesy Car ( )	bice Preparation	Checklist (\$30);	fic Bill	
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions  VARO3645 nimant's Particulars:-	)/Courtesy Car ( )	DICE Preparation	Checklist (\$30); (\$100); INC (\$	fic Bill	
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury:  Date/Time Actions  VA/803645  alimant's Particulars:-	)/Courtesy Car ( ) ( ) > \$3000] ( )  Inv 1) A3 2) D4 3) TF 4) F1	Dice Preparation  A: Accident Reporting  A: Darrage Assessmen  : Towing Fee  : Follow-Through Sur	Checklist (530); INC (5 54	76.Bill 80) 0/\$45 \$120	
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost  Injury:  Date/Time Actions  VARO3645  mimant's Particulars:	)/Courtesy Car ( ) ( ) > \$3000] ( )  Inv 1) A3 2) D4 3) TF 5) FT	DICE Preparation  A: Accident Reporting  A: Damage Assessment  : Towing Fee  : Follow-Through Sur  : Follow-Through Sur	Checklist (530); INC (5 54	76 Bill 80) 0/545 5120 530	
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury:  Date/Time Actions  VAISO3645  nimant's Particulars:- iver/Owner: ntact No:	) / Courtesy Car ( ) ( ) > \$3000] ( )  Inv 1) Al 2) D/ 3) TF 4) F1 5) F1 F9 6) TF	Dice Preparation  A: Accident Reporting  Damage Assessment: Towing Feet Follow-Through Sur Follow-Through Sur Cleiming against INC	Checklist: (\$30); (\$100); INC (\$ \$4 vey vey (Resurvey) Only (wef 10 Jan 200)	60) 0/\$45 \$120 \$30	
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury:  Date/Time Actions  VARO3645  nimant's Particulars:- iver/Owner:	)/Courtesy Car ( ) ( ) > \$3000] ( )  Inv 1) A3 2) D/ 3) TF 4) FT 5) FT F9 6) TF 7) NI 8) N	Dice Preparation  A: Accident Reporting  A: Darnage Assessmen  : Towing Fee  : Follow-Through Sur  : Claiming against INC  : Re-inspection  : Idae DA + SMRT St  UC Additional Service	Chrcklist: (\$30); (\$100); INC (\$ \$4 vey vey (Resurvey) Only (wef 10 Jan 200)	75 Bill 80) 0/545 5120 530 5) \$75	
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1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost  Injury:  Date/Time Actions  NARO3645  Inimant's Particulars:-  intact No:  Imaged Portion:	)/Courtesy Car ( ) ( ) > \$3000] ( )  Inv 1) A3 2) D/ 3) TF 4) FT 5) FT F9 6) TF 7) NI 2 8) NO QU *N	Dice Preparation  A: Accident Reporting  Darmage Assessment Towing Feet Follow-Through Surrelation Idao DA + SMRT Struct  California against INC California Control  C	Checklist  (\$30); (\$100); INC (\$  vey  vey (Resurvey)  Only (wef 10 Jen 200)  irvey  s  Allowance in	\$60   \$60	Amt (
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury:  Date/Time Actions  NARO3645  mimant's Particulars:- iver/Owner: ontact No: imaged Portion:  C Checked by (Engr-In-Charge):	) / Courtesy Car ( ) ( ) > \$3000] ( )  Inv 1) Al 2) D/ 3) TF 4) F1 5) F1 F9 6) TF 7) NI 8) NI OU  *N	Dice Preparation  A: Accident Reporting  A: Darriage Assessment: Towing Fee  Follow-Through Sur  claiming against INC  Re-inspection  Idae DA + SMRT St  UC Additional Service  S: Courtesy Car / Tpt  G: Repair Co-ordination  Fost Repair Inspection	Chrcklist  (\$30); (\$100); INC (\$  \$4  vey  vey (Resurvey)  Only (wef 10 Jan 200)  irvey  is:-  Allowards  n  on	75 Bill 80) 0/545 \$120 \$30 \$) \$75 \$160	
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1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury:  Date/Time Actions	)/Courtesy Car ( ) ( ) > \$3000] ( )  Inv I) Al 2) D/ 3) TF 4) FT 5) FT F9 6) TI 7) NI 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Dice Preparation  A: Accident Reporting  Darriage Assessment: Towing Fee  Follow-Through Sur  Claiming against INC  Re-inspection  Idae DA + SMRT St  UC Additional Service  Research Co-ordination  Repair Co-ordination  Post Repair Inspect  B: DV / Collect Excess	Checklist: (\$30); (\$100); INC (\$ \$4 vey vey (Resurvey) Only (wef 10 Jan 200) irvey as: Coordination	\$150 Bill \$100 \$120 \$120 \$120 \$120 \$120 \$120 \$120	Add B

