NATIONAL Assessment Ce.	ntre Services   [well 1 Jan	1051MNA 11869 1893	20
Date In: 16/7/8-9:39	Jeb description	Date & Time Completed	Done by
Rel No: NA INCRODES Zy	SAS e-filing		
Veh No: 5/23/920	E-mail (within Shrs, AIC	2hrs)	
D.O.A : K 7/18-14:00	i-Motor Claim Form	M7/1003241-001	16/7/18 1951
	i-Motor W/O (Within:		The state of the s
OD TP Reporting Only	i-Photo Uploaded		
TRI	Assessment/Survey Re	port	
TP Insurer:	Ass't Report by Fax /	Hand to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(	Tel:	Fax:
TP Particulars: Veh No:	186512X	NC( )/Non-INC( ).	
Owner / Driver: (		Tel:	)
Policy No: (	Period: (	) Cover Type: (	)
Confirmed by: (	Date:	Time:	)
Insured/Driver Liability: ( %	6) [Note-Est. Status (WO): 1	N: 0-20%; P: 21-79%. P: 80	-100%]
Year of Registration: ( )	Warranty: YES ( )/NO	D( )	
The state of the s	\$1,000 ( )/\$2,000 ( )		
General Remarks:-			Side and the second
( ) Walk-In Customer : Customer's	information strictly Confidentia		
( ) Total Loss Case : to e-mail Ins	The second secon	a dilicuy NO 13161 01 Tepaner	
	oice: YES ( ) / NO (	) : Towing Co. (	· · · · · · ·
		); Towing Co: (	,
Remarks:- (INC hotline: 6788 6616		Date&Time Completed	Done by
Apply for Transport Allowance ( )	) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection	( )		* * * * * * * * * * * * * * * * * * *
3) Upload Resurvey Photo [Repair Cost >	> \$3000] ( )		
Indiana.			
Injury:			
Date/Time Actions		The state of the s	PERMICAL APP
			5000
Union			Ant (S) Amt (S
NA1804479	2.83	e Preparation Checklist	THBILL Add Bil
aimant's Particulars :-	000 027 000 00 0 000 040 070 / 000 0000 000 000 000 000 000 000	ceident Reporting (\$30); amage Assessment (\$100); INC (\$	200
iver/Owner:	3) TF : Te		10/\$45
IVE//Owner:	4) FT : Fo	llow-Through Survey	\$120
ntact No:	5) FT : Fo	illow-Through Survey (Resurvey) ming against INC Only (wof 10 Jan 200	\$30
mand Darting		e-in-spection	\$75
maged Portion:	7) N1 : Id	ac DA + SMRT Survey	\$160
		Additional Services:-	
Checked by (Engr-In-Charge):	OD*	ourtesy Car / Tpt Allowance	\$5
		spair Co-ordination	510
ditors' Comments :-	PEC AND BOTH LABOUR IN THE STATE OF THE STAT	ost Repair Inspection	\$25
The figure of the state of the		V / Collect Excess Coordination	\$20 .
<u>l:</u> ·		1): TP (Non INC) against INC	30
2/3;	Invoice de		公约(2)
DESCRIPTION OF	Involce de	nted Fee Charged	MARIN

#### 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 aforesaid.

The state of the second st	ACCIDENT STATEMENT	
Date Of Report	16/07/2018 19:29	
Date Of Accident	15/07/2018 14:00	
Exact Location Of Accident	SLIP RD LOYANG AVE TWDS TPE (PIE)	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJZ3192D	- 1
Insured/Policyholder		201
Name Of Registered Owner	GIFT DESIGNERS GROUP ASIA	
Co Reg No	53293654W	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-89999999	
Vehicle Particulars		
Manufacturer	VOLKSWAGEN	
Model	POLO 1.4 AT 6R13E7	
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	THIRD PARTY	
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	5093899734	
Cover Note Number		
Driver		
Name of Driver	JOCELYN CASSANDRA CHONG SOOK FUN	
NRIC No	S7111361B	
Date Of Birth	05/03/1971	
Occupation	OUTDOOR	
Date Of Driving Pass	13/04/2006	
Driving Experience	12 YEARS AND 3 MONTHS	
Gender	FEMALE	
Mobile Number	(LOCAL) +65-91527178	
Fax Number		
Contact Number	OFFICE-91527178	
EMail Address	NOEMAIL	

