Date In: 20 6/18-18:48	Jcb description	Date &Time Completed	Done pi.
ROTNO: NA /INC 18011229/24	SAS e-filing		
Veh No: SLD 2632A	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 20 6 18-11:50	i-Motor Claim Form	M/0999421-001	20/6/18 19:4
00 (50) 0	i-Motor W/O (Within: OD 2h		
OD (TP) Reporting Only	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:			ax:
TP Particulars: Veh No: 6	1807674P . INC ()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: (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 ()	
	\$1,000 ()/\$2,000 ()		even velovicos vistas – nortu
General Remarks:-	Take to the same		TEACH TO THE
() Walk-In Customer : Customer's			4.55
() Total Loss Case : to e-mail Ins		Notif No Total di Teponon	***************************************
		owing Co: (· · · · · ·
Remarks:- (INC hotline: 6788 6616	0	Date&Tarie Completed	Done by
1) Apply for Transport Allowance ()	/ Courtesy Car ()		Politica Control (1981) in Statistic (1981)
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()		
Injury:			
Tigury .	**************************************		THE PROPERTY OF THE WARF.
			THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.
Date/Time Actions			radioans.
Date/Time Actions			ADPOONS .
Date/Time Actions			REMODEL ST.
Date/Time Actions			ATMICON ST.
Date/Time Actions			REMODEN SE
Date/Time Actions	1		
	1	paration Checklist.	Amit (S) Amit
NA1803901	Invoice Pre	paration Checklist	And (S) And
NA1803901	Invoice Pre	Reporting (530); Assessment (5100); INC (58	fir Bill Add
NAISO 3901 (aumant's Particulars :-	Invoice Pre 1) AR: Accident 2) DA: Damege 3) TF: Towing F	Reporting (\$30); Assessment (\$100); INC (\$8	DEBIII Add
NAISO 3901 : liumant's Particulars :-	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T	Reporting (\$30); Assessment (\$100); INC (\$8 ce \$40 hrough Survey hrough Survey (Resurvey)	
NAISO 3901 (laumant's Particulars :-	Invoice Pre 1) AR: Accident 2) DA: Damege 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a	Reporting (\$30); Assessment (\$100); INC (\$8 ce \$40 hrough Survey hrough Survey (Resurvey) gainst JNC Only (wef 10 Jan 2005	7545 5120 530
NAISO 3901 : Lumant's Particulars :- river/Owner: ontact No:	Invoice Pre 1) AR: Accident 2) DA: Damege 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec	Reporting (\$30); Assessment (\$100); INC (\$8 ce \$40 hrough Survey hrough Survey (Resurvey) gainst JNC Only (wef 10 Jan 2005	
NAISO 3901 : Lumant's Particulars :- iver/Owner: ontact No:	Invoice Pre 1) AR: Accident 2) DA: Damege 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Addition	Reporting (\$30); Assessment (\$100); INC (\$8 ce \$40 hrough Survey hrough Survey (Resurvey) gainst JNC Only (wef 10 Jan 2005 tion + SMRT Survey	6 Bill Add 0) /\$45 5120 \$30) \$75
NAISO 3901 Etimant's Particulars :- iver/Owner: ontact No: emaged Portion:	Invoice Pre 1) AR: Accident 2) DA: Damege 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idao DA 3 8) NTUC Addition	Reporting (\$30); Assessment (\$100); INC (\$8 ce \$40 hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005 ction + SMRT Survey onal Services:-	
NAISO 3901 Etimant's Particulars :- iver/Owner: ontact No: emaged Portion:	Invoice Pre 1) AR: Accident 2) DA: Damege 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 3 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C	Reporting (\$30); Assessment (\$100); INC (\$8 66 \$40 hrough Survey hrough Survey (Resurvey) gainst JNC Only (wef 10 Jan 2005 stion + SMRT Survey onal Services:- Cer / Tpl Allowance p-ordination	\$120 \$30 \$75 \$160
NAISO 3901 Elimant's Particulars :- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	Invoice Pre 1) AR: Accident 2) DA: Darnege 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspet 7) N1: Idae DA 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C *N1: Fost Rep	Reporting (\$30); Assessment (\$100); INC (\$8 66 \$40 hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005 ction + SMRT Survey onal Services:- Cer / Tpt Allowance o-ordination air Inspection	\$120 \$30 \$75 \$160 \$5 \$10 \$5 \$10 \$25
NAISO 3901 laimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	Invoice Pre 1) AR: Accident 2) DA: Damege 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 3 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	Reporting (\$30); Assessment (\$100); INC (\$8 66 \$40 hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005 blion + SMRT Survey onal Services:- Cer / Tpl Allowance o-ordination nir Inspection lect Excess Coordination	\$120 \$30 \$75 \$160
NAISO 3901 Etimant's Particulars:- iver/Owner: ontact No: emaged Portion: C Checked by (Engr-In-Charge):	Invoice Pre 1) AR: Accident 2) DA: Damege 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 3 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	Reporting (\$30); Assessment (\$100); INC (\$8 66 \$40 hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005 stion + SMRT Survey onal Services:- Car / Tpl Allowance o-ordination air Inspection lect Excess Coordination (Non INC) against INC	\$120 \$30 \$35 \$15 \$10 \$5 \$10 \$5 \$10 \$25 \$35