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. 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 truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

aforesaid.	a raise) soliton to the assuming a management of the soliton of th
SERVICE CONTRACTOR SERVICES	ACCIDENT STATEMENT
Date Of Report	09/06/2018 15:16
Date Of Accident	09/06/2018 03:10
Exact Location Of Accident	BLK 964 JURONG WEST ST 91 CARPARK
Country/State of Loss	SINGAPORE
A CANADA STANCE OF THE STANCE OF	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGM4994D
Insured/Policyholder	
Name Of Registered Owner	CONNECT4CAR PTE LTD
Co Reg No	201411459M
Email Address	NOEMAIL
Mobile Phone No	

Alternative Phone No Vehicle Particulars

Manufacturer NISSAN

Model SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR

Exact Purpose for which vehicle was being used at

time of accident

COMMERCIAL USE

OFFICE-89999999

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 HIRE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy YES

Policy Number 5068994860-03

Cover Note Number

Driver

 Name of Driver
 OW YEW BENG

 NRIC No
 \$6803115Z

 Date Of Birth
 12/02/1968

 Occupation
 OUTDOOR

 Date Of Driving Pass
 01/08/1986

Driving Experience 31 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98661468

Fax Number

Contact Number OFFICE-98661468

EMail Address NOEMAIL

BLK 174 BOON LAY DRIVE Address

#05-326

Postcode 640174

Was driver an employee of the Insured's Company NO

OTHER - HIRER 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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

NO

NO

NO

YN9100R

CLEAR Weather Conditions 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? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 1

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

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

COMMERCIAL VEHICLE Vehicle Category CHOONG KIAN TART Name of Driver

NRIC/Passport Number G2485650Q Contact Number 91569886

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.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful 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.
- 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

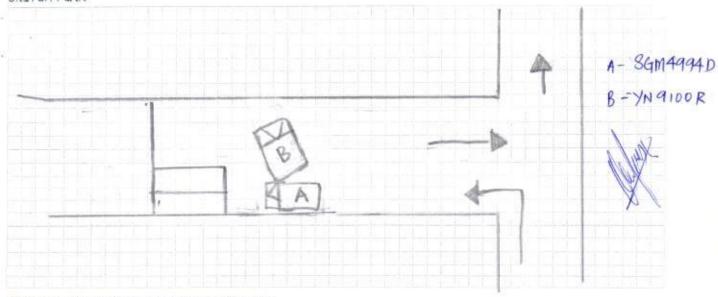
(ii) for complying with requirements under any regulations, laws or court orders.

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

Reporting Centre Personnel's Signature Name:

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle stationary at the location. All of a sudden, I realise the lorry beside my vehicle reverse light on and I quickly horn him to alert that my vehicle was behind him but the vehicle kept reversing and hit onto my vehicle's door of driver seat. Both of us get down from the vehicle and exchange our particular.

DECLARATION

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

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personner's Signature Name:

NRIC/FIN No.:

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- 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 of accident	09-06-2018	(DD/MM/YY)
Time of accident	3-10 a.m.	(HH:MM)
Exact location of accident	Carpark 964 Jurong west freet 91	

	DET/	AILS OF VE	HICLE		
Vehicle registration number	SGM 49	940			
Vehicle make and model	NISSAN	SLYPH	У		
Type of vehicle	Saloon Lorry	MPV □ Bus □	CRV □ Motorcycle	Van □	Others:
Vehicle category	Private □	Commer	cial Mo	torcycl	le 🗆
Purpose of using at said time					
Are you claiming under your own insurance company?	Yes □ N Third part clai		if no, please se Reporting only		

	INSURANCE IN	FORMATION	
Insurance company	ATUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft $\square$	TP only □

Marian Carlos	INSURED / POLICY HOLDER		
Name	CONNECT4CAR PTE LTD	Male □	Female 🗆
NRIC / Fin / Passport number	201411459M		
Contact			
Address	53 UBI AVENUE 1 #01-23 PAYA UBI IN SINGAPORE 408934	DUSTRIAL PARK	