Address BLK 62 LORONG 4 TOA PAYOH

#20-107

Postcode 310062

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 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? YES

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

NO

NO

3

: QIU JINGJIE

GENDER: : FEMALE

Passenger 2

NAME:

: AGNES LIM

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

KAMPONG UBI NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 ,

**COUNTRY: SINGAPORE** 

Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

TEL NO: 1800-7479999 - FAX NO: 67453410

NO

YES

Circumstances of Accident

REFER TO POLICE REPORT - T/20180716/2073.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBG5102X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

MOHAMAD ABDUL RAWNI BIN ABDUL AZIZ

NRIC/Passport Number

S8703964A 87527558

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

Name

JOCELYN CASSANDRA CHONG SOOK FUN

Approximate Age

Injuries Sustain

**NECK & BACK** 

Injured person in which vehicle? SJZ3192D

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

**DETAILS OF INJURED PERSON 2** 

Name

QIU JINGJIE

Approximate Age

Injuries Sustain

**NECK & BACK** 

Injured person in which vehicle?

SJZ3192D

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

**DETAILS OF INJURED PERSON 3** 

Name

AGNES LIM

Approximate Age

Injuries Sustain

**NECK & BACK** 

Injured person in which vehicle?

SJZ3192D

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.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

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

Reg No 0 53293654W

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.

Policy oda The darure

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

## ACCIDENT STATEMENT

	ACCI	DENT DATE: 1547 2018 (DD/MM/777), TIME: (14:00) (HH:MM)
m 14		Slip food Tot DE
22	LOCA	TION: 1 . N. 7/1 1 T C
	1.	DETAILS OF VEHICLE
		alvehicle NUMBER: SJZ3192D
		b)INSURANCE COMPANY:
		GIPOLICY NUMBER:
		d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
		PIMAKE & MODEL:
		f)TYPE:(SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS)
		g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
		h) PURPOSE OF USING AT ACCIDENT TIME:
		IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
	2	INSURED / POLICY HOLDER
	2.	A)NAME:(MALE / FEMALE)
		binric/fin/Passport:CONTACT:
		c) ADDRESS:
	5.55	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
Allo of basso		
(Including d	river)	bjnric/fin/passport:
(_2)		c)ADDRESS:
		*d)DATE OF BIRTH: (
( and	2	*d)DATE OF BIRTH: (
2 tev		OCCUPATION: (INDOOR / OUTDOOR)
Lander	1 2	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) NO)
207	1	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
X gon!	5.	GIVEATHER CONDITION, CLEAR / RAINING / GITTERS
0		b)ROAD SURFACE: (DRY ) WET / OTHERS
		WAS ANYBODY INJURED (YES) / NO)  a) REPORTED TO POLICE (YES) / NO)
	1	IF YES, PLEASE STATE WHICH POLICE STATION:
	8.	THIRD BARTY VEHICLE
the of pagen		(- (C-(1)) * (1000)
Ash America	100	b) DRIVER'S NAME: MOHAMAD ABOUL RAWNI BIN ABOUL MZIZ c) NRIC/FIN/PASSPORT: S8703964A CONTACT: 87527518
7	2754-2	C) NRIC/FIN/PASSPORT: STOPA CONTACT: 6732720
1117	9.	THIRD PARTY VEHICLE  d) VEHICLE NUMBER: MODEL:
980 37 953	24727	el DRIVER'S NAME:
As free	44	DRIVER'S NAME:  OF DRIVER'S NAME
/	1508	1
	1	Jocelynchong @ live.com
12000	70,	feline not Joselynchong@tive.com
(Sr. 11 Dx.	, 50	Doce your consider we com
Lar 6	ofe	till & ? ) email = ck. tan 888 @ Live · com. sq
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		Wastrig for Police Report.
		and the second s