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number

EMail Address

- 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.

To a minimum the second section of the second section	ACCIDENT STATEMENT
Date Of Report	20/06/2018 18:48
Date Of Accident	20/06/2018 11:50
Exact Location Of Accident	OLEANDER TOWERS DROP-OFF POINT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD2632A
Insured/Policyholder	
Name Of Registered Owner	JL AUTOMOTIVE SOLUTION
Co Reg No	53330094X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X CVT ABS D/AIRBAG 2WD 5DR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095010580
Cover Note Number	
Driver	
Name of Driver	LIEW WEN GIO (LIU WENJIE)
NRIC No	S8039616C
Date Of Birth	16/12/1980
Occupation	OUTDOOR
Date Of Driving Pass	18/10/2002
Driving Experience	15 YEARS AND 8 MONTHS

MALE

NOEMAIL

(LOCAL) +65-91450074

OFFICE-91450074

BLK 435C FERNVALE ROAD Address

#09-230 793435

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

NO

YES

NO

NO

NO

YES

NO

NO

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions RAINING Road Surface WET

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? YES

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

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?

Was there any video captured by Car Camera?

Was there any audio recorded?

Details of Witness 1

Name SHAMIM 86123927

Phone Number Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBD7674P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 18

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1				
Name	LIEW WEN GIO (LIU WENJIE)			
Approximate Age				
Injuries Sustain	BODY			
Injured person in which vehicle?	SLD2632A			
Were seat belts worn?	YES			
Was this injured conveyed to hospital by ambulance?	NO			
Address				
Postcode				

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.
- 7. 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.



Policyholder's Signature Date & Time:



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

Name: NRIC/FIN

NRIC/FIN No .:

SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

H

	200	Stationary at the drop off	point aut
ULQa	naeus	Toward Condo drop off point pic	ALL DING
10	03(0	me latteres was alighing invit con	cle suddo
Dehich	e B	true sed and followed outo my	enicie.
rest	ritter	my grab rustoner is also n	y witness
Ü	Scentic	: 8612 3927	
9,500		Shamim	
7-7-0			

DECLARATION

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

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 .:

GIARAIC SketchPlanForm_V3

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 and time of accident	Date: 20 /01	6/18	(DD/MM/YY	Time: H-5	[1:20(HH:MM)
Exact location of accident	OLEANDER	tow ers	DROP-OFF		1. Seliminally
	AND THE PARTY OF T				

Details of vehicle

Vehicle registration number	SLD 262 A
Vehicle make and model	HONDA UPZEL
Type of vehicle	Saloon MPV CRV Van Lorry Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	Commercia
Are you claiming under your own insurance company?	Yes O No o if no, please select: Third part claim O Reporting only O

