Date In: 16/3/18-14:23	Jeb description	1	Date &Time Completed	Done	by
Res No: Na INC18012906/24	SAS e-filing				
Veh No: 1237785	E-mail (within				
D.O.A: 15/7/18-05:00	i-Motor Clai		MTI - > TA-mi	1 th 10 200	T
D.O.A . 11 10/18 - 03:03		O (Within: OD 2hr	M7/1003757-001	16/2/18 70%	9 0
OD TP : Reporting Only	i-Photo Uplo		1		
	Assessment/Si		<del>                                     </del>		
TP Insurer:			- O		
Parties d Wise LING Assistant Wise COM.	Ass't Report t	y Fax / Hand	o Owner/Wksp Tel:	Fax:	-
Preferred Wksp / INC Assign Wksp / QW: (		DIC (	4.0	rax.	-
Owner / Driver: (	2924K	INC (	)/Non-INC( ).		
	Period: (		Cover Type: (		
Policy No: ( )  Confirmed by: (	Period: (	Date:	Time:		
	Dista Par Crass (			100041	
			0%; P: 21-79%. P: 30-	100%]	-
Year of Registration: ( )	Warranty: YES (	)/NO(	)		
Excess: (\$ ) Loading: \$1			Samuel A. Callerin and A. Callerin	PERSONAL PROPERTY OF THE	
General Remarks:	Carlot Course Con Handle Albert			State Silver	
( ) Walk-In Customer: Customer's in	nformation strictly Co	nfidential & St	rictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insu	urer URGENTLY.	2			
Drive-In ( )/ Towed-In ( ); Invoi	ice: YES( ) / N	VO( );T	owing Co: (		)
Pariotics (ANGLE ANGLES SEE	Sheet and the second	and the second second		Pone	hv -
Remarks: (INC horline: 6788 6616)			Date&Timb Completed	Done	by
1) Apply for Transport Allowance ( )	/ Courtesy Car (	)	Date&Time Completed	Done	by
Apply for Transport Allowance ( )     QC Check / Post Repair Inspection	/ Courtesy Car (	)	Date&Time Completed	Done	by
1) Apply for Transport Allowance ( )	/ Courtesy Car (		Date&Time Completed	Done	by
Apply for Transport Allowance ( )     QC Check / Post Repair Inspection	/ Courtesy Car (		Date&Time Completed	Done	by
1) Apply for Transport Allowance ( ) / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:	/ Courtesy Car (			2.32.22	by
1) Apply for Transport Allowance ( ) / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:	/ Courtesy Car (			Done	by
1) Apply for Transport Allowance ( ) / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:	/ Courtesy Car (			2.32.22	by
1) Apply for Transport Allowance ( ) / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:	/ Courtesy Car (			2.32.22	by
1) Apply for Transport Allowance ( ) / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:	/ Courtesy Car (			2.32.22	by
1) Apply for Transport Allowance ( ) / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:	/ Courtesy Car (			2.32.22	by
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions	/ Courtesy Car (				by Ami(3)
1) Apply for Transport Allowance ( ) / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:	/ Courtesy Car (			2.32.22	Am (3)
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time   Actions	/ Courtesy Car (	Invoice Pre	paration Checklist Reporting (\$30);	Am: (S)	Am (3)
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  NA 180 4466  laimant's Particulars:	/ Courtesy Car (	Invoice Pre	paration Checklist.  Reporting (\$30);  Assessment (\$100); INC (\$200);  See S4	Am: (S)	Am (3)
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time   Actions  NA 180 4966  Laimant's Particulars:	/ Courtesy Car (	Invoice Pre	Paration Checklist Reporting (\$30); Assessment (\$100); INC (\$200); Reporting (\$300); Reporting (\$300); INC (\$300); INC (\$300); Reporting (\$300); INC (\$300); INC (\$300); Reporting (	Ant (5) fit Bill 80) 0/\$45 \$120	Am (3)
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time: Actions  NA 1804966  Inimant's Particulars:- river/Owner:	/ Courtesy Car (	Invoice Pro  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti	paration Checklist.  Reporting (\$30);  Assessment (\$100); INC (\$200);  See S4	Ant(\$) 18 Bill 80) 0/\$45 \$120 \$30 5)	Am (5)
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time! Actions  NA 180 4966  laimant's Particulars: river/Owner:	/ Courtesy Car (	Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T 6) TR: Re-inspec	Paration Checklist.  Reporting (\$30); Assessment (\$100); INC (\$50); The second of the	Ant(s) fitBill 80) 0/\$45 \$120 \$30 \$) \$75	Am (3)
1) Apply for Transport Allowance ( ) / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time: Actions  NA 180 4966  Inimant's Particulars:  river/Owner:	/ Courtesy Car (	Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a	paration Checklist  Reporting (\$30); Assessment (\$100); INC (\$500); Assessment (\$100); INC (\$100); Assessment (\$100); Assessment (\$100); INC (\$100); Assess	Ant(\$) 18 Bill 80) 0/\$45 \$120 \$30 5)	Am (3)
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time: Actions  NA 1804/966  Liumant's Particulars:  portact No:  hmäged Portion:	/ Courtesy Car (	Invoice Pres  1) AR: Accident  2) DA: Damage  3) TF: Towing F  4) FT: Follow-Ti  5) FT: Follow-Ti  For claiming a  6) TR: Re-inspec  7) N1: Idae DA:  8) NTUC Addition	paration Checklist.  Reporting (\$30); Assessment (\$100); INC (\$500); INC (\$500	Ant (5)  fit Bill  80) 0/\$45 \$120 \$30 5) \$75 \$160	Am (3)
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury :  Date/Time: Actions  NA 1804/66  Linimant's Particulars:  priver/Owner:  contact No:  hmäged Portion:	/ Courtesy Car (	Invoice Pres  1) AR: Accident  2) DA: Damage  3) TF: Towing F  4) FT: Follow-Ti  5) FT: Follow-Ti  For claiming a  6) TR: Re-inspec  7) N1: Idae DA:  8) NTUC Addition	Paration Checklist.  Reporting (\$30); Assessment (\$100); INC (\$500); Assessment (\$100); Assessment (\$100); INC (\$500); Assessment (\$100); INC (\$100); Asses	Ant(s) fitBill 80) 0/\$45 \$120 \$30 \$) \$75	Am (5)
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  NA 180 4/66  Inimant's Particulars:  river/Owner:  ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):	/ Courtesy Car (	Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Additio OD*  *N5: Courtesy *N6: Repair C *N7: Fost Repair C	Paration Checklist:  Reporting (\$30);  Assessment (\$100); INC (\$30);  Assessment (\$100);	Ant (\$)  TR Bill  80) 0/\$45 \$120 \$30 5) \$75 \$160  \$5 510 \$25	
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time: Actions  NA 180 4966  Inimant's Particulars:  priver/Owner:  ontact No:  amaged Portion:	/ Courtesy Car (	Invoice Pres  1) AR: Accident  2) DA: Damage  3) TF: Towing F  4) FT: Follow-Ti  5) FT: Follow-Ti  For claiming a  6) TR: Re-inspec  7) N1: Idae DA:  8) NTUC Addition  OD:  N5: Courtesy  N6: Repair Co  N7: Fost Repair  N8: DV / Col	Paration Checklist.  Reporting (\$30); Assessment (\$100); INC (\$500); Assessment (\$100); Assessment (\$100); INC (\$100); Asses	\$00 \$00 \$00 \$00 \$00 \$00 \$00 \$00 \$00 \$00	Ami (t)
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time   Actions  NA 180 4966  Inimant's Particulars:  river/Owner:  ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):  uditors! Comments:	/ Courtesy Car (	Invoice Pres  1) AR: Accident  2) DA: Damage  3) TF: Towing F  4) FT: Follow-Ti  5) FT: Follow-Ti  For claiming a  6) TR: Re-inspec  7) N1: Idae DA:  8) NTUC Addition  OD:  N5: Courtesy  N6: Repair Co  N7: Fost Repair  N8: DV / Col	Paration Checklist.  Reporting (\$30); Assessment (\$100); INC (\$50 to \$60	\$ Ant(\$)	Ami (1)