DRIVER	SAME AS INSURED ABOVE (SKIP	TO D.O.B)	
Name	OW YEW BENG	Male ≠	Female 🗆
NRIC / Fin / Passport number	S6803115 Z	1/2	
Contact	9866 1468		
Address	APT BLK 174 Boon Lay Drive #05-316 Singapore 640174		
Email address	Alfredowyb@gmail.com.		
Date of birth	12.02.1968		
Occupation	Indoor D Outdoor		
Driving date pass	01 08.1986.		

the insured's company?  Accident captured by camera?  Weather condition  Road surface  No of passenger  If no, in the property of the property	Wet   (Inclusive of driver)  PASSENGER 1  Yew Beng Female   PASSENGER 2  PASSENGER 2  PASSENGER 3
the insured's company?  Accident captured by camera?  Weather condition  Road surface  No of passenger  Name  Gender  Name  Gender  Name  Gender  Name  Gender  Name  Gender  Name  Gender  Name  Male of the company?  If no, if	No Parale   No Par
Accident captured by camera? Yes Weather condition Clear Road surface Dry No of passenger No of passenger Name Gender Male of Name	Raining Dothers:  Wet   (Inclusive of driver)  PASSENGER 1  Yew Beng Female D  PASSENGER 2  PASSENGER 3  Female D
Weather condition Road surface No of passenger  Name Gender  Name Gender  Name Gender  Name Gender  Name Gender  Name Male  Name Male  Name Male  Name Male  Name Male  Name	Raining Dothers:  Wet   (Inclusive of driver)  PASSENGER 1  Yew Beng Female D  PASSENGER 2  PASSENGER 3  Female D
No of passenger  Name Gender  Name Gender  Name Gender  Name Gender  Male  Name Gender  Male  Name Male  Name Male  Name Male  Name Male  Name	Wet   (Inclusive of driver)  PASSENGER 1  PASSENGER 2  PASSENGER 3  Female   Female
Name Gender  Name Gender  Name Gender  Name Gender  Male  Name Gender  Male  Name Male  Name Gender  Name	PASSENGER 1  Yew Beng Female   PASSENGER 2  PASSENGER 3  Female   Female   Female   PASSENGER 3
Name Gender  Name Gender  Male of Male	PASSENGER 2  PASSENGER 3  Female   Fema
Name Gender  Name Gender  Name Gender  Male of the state	PASSENGER 2  PASSENGER 3  Female   Fema
Name Gender  Name Gender  Name Gender  Male of the state	PASSENGER 2  PASSENGER 3  Female   Fema
Name Gender  Name Gender  Name Gender  Male of the state	PASSENGER 2  Female  PASSENGER 3  Female  Female  PASSENGER 3
Name Gender  Name Gender  Male of the state	PASSENGER 3  Female   Female
Name Gender  Name Gender  Male of the state	PASSENGER 3  Female   Female
Name Gender  Name Gender  Male of the state	PASSENGER 3  Female   Female
Name Gender  Name Gender  Male of the state	PASSENGER 3
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Name Gender Male of	
Gender Male of Name	PASSENGER 4
Gender Male of Name	
Gender Male of Name	
Name	Female /
	PASSENGER 5
	Female 🗆
	PASSENGER 6
Name	
Gender Male	Female
District of the Land Control of the	OTHER INFORMATION
Was anybody injured? Yes	No
Was other vehicle damaged? Yes	No 🗆
was other vehicle damaged: 1esz	140 🗆
	DETAILS OF POLICE ACTION
Reported to police? Yes	No ≠ If yes, please state which police station.
Police station name	11 yes, prease state which police station.
1 once station name	
The second second second second second	WITNESS 1
Name	WITHESS I
Ivallic	
Nome.	WITNESS 2
Name	WITNESS 2
Name	WITNESS 1

	THIRD PARTY VEHICLE 1
Vehicle registration number	YN 9100 R
Vehicle make model	LORRY
Name	Choong Fran Tatt
NRIC / Fin / Passport number	G2485650Q
Contact	9156 9886
THE RESIDENCE OF THE PARTY OF T	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
contact	
THE SECOND SECOND	THIRD PARTY VEHICLE 3
Vehicle registration number	THIRD PARTY VEHICLE 3
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
2	
	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
A STANCE TO SEE	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
Name	