PUP. Police Station Of Origin. Kampony Uni 147 9 Eunos Crescent #01-2687 SINGAPORE

Tel No: 1800-7479999 REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:

Vide Report No.:

Station Diary No 32

16/07/2018 14:05 Informant's Particulars

Name of Informant: JOCELYN CASSANDRA CHONG SOOK FUN ID Type / ID No .: NRIC NO / S7111361B

SINGAPORE CITIZEN Date of Birth: Age: 05/03/1971 47

Chinese Occupation: PROPERTY AGENT

APT BLK 62 LORONG 4 TOA PAYOH #20-107 SINGAPORE

310062 Contact No.: Home/Office:

Email:

Type of Informant: Driver

Language:

Driving Licence Information: Class: 3A

Date of Expiry:

Institution / School Name:

Mobile: 91527178

General information of the Accident

Type of Accident:

Nationality:

Sex:

Female

Race:

Injury Others Drink Drive: No

Road Surface:

Traffic Control:

Dry

Date/Time of Accident: 15/07/2018 14:00 Type of Location: Straight Road

Location: Along Road 1 TAMPINES EXPRESSWAY

Loyang Slip Road to TPE towards ECP

Weather: Clear Traffic Flow: One Way

Not Controlled Type of Collision: Between Moving Vehicles - Head To Rear

Road Speed Limit:

50 Km/h

Traffic Volume: Heavy

Anyone conveyed by ambulance:

No

Details of Ve	ebicle Invo	ived				
Vehicle No.	Туре	Make	Model	Color		
GBG5102X	Van	ТОУОТА	HIACE	White	Slightly Damaged	0
SJZ3192D	Car	VOLKSWAGO N	POLO	Silver	Seriously Damaged	2

The second second		_	_	The second second
THE RESIDENCE OF	EMPORTO CO.		Control of the Contro	The second second
III PETRI	SOL	MOYCY	APPLICATION OF	20 0 20 0 0 0
		HILL THE PARTY	ALC: UNIVERSE	
The second		-		O make the contract of

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

volice Station Of Origin:
NPP
Kampong Ubi NPP
Eunos Crescent #01-2687 SINGAPORE
9 Eunos Crescent #01-2687 SINGAPORE
100009
Tel No: 1800-7479999

# CONTINUATION OF REPORT

THE RESERVE OF THE PARTY OF THE			ID No.		S8072378D	
Passenger	QIU JINGJIE		United States of the States of	15000		
Name			Contact No.		91816262	
Related Vehicle	SJZ3192D (Car)			11		
	TO SUBJECT	77000	Class	of	Class: NIL	
Hospital/Clinic	326 AVENUE 3 CLINIC	Driving Licence & Expiry Date		Date of Expiry: NIL		
	17.07.0040	Date Disc	charge	15/07	/2018	
Date Treatment	15/07/2018 red Medical Leave 03	Degree o				
	ted Medical Leave 03				SEE IN COLUMN TO SEE	
Driver	JOCELYN CASSANDRA CHO	NG SOOK	ID No		S7111361B	
Name	FUN					
Related Vehicle	SJZ3192D (Car)		Contact No.		91527178	
TCIBLOG TOTAL					01 04	
Hospital/Clinic	326 AVENUE 3 CLINIC		Class of Driving Licence & Expiry Date		Class: 3A Date of Expiry: NIL	
Date Treatment	15/07/2018	Date Dis	charge	15/07	//2018	
No of Days gra	nted Medical Leave 03	Degree	of Injury	Sligh	t and the same of	
	THE WILLIAM SOURCE HAS EXPLOYED					
Passenger Name	AGNES LIM		ID No.		S7335511G	
Related Vehicle	SJZ3192D (Car)		Contact No.		91012082	
Hospital/Clinic	326 AVENUE 3 CLINIC		Class of Driving		Class: NIL Date of Expiry: NIL	
			Licence & Expiry Date			
Date Treatmen	15/07/2018	Date Di	scharge	15/0	7/2018	
	anted Medical Leave 03	Degree	of Injury	Slig	nt	