a special con-

#### SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

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.
- s, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

	ACCIDENT STATEMENT
Date Of Report	16/07/2018 14:23
Date Of Accident	15/07/2018 05:00
Exact Location Of Accident	CHANGI AIRPORT T1 DRIVEWAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLZ3278S
Insured/Policyholder	
Name Of Registered Owner	PRESTIGE LEASING PTE LTD
Co Reg No	201723326H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91449265
Alternative Phone No	OFFICE-91449265
Vehicle Particulars	

Vehicle Particulars								
	11-	B- 1	100	-	n-	 	 -	

HONDA Manufacturer

STREAM 1.8L A Model

Exact Purpose for which vehicle was being used at

time of accident

COMMERCIAL USE

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY If No, Please state action to be taken PRIVATE HIRE Vehicle Category

## Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

Fleet Policy NO

5094838100 Policy Number

Cover Note Number

## Driver

TAN SIONG HOE (CHEN XIANGHE) Name of Driver

S7809478H NRIC No. 13/04/1978 Date Of Birth OUTDOOR Occupation 12/08/2010 Date Of Driving Pass

7 YEARS AND 11 MONTHS Driving Experience

MALE Gender

Mobile Number (LOCAL) +65-91140422

Fax Number

OFFICE-91140422 Contact Number

NOEMAIL EMail Address

BLK 217A SUMANG WALK Address

#15-246

821217 Postcode

Was driver an employee of the Insured's Company NO

OTHER - HIRER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

# General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

RAINING Weather Conditions WET Road Surface

## Other Information

Was any foreign vehicle involved in this accident? NO

2 Number of vehicles involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

7

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NAME:

Passenger 1

GENDER: : FEMALE

Passenger 2

NAME:

GENDER: : FEMALE

Passenger 3

NAME:

. -

GENDER: : FEMALE

Passenger 4

NAME:

GENDER: : FEMALE

Passenger 5

NAME:

GENDER:

: FEMALE

Passenger 6

NAME: GENDER:

: FEMALE

# **Details of Police Action**

Was the accident reported to the police?

NO

If Yes, Please state which Police Station Was notice of intended Prosecution given?

NO

If Yes, against whom?

#### Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG STATED VENUE. A BARRIER FELL OF SO I SLOWLY BRAKE MY VEHICLE. SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

# Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

CB7754R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

BUS

Name of Driver

WAN SITI NGAISIA BINTE HUSSIN

NRIC/Passport Number

S1758538Z

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF INJURED PERSON 1**

Name TAN SIONG HOE (CHEN XIANGHE)

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SLZ3278S

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

## SKETCH PLAN

# IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. 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.
- 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.
- Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
  - (i) 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 Signatur 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.:

# Lifeline Medical Group Sengkang Pte Ltd

Block 118 Rivervale Drive #02-18 S(540118)

GST Reg No.: 20-0310387-H

This is to certify that

TAN SIONG HOE

NRIC Number:

7809478H

attending this clinic on

16/07/2018

shall not be attending/unfit for school/work Start Date:

16/07/2018

Time In:

00:00

To Date :

17/07/2018

Time Out:

00:00

Number of days

2

Reason:

This certificate is not valid for absence from court

**Medical Certificate** 

MC No: 1

Visit ID: 555767

DR BELINDA A. WOODWORTH

MCR 07142J MBBS (Singapore)
Grad dip in family medicine (NUY)

Dr Belinda Woodworth

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7809478H



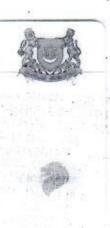
TAN SIONG HOE (CHEN XIANGHE)

陈 祥 和

CHINESE

13-04-1978

SINGAPORE





5715297



27-02-2017

APT BLK 217A SUMANG WALK #15-246 SINGAPORE 821217

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES.

