Date In: 20/6/18-18:24		the same and the	n 1	
10-10-17	Jeb description	Date &Time Completed	Done by	
Res No: NA 1401801730/24	SAS e-filing			
Veh No: ga7683A	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 19 6/18-20:05	i-Motor Claim Form	MT 0999422-001	20/6/18 19:5	3
OD (TD) Paragrama Only	i-Motor W/O (Within: OD 2hr	s, TP 4hrs)		
OD (TP)' Reporting Only	i-Photo Uploaded	1		
TD L	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: 51	62901E . INC(	)/Non-INC( )	2	12717
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%. F: 80-1	00%]	O.
Year of Registration: ( )	Warranty: YES ( ) / NO (	)		500.500
Excess: (\$ ) Loading: \$		THE RESIDENCE TO THE TANK	NOT COMPANY	
General Remarks:			Set Sec.	t the same
( ) Walk-In Customer: Customer's i		rictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Ins				
Drive-In ( )/ Towed-In ( ); Invo	oice: YES( ) / NO( ); T	owing Co: (		
Remarks:- (INC hotline: 6788 6616		Date&Timb Completed	Done by	
	/ Courtesy Car ( )			
		The state of the s	*	
2) QC Check / Post Repair Inspection	( )			
<ol> <li>QC Check / Post Repair Inspection</li> <li>Upload Resurvey Photo [Repair Cost &gt;</li> </ol>	>\$3000] ( )	<del>                                      </del>		
3) Upload Resurvey Photo [Repair Cost >	> \$3000] ( )			
3) Upload Resurvey Photo [Repair Cost > Injury:	( ) >\$3000] ( )			
3) Upload Resurvey Photo [Repair Cost >	( ) >\$3000] ( )		Resident	
3) Upload Resurvey Photo [Repair Cost > Injury:	> \$3000] ( )			
3) Upload Resurvey Photo [Repair Cost > Injury:	( ) >\$3000] ( )		Radionis.	
3) Upload Resurvey Photo [Repair Cost > Injury:	>\$3000] ( )			
3) Upload Resurvey Photo [Repair Cost > Injury:	- \$3000] ( )			
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time: Actions				s.(t)
Onte/Time Actions	Invoice Pre	paration Checklist.	Ant (S) An	s.(\$)
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time: Actions		paration Checklist	Ant (5) An BiBill Ad	2000
Onte/Time: Actions  Actions	Invoice Pre  1) AR: Acciden 2) DA: Darnage 3) TF: Towing I	paration Checklist. Reporting (530); Assessment (5100); INC (58	Ant (5) An (§ Bill Ad (0) Ad	2000
Onte/Time: Actions	Invoice Pre  1) AR: Accident 2) DA: Darnage 3) TF: Towing I 4) FT: Follow-T 5) FT: Fullow-T	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$8 Ge \$40 hrough Survey hrough Survey (Resurvey)	75 Bill Ad  75 Bill Ad  75 Bill Ad  7545 5120 530	2000
Onte/Time: Actions  Actions	Invoice Pre  1) AR : Accident 2) DA : Damage 3) TF : Towing I 4) FT : Follow-T 5) FT : Follow-T For claiming 8	paration Checklist.  Reporting (\$30); Assessment (\$100); INC (\$8 frough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005)	75 Bill Ad  75 Bill Ad  75 Bill Ad  7545 5120 530	2000
Onte/Time: Actions  Actions  Al 803886  Alimant's Particulars:- iver/Owner: ntact No:	Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing H 4) FT: Follow-T 5) FT: Follow-T For claiming 8 6) TR: Re-inspe 7) N1: Idae DA	paration Checklist.  Reporting (\$30); Assessment (\$100); INC (\$8 frough Survey hrough Survey (Resurvey) ligainst INC Only (wef 10 Jan 2005 etion + SMRT Survey	Ant (5) An (5) Bill Ad (5) Bill Ad (5) 5120 (5) 530	2000