Insurance information

NTUE .		ITEMINATED TO
•		
Comprehensive a	Third party fire & theft o	TP only
	Comprehensive a	

Insured / Policy holder

AUTOMOTEU		A STATE OF THE STA	10.71	ale 🗆	Female
The second secon	300	TICK	1016	ale LI	remale u
DD3-4				*****	A
435C FE	ENVALE	2000	3(793435)	
		30094X 0074	2500	30094X 0074	30094X 0074

Driver

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

Name	CIEW WEN GIO Male a Female a
NRIC / Fin / Passport number	S 8039-616 C
Contact	9145 0074
Address	APT RIK 435C PERNUALE ROAD #69-230
Email address	s (23435)
Date of birth	16-12-1980
Occupation	Indoor Outdoor
Driving date pass	11 007 2002

General information of the accident

Was driver an employee of the insured's company?	Yes of	No □ ationship of the o	driver and insure	d: DIRECTOR
Accident captured by camera?	Yes 🗆	No 🗗	- I supply	
Weather condition	Clear 🗆	Raining @	Others:	
Road surface	Dry a	Wet a		
No of passenger		1		(Inclusive of driver)

Passenger 1

Name			
Gender	Male 🗆	Female 🗆	

Passenger 2

Name		The second secon	
Gender	Male 🗆	Female D	

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 🗆	If yes, please state which police station.
Police station name		orange of account	7-77

Third party vehicle 1

Name			
Contact number			The state of the s
NRIC / Fin / Passport number			
Vehicle registration number	680	767.49	
Vehicle make model		(Profit)	

Third party vehicle 2

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

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	W.
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	

Witness 1

The state of the s	
Name	
Haine	

Witness 2

Name	
Maille	

Injured person 1

Name	CIEN NON GIO
Injuries sustained	BODY
Which vehicle person in?	SCD 26321A
Were seat belts worn?	Yes B No D
Was injured conveyed to hospital by ambulance?	Yes a No.e

Injured person 2

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

Injured person 3

Name			
Injuries sustained		and the same of th	
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No p	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	

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 🗆	

4689271





02-03-2011

APT 8LK 435C FERNVALE ROAD #09-230

SINGAPORE 793435

Date:

18/09/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PASS DATE

Class 2B Motorcycles not exceeding 200 cc Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

28 Aug 2003 18 Oct 2002

NP 428A



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8039616C





LIEW WEN GIO (LIU WENJIE)

文

CHINESE Date of birth

580396160

16-12-1980 Country of birth SINGAPORE

BLIC OF SINGAPORE DRIVING LICENC



Licence Namour S & U 3 9 0 1 U U

LIEW WEN GIO (LIU WENJIE)

Birth Date 16 Dec 1988 Janua Date 28 Aug 2003



								Gene	eralClaim
300601					,	Change Lar	guage	Change Passwo	ord + Log Ou
Polic	cy Query								
Policy N	0.				Date of Acc	ident	20/06	2018 11:50	
Vehicle	No.(For Motor)	SLD2632A							
					Search				
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
0	5095010580	JL AUTOMOTIVE SOLUTION	53330094X	GPC	drivo CLASSIC	SLD2632A	SLD2632A	12/10/2017	08/12/2018
	Policy N Vehicle Select	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No.	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Policyholder Name JL AUTOMOTIVE	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Policyholder Name NRIC JL JL JU S095010580 AUTOMOTIVE S3330094X	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Policyholder Name NRIC JL JU AUTOMOTIVE 53330094X GPC	Policy Query Policy No. Date of Acc Vehicle No.(For Motor) SLD2632A Search Select Policy No. Policyholder Name NRIC Product Cover Type JL S095010580 AUTOMOTIVE 53330094X GPC drivo CLASSIC	Policy Query Policy No. Date of Accident Vehicle No.(For Motor) SLD2632A Search Select Policy No. Policyholder Name NRIC Product Cover Type Vehicle No. JL AUTOMOTIVE 53330094X GPC drivo CLASSIC SLD2632A	Policy Query Policy No. Date of Accident 20/06/ Vehicle No.(For Motor) SLD2632A Search Select Policy No. Policyholder Name NRIC Product Cover Type Vehicle No. Object JL JL S095010580 AUTOMOTIVE 53330094X GPC drivo CLASSIC SLD2632A SLD2632A	Policy Query Policy No. Vehicle No. (For Motor) Select Policy No. Policy No. Policyholder Name Policyholder NRIC JL Segon JL Segon Marco Product Cover Type No. Date of Accident 20/06/2018 11:50 Search Search Select Policy No. Policyholder NRIC JL Segon Marco Product Cover Type No. Object Date Object Date Automotive S3330094X GPC drive CLASSIC SLD2632A SLD2632A 12/10/2017