EFFECTIVE UATE



<b>eBao</b> Tech									GeneralClaim		
Hello, NAC_PAYA_UBI_80	0601		The second second			2	Change Lar	iguage '	Change Passwo	rd • Log Out	
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	lo.				Date of Ac	cident	15/07	/2018 05:00	2	
	Vehicle	No.(For Motor)	SLZ3278S								
					1	Search					
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5094838100	PRESTIGE LEASING PTE. LTD	201723326H	GFT	Third Party, Fire & Theft	SLZ32785	5LZ32785	07/05/2018		
						Continue					

Policy Information

Policy No.	5094838100	Policyholder Name	PRESTIGE	E LEASING PTE. LTD	Policyholder NRIC	201723326	н
Address	25 KAKI BUKIT ROAD 4 #01-6		KB SINGAP	ORE 417800	100000000		
Product	FLEET INSURANCE	Plan			Group	N	
Name Policy	FLEET INSURANCE	ridit			Policy Flag	14	
ssue Date	05/10/2017	Effective Date	05/10/20	17 00:00	Expiry Date	04/10/2018	23:59
Excess Type		All Claim Excess					
Third Party Excess	1500	Own damage Excess			Windscreen Excess		
Additional Excess	0	OS Premium	5155.00				
Outside Singapore OD Excess		Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
Agent	ANIKA INS BROKERS & CONSU	IL Agent Tel.	6672998	8	GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
▽ Policy	holder Mailing Address						
Address 1	25 KAKI BUKIT ROAD 4	Addr	ess 2	#01-62 SYNERGY	D KB	Address 3	SINGAPORE 417800
Address 4		Addr	ess Type	Singapore address		Post Code	417800
Unit No.	01-62	Relat Num	ted Policy ber	5098811203			
D Insure	ed Object: SLZ3278S						
□ Endors	sements						
Seque	nce Date of Endorsement	Endorsem	ent Type	Endorsement Number	er Endorse	ment Status	<b>Endorsement Content</b>
1	09/10/2017 00:00	Basic Information Endorsement		000001286669470	Endorseme Effective	ent Take	amend coverage- no change in premium
2	23/10/2017 00:00	Basic Inform Endorsement		000001286678219	Endorsem Effective	ent Take	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJJ1142X 23-10-2017 \$981.89 In view of this amendment an additional premium of \$981.89 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
						ent Take	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicles as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL.