Date/Time: Actions  Actions  Al 803886  Alimant's Particulars:- iver/Owner: ntact No:	Invoice Pre  1) AR: Accident 2) DA: Darnage 3) TF: Towing If 4) FT: Follow-T 5) FT: Follow-T For claiming 9 6) TR: Re-inspe 7) N1: Idae DA 3) NTUC Additi	paration Checklist.  Reporting (\$30); Assessment (\$100); INC (\$8 frough Survey hrough Survey (Resurvey) ligainst INC Only (wef 10 Jan 2005 etion + SMRT Survey	Ant (5) An (5) Bill Ad (5) Bill Ad (5) Si20 (5) Si20 (5) Si20 (5) Si20 (5) Si20	2000
Date/Time Actions  Actions  MA\803886  mant's Particulars:- iver/Owner: ntact No: maged Portion:	Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing If 4) FT: Follow-T 5) FT: Follow-T For cleiming s 6) TR: Re-inspe 7) N1: Idae DA 3 8) NTUC Additi OD* *NS: Courtesy	paration Checklist.  Reporting (\$30); Assessment (\$100); INC (\$8 See \$40 hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005 etion + SMRT Survey onal Services:- Car / Tpt Allowance	Anic (\$) An The Bill Ad 00) 0545 \$120 \$30 \$75 \$160	- THE PARTY OF
Onte/Time: Actions  Actions  Actions  Actions  Actions  iver/Owner:  intact No:  maged Portion:  Checked by (Engr-In-Charge):	Invoice Pre  1) AR: Accident 2) DA: Darnage 3) TF: Towing I 4) FT: Follow-T 5) FT: Fullow-T For claiming s 6) TR: Re-inspe 7) N1: Idae DA 3 8) NTUC Additi OD.* *N5: Courtesy *N6: Repair C	paration Checklist.  Reporting (\$30); Assessment (\$100); INC (\$8 See \$40 hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005 etion + SMRT Survey enal Services:- Car / Tpt Allowance	Ant (5) An The Bill Ad (0) /545 \$120 \$30 ) \$75 \$160	- THE PARTY OF
Date/Time: Actions  Actions  Actions  Alanant's Particulars:  iver/Owner:  maged Portion:	Invoice Pre  1) AR: Accident 2) DA: Darnage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming 8 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD.*  *N5: Courtesy  *N6: Repair C  *N7: Post Rep  *N8: DV / Co	paration Checklist.  Reporting (\$30); Assessment (\$100); INC (\$80); Ree \$40 Arough Survey Arough Survey (Resurvey) Reginst INC Only (wef 10 Jan 2005) Retion  + SMRT Survey Resurvey Re	Ant(s) An (fieBill Ad (v) 445 5120 530 ) \$75 \$160 \$5 \$10 \$25 \$3	- THE PARTY OF
Onte/Time: Actions  Actions  Actions  Actions  Actions  iver/Owner:  intact No:  maged Portion:  Checked by (Engr-In-Charge):	Invoice Pre  1) AR: Accident 2) DA: Darnage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming 8 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD.*  *N5: Courtesy  *N6: Repair C  *N7: Post Rep  *N8: DV / Co	paration Checklist.  Reporting (\$30); Assessment (\$100); INC (\$8 See \$40 hrough Survey Resurvey) Reginst INC Only (wef 10 Jan 2005 etion + SMRT Survey onal Services:- Co-ordination mir Inspection Rect Excess Coordination (Non INC) against INC	\$ Ant(\$). And \$ fix Bill Ad  0) \$ 7545 \$ 120 \$ 330 \$ 75 \$ 160 \$ 55 \$ 510 \$ 525 \$ 55 \$ 520 \$ 30	- THE PARTY OF

