Date In: 12 18-16:19		NA 1809 0055	EL RES V
13 4 10 2 10 19	Jeb description	Date &Time Completed	Done by
Ref No: NA / NC8 023 37/24	SAS e-filing		
Veh No: Ypooliu	E-mail (within Shrs, AIC 2hrs)		
D.O.A 3117 18-11:10	i-Motor Claim Form	W1 1002763-001	12/18/19:12
	i-Motor W/O (Within: OD 2h		
OD / TP / Reporting Only	i-Photo Uploaded		
TDI	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:
TP Particulars: Veh No: 2132	25MiD INC)/Non-INC()	
Owner / Driver: (*	Tel:)
Policy No: () Po	eriod: (Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 30-1	00%]
Year of Registration: ()	Warranty: YES ()/NO ()	
	000()/\$2,000()		
General Remarks:-		70.55	Som Si
() Walk-In Customer: Customer's info		The state of the s	***************************************
() Total Loss Case : to e-mail Insur		nouy NO Islan Or repolition	
		owing Co: (
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done by
Apply for Transport Allowance ()/	Courtesy Car ()		
2) OC Charle / Dans America		The state of the s	The second secon
2) QC Check / Post Repair Inspection	()		
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$:	3000] ()		
3) Upload Resurvey Photo [Repair Cost > \$	3000] ()		
3) Upload Resurvey Photo [Repair Cost > \$. Injury:	3000] ()		
3) Upload Resurvey Photo [Repair Cost > \$.	()		Const.
3) Upload Resurvey Photo [Repair Cost > \$. Injury:	()		
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3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time: Actions		paration Checklist.	Ant((S)) Amt(S)
3) Upload Resurvey Photo [Repair Cost > \$. Injury: Date/Time: Actions NAI80 4409	Invoice Pre	paration Checklist	Ant(S) Amt(S)
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time: Actions NANO 4409		Reporting (\$30); Assessment (\$100); INC (\$8	MEBIII Add Bil
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time: Actions NARO 4409 Laimant's Particulars:	Invoice Pre 1) AR: Accident 2) DA: Darnage 3) TF: Towing F	Reporting (\$30); Assessment (\$100); INC (\$80); tee \$40.	fá Bill Add Bil D) S45
3) Upload Resurvey Photo [Repair Cost > \$. Injury: Date/Time: Actions NANO 4409 Lumant's Particulars:- iver/Owner:	Invoice Pre 1) AR: Accident 2) DA: Darnage 3) TF: Towing F 4) FT: Follow-T	Reporting (\$30); Assessment (\$100); INC (\$80); See \$400; Arough Survey \$500	MEBIII Add Bil
3) Upload Resurvey Photo [Repair Cost > \$. Injury: Date/Time: Actions NANO 4409 Lumant's Particulars:- iver/Owner:	Invoice Pre 1) AR: Accident 2) DA: Darnage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a	Reporting (\$30); Assessment (\$100); INC (\$80); INC (\$80	54 Bill Add Bil 0) 545 1120 530
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time: Actions NARO 4409 Laimant's Particulars:- iver/Owner:	Invoice Pre 1) AR: Accident 2) DA: Damage 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 INC Only (wef 10 Jan 2005) stion	fit Bill Add Bil 0) 545 1120 530
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time: Actions NARO 4409 Laimant's Particulars:- iver/Owner:	Invoice Pre 1) AR: Accident 2) DA: Darnage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA	Reporting (\$30); Assessment (\$100); INC (\$80); Assessment (\$100); Assess	54 Bill Add Bil 0) 545 1120 530
3) Upload Resurvey Photo [Repair Cost > \$. Injury: Date/Time: Actions NARO 4407 numant's Particulars:- iver/Owner: ontact No: maged Portion:	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec	Reporting (\$30); Assessment (\$100); INC (\$80); Assessment (\$100); Assess	fit Bill Add Bil 0) 545 1120 530 575
3) Upload Resurvey Photo [Repair Cost > \$. Injury: Date/Time: Actions NARO 4407 numant's Particulars:- iver/Owner: ontact No: maged Portion:	Invoice Pre 1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-imper 7) N1: Idae DA 3) NTUC Addition OD' *N5: Courtesy	Reporting (\$30); Assessment (\$100); INC (\$8) ee \$400 hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) etion + SMRT Survey \$5 onal Services:-	fit Bill Add Bil 0) 0) 0) 0545 1120 530 575 1160
3) Upload Resurvey Photo [Repair Cost > \$. Injury: Date/Time: Actions NARO 4409 Enimant's Particulars: iver/Owner: ontact No: maged Portion: C Checked by (Engr-In-Charge):	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-imper 7) N1: Idae DA 3) NTUC Addition OD' *N5: Courtesy *N6: Repair C	Reporting (\$30); Assessment (\$100); INC (\$8) tee \$40. through Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) tion + SMRT Survey \$5 the Services:- Cer / Tpt Allowance c-ordination	54 Bill Add Bil 0) Add Bill A
3) Upload Resurvey Photo [Repair Cost > \$. Injury: Date/Time: Actions NARO 4409 Enimant's Particulars: iver/Owner: ontact No: maged Portion: C Checked by (Engr-In-Charge):	Invoice Pre 1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-imper 7) N1: Idae DA 3) NTUC Addition OIL* *N5: Courtesy *N6: Repair C *N7: Fost Rep	Reporting (\$30); Assessment (\$100); INC (\$8) tee \$40. through Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) tion + SMRT Survey \$5 the Services:- Cer / Tpt Allowance c-ordination	fit Bill Add Bil 0) 0) 0) 0545 1120 530 575 1160
3) Upload Resurvey Photo [Repair Cost > \$. Injury: Date/Time: Actions NANO 4409 Inimant's Particulars:- river/Owner: Intact No: Imaged Portion: Checked by (Engr-In-Charge): Inditors' Comments:-	Invoice Pre 1) AR: Accident 2) DA: Darrage 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 OD'* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col TP (N11): TP	Reporting (\$30); Assessment (\$100); INC (\$8) tee \$400 through Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) stion + SMRT Survey \$ condition air Inspection lect Excess Coordination (N-in INC) against INC	510 S23 S20 Add Bil
3) Upload Resurvey Photo [Repair Cost > \$. Injury:	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-imper 7) N1: Idae DA 3) NTUC Addition OD' *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	Reporting (\$30); Assessment (\$100); INC (\$8) tee \$400 through Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) stion + SMRT Survey \$ condition air Inspection lect Excess Coordination (N-in INC) against INC	54 Bill Add Bil 0)