NRIC / Fin / Passport number

Contact

	S. Maria	INJURED PERSON 1
Name		The state of the first that the state of the
Injuries sustained		
Which vehicle person in?		/-
Were seat belts worn?	Yes □	No 🗆
Was injured conveyed to	Yes □	No 🗆
hospital by ambulance?		
Name		INJURED PERSON 2
Injuries sustained		
Which vehicle person in?	-	
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	163 🗆	NO I
	N. 125.	INJURED PERSON 3
Name /		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	-70	
A STATE OF THE PARTY OF THE PAR		The state of the s
Name		INJURED PERSON 4
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	103 0	y. c =
	/	
		INJURED PERSON 5
Name		
Injuries sustained	_/_	
Which vehicle person in?	/	
Were seat belts worn?	Yes 🗆	No a
Was injured conveyed to hospital by ambulance?	/ Yes □	No 🗆
	di.	
		INJURED PERSON 6
Name		
Injuries sustained		
Which vehicle person in?	V.0.12	
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆





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

Cless 3

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 killograms

NP 428A



0483979 22-08-1992 APT BLK 174 BOON LAY DRIVE #05 - 326 SINGAPORE 640174 Date: 23/02/2011 No: 6776926 NRIC No: S6803115Z



5068994860-03	Policyholder Name	CONNEC	T4CAR PTE, LTD.	Policyholder NRIC	201411459	М
53 UBI AVENUE 1 #01-23 PA	YA UBI INDUSTR	IAL PARK	SINGAPORE 408934	77746		
FLEET INSURANCE	Plan			Group Policy Flag	N	
23/11/2017	Effective Date	04/12/2	017 00:00		03/12/2018	23:59
	All Claim Excess					
1000.00	Own damage Excess	1000.00		Windscreen Excess	100.00	
0	os	0				
1000.00	Outside Singapore TP Excess	1000.00			You	ng/Inexperience Driver Excess
SOONG WAI SAN	Agent Tel.	6547115	54	GST Flag	Υ	
No						
holder Mailing Address						
53 UBI AVENUE 1	Addre	ess 2	#01-23 PAYA UBI IN	NDUSTRIAL I	Address 3	SINGAPORE 408934
	Addre	ss Type	Singapore address	35	Post Code	408934
01-23			5087771369-01			
d Object: SGM4994D	1401112					
sements						
nce Date of Endorsement	Endorseme	nt Type	Endorsement Number	Endorser	nent Status	Endorsement Content
04/12/2017 00:00	Basic Informa Endorsement	tion	000001286715172	Endorseme Effective	ent Take	internal endt - vehicle usage chan from Rental vehicle (less than 12 mths ) to Private Hire (Self Drive of Chauffeur)
15/01/2018 00:00	Basic Informa Endorsement	tion	000001286735612	Endorseme Effective	ent Take	Thank you for giving us the opportunity to serve you. We confirm that from 15 Jan 2018, the Original Registration Date is amended as follows for SE2018K: ORIGINAL REGISTRATION DATE: 0 Oct 2015
02/02/2018 00:00	Basic Informa Endorsement	tion	000001286749083	Endorseme Effective	nt Take	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SKX2251Y 02-02-2018 \$1,009.10 In view of this amendment, an additional premium of \$1,009.10 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since 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 issue the cheque favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
	53 UBI AVENUE 1 #01-23 PATEET INSURANCE  23/11/2017  1000.00  0  1000.00  SOONG WAI SAN  No  holder Mailing Address  53 UBI AVENUE 1  01-23  d Object: SGM4994D  sements  nce Date of Endorsement  04/12/2017 00:00  15/01/2018 00:00	53 UBI AVENUE 1 #01-23 PAYA UBI INDUSTR FLEET INSURANCE Plan  23/11/2017 Effective Date All Claim Excess Own damage Excess OS Premium  1000.00 Outside Singapore TP Excess  SOONG WAI SAN Agent Tel. No  holder Mailing Address  53 UBI AVENUE 1 Addre  01-23 Relate Numb  add Object: SGM4994D  sements  nce Date of Endorsement Endorsement  04/12/2017 00:00 Basic Informa Endorsement  15/01/2018 00:00 Basic Informa Endorsement	Solution	Same   Connectation   Same   Connectation   Same   Connectation   Same   Same	South   Sout	Name