Figure 18 1 to 10

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Occupation

Gender

Date Of Driving Pass

Driving Experience

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
- 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 application.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	20/06/2018 18:24
Date Of Accident	19/06/2018 20:05
Exact Location Of Accident	SLIP RD PIE (CHANGI) TWDS EUNOS LINK
Country/State of Loss	SINGAPORE
D. Carlotte and C. Carlotte an	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJQ7683A
Insured/Policyholder	
Name Of Registered Owner	CHEW LAN NOOI
NRIC No	S7881224I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96195751
Alternative Phone No	OFFICE-96195751
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE 1.6(A) SX ABS D/AB 2WD 4DR
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	5098424059
Cover Note Number	
Driver	
Name of Driver	DUAN RUI
NRIC No	S9079227Z
Date Of Birth	20/04/1990

INDOOR

MALE

NOEMAIL

25/06/2013

4 YEARS AND 11 MONTHS

(LOCAL) +65-96195751

OFFICE-96195751

205 JALAN EUNOS Address

#02-08

Postcode 419535

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

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

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? 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.

3 Number of Passengers (Including Driver)

Passenger 1 NAME: : CHEW LAN NOOI

> GENDER: : FEMALE

Passenger 2 NAME: : DUAN JUN ZUE

> GENDER: : MALE

**Details of Police Action** 

NO Was the accident reported to the police?

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 NO Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number **SLG2902E** 

Vehicle Make/Model/Colour **Details Of Properties** 

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)

#### 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 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:
  - (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:

der's Signature

Driver's Signature

(If driver is not the policyholder)

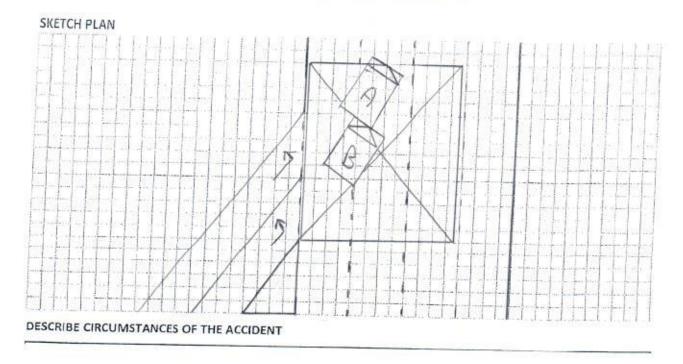
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

A: SUR 7683 A B: SLG 2902 E



I was travelling on jalan eunos towards hougang before bedok reservoir road. When I was exiting from PIE eunos, there was a motorcycle who speed pass and vehicle in front of me started to slow down. As I kept a safety distance with the vehicle in front, I managed to slow down without any contact with the vehicle in front. Out of a sudden, I felt an impact coming from the rear portion of my vehicle. When I got down, I saw vehicle B collided onto me.

TO CONTRACT OF THE CONTRACT OF		
DECLARATION /We declare the foregoing particulars a		
We declare the foregoing particulars a		
(Market Mark)	re true in every respect.	Λ
/ HALLANDELL /		
Citien 11.		Manh
ellededdada et	and the same of th	
	Oriver's Signature	Reporting Centre Personnel's Signature
	(If driver is not the policyholder)	Name:
STARAC SkotchPlanForm_V3	Date & Time:	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 and time of accident	Date: \	1 06 30	18	(DD/MM/YY) T	Time: 20:01	(HH:MM)
Exact location of accident	20101	EMOS	tousty	possession		40804
					reserve	it took

## Details of vehicle

Vehicle registration number	500 76	83 A		n	
Vehicle make and model	AIN	CERRO	77209		
Type of vehicle	Saloon of Lorry	MPV a	CRV o	Var	Others:
Vehicle category	Private g	Comme		Motorcy	
Purpose of using at said time					
Are you claiming under your own insurance company?	Yes  Third part c	No 🗆	if no, plea	se select:	

## Insurance information

Insurance company	. NT	VC	100 11 100
Policy number	5098424059		
Type of policy	Comprehensive a	Third party fire & theft	TP only

# Insured / Policy holder

CHEW	LAN	NOOI			Male 🗆	Female of
			Indiana de la constanta de la			Tollion P
				_		
205	JALAN	EUNOS	MANSION	1	419535	

## Driver

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

Name	OVAN QUE Male D Fer	nale 🗆
NRIC / Fin / Passport number	590192272	
Contact	9619 5751 /9833 9803	
Address	205 JALAN EUNOS \$ 02-08, 419535	
Email address		
Date of birth	20-014-1990	
Occupation	Indoor Outdoor	
Driving date pass	25-06-2013	

# General information of the accident

Was driver an employee of the insured's company?	Yes D	No to ationship of the	driver and insured:	ionce
Accident captured by camera?	Yes 🗆	No to		
Weather condition	Clean	Raining 🗆	Others:	
Road surface	Dryve	Wet a		
No of passenger	3			(Inclusive of driver)