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate</u> 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

ACCID	CVIT	CTAT	44.0	ENT
ACCID		2	-17	

Date Of Report 12/07/2018 16:19
Date Of Accident 11/07/2018 11:10

Exact Location Of Accident ALONG UPPER EAST COAT ROAD AFTER JUNC KEW DR

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP2013U

Insured/Policyholder

Name Of Registered Owner LIANG & HOW CONTRACTOR PTE LTD

Co Reg No 199200193M Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-88218994

Alternative Phone No OFFICE-88218994

Vehicle Particulars

Manufacturer ISUZU

Model FRR90SUQA-C

Exact Purpose for which vehicle was being used at

time of accident

WORKING

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken REPORTING ONLY

Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5089097142-01

Cover Note Number

Driver

Name of Driver HOSSAIN ANWAR

 Passport No/FIN
 G6782646P

 Date Of Birth
 01/01/1991

 Occupation
 OUTDOOR

 Date Of Driving Pass
 30/03/2017

Driving Experience 1 YEAR AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-85022249

Fax Number

Contact Number OFFICE-85022249

EMail Address NOEMAIL

12Q ENTERPRISE ROAD Address

627695 Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE Weather Conditions CLEAR Road Surface DRY

Other Information

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 10

Passenger 1 NAME: 3 *

> GENDER: : MALE

Passenger 2 NAME: 23

GENDER: : MALE

Passenger 3 NAME: 3 2

GENDER: : MALE

Passenger 4 NAME: 3 -

GENDER: : MALE

Passenger 5 NAME: . .