Policy No.	5095010580	Policyholder Name	JL AUTOM	OTIVE SOLUTION	Policyholder NRIC	53330094X	
Address	BLK 537 #07-1004 JURONG W	EST AVENUE 1	SINGAPORE	640537			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	12/10/2017	Effective Date	12/10/201	7 00:00	Expiry Date	08/12/2018	23:59
Excess Type		All Claim Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	347.81				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Your	ng/Inexperience Driver Excess
Agent	ASSURE PTE. LTD.	Agent Tel.	68489119		GST Flag	Υ	
Flag Open Policy	No						
Info Certificate Info							
	nolder Mailing Address						
Address 1	BLK 435C #09-230	Addre	ss 2	FERNVALE ROAD	115000	Address 3	FERNVALE RESIDENCE
ddress 4	SINGAPORE 793435		ss Type	Singapore address		Post Code	793435
Jnit No.	09-230	Relate Numb	ed Policy er	5095010580			
D Insure	d Object: SLD2632A						
- Endoue							
♥ Endors	ements						
Sequen		SUCK ASSOCIATION	Endorsemen	Section 19	Endorsement	999 (1995)	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: 12 Oct 2017 TO 08 Dec 2018 In view of this amendment, an additional premium of \$347.81 (inclusive of GST) is payable under your polic Please ignore this premium payment request if you have simmade payment. Otherwise, we