## Passenger 1

Name	CHEW	10011 HAS	
Gender	Male 🗆	Female o	

## Passenger 2

Name	MAUC	200 SNE	
Gender	Male p	Female 🗆	

## Passenger 3

Name			77.47
Gender	Male 🗆	Female 🗆	

## Passenger 4

Name			
Gender	Male 🗆	Female □	

## Passenger 5

Name		(A-2412)	
Gender	Male 🗆	Female 🗆	

## Passenger 6

Name			
Gender	Male 🗆	Female 🗆	

## Other information

Was anybody injured?	Yes 🗆 /	Noø	
Was other vehicle damaged?	Yes	No 🗆	

# Details of police action

Reported to police?	Yes 🗆	No a	If yes, please state which police station.
Police station name			

# Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	SLG 2002 P
Vehicle make model	

# Third party vehicle 2

1

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	
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

Name	
The state of the s	
Witness 2	

1

Name	

# Injured person 1

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

# Injured person 2

Name			
Injuries sustained	and the state of t		
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		
Which vehicle person in?		
Were seat belts worn?	Yes D No D	-
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 🗆	

IO COLLECTION SLIP FOR NEW SINGAPORE CITIZEN

NRIC NO. S7881224I (PINK IC) FEES \$10.00

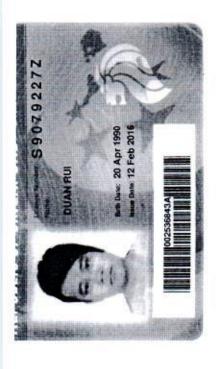
DOCUMENTS ARE TO BE PRESENTED AT GRC CITIZENSHIP CEREMONY

NAME CHEW LAN NOOI

REGISTRATION OFFICER SAUYAH BINTE PARJAN

DATE OF ISSUE 24/05/2018





IDENTITY CARD NO. S9079227Z REPUBLIC OF SINGAPORE



CHINESE Date of birth

20-04-1990 CountryPlace of birth CHINA

590798272

ă ≥



EFFECTIVE DATE

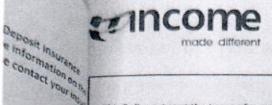
Class 3 Motor cars with unladen weight =< 3000kg with =< 7 25 Jun 2013 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A

Lienes No:S9079227Z

9389266





#### THE SCHEDULE

#### **Private Car Insurance Policy**

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- 1. any Endorsement specified as operative in the Schedule
- 2. the Conditions and General Exclusions of this Policy, and
- 3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document. GST Reg No. M4-0003030-8

**Policy Number** 

: 5098424059

The Policyholder

: CHEW LAN NOOI

205 JALAN EUNOS #02-08 EUNOS MANSION SINGAPORE 419535

Period of Insurance

: 03 Mar 2018 To 25 May 2019

Sum Insured

: Market Value of Insured Vehicle at Time of Loss

Premium (inclusive GST)

: 5\$794.16

Interest Insured

Cover Type Primary Driver : drivo CLASSIC : CHEW LAN NOOI

Named Driver (1)

: DUAN RUI

: N/A

Named Driver (2) Make/Model

: KIA/CERATO FORTE

Capacity

: 1600cc

Registration Number

: SJQ7683A

Registration Year

: 2009

Chassis Number : KN. Repair at Owner's Preferred Workshop : No

: KNAFH221395066999

Off-peak Car Insure with COE

No Yes

Excess (Section 1)
Excess (Section 2)

: \$\$600 : N/A NCD Entitlement
NCD Protection

: 50% : No

Windscreen Excess
Additional Excess

: S\$100 : N/A

Unnamed Driver Excess

: Please refer to Terms and Conditions

Hire Purchase Company

: STANDARD CHARTERED BANK (SINGAPORE) LIMITED

**Optional Cover** 

Transport Allowance Excess Waiver

Endorsement Operative: N/A

: No

Memo A: N/A

HEIHOA . N/A

MA

Agency

: DICKSON AUTO AGENCY (00000614645)