GENDER: : MALE

Passenger 6 NAME: 1 -

GENDER: : MALE

Passenger 7 NAME:

> GENDER: : MALE

Passenger 8 NAME: . .

> GENDER: : MALE

Passenger 9 NAME: 3 -

> GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes.Please state which Police Station

GEYLANG NEIGHBOURHOOD POLICE CENTRE Police Station Name

ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-8486999 - FAX NO: 68486799 Police Station Contact

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180712/2082.

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

21325MID Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

MUHAMMAD SYARIZ BIN AFFANDI Name of Driver

S9513984A NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

1 No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

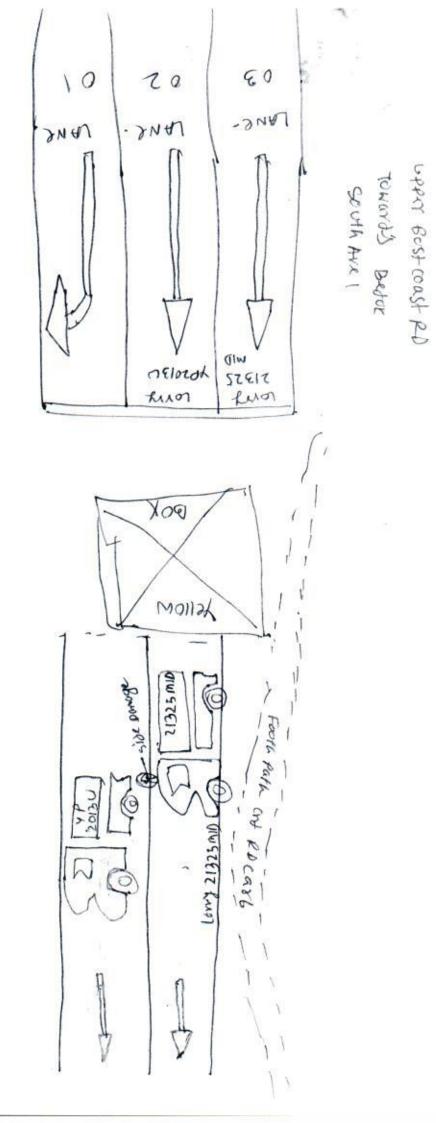
NRIC/FIN No .:

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 Personnel's Signature Name:

NRIC/FIN No.:



May t

ACCIDENT STATEMENT

ACCIDENT DATE: (1 / 7 / 8)(DD/	MM/YYYY), TIME:(
LOCATION: Along upper Egy wa	of Rd offer Jungson Kew Driv
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: YP 2013 U	18.8 to 18.
b)INSURANCE COMPANY: 17.3 C	
C)POLICY NUMBER: 508909214323	N. C.
	THIRD PARTY / THÍRD PARTY FIRE &THEFT)
e)MAKE & MODEL:	THIRD PARTY / THIRD PARTY FIRE & THEFT)
	N / LORRY / MOTORCYCLE / OTHERS)
	5. 그녀 경기 가장 1 전에 가는 사람이 하는 사람이 하는 사람이 되면 가게 하는 것이 없는 것이 없는 것이다.
g) VEHICLE CATEGORY: (PRIVATE / CO	Programme and the company of the filter of the company and the company of the com
h)PURPOSE OF USING AT ACCIDENT I	
i) ARE YOU CLAIMING UNDER YOUR C	
IF NO, PLEASE STATE (THIRD PARTY C	LAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER	240 144 0000 15500050
A)NAME: Ling & HOW Contract	
C) ADDRESS: DP 200 P3M	CONTACT: \$ 8 27 8994
C/ADDRESS	P. Commission of the Commissio
* CONTINUE TO 3.d IF DRIVER ALSO P	OLICY HOLDER
THE of parcon as. DRIVER	OLIC I HOLDER
(Including driver) DINRIC/FIN/PASSPORT: GGS 26460	(MALE / FEMALE)
(Including driver) DINRIC/FIN/PASSPORT: GGS 2646P	CONTACT: 85002 V9
(10) CIADDRESS: Da Enterprise Fou	
- STANDARDON TO STANDARD STANDARD	70%)
10 Male . *d) DATE OF BIRTH: () /) / Iga	J(DD/MM/YYYY)
e)OCCUPATION: (INDOOR / OUTDOO	
f) YEARS OF DRIVING EXPRERIENCE:	
4. WAS DRIVER AN EMPLOYEE OF THE	the state of the s
IF NO, RELATIONSHIP OF THE DRIV	VER WITH INSURED:
5. a) WEATHER CONDITION: (CLEAR / RA	
b) ROAD SURFACE: (DRY / WET / OTHE	RS
6. WAS ANYBODY INJURED (YES / NO)	* * W
7. a) REPORTED TO POLICE (YES / NO) -	Panding.
IF YES, PLEASE STATE WHICH POLICE	
8. THIRD PARTY VEHICLE	
the of passenger a) VEHICLE NUMBER: 21325MID	MODEL:
Including driver) b) DRIVER'S NAME:	
C) NRIC/FIN/PASSPORT:	CONTACT:
9. THIRD PARTY VEHICLE	
No of passenger of DRIVER'S NAME	MODEL:
e) DRIVER'S NAME:	2
Including driver f) NRIC/FIN/PASSPORT:	CONTACT:

email = Knrui@ Kanghow - rom . sg





1 of 3

Report No. T/20180712/2082

Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

A TRAFFIC	ACCIDENT		Station Diary No.:		
oate/Time Report Made: 2/07/2018 14:43		Vide Report No.: 65			
t's Particu	ilars		THE ATTERNATION OF THE PARTY.		
nformant: ANWAR		APT BLK 31 SOON LEE ROA	D #02-11 SOON LEE LODGE		
ID No.: G6782646	SP.	Contact No.: Home/Office:	Mobile: 85022249		
y:		Email:			
Age:	Date of Birth: 01/01/1991	Type of Informant: Driver	L. W. W. (Osh ad Name)		
		Language: English	Institution / School Name:		
on: ver		Driving Licence Information: Class: 3,4	Date of Expiry:		
	Report M 8 14:43 L's Particum Informant: I ANWAR ID No.: G6782646 y: DESHI Age: 27	8 14:43 t's Particulars Informant: I ANWAR ID No.: G6782646P y: DESHI Age: 27 Date of Birth: 01/01/1991	Report Made: 8 14:43 P's Particulars Informant: I ANWAR ID No.: G6782646P Y: DESHI Age: 27 Date of Birth: Driver Language: English Driving Licence Information: Class: 3.4		

Seneral Inform	mation of the Accident		Date/Time of	Type of Location
Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Accident: 11/07/2018 11:10	Straight Road
	T COAST ROAD T COAST ROAD TOWARD	S BEDOK SOUT	TH AVENUE 1	Road Speed Limit:
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage	4	Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collis		ar		Anyone conveyed by ambulance: No

Details of V	enicle invo		1	Color	Condition	No of Passenge
Vehicle No.	Type	Make	Model	COIOI		-
21325MID	Lorry				Slightly Damaged	0
					Slightly	9
YP2013U	Lorry	V			Damaged	myserementalise succession

Details of Person Involved	
Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	Use of Fedestrial Crossing. Turk





Police Station Of Origin: Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

CONTINUATION OF REPORT

2 of 3

Report No. T/20180712/2082

Driver						
Name	MUHAMMAD SYARIZ	BIN AFF	FANDI	ID No).	S9513984A
Related Vehicle	21325MID (Lorry)			Conta	act No.	NIL
Hospital/Clinic	NIL.			Class Drivin Licen	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o		NIL	
Driver				- III	1412	
Name	HOSSAIN ANWAR			ID No		G6782646P
Related Vehicle	YP2013U (Lorry)			Conta	ct No.	85022249
Hospital/Clinic	NIL			Class Driving Licence Expiry	g ce &	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days grant	ed Medical Leave	IIL III	Degree of		NIL	

Brief Details.