ident MT/1003257		Vehicle No.	SLZ3278S	GST Registration No.	
Cy No.	E004838100	Verscie No.	SL232/8S		201723326H
yholder Name	PRESTIGE LEASING PTE. LTD	Q0000Q3837		Policyholder NRIC	0
uct Code	PLEET INSURANCE	Cover Type	Trird Party, Fire & Theft	Loading	
ict No.(Mobile)	93449265	Contact No. (Office)	0	Contact No.(Home)	0
Address	Later and the second	Special Remark		eCode	N. V.
	® No ○ Vez	TCA	® No ○Yes	eCode Reason	
Protection	No.	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details				W. M.	
t Date	16/07/2018 20:53	Accident Report Within 24 hrs	Yes.	Accident Type	Collision - Head to Rear
of Accident	15/07/2018	Time of Accident Nh:mm	05:00	Country of Acodent	Singapore
ting Centre		Orange Force		ICM No.	
int Location	CHANGI AIRPORT TO DRIVEWAY				
Benefits					
Excess					
		Additional Excess	0.	Windscreen Excess	
lamage Excess			90	WOODLINEO LACED	
med Driver Excess		Dutside Singapore DO Excess			
Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
GST Registered Informa			220 20000000000000000000000000000000000		
egistered	No		GST Registration Date	Ves	
egistration No.			GST Status Verified	Ves	
ication History					
	223				
Policyholder Mailing Ads		V42000	THE PERSON NAMED IN		PROGRAMMA AND TO
ess I	25 KAKI BUKIT ROAD 4	Address 2	#01-62 SYNERGY @ KB	Address 3	53NGAPORE 417800
ens 4		Address Type	Singapore address	Post Code	417800
No.	01-62	Related Policy Number	5098811203		
OI Driver Info					
r Name	Unnamed Driver	Onver Type	Unnamed Driver		
med driver Name	TAN STONG HOE (CHEN XTANG)	Driver NRIC	S7809478H	Driver DOB	13/04/1978
ter Date of Driver License	12/08/2010	Driver Age	40	Driving Experience	7
act No.(Mobile)	91140422	Contact No. (Office)	0	Contact No.(Home)	0
uss 1	BUK 217A	Address 2	SUMANG WALK	Address 3	MATILOA PORTICO
nex 4	SINGAPORE 821217	Address Type	Singapore address	Poet Code	821217
	SINGAPORE 821217	Address Type	Singagore address	Poet Code	821217
No. s he own a Singapore	15-246		Singapore address		821217
No. The own a Singapore		Address Type  Onver Vehicle No.	Singapore address	Poet Code  Driver Insurer Company	821217
No. the own a Singapore stered car?	15-246		Singagore address		821217
No. the own a Singapore stered car?	15-746 ○ Yes ® No	Onver Vehicle No.			821217
No. s he own a Singapore stered car? sration schalyser or Blood Test	15-246		Singagore address  ○ Yes  No		821217
No. s he own a Singapore stered car? aration schalyser or Blood Test	15-746 ○ Yes ® No	Onver Vehicle No.			821217
No.  She own a Singapore strend car?  aration schalyser or Blood Test ding?  fication History	15-746 ○ Yes ® No	Onver Vehicle No.			821217
No. The dwn a Singapore stered dar? Fedion Thalyser or Blood Test ling?	15-746 ○ Yes ® No	Onver Vehicle No.			821217
io.  the own a Singapore tered car?  ation halyser or Blood Test ng?  cation History	15-746 ○ Yes ® No	Onver Vehicle No.			821217
io.  ne own a Singapore ered car?  ation halyser or Blood Test ng?  cation History	15-746 ○ Yes ® No	Onver Vehicle No.			821217
No. The dwn a Singapore sered car? Tation Thalyser or Blood Test ong? Testion	15-746 ○ Yes ® No O mg	Onver Vehicle No.			821217 2017233264
No.  The own a Singapore need car?  ration chalyser or Blood Test ang?  Incation History  In Type *	15-746 ○ Yes ® No O mg	Driver Venicle No.  Any injury?	○ Yes ® No	Driver Insurer Company	
No. The own a Singapore intered car?  Facion Chalyser or Blood Test ling?  Incation History  In Type *  act No.(Mobile)	15-746 ○ Yes ® No O mg	Onver Vehicle No.  Any injury?  Insured Name Contact No.(Heme)	O Yes   No  PRESTIGE LEASING PTE, LTD	Driver Insurer Company  Insured NRIC  Contact No. (Office)	201723326H NIL