ccident MT/0998021					
	Company to the Company	Wednesday of	vacanes w	02002-019356901001094	
Olicy No.	5068994860-03	Vehicle No.	5GM4994D	GST Registration No.	
olicyholder Name	CONNECT4CAR PTE, LTD.			Policyholder NR3C	201411459M
oduct Code	FLEET INSURANCE	Cover Type	drivo PREMIUM	Loading	0
mact No.(Mobile)	8	Contact No (Office)	0	Contact No. (Home)	0
nail Address		Special Remark		eCode	to V
K.	® No ○ Yes	TCA	No ○ Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	0	Provate Hire	Yes
Accident Details					
east trace	09/06/2018 16:26	Accident Report Within 24 hrs	Yes	According Vision	Bereits and and and
				Accident Type	Damaged whilst parked
e of Accident	09/06/2018	Time of Accident hhomm	03:10	Country of Accident	Singapore
sorting Centre		Orange Force		ICM No.	
sident Location	BLK 964 JURONG WEST ST 91 CARPARK				
Benefits					
Excess					
in damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess		Outside Singapore OD Excess	1,000.00		400.00
ns Party Excess					
	1,000.00	Outside Singapore TP Excess	1,000.00		
GST Registered Informa	ation				
Registered	No		GST Registration Date		
Registration No.			GST Status Verified	Yes	
Affication History					
Policyholder Mailing Ad					
Sress I	53 UBS AVENUE 1	Address 2	#01-23 PAYA UBI INDUSTRIAL I	Address 3	SINGAPORE #0893#
dress 4		Address Type	Singapore address	Post Code	408934
it No.	01-23	Related Policy Number	5087771369-01		
OI Driver Info					
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
samed driver Name	OW YEW BENG	Driver NRIC	\$68031152	Driver DOB	12/02/1968
ester Date of Driver License	01/08/1986	Driver Age	50	Driving Experience	31
tact No.(Mobile)	98661468		9		
		Consact No. (Office)	-	Contact No.(Home)	0
iress 1	BLK 174	Address 2	BOON LAY DRIVE	Address 3	BOON LAY GREEN
dress 4	SINGAPORE 640174	Address Type	Singapore address	Post Code	640174
e No.	05-326				
es he own a Singapore	05-326 ○ Yes <b>®</b> No	Driver Vehicle No.		Driver Insurer Company	
es he own a Singapore gistered car?		Driver Vehicle No.			
es he own a Singapore jutered car? laration athalyser or Blood Test	() Yes <b>®</b> No				
es he own a Singapore gistered car? daration nathalyser or Blood Test		Driver Vehicle No.  Any injury?	○ Yes ® No		
e No. es he own a Singapore gestered car? claration eathalyser or Blood Test ading?	() Yes <b>®</b> No				
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is he own a Singapore istered car?  aration athlyser or Blood Test ding?  ification History taim 001 hew	○ Yes  No U mg	Any injury?  Insured Name	○ Yes ® No	Driver Insurer Company  Insured NRIC	20141145994
is he own a Singapore istered car?  aration atheryser or Blood Test ding?  ification History talm 001 New  m Type * tact. No.(Mobile)	C Yes ⊕ No	Any injury?  Insured Name Contact No.(Home)	○ Yes ® No  CONNECT4CAR PTE, LTD.	Driver Insurer Company  Insured NRIC Contact No. (Office)	+
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s he own a Singapore otered car?  aration aration aration aration aration aration aration blood Test ding?  fication History laim 001 hew  aration aration blood fest aratic	O res	Any injury?  Insured Name Contact No.(Home)	○ Yes ® No  CONNECT4CAR PTE, LTD.	Driver Insurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number	+ YN9100R
is he own a Singapore intered car?  Iaration  athalyser or Blood Test ding?  Ification History  Iaim 001 New  Im Typu *  Itact No (Mobile)  sil Address  In Description  Ierred Workshop Contact	O mg  DO-MK  92959999  SGM4994D / YM9100R DN 9 Jun 2018	Any injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured Liability *	CONNECT4CAR PTE, LTD.  SGM4994D  Not at Fault	Driver Insurer Company  Insured NRIC Contact No. (Office) To vehice Number Name of Preferred Workshop	+ YN9JQQR
es he own a Singapore justered car?  daration  atthiusper or Blood Test ading?  lifeation History  laim 001 New  im Type *  tract. No.(Mobile)  sil Address im Description ferred Workshop Contact pure Finelisation	O mg  O mg  OO-MX  92959989  SGM45940 / YN9100R DN 9 Jun 2018  Ves	Any injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured Liability * Preferend Repair Option	○ Yes ® No  CONNECT4CAR PTE, LTD.  SGM4994D	Driver Insurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	+ YN9300R
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is he own a Singapore intered car?  aration athalyses or Blood Test sing?  Ification History  Iaim 001 New  In Type *  Iact No.(Mobile)  Isil Address Im Description Intered Workshop Contact Intere	O mg  O mg  O mg  SGMe9940 / YN9100R ON 9 Jun 2018  Ves  O9/06/2018 16:28  Dackson  MT/0998021  ● Yes ○ No	Any injury?  Insured Name Contact No.(Home) OJ Vehicle Namber  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Upload Date  Browse.  Browse.	ONNECT4CAR PTE, LTD.  SGM4994D  Not at Pault  Preferred Workshop, Name unknown  O01  O9/05/2018 16:29  Category *  Clear Please Select  Clear Prease Select	Driver Insurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received  Confidential Urge (Normal Fig. W Normal	# VN9100R   Raceived   V   Osscription *   V   V   V   V   V   V   V   V   V
es he own a Singapore intered car?  Iteration  Straigher or Blood Test cling?  Iteration History  Itelian 001 New  Item 001 New	O mg  O mg  O mg  SGMe9940 / YN9100R ON 9 Jun 2018  Ves  O9/06/2018 16:28  Dackson  MT/0998021  ● Yes ○ No	Any injury?  Insured Name Contact No.(Home) OJ Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Upload Date  Browse.  Browse.  Browse.	CONNECT4CAR PTE, LTD.  SGM4994D  Not at Pault  Preferred Workshop, Name unknown  O01  O9/05/2018 16:29  Category *  Clear Please Select  Clear Please Select	Driver Insurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received  Confidential Urge This V Normal Inst V Normal Inst V Normal Normal Normal Normal Normal	# VN9100R   Raceived   V     O9/06/2018 00:00   III     Procy * Description *   V     V   V   V   V   V   V   V   V
es he own a Singapore jotered car?  daration  attraction Blood Test string?  Uncation Habory  Utalim 001 New  In Type * Itact No.(Mobile)  sil Address Im Description ferred Workshop Contact puire Finalisation  e Registered ont Taken By.	O mg  O mg  O mg  SGMe9940 / YN9100R ON 9 Jun 2018  Ves  O9/06/2018 16:28  Dackson  MT/0998021  ● Yes ○ No	Any injury?  Insured Name Contact No.(Home) OJ Vehicle Namber  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Upload Date  Browse.  Browse.	CONNECT4CAR PTE, LTD.  SGM4994D  Not at Pault  Preferred Workshop, Name unknown  O01  O9/05/2018 16:29  Category *  Clear Please Select  Clear Please Select  Clear Please Select	Driver Insurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received  Confidential Urge (Normal Fig. W Normal	# (VM9100R )