### Brief Details.

On the 15/07/2018 at about 1400hrs, I was driving my car(SJZ3192D) and had turn left into slip road into TPE towards ECP from Pasir Ris. While I was along the slip road into the expressway, a car in front of m suddenly brake and I had to braked. However, I managed to stop in time when suddenly I felt an impact from rear and a van(GBG5102X) had hit onto my rear side of my vehicle. We then stopped and exchanged particular.

After which my two colleague and I felt neck and back pain and we went to Clinic to make a check. All c us received 3 days of mc and my car suffered damaged on the rear portion of the vehicle. I also had a built in camera both front and rear camera.

POLICE FORCE has dustin Or Origin Selection of Dragon Select Report No. 7/20180756/2073 CONTINUATION OF REPORT 400000 16 No 1800-7470099

ng Ubi NPP Crescent #01-2687 SINGAPORE Tel No: 1800-7479999

### CONTINUATION OF REPORT

### Sketch Plan

NEG.

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 Report? Signature Of Informant:

Signature Of Interpreter: Not applicable

Sgt 3 MUHAMMAD IMRAN HADI BIN JOHARI

Date/Time: 16/07/2018 14:05

Officer In Charge Of Case: TP/AEIT/ Sr Staff Sgt ONG YONG HOCK Classification Of Case:

Contact No.: 65476436

SINGAPORE POLICE FORCE

Authentication Stamp NP168

SIGNATURE

# 326 AVENUE 3 CLINIC

BLK 326, SERANGOON AVE 3, #01-382 SINGAPORE 550326. TEL: 6280 1567

# MEDICAL CERTIFICATE

No. 218940

	AGNES LIM
his is to certify that	15: B.18 17: 7:18
s unfit for duty for	BEE day(s) from $15.9.18$ to $19.9.18$ inclusive.
Remarks:	North a Drain -
Remarks.	Road Toothe Accordent
	DR WONG KAM WAH
Λ (	MBBS (S'PORE)
12.7.18	DR. WONG KAM WAH MBBS(S'PORE)
Date	DR. LEONG SENG KEEN MBBS(S'PORE)
	BLK 326, SERANGOON AVE 3, #01-382
	SINGAPORE 550326. TEL: 6280 1567
	MEDICAL CERTIFICATE No. 218939
This is to certify that	QUU JING JIE
is unfit for duty for	REE day(s) from $15.718$ to $12.718$ inclusive
Remarks:	Nech span -
	Road Tate Accider
	DR WONG KAM WAH  MBBS (S'PORE)  MBBS (S'PORE)
15.211	MBBS 105205A
Dota .	DR. WONG KAM WAH MBBS(S'PORE
Date	☐ DR. LEONG SENG KEEN MBBS(S'PORE
	326 AVENUE 3 CLINIC
	BLK 326, SERANGOON AVE 3, #01-382 SINGAPORE 550326. TEL: 6280 1567
	MEDICAL CERTIFICATE No. 218938
This is to certify that	CHONG SOOK FUN JOCEYN CASSONDA
	REE day(s) from 15.7.18 to 13.7.18
is until for duty for 11/	No che e de che
Remarks:	The sport of the Armen
	Koan Min II - Commo

150.18

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7111361B





JOCELYN CASSANDRA CHONG SOOK FUN

CHINESE

05-03-1971

Country of birth SINGAPORE





13-01-2011

APT BLK 62 LORONG 4 TOA PAYOH #20-107 SINGAPORE 310062

NRIC No: S7111361B

Date: 22/02/2018 (R)