No.  The dwn a Singapore intered car?  Testion  This part of blood Test ing?  Totalion History  Type *  act No. (Mobile)  It Address	25-746  > Yes ® No  O mg	Onver Venicle No.  Any injury?  Insured Name	○ Yes ® No	Driver Insurer Company  Insured NRIC  Contact No. (Office)  TP Vehicle Number	2017233264
No. The dwn a Singapore of the dwn a Singapore of the dwn a Singapore of the dwn and the d	15-746 ○ Yes ® No O mg	Onver Vehicle No.  Any injury?  Insured Name Contact No (Home) Of Vehicle Number	O Yes   No  PRESTIGE LEASING PTE, LTD  SLZ32785	Driver Insurer Company  Insured NRIC  Contact No. (Office)	201723326H NIL
No. The dwn a Singapore of the dwn a Singapore of the dwn a Singapore of the dwn and the d	15-746  Yes ® No  Omg  OO:MX  S1232785 / CB7754R ON 15 Jul 2018.	Onver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability *	O Yes ® No  PRESTIGE LEASING PTE, LTD  SLZ32785  Not at Fault	Insurer Company  Insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred Workshop	2017233264 NIL CB7754R
No. The dwn a Singapore stered dar?  Fedion Thalyser or blood Test ling?  Incation History  alm 001 New  In Type *  act No. (Mobile)  it Address In Description  ared Workshop Correct.	25-746  > Yes ® No  O mg	Onver Vehicle No.  Any injury?  Insured Name Contact No (Home) Of Vehicle Number	O Yes ® No  PRESTIGE LEASING PTE, LTD  SLZ32785  Not at Fault	Driver Insurer Company  Insured NRIC  Contact No. (Office)  TP Vehicle Number	201723325H NIL CB7754R
No. The dwn a Singapore stered car?  Fracion Thalyser or Blood Test ling?  Incation History  alim 001 New  In Type *  act No. (Mobile)  if Address In Description  In Description  In the Finalisation	15-746  Yes ® No  Omg  OO:MX  S1232785 / CB7754R ON 15 Jul 2018.	Onver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability *	O Yes ® No  PRESTIGE LEASING PTE, LTD  SLZ32785  Not at Fault	Insurer Company  Insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred Workshop	2017233264 NIL CB7754R
No.  The dwn a Singapore intered car?  Takion  Thalyser or Blood Test ing?  Total the story  Taking OD1  Mean  Type *  act No. (Mobile)  Address  Toescription  The Workshop Contact  The Finelination  Registered	25-746  Yes ® No  O mg  CO-MX  S1232785 / CB7754R ON 15 Jul 2018  Yes	Onver Vehicle No.  Any injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured Liability * Preference Repair Option	O Yes ® No  PRESTIGE LEASING PTE, LTD  SLZ32785  Not at Fault	Insurer Company  Insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred Workshop	201723325H NIL CB7754R
No.  the own a Singapore tered car?  ration thalyser or Blood Test ing?  cation History taken OO1 New  I Type * sct No. (Mobile) Address I Description med Workshop Contact the Finalisation Registered ri Token By	25-246  Yes ® No  O mg  CO-MX  S1232785 / CB7754R ON 15 3ul 2018  Yes  16/07/2018 20156	Onver Vehicle No.  Any injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured Liability * Preference Repair Option	O Yes ® No  PRESTIGE LEASING PTE, LTD  SLZ32785  Not at Fault	Insurer Company  Insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred Workshop	201723325H NIL CB7754R
No.  Type *  Inch No. (Mobile)  Address  Description  The Workshop Contact  The Finalisation  Registered  In Texen by	25-246  Yes ® No  O mg  CO-MX  S1232785 / CB7754R ON 15 3ul 2018  Yes  16/07/2018 20156	Onver Vehicle No.  Any injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured Liability * Preference Repair Option	O Yes   Not at Fault  Preferred Workshop, Name unknown	Insurer Company  Insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred Workshop	201723325H NIL CB7754R