Date of Issue

: 02 Mar 2018 14:16 hrs

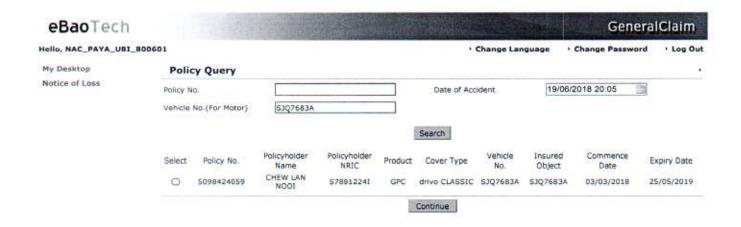
#### DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

9m

Chief Executive



Policy No.	5098424059	Policyholder CHEW LAN NOOI		Policyholder NRIC	S7881224I		
Address	205 JALAN EUNOS #02-08 EU	NOS MANSION	MANSION SINGAPORE 419535				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	02/03/2018	Effective Date	03/03/201	8 00:00	Expiry Date	25/05/2019 2	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			Youn	g/Inexperience Driver Excess
Agent	DICKSON AUTO AGENCY	Agent Tel.	NIL		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
	205 JALAN EUNOS	Addre	ss 2	#02-08 EUNOS MANSION		Address 3	SINGAPORE 419535
Address 1		Address Type		Singapore address		Post Code	419535
		Addre	ss Type	Singapore address		rost code	423333
Address 4			d Policy	Singapore address	15_1	r ook code	413333
Address 4 Unit No.	ed Object: SJQ7683A	Relate	d Policy	DESCRIPTION OF STREET		, osk code	423333
Address 1 Address 4 Unit No. D Insure Endors	Section de la constant de la constan	Relate	d Policy	DESCRIPTION OF STREET	15.11		413333