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

PASS DATE

Licence No: S7111361B

NP 428A

<b>eBao</b> Tech									Gen	eralClaim
Hello, NAC_PAYA_UBI_80	0601						Change Lar	guage	Change Passwo	ord + Log Out
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	io.				Date of Acc	ident	15/07	/2018 14:00	
	Vehicle	No.(For Motor)	SJZ3192D							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5093899734	GIFT DESIGNERS GROUP ASIA	53293654W	GPC	drivo CLASSIC	SJZ3192D	SJZ31920	04/09/2017	19/11/2018
					- 8	Continue				

Policy No.	5093899734	Policyholder	GIFT DESIG	SNERS GROUP AS	Policyholder	53293654W	
		Name			NRIC	33293034W	
Address	25 JANSEN ROAD #03-04 JANS	EN MANSIONS	SINGAPORE	548429			
roduct lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
olicy ssue Date	04/09/2017	Effective 04/09/2017 00		7 00:00	Expiry Date	19/11/2018	23:59
xcess		All Claim Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
Agent	TAI THONG LEE TRADING PTE	L Agent Tel.	NIL		GST Flag	Υ	
insurance Flag Open Policy Info Certificate Info							
→ Policy!	holder Mailing Address						
Address 1	25 JANSEN ROAD	Addre	ess 2	#03-04 JANSEN	MANSIONS	Address 3	SINGAPORE 548429
Address 4			ess Type	Singapore addre	SS	Post Code	548429
Jnit No.	03-04	Relat Numl	ed Policy ber	5093899734			
D Insure	ed Object: SJZ3192D						
▼ Endors	sements						
Seque	nce Date of Endorseme	ent	Endorsemen	t Type	Endorsemen	t Status	Endorsement Content Thank you for giving us the
1	22/05/2018 00:00		Information sement	Endo	orsement Take E	ffective	opportunity to serve you. We confirm that from 22 May 2018, the following amendment(s) is/a made to this policy: NAMED DRIVER 1: WONG CHOONG CHO
							Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 04 Sep 2017 TO 15 Nov 2018 In view of this amendment, an additional premium of \$302.31 (inclusive o GST) is payable under your polic Please ignore this premium