No.  The dwn a Singapore intered car?  Testion  Thalyaer or Blood Test ing?  Cation History  Type *  Int No. (Mobile)  Address  Description  Fined workshop Contact  We Finalisation  Registered  In Taxen by  Front AX letter	25-246  Yes ® No  O mg  CO-MX  S1232785 / CB7754R ON 15 3ul 2018  Yes  16/07/2018 20156	Onver Vehicle No.  Any injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured Liability * Preference Repair Option	O Yes ® No  PRESTIGE LEASING PTE, LTD  SLZ32785  Not at Fault	Insurer Company  Insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred Workshop	201723325H NIL CB7754R
io.  ne own a Singapore ered car?  ation halyser or Glood Test ng?  cation History lim 601 New  Type * ct No (Mobile) Address Description red Workshop Corkect re Finalisation Registered t Taken By rint AK letter	25-246  Yes ® No  O mg  CO-MX  S1232785 / CB7754R ON 15 3ul 2018  Yes  16/07/2018 20156	Onver Vehicle No.  Any injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured Liability * Preference Repair Option	O Yes   Not at Fault  Preferred Workshop, Name unknown	Insurer Company  Insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred Workshop	201723325H NIL CB7754R
io.  he own a Singapore lered car?  ation halyaer or Blood Test ng?  cation History lim 001 New  Type *  ct No. (Mobile) Address Description med Workshop Coreact re Finalisation Registered t Taken by  met At letter	25-246  Yes ® No  O mg  CO-MX  S1232785 / CB7754R ON 15 3ul 2018  Yes  16/07/2018 20156	Onver Vehicle No.  Any injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured Liability * Preference Repair Option	O Yes   Not at Fault  Preferred Workshop, Name unknown	Insurer Company  Insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred Workshop	201723325H NIL CB7754R
No.  The own a Singapore tered car?  Takion  That a Singapore tered car?  The singapore tered car?  Type *  Ty	15-246  Yes ® No  Omg  Onmg  SL232785 / CB7754R ON 15 Jul 2018  Yes  Yes  Jackson	Onver Vehicle No.  Any injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date	PRESTIGE LEASING PTE, LTD SLZ3278S  Not at Fault  Preferred Workshop, Name unknown  Save Submit	Insurer Company  Insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred Workshop	201723325H NIL CB7754R
No.  The dwn a Singapore Rered car?  Faction  Chalyser or Blood Test ing?  Cation History  Cation History  Cation History  Lim OO1 New  Type *  Lic No. (Mobile)  E Address  I Description  med Workshop Contact  Life Finalisation  Registered  Int Taken By  Print AK letter  Lachment  Lett No.	15-246  O Yes ® No  O mg  CO-MX  SLZSZ785 / CB7754R ON 15 Jul 2018  Yes  Yes  MT/1003257	Onver Vehicle No.  Any injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No.	PRESTIGE LEASING PTE, LTD SLZ3278S  Not at Fault Preferred Workshop, Name unknown  Save Submit	Insurer Company  Insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred Workshop	201723325H NIL CB7754R
No.  The dwn a Singapore Rered car?  Faction  Chalyser or Blood Test ing?  Cation History  Cation History  Cation History  Lim OO1 New  Type *  Lic No. (Mobile)  E Address  I Description  med Workshop Contact  Life Finalisation  Registered  Int Taken By  Print AK letter  Lachment  Lett No.	15-246  Yes ® No  Omg  Onmg  SL232785 / CB7754R ON 15 Jul 2018  Yes  Yes  Jackson	Onver Vehicle No.  Any injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date	PRESTIGE LEASING PTE, LTD SLZ3278S  Not at Fault  Preferred Workshop, Name unknown  Save Submit	Insurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop  GIA report Date Received	201723326H NIL C87754R  Received 16/07/2018 00 00
No.  The own a Singapore tered car?  Takion  That a Singapore tered car?  The singe of Blood Test ong?  The singe of Blood Test ong.  The singe of Blood Tes	15-246  O Yes ® No  O mg  CO-MX  SLZSZ785 / CB7754R ON 15 Jul 2018  Yes  Yes  MT/1003257	Onver Vehicle No.  Any injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No.	PRESTIGE LEASING PTE, LTD  SLZ3278S  Not at Fault  Preferred Workshop, Name unknown  5ave Submit  001 16/07/2018 20:59 Category *	Ensurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop  GIA report Date Received  Confidencial Urger	201723326H NIL C87754R  Received 16/07/2018 00 00