ccident MT/0999422											
ohey No.	5090424059		Vehicle No.	53Q7683A			GST Registrati	on No	6.2		
skcyholder Name	CHEW LAN NOOL						Policyholder Ni			5768	12240
oduct Code	PRIVATE CAR INSURAN	CE .	Cover Type:	drive CLAS	SIC		Loading			0	
intact No.(Mobile)	96195751		Contact No.(Office)	0			Contact No. (H	nome to		0	
nail Address			Special Remark					,		-	-
K:	Charles Const		TCA TCA	(Bay 2000)			eCode			100	
	® No □ Yes			® No ⊖Y	es		eCode Reason				
ID Protection	No		NCD Entitlement(%)	50		9	Private Hire			No	
Accident Details											
port Date	20/06/2018 19:51		Accident Report Within 24 hrs	Yes		3	Accident Type			Collis	ion - Head to Rear
ne of Academ	19/06/2018		Time of Accident hh:mm	20:05			Country of Acc	dant		Cinal	STATE OF THE STATE
porting Centre			Orange Force	20.00				, Lucini		Singa	gore
cident Location	SLIP RD PIE (CHANGI)	TWING SHAPE I WAY				3.5	ICM No.				
	ser no ric (crandi)	I HIDS CONOS LINK									
Renefits											
Excess											
in damage Excess		600.00	Additional Excess	0		-	mindscreen Ex	cess		100.0	10
named Driver Excess		0.00	Outside Singapore OD Excess		600.00						
rd Party Excess		0.00	Outside Singapore TP Excess		0.00						
GST Registered Inform	ation		deligables in Excess		0.00						
				V7.200	age of the same of the same						
Registered	No				Registration Date						
Registration No.				GST	Status Verified		Yes				
diffication History											
Policyholder Hailing Ad	idress										
iress 1	205 JALAN EUNOS		Address 2	#02-08 EU	NOS MANSION	1	Address 3			SING	APORE 419535
dress 4			Address Type	Singepore a			Post Code			4195	
ENO.			Related Policy Number	509842405			and the second second			4133	data.
OI Driver Info				202342403	Ja.						
ver Name	DUAN SUIT		Driver Turn	Married							
	DUAN RUI		Oriver Type	Named Driv							
named driver Name			Onver NRIC	590792272		E	Driver DOB			20/0	V1990
pinter Date of Onver License	25/06/2013		Driver Age	25		4	onving Expens	ence		+	
ntact No.(Mobile)	96195751		Consact No. (Office)	0		c	Contact No.(Ho	ome)		ò	
dress 1	205 JALAN EUNOS		Address 2	EUNOS MAI	N\$10W		40dress 3	200,125			APORE 419535
dress 4										120740	Aug 419999
			Artificana Turne	Singranic	ddeecc						
	92002		Address Type	Singapore a	ddress	9	Post Code			4195	35
it No.	02-08		Address Type	Singapore a	ddress						75
t No. es he own a Singapore	02-08 ① Yes ③ No		Address Type  Driver Vehicle No.	Singapore a	ddress			Comp	any		35
t No. es he own a Singapore				Singapore a	ddress		Post Code	Comp	any		25
t No. es he own a Singapore patered car?				Singapore a	ddress		Post Code	Comp	any		25
t No. es he own a Singapore patered car? laration athalyser or Blood Tepl			Driver Vehicle No.				Post Code	Comp	any		35
it No.  es he own a Singapore gistered car?  Claration eathalyser or Blood Test	○ Yes ⑥ No			Singapore a			Post Code	Comp	any		35
it No. ses he own a Singapore gistered car? claration eathalyzer or Blood Test ading?	○ Yes ⑥ No		Driver Vehicle No.				Post Code	Comp	any		35
it No. ses he own a Singapore gistered car?  Claration sethalyser or Blood Test	○ Yes ⑥ No		Driver Vehicle No.				Post Code	Comp	any		35
it No. es he own a Singapore gatered car? claration sathstyreer or alload Test adding?	○ Yes ⑥ No		Driver Vehicle No.				Post Code	Comp	any		35
t No.  Is he own a Singapore intered car?  Idration  athalyses or Ricod Test deg?	○ Yes ⑥ No		Driver Vehicle No.				Post Code	Comp	any		35
No. s he own a Singapore stered car? anation athalyser or Blood Tost deg?	○ Yes ⑥ No		Driver Vehicle No.				Post Code	Соттр	any		35
t No. es he own a Singapore patered car? laration athalyser or Blood Test deg? incation History takes 001 New	○ Yes ⑥ No	Į.	Driver Vehicle No.		lo.	c	Post Code	Comp	any	4195	
t No.  Is he own a Singapore Interest car?  Interior athalyser or Blood Test ding?  Incation History  Italian 005 New	○ Yes ⑤ No O mg	Į.	Driver Vehicle No.  Any injury?	○ Yes ® N	lo.	c I	Post Code Onver Insurer		any		