On 11/07/2018 at about 1110hrs while I was driving along Upper East Coast Road (Towards Bedok South Avenue 1) when suddenly one military lorry 21325MID collided onto the left rear of my lorry. No one was injured resulting from the accident.





Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999 CONTINUATION OF REPORT

3 of 3 Report No. T/20180712/2082

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Reports G / Sgt 2 SYED SYAHID BIN OSMAN IDROS	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/07/2018 14:43
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	SIGNATURE



25-04-2019







eBao Tech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601						Change Lan	guage	· Change Passwo	rd Log Out
My Desktop	Polic	y Query								
Notice of Loss	Policy N	0.				Date of Acci	dent	11/07	7/2018 11:10	
	Vehicle	No.(For Motor)	YP2013U							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5089097142- 01	LIANG & HOW CONTRACTOR PTE LTD	199200193M	GCV	Comprehensive	YP2013U	YP2013U	13/04/2018	12/04/2019
						Continue				

Policy No.	5089097142-01	Policyholder Name	LIANG & HO	W CONTRACTOR PT	Policyholder NRIC	199200193M	
Address	12Q ENTERPRISE ROAD SINGAP	ORE 627695					
Product Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N	
Policy issue Date	26/03/2018	Effective Date	13/04/2018	00:00	Expiry Date	12/04/2019 23	3:59
Excess Type		All Claim Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	1401.48				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	TIMES INS BROKERS (MOTOR B	Agent Tel.	62528888		GST Flag	Y	
Co-							
insurance Flag Open Policy Info	No						
insurance Flag Open Policy	No						
nsurance Flag Open Policy Info Certificate Info	No holder Mailing Address						
Insurance Flag Open Policy Info Certificate Info Policy		Addr	ess 2	SINGAPORE 62769	5	Address 3	
Insurance Flag Open Policy Info Certificate Info Policy Address 1	holder Mailing Address	107058	ess 2 ess Type	SINGAPORE 62769 Singapore address	5	Address 3 Post Code	627695
insurance Flag Open Policy Info Certificate Info	holder Mailing Address	Addr	ess Type ed Policy	2201200403000000	5	300 301 70 70 70 70 70	627695
Insurance Flag Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	holder Mailing Address	Addr Relat	ess Type ed Policy	Singapore address	5	300 301 70 70 70 70 70	627695
Insurance Flag Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	holder Mailing Address 12Q ENTERPRISE ROAD ed Object: YP2013U	Addr Relat	ess Type ed Policy	Singapore address	5	300 301 70 70 70 70 70	627695