No.  The own a Singapore tered car?  Takion  Thalyser or Blood Test ing?  Cation History  Cation History  Lilim OOI NEW  Type *  Lift No. (Mobile)  Address  Description  med Workshop Contact  the Finalisation  Registered  rt Taken By  Anne AK letter  Lachment  Lent No.	15-246  ○ Yes ® No  O mg    OO-MX	Onver Vehicle No.  Any injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No.	PRESTIGE LEASING PTE. LTD SLZ3278S  Not at Fault Preferred Workshop, Name unknown  Save Submit  001 16/07/2018 20:59 Category *	Insurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop  GIA report Date Received	201723326H NIL C87754R  Received 16/07/2018 00 00
No. The own a Singapore intered car?  Faction Chalyser or Blood Test ling?  Cation History  Cation History  Laim 601 New  Type *  Lat No. (Mobile)  Address In Description Intered Workshop Contact  Life Finalisation  Registered Let Taxen By  Print AK letter  Jent No.	15-246  ○ Yes ® No  O mg    OO-MX	Onver Vehicle No.  Any injury?  Insured Name Contact No. (Home) OI Vehicle Number  Insured Liability * Preferend Repair Option Claim Cloke Date  Claim No. Upload Date	PRESTIGE LEASING PTE, LTD  SLZ3278S  Not at Fault  Preferred Workshop, Name unknown  5ave Submit  001 16/07/2018 20:59 Category *	Insurer Company  Insurer Insurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop  GIA report Date Received  Confidencial Urger	201723326H  NIL  C87754R  Received  16/07/2018 00 00
No. If he own a Singapore stered car?  If he own a Singapore stered car?  If he own a Singapore stered car?  If he own a Singapore stered care stered care stered and stered care stered workshop Contact with Finalization in Registered on Taxen by Print AK letter  If achiment stered care stered	15-246  ○ Yes ® No  O mg    OO-MX	Onver Vehicle No.  Any injury?  Insured Name Contact No.(Home) OJ Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Upload Date  Browse  Browse	PRESTIGE LEASING PTE, LTD  SLZ3278S  Not at Fault  Preferred Workshop, Name unknown  5ave Submit  001 16/07/2018 20:59 Category *  Clear Please Select  Please Select	Ensurer Company  Insurer Insurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop  GIA report Date Received  Confidential Urger NG Y Normal NG Normal	201723326H  NIL  C87754R  Received  16/07/2018 00 00
No.  s he own a Singapore stered car?  srecion  chalyser or Blood Test long?  hoation History  alim 001	15-246  ○ Yes ® No  O mg    OO-MX	Onver Vehicle No.  Any injury?  Insured Name Contact No.(Home) OJ Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Upload Date  Browse Browse	PRESTIGE LEASING PTE, LTD  SLZ3278S  Not at Fault  Preferred Workshop, Name unknown  16/07/2018 20:59  Category *  Clear Please Select  Please Select  Please Select	Driver Insurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop  GIA report Date Received  Confidential Urger NO V Normal V NO V Normal V NO V Normal	201723326H  NIL  CB7754R  Received  16/07/2018 00 00
No. s he dwn a Singapore stered car? sration schalyser or Blood Test sing?	15-246  ○ Yes ® No  O mg    OO-MX	Onver Vehicle No.  Any injury?  Insured Name Contact No.(Home) OJ Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Upload Date  Browse  Browse	PRESTIGE LEASING PTE, LTD  SLZ3278S  Not at Fault  Preferred Workshop, Name unknown  10/07/2018 20:59  Category *  Clear Please Select  Clear Please Select  Please Select  Please Select  Please Select	Ensurer Company  Insurer Insurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop  GIA report Date Received  Confidential Urger NG Y Normal NG Normal	201723326H  NIL  C87754R  Received  16/07/2018 00 00