t No.  Is he own a Singapore stered car?  Idration  Idration  Idration History  Idration History  Idration Mex  Incation History  Idration	○ Yes ③ No  O mg  OD-MX  96195751		Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home)	○ Yes ® N	lo.	li c	nsured NRJC	Tice)	any	4195 5788	1.2241
No. s he own a Singapore stered car? anation attralyser or Blood Test drig? fication restory take 005 New Type 4 tact No. (Mobile)	○ ves ③ No  0 mg    00-mx   96195751   PIKACHEW_ARY@HOTM	AIL CO	Driver Vehicle No.  Any injury?  Insured Name	○ Yes ® N	lo.	li c	nsured NRIC contact No.(On	Tice)	800 11	4195	1.2241
No. s be own a Singapore stered car? anation sthalyser or Blood Test dieg? fication History laim 005 Next Type 4 tact No. (Mostle) iil Address in Description	○ Yes ③ No  O mg  OD-MX  96195751	AIL CO	Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home)	○ Yes ® N	lo.	li c	nsured NRJC	Tice)	800 11	4195 5788	1.2241
t No.  Is he own a Singapore intered car?  Idention  athalyses or Blood Test dieg?  Incation History  Italian 605 Next  Type 4  tact No. (Mobile)  Hi Address In Description	○ ves ③ No  0 mg    00-mx   96195751   PIKACHEW_ARY@HOTM	AIL CO	Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home)	○ Yes ® N	NOCI	li c	nsured NRIC contact No.(On	Tice)	800 11	4195 5788	1.2241
t No.  Is he own a Singapore patered car?  Iaration  athalyses or Blood Test dding?  Incation History  Ialam 001 New  In Type 4 tact No. [Mobile]  Isl Address  In Description  Ierres Workshop Contact	○ ves ③ No  0 mg    00-mx   96195751   PIKACHEW_ARY@HOTM	AIL CO ON 19 Jun 2018	Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) OI Vehicle Number	○ Yes ® N	NOCI	III C	nsured NRIC contact No.(Off P Vehicle Num	Tice)	800 11	\$195 \$785 \$LG2	
t No. es he own a Singapore patered car? laration athalyses or aloud Test diding?  Incation History  I	O mg  O mg  O mg  O mg  PINACHEW_ARY@HOTM  SXQ7683A / SLG2902E 0	AIL CO	Driver Vehicle No.  Any injury?  Insured Name Contact No. (Name) Of Vehicle Number  Insured Liability * Preference Repair Option	○ Yes ® N	NOCI	III C	nsured NRIC contact No. (On P Vehicle Num IVA report	Tice)	800 11	\$788 \$162	1,2241 1026 ved
es he own a Singapore gatered carb  claration  anthalyzer or Rioad Test  ding?  Incation History  Claim 001 New  im Type *  stact No. (Mostle)  ail Address  im Description  ferred Workshop Contact  pure Finalisation  or Registered	O mg  O mg  O mg  O mg  OD-MX  96195751  PIKACHEW_ARY®HOTM  5XQ7683A / SLG2902e 0  Yes  20006/2018 19:53	AIL CO ON 19 Jun 2018	Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability *	○ Yes ® N	NOCI	III C	nsured NRIC contact No.(Off P Vehicle Num	Tice)	800 11	\$788 \$162	
t No.  es he own a Singapore patered card  laration  esthalyan or Blood Test  shication History  claims 001 New  im Type 4  stact No.;Mostle)  ell Address  im Description  ferres Workshop Contact pure Finalisation  e Registered  oost Taken By	O mg  O mg  O mg  O mg  PINACHEW_ARY@HOTM  SXQ7683A / SLG2902E 0	AIL CO ON 19 Jun 2018	Driver Vehicle No.  Any injury?  Insured Name Contact No. (Name) Of Vehicle Number  Insured Liability * Preference Repair Option	○ Yes ® N	NOCI	III C	nsured NRIC contact No. (On P Vehicle Num IVA report	Tice)	800 11	\$788 \$162	1,2241 1026 ved
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t No.  es he own a Singapore patered car?  laration athalyses or aloud Test dding?  Incation History  Claims 001 New  Introduce History  Haddress an Description ferred Workshop Contact pure Finalisation a Registered ont Taken by Pont AK letter	O mg  O mg  O mg  O mg  OD-MX  96195751  PIKACHEW_ARY®HOTM  5XQ7683A / SLG2902e 0  Yes  20006/2018 19:53	AIL CO ON 19 Jun 2018	Driver Vehicle No.  Any injury?  Insured Name Contact No. (Home) OI Vehicle Number  Insured Liability * Preference Repair Option Claim Close Date	○ Yes ® N	NODI  Torkshop, Name unknown	III C	nsured NRIC contact No. (On P Vehicle Num IVA report	Tice)	800 11	\$788 \$162	1,2241 1026 ved