aim Handling						
cident MT/1003241	12272000	277223	MAKE:	2200 0 300		
licy No.	5093899734	Vehicle No.	51231920	GST Registration No.	NUDELIC SETTING	
licyholder Name	GIFT DESIGNERS GROUP ASIA			Policyholder NRIC	53293654W	
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0	
ntact No.(Mobile)	0	Contact No. (Office)	•	Contact No.(Home)	0	
seil Address		Special Remark		eCode	No. of	
K (	® No ○ Yes	TCA	® No ○ Yes	eCode Reason		
D Protection	No	NCD Entitlement(%)	0	Privace Hire	No	
Accident Details		63600 12510 ACCUST 25 CORV		(1111100011100)	2000	
	Contractor to the	and the second second second	4250	70002-0047000	12/22/20/20/20/20/20	
port Date	16/07/2018 19:49	Acadent Report Within 24 hrs.	Yes	Accident Type	Collision - Head to Rear	
te of Accident	15/07/2016	Time of Accident Nicmm	14:00	Country of Academt	Singapore	
porting Centre		Orange Force		ICM No.		
oldent Location	SLIP RD LOYANG AVE TWOS TPE (PIE)					
Benefits						
Excess						
n damage Excess	2,000.00	Additional Excess	0			
	2,000.00			Windscreen Excess	100.00	
semed Driver Excess		Outside Singapore OD Excess	2,000.00			
d Party Excess	3,500.00	Outside Singapore TP Excess	1,500.00			
GST Registered Inform	ation					
Registered	No		GST Registration Date			
Registration No.			GST Status Verified	Yes		
ification History						
Policyholder Mailing Ad	idress					
ress t	25 JANSEN ROAD	Address 2	#02-04 JANSEN MANSIONS	Address 3	SINGAPORE 548429	
ress 4						
	21.04	Address Type	Singapore address	Post Code	545429	
1 No.	03-04	Related Policy Number	5093899734			
OI Driver Info						
er Name	Unnamed Driver	Onver Type	Unnamed Driver			
named driver Name	JOCELYN CASSANORA CHONG 5	Driver NRIC	\$71113618	Driver DOB	05/03/1971	
ister Date of Driver License	13/04/2006	Driver Age	47	Driving Experience	12	
tact No.(Mobile)	91527178	Comact No.(Office)	α	Contact No.(Home)	0	
ireas 1	BLK 62	Address 2		Address 3		
	Control of the Contro		LORDING 4 TOA PAYON		TOA PAYON VISTA	
iresx 4	SING4808E 310063		LORONG 4 TOA PAYOH		TOA PAYOH VISTA	
	SINGAPORE 310062	Address Type	Singapore address	Post Code	310062	
t No.	SINGAPORE 310062 20-107					
t No. es he own a Singapore					310062	
t No. es he own a Singapore	20-107	Address Type		Post Code	310062	
t No. es he own a Singapore istered car?	20-107	Address Type		Post Code	310062	
t No. es he own a Singapore jistered car? laration athalyser or Blood Test	20-107	Address Type		Post Code	310062	
it No. es he own a Singapore gistered car? deration sathalyser or Blood Test.	20-107 ○ Yes <b>®</b> No	Address Type Driver Vehicle No.	Singapore address	Post Code	310062	
dress 4 is No. es he own a Singasore gistered car? Claration eathalyser or Blood Test ading?	20-107 ○ Yes <b>®</b> No	Address Type Driver Vehicle No.	Singapore address	Post Code	310062	
it No.  es he own a Singapore gistered car?  claration sathalyier or Blood Test	20-107 ○ Yes <b>®</b> No	Address Type Driver Vehicle No.	Singapore address	Post Code	310062	
t No.  Is no own a Singapore parties of the own a Singapore paration althoughput or Blood Test iding?	20-107 ○ Yes <b>®</b> No	Address Type Driver Vehicle No.	Singapore address	Post Code	310062	
No.  s he own a Singapore stend car?  aration  shalplate or Blood Test drig?	20-107 ○ Yes <b>®</b> No	Address Type Driver Vehicle No.	Singapore address	Post Code	310062	
No. she own a Singapore stered car? station thatyler or Blood Test lang? floation History aim 001 New	20-107 ○ Yes	Address Type  Ottoer Vehicle No.  Any injury?	Singapore address	Post Code  Driver Insurer Compa	310062	
No. sinc own a Singapore intered car? aration aration athalyser or Blood Test ding? ficusion History laim 001 New	20-107 ○ Yes <b>®</b> No	Address Type Driver Vehicle No.	Singapore address	Post Code	310062	
No. Is he own a Singapore interest car?  aration  aratical  aratic	20-107 ○ Yes	Address Type  Ottoer Vehicle No.  Any injury?	Singapore address	Post Code  Driver Insurer Compa	310062	
No. s he own a Singapore intered car? aration straight or Blood Test ding? fication History wim 001 New in Type *	20-107 ○ Yes  No 0 mg	Address Type  Oriver Vahide No.  Any injury?  Insured Name	Singapore address	Post Code  Driver Insurer Compa	310062 310y 53293654W MB	