e premium on this policy has n cident HT/1002763	of been collected.				
	5089097142-01	Vehicle No.	YP2013U	GST Registration No.	
100000000000000000000000000000000000000	LIANG & HOW CONTRACTOR PTE LTD			Policyholder NRIC	199200193M
	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading	0
	88218994	Contact No. (Office)	0	Contact No.(Home)	0
	5004.400.00	Special Remark		eCode	The W
ail Address	0. 0.	TCA	® No ○ Yes	eCode Reason	
•	⊕ No ○ Yes			Private Hire	No
	No	NCD Entitlement(%)	20	Curate care	27
Accident Details	200000000000000000000000000000000000000	WOOD SET OF SECURIOR PLANT	1224	Accident William	Side Swipe
ort Date	12/07/2018 19:10	Acadent Report Within 24 hrs	Yes	Accident Type	
e of Accident	11/07/2018	Time of Accident hhomm	11:10	Country of Accident	Singapore
conting Centre		Ovange Force		1CM No.	
pent Location	ALONG UPPER EAST COAT ROAD AFTER JU	NC KEW DR			
Benefits					
Excess					
n damage fixcess	600.00	Additional Excess		Windscreen Excess	100.00
named Driver Excess		Outside Singapore OD Excess			
rd Party Excess	0.00	Outside Singapore TP Excess			
GST Registered Informa	tion				
Registered	No		GST Registration Date		
T Registration No.			GST Status Verified	No	
dification History					
Policyholder Mailing Add	oress				
dress 1	12Q ENTERPRISE ROAD	Address 2	SINGAPORE 627695	Address 3	
dress 4	0.0000000000000000000000000000000000000	Address Type	Singapore address	Post Code	627695
it No.		Related Policy Number	5100534535		
OI Driver Info					
	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	HOSSAIN ANWAR	Driver NR3C	G6782646P	Driver DOB	01/01/1991
gister Date of Driver License	30/83/2017	Driver Age	27	Driving Experience	1
mact No.(Mobile)	85022249	Cornact No.(Office)	0.	Contact No. (Home)	0
idress 1	LDQ ENTERPRISE ROAD	Address 2	ENTERPRISE IO	Address 3	SINGAPORE 627695
	82				******
School of the second		Address Type	Singapore address	Post Code	627695
ddress 4		Address Type	Singapore address	Post Code	64/675
nit No.			Singapore address		91/633
nit No. des he own a Singapore	○ ves ® No	Address Type Driver Vehicle No.	Singapore address	Post Code Driver Insurer Company	01/973
nt No. ses he own a Singapore egistered car?	○ ves ® Ne		Singapore address		64,752
nt No ses he own a Singapore ngistered car? Idaration	○ Yes Ne	Driver Vehicle No.	The collection		01/673
nt No. ses he own a Singapore gistered car? claration sesthalyser or Blood Test	○ Yes Ne		Singapore address ○ Yes No		01/673
nit No des he own a Singapore egistered car? sclaration reathalyser or Blood Test		Driver Vehicle No.	The collection		0.1/673
nk No desine own a Singapore egistered car? kdaration		Driver Vehicle No.	The collection		0.1/673
nk No. pes ne own a Singapore agistered car? charación wakhalyser or Blood Test aading?		Driver Vehicle No.	The college of		0.1/673
ix No. es ne own a Singapore gistered car? claration eathayser or Blood Test ading? dification History		Driver Vehicle No.	The college of		0.1/073
t No. es he own a Singapore piscered car? daration authoriser or Blood Test uding?		Driver Vehicle No.	The college of		0.1/073
it No. es he own a Singapore gistered car? daration eathalyser or Slood Test ading? dification History Claim 001 New		Driver Vehicle No.	The college of		199500183W
it No. es he own a Singapore gistered car? daration eathalyser or Blood Test ading? dification History claim 001 New	O mg	Driver Vehicle No. Any injury?	○ Yes ® No	Driver Insurer Company	(CAS-SEX.CV)
it No. es he own a Singapore gistered car? daration eathalyser or Blood Test ading? dification History claim 001 New with Type *	O mg	Driver Vehicle No. Any Injury? Insured Name	○ Yes ® No	Driver Insurer Company Insured NRIC	199200193M
ic No. es he own a Singapore gistered car? charación eachalyser or Blood Test ading? dification History Claim 001 New sim Type * intact No.(Mobile) half Address	O mg OD-MX V Nanghow@singnet.com.sg	Driver Vehicle No. Any injury? Insured Name Contact No.(Home)	O Yes ® No LIANG & HOW CONTRACTOR PT	Driver Insurer Company Insured NR IC Contact No. (Office)	199200193M 62621175
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Attachment		Uploaded By/Date	Category	9	Urgency	Description	Msg Sent? A (CO)
SE SE	NAC_PRYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 19:14		NRIC/ Driving License		Normal	NRIC/ Driving License 2018-7-12	(0)
40	NAC_PAYA_UB1_800603(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2016 19:13	SAS		Normal	SAS 2018-7-12	
		IONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 19:13	Photos		Normal	Photos 2018-7-12	
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e de			Photos	Normal			
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