t No.  Is he own a Singapore interest car?  Idention  athalyses or Blood Test deep?  Incation History  Isam 001 New  In Type 4  Itact No. (Mobile)  Isi Address  In Description  Is registered  out Taken By  Pont AK letter	O mg  O mg  O mg  O mg  OD-MX  96195751  PIKACHEW_ARY®HOTM  5XQ7683A / SLG2902e 0  Yes  20006/2018 19:53	AIL CO ON 19 Jun 2018	Driver Vehicle No.  Any injury?  Insured Name Contact No. (Home) OI Vehicle Number  Insured Liability * Preference Repair Option Claim Close Date	CHEW LAN 67470063 83Q7683A Not at Fault Preferred W	NODI  Torkshop, Name unknown	III C	nsured NRIC contact No. (On P Vehicle Num IVA report	Tice)	800 11	\$788 \$162	1,2241 1026 ved
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t No.  Is he own a Singapore patered card  Idration  athalyser or Blood Test deng?  Incation History  Itains 001 New  In Type 4 tact No. (Mostle)  Int Address In Description Incress Workshop Contact out of Finalisation  Is Registered out Taken By Point AK letter  Ittachment	O mg  O mg  O mg  O mg  PIKACHEW_ARY®HOTM  S3Q2683A / SLG2902€ (  Yes  20(06/2018 19:53  Zackson	AIL CO ON 19 Jun 2018	Any injury?  Insured Name Contact No. (Home) Of Venicle Number  Insured Liability * Preferend Repair Option Claim Close Date	CHEW LAN 67470063 83Q7683A Not at Fault Preferred W	NODI  Torkshop, Name unknown	III C	nsured NRIC contact No. (On P Vehicle Num IVA report	Tice)	800 11	\$788 \$162	1,2241 1026 ved
t No.  Is he own a Singapore Interest Carl  Interior  Interior Strategy of Blood Test deep?  Incation History  Incation History  In Type 4  Incation (Mobile)  Interior Strategy of Blood Test deep?  In Description  Interior Strategy of Blood Test deep deep deep deep deep deep deep dee	O mg  O mg  O mg  O mg  PIKACHEW_ARY®HOTM SJQ2683A / SLG2902€ (  Yes 20/06/2018 19:53  Jackson	AIL CO ON 19 Jun 2018	Any injury?  Insured Name Contact No. (Home) Of Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No.	CHEW LAN 67470063 83Q7683A Not at Fault Preferred W	NOOI  Torkshop, Name unknown	III C	nsured NRIC contact No. (On P Vehicle Num IVA report	Tice)	800 11	\$788 \$162	1,2241 1026 ved
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t No.  Is he own a Singapore Istered car?  Idention  Intelligen or Blood Test Identity  Incation History  Incation History  In Type 4  Itact No. (Mobile)  Intelligent Address  In Description  Intelligent Morkshop Contact  Intelligent Morkshop Con	O mg  O mg  O mg  O mg  O mg  No:195751  PIKACHEW, ARY®HOTM  SJQ7683A / SLG2902E (  Ves  20/06/2018 19:53  Zackson  MT/0999422  ● Yes No	AIL.CO ON 19 Jun 2018	Insured Name Contact No. (Home) Of Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Uproad Date	CHEW LAN 6747063 S3Q7683A Not at Fauth Preferred W	NOOJ  Torkshop, Name unknown   OOI  20/06/2018 19:54  Category *	I a o	nsured NRJC contact No.(On P Vehicle Num tame of Prefen tita report tate Received  Confidentia	ntice) nober rred W	Urgen Normal	\$7885 \$1.62 \$1.00	Ved V2018 00:00
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Attachment		Uploaded By/Date	Category	Ŷ	Urgency	Description	Msg Sent? (CD)	Action
\$ 1.6	NAC_PAYA_UBI_800601( NAT	ONAL ASSESSMENT CENTRE SERVICES) on 20 July n 2018 19:54	NRIC/ Driving Ucense		Normal	NRIC/ Onving License 2018-6-20		Edit
pt ;	NAC_PAYA_UBI_800601( NAT	ONAL ASSESSMENT CENTRE SERVICES) on 20 July n 2018 19;54	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-6-20		Edit
100	NAC_PAYA_UGI_800601( NAY	ONAL ASSESSMENT CENTRE SERVICES) on 20 July n 2018 19:54	SAS		Normal	SAS 2018-6-20		Edit
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D7	NAC_PAYA_UB1_800601( NAT	ONAL ASSESSMENT CENTRE SERVICES) on 20 July n 2018 19:54	Photos		Normal	Photos 2018-6-20		Edit
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1	NAC_PAYA_UBI_BOOGDI( NAT	ONAL ASSESSMENT CENTRE SERVICES) on 20 Ju n 2018 19:54	Photos		Normal	Photos 2018-6-20		Edit
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	NAC_PAYA_UBI_B00501/ NATI	ONAL ASSESSMENT CENTRE SERVICES) on 20 July n 2018 19:53	Photos		Normal	Photos 2018-5-20		Edit
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r Video List								
	Uploaded By/Date	Folder Date	File Name		8	Source	Action	