Attachment		Uploaded By/Date	Category	9 un	gency	Description	Msg Sent? Actio (CO)
400.0	NAC_PAYA_UBI_BOOGO1 NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Ju n 2018 16:29		NR3C/ Driving License	No	ormal	NRIC/ Driving License 2018-5-9	Edit
193	NAC_PAYA_UBI_800601{ NATIONAL ASSESSMENT CENTRE SERVICES) on 09 July 16:29		SAS	No	emal	SAS 2018-6-9	Edit
	NAC_PAYA_UBI_600601( NATICINAL ASSESSMENT CENTRE SERVICES) on 09 3u n 2018 16:29		Photos	Normal		Photos 2018-5-9	Edit
3	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Ju n 2018 16:29		Photos	Normal		Photos 2018-6-9	Edit
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	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Ju n 2018 16:29		Photos	Normal		Photos 2018-6-9	Edit
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	NAC PAVA UBI 800601( NATIONAL ASSESSMENT CENTRE SERVICES) on D9 Iu in 2018 16:29		Photos	Normal		Photos 2018-6-9	Edit
	NAC_PAYA_UBJ_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Ju n 2018 16-28		Photos	Normal		Photos 2018-6-9	Edit
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Ju n 2018 16:28		Photos	Normal		Photos 2018-6-9	Edit
8	NAC_PAYA_UB3_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) 90 09 Ju n 2018 16:28		Photos	Normal		Photos 2018-6-9	Edit
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Ju n 2018 16:28		Photos	Normal		Photos 2018-6-9	Edit
	Uploaded By/Date	Folder Date	File Name		9	Source	Action