Rcy Na.	5095010500	Vehicle No.	SLD2632A	GST Registration No.	
licyholder Name	3L AUTOMOTIVE SOLUTION			Policyholder NRIC	53330094X
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
ontact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
nail Address	7.5	Special Remark		eCode	To V
·K	® No ○ Yes	TCA	San Over		14.4
			® No ○Yes	eCode Reason	Maria.
CD Protection Accident Details	Yes	NCD Entitlement(%)	50	Private Hire	Yes
	2222.202.0000		0.000	-153300V2-200	
port Date	20/08/2018 19:44	Accident Report Within 24 hrs	Yes	Acodert Type	Damaged whilst parked
ste of Acodem	20/06/2018	Time of Accident hh:mm	11-50	Country of Accident	Singapore
porting Centre		Orange Force		1CH No.	
oident Location	OLEANDER TOWERS DROP-OFF POINT				
Benefits					
/ Excess					
en damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess		Outside Singapore CO Excess	2,000.00		
ord Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
GST Registered Informa		\$500			
T Regulered	No		GST Registration Date		
T Registration No.	100		GST Status Verified	No	
dification History			The state of the s	***	
Policyholder Mailing Ad	dress				
dress I	BLK 435C #09-230	Address 2	FERNVALE ROAD	Address 3	FERNVALE RESIDENCE
idress 4	SINGAPORE 793435	Address Type	Singapore appress	Post Code	793435
in No.	09-230	Related Policy Number	5095010580	and the second s	
7 OI Driver Info	10.450	Action Corcy number	A. A. C.		
iver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	LIEW WEN GIO (LIU WENDE)	Onver NRIC	S8039616C	Driver DOB	16/12/1980
igister Date of Driver License		Oriver Age	37		
ontact No.(Mobile)	91450074	Contact No.(Office)	Q	Driving Experience	15
Mress 1				Contact No. (Home)	
M1 430 T	BLK 435C	Address 2	FERNVALE ROAD	Address 3	FERNVALE RESIDENCE
A Revision Co.		Value Commence of the		SE 10,5200 P. L.	Control of the Contro
ddrese 4	SINGAPORE 793435	Address Type	Singapore address	Post Code	793435
nd No.	09-230		Singapore address	Post Code	793435
nt No. ses he own a Singapore		Address Type Driver Vehicle No.	Singapore address	Post Code Driver Insurer Company	793435
nt No. ses he own a Singapore	09-230		Singapore address		793435
nt No. ses he own a Singapore rigistered car? claration	09-230		Singapore address		793435
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ne No. see he own a Singapore cdaration eathalyser or Blood Test adding? cdaration eathalyser or Blood Test adding? cdaration eathalyser or Blood Test adding? mark to Medic nau Address and Description efferred Workshop Contact to Registered	00-330 Ves (9) No. 0 mg 0 mg 500-MK	Onver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number	® Yes ○ No IL AUTOMOTIVE SOLUTION SLD2632A Not at Fault	Insured NRIC Contact No (Office) TP Vehicle Number Name of Preferred Workshop	53330094K GB07674P
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ne No. see he own a Singapore glittered car? cdaration eathalyser or Bisod Test ading? selfication History Claim 001 New wm Type = mact No.(Mobile) half Address sim Description eferred Workshop Contact quire Finalisation to Registered port Taken By Print AK Retter Attachment	00-330 0 Yes ® No 0 mg 00-Mex 90290029 SLD2632A / GBD7674P ON 20 Jun 2018 Yes 20,06/2018 19:46 Jackson MT/0899421	Onver Vehicle No. Any Injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Lability * Preferend Repair Option Claim Close Date	# Yes No IL AUTOMOTIVE SOLUTION SL02632A Not at Fault Preferred Workshop, Name unknown Saw Submit	Insured NRIC Contact No (Office) TP Vehicle Number Name of Preferred Workshop	53330094X GBD7674P
ne No. see he own a Singapore registered car? claration reathalyser or Blood Test adding? diffication History Claim 001 New wm Type = rmact No. (Mobile) nati Address sim Description referred Workshop Contact for the Registered report Taken By Frint AK letter Attachment	00-330 0 Yes ® No 0 mg 00-Mex 90290029 SLD2632A / GBD7674P ON 20 Jun 2018 Yes 20,06/2018 19:46 Jackson	Onver Vehicle No. Any Injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date	E Yes No IL AUTOMOTIVE SOLUTION SL02632A Not at Fault Preferred Workshop, Name unknown	Insured NRIC Contact No (Office) TP Vehicle Number Name of Preferred Workshop	\$3330094X GBD7674P
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ttachment		Uploaded By/Date	Category	Urgency	Description	Msg Sent? A (CO)
103	NAC PAYA UBI_BOOKOTI NAT	ONAL ASSESSMENT CENTRE SERVICES) on 20 July 2018 19:47	NRIC/ Driving License	Normai	MRIC/ Driving License 2018-6-20	- 4
60	NAC_PAYA_UBI_B00601 NAT	IONAL ASSESSMENT CENTRE SERVICES) on 20 July 2018 19:47	SAS	Normal	SAS 2018-6-20	9.1
0	NAC_PAYA_UBI_800801(NAT	ONAL ASSESSMENT CENTRE SERVICES) on 20 July 12038 19:46	Photos	Normal	Photos 2018 6-20	
The T	NAC_PAYA_UBI_800601(NAT	ONAL ASSESSMENT CENTRE SERVICES) on 20 Ju n 2018 19:46	Photos	Normal	Photos 2018-6-20	
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14	NAC_PAYA_UBI_800601(NAT	ONAL ASSESSMENT CENTRE SERVICES) on 20 Ju n 2018 19:46	Photos	Normal	Photos 2018-6-20	
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ideo List	Uploaded By/Date	Folder Date	Pile Name		Source	