No.  s he own a Singapore stered car?  aration  aration  this lips of Blood Test ding?  fication History  aim 001 New  If Type *  act No.(Mobile)  If Address	20-107  ○ Yes  No  0 mg  OD-MK  93527178	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home)	Singapore address	Post Code  Oriver Insurer Compa  Insured NRIC  Consact No. (Office)  TP Vehicle Number	310062 310y 53293654W NIL G8G5102W	
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No. s he own a Singapore stered car? aration sthatyser or Blood Test dring? fication History saim 001 New in Type * lact No.(Mobile) iil Address in Description	20-107  ○ Yes  No  0 mg  OD-MK  93527178	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home)	Singapore address	Post Code  Oriver Insurer Compa  Insured NRIC  Consact No. (Office)  TP Vehicle Number	310062 310y 53293654W NIL G8G5102W	
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No. Is he own a Singapore interest car?  aration athalyser or Blood Test ding?  ification History  laim 001 New  In Type *  tact No.(Mobile) all Address m Description arred Workshop Contact use Finalisation	20-107  ○ Yes  No  0 mg  OD-MX  91527178  S323193D / GBGS102X ON 15 Jul 2018	Address Type  Driver Vehicle No.  Any Injury?  Insured Name  Contact No.(Home)  OI Vehicle Number  Insured Liability *	Singapore address    Yes No  No  SIZ31920  Not at Fault	Post Code  Oriver Insurer Compa  Insured NRIC  Contact No. (Office)  Th Vehicle Number  Name of Preferred Wo	\$1293654W NIL GRG5102W Orkshop	D
is No.  Is he own a Singapore Issered car?  I aration	20-107  ○ Yes  No  0 mg  0D-MK  91527178  S227192D / GRGS102X ON 15 Jul 2018  Yes	Address Type  Driver Vshide No.  Any Injury?  Insured Name Contact No.(Home) OI Vshide Number  Insured Liability * Preferend Repair Option	Singapore address    Yes No  No  SIZ31920  Not at Fault	Post Code  Oriver Insurer Compa  Insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred Wo	\$10062 \$10062 \$1293654W MR GBG5102X	
t No.  Is no own a Singapore  Isration  athalyser or Blood Yest  Iding?  Introduce History  In Type *  Itact No. (Mosse)  Bill Address  In Description  Interned Workshop Contact  Isration History  In Type *  Itact No. (Mosse)  In Type *  Itact No	20-107  ○ Yes  No  0 mg  OD-MX  91527178  S221192D / GBGS102X ON 15 Jul 2018  Ves  Ves	Address Type  Driver Vshide No.  Any Injury?  Insured Name Contact No.(Home) OI Vshide Number  Insured Liability * Preferend Repair Option	Singapore address    Yes No  No  SIZ31920  Not at Fault	Post Code  Oriver Insurer Compa  Insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred Wo	\$1293654W NIL GRG5102W Orkshop	
in No.  Is he own a Singapore issered car?  aration  aration  athalyser or Blood Yest dring?  Ification History  In Type *  tact No.(Modife)  Bil Address  Im Description  Interest Workshop Contact  Unit Finalisation  e Registered  out Taken By	20-107  ○ Yes  No  0 mg  0D-MK  91527178  S227192D / GRGS102X ON 15 Jul 2018  Yes	Address Type  Driver Vshide No.  Any Injury?  Insured Name Contact No.(Home) OI Vshide Number  Insured Liability * Preferend Repair Option	Singapore address    Yes No  No  SIZ31920  Not at Fault	Post Code  Oriver Insurer Compa  Insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred Wo	\$1293654W NIL GRG5102W Orkshop	2
No.  s he own a Singapore offered car?  aration  aration  aration  aration  aration  aration  blood Test  dring?  fication History  wim 001  New  in Type *  tact No.(Modife)  iil Address in Description  arred Workshop Contact  une Finalisation  it Registered  out Taken By	20-107  ○ Yes  No  0 mg  0D-MK  91527178  S227192D / GRGS102X ON 15 Jul 2018  Yes	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date	Singapore address    Yes No  No  SIZ31920  Not at Fault	Post Code  Oriver Insurer Compa  Insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred Wo	\$1293654W NIL GRG5102W Orkshop	
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No. she own a Singapore stered car?  reation  Chalyber or Blood Test long?  Roation History  alm 001 New  In Type *  act No.(Mobile)  If Address  the Description  rered Workshop Contact  are Finalisation  Registered  int Taken By  Point AK letter	20-107  ○ Yes  No  0 mg  0D-MK  91527178  S227192D / GRGS102X ON 15 Jul 2018  Yes	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date	Singapore address    Yes No  GEFT DESIGNERS GROUP ASIA  SIZ31920  Not at Fault  Preferred Workshop, Name unknown	Post Code  Oriver Insurer Compa  Insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred Wo	\$1293654W NIL GRG5102W Orkshop	
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No.  Is he own a Singapore interest early aration athalyses or Blood Test drig?  In the second of th	20-107  ○ Yes  No  0 mg  0 mg  0 mg    OD-MK	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date	Singapore address  © Yes No  GET DESIGNERS GROUP ASIA  SIZ31920  Not at Faut  Preferred Workshop, Name unknown  Save Submt	Post Code  Oriver Insurer Compa  Insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred Wo	\$1293654W NIL GRG5102W Orkshop	
No.  Is he own a Singapore interest early aration athalyses or Blood Test drig?  In the second of th	20-107  ○ Yes  No  0 mg  0 mg  0 mg    0 mg	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date	Singapore address  Singapore address  GIFT DESIGNERS GROUP ASIA  SIZ31920  Not at Fault  Preferred Workshop, Name unknown  Save Subme  001 16/07/2016 19:52	Post Code  Driver Insurer Compa  Insured NRIC Contact No. (DMice) TP Vehicle Number Name of Preferred Wo GIA report Date Received	\$1293654W MB_ GBG\$102X orkshop Received 16/07/2016 00:00	
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No.  She own a Singapore interest and sensition sensition sensition sensition of the sensition	20-107  ○ Yes  No  0 mg  0 mg  0 mg    0 mg	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date	Singapore address   Types No  GIFT DESIGNERS GROUP ASIA  SIZ3192D  Not at Faut  Preferred Workshop, Name unknown  John Save  Save  Subme  Oot  16/07/2018 19:52  Category •	Post Code  Driver Insurer Compa  Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Wo GIA report Date Received	\$1293654W MB_ GBG\$102X orkshop Received 16/07/2016 00:00	
No.  She own a Singapore interest and sensition sensition sensition sensition of the sensition	20-107  ○ Yes  No  0 mg  0 mg  0 mg    0 mg	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Upload Date	Singapore address  Sirgapore address  Sirgapore address  GIFT DESIGNERS GROUP ASIA  SIZ3192D  Not at Fault  Preferred Workshop, Name unknown  Save Subme  001 16/07/2018 19:52 Category •	Post Code  Driver Insurer Compa  Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Wo GIA report Date Received	\$1293654W MB_ GBG5102X orkshop  Received 16/07/2015 00:00	
in No.  Is he own a Singapore interest car?  I aration	20-107  ○ Yes  No  0 mg  0 mg  0 mg    0 mg	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Upload Date  Browse.  Browse.	Singapore address  Singapore address  GIFT DESIGNERS GROUP ASIA  SIZ3192D  Not at Fault  Preferred Workshop, Name unknown  Oot  16/07/2018 19:52  Category •  Category •  Dear Please Select	Post Code  Driver Insurer Compa  Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Wo GIA report Date Received	S1293654W   MB_   GBG5102X   Orkshop   Received   16/07/2015 00:00	
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	Uploaded By/Date	Forder Date	File Name		8	Source	Action
Video List		200.210.00					
	NAC_PAYA_UBI_BOOSOL( NATIO	DNAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 19:51	Photos	No	ormal	Photos 2018-7-16	Ec
-	NAC_PAYA_UBI_800801( NAT)	DNAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 19:51	Photos	No	ormal	Photos 2018-7-16	Es
6	NAC_PAYA_UBI_B00601( NATE	CNAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 19:51	Photos	No	ormal	Photos 2018-7-16	E
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- m	NAC_PAYA_UBI_800601( NATI	ONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 19:52	NRIC/ Driving License	T-A	omai	NR3C/ Driving License 2018-7-16	E
Attachment		Uproaded By/Date	Category	9 4	gency	Description	Sent? Act (CO)