atachment.		Uploaded By/Date	Category	P u	gency	Description	Sent? /
1089	NAC_PAYA_UB1_800601( NAT	IONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:59	NRIC/ Driving License	N	ormal	NRIC/ Driving License 2016-7-16	
199	NAC_PAYA_UB1_800601( NAT	IONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:59	SAS	N	ormal	SAS 2018-7-16	
-	NAC_PAYA_UBI_800601( NAT	IONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:57	Photos	,	ormal	Photos 2018-7-16	
	NAC_PAYA_UBI_800601[ NAT	CONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:57	Photos	3.8	iormal	Photos 2018-7-16	
	NAC_PAYA_UBI_ROOGO1[ NAT	IONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:57	Photos	, N	lormali	Photos 2018-7-16	
	NAC_PAYA_UBI_B0060t( NAT	ONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:57	Photos	N	ionnal	Photos 2018-7-16	
	NAC_PAYA_UBI_B00601( NAT	IONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:57	Photos	N	iormai	Protos 2018-7-16	
10	NAC_PAYA_UB1_800601( NAT	JONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:57	Photos	N	ormal	Photos 2018-7-16	
	NAC_PAYA_UB1_800601( NAT	IONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:57	Photos	QN	iormal	Photos 2018:7-16	
	NAC_PAYA_UBI_800GD1( NAT	IONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:57	Photos		(orma)	Photos 2018-7-16	
	NAC_PAYA_UBI_800601( NAT	IONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:57	Photos	N	iormal	Photos 2018-7-16	
	NAC_PAYA_UBI_800601( NAT	IONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:57	Photos		iormai	Photos 2018-7-16	
NT.	NAC_PAYA_UBI_800601( NAT	IONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:57	Photos	N	iormal	Photos 2018-7-16	
E	NAC_PAYA_UBI_800601( NAT	IONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:57	Photos	. 5	iormal	Photos 2018-7-16	
3	NAC_PAYA_UBI_800501( NAT	IONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:56	Photos.		iormal	Photos 2018-7-16	
3	NAC_PAYA_UBI_B00601( NAT	IONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:56	Photos	28	formal	Photos 2018-7-16	
3	NAC_PAYA_UBI_800601( NAT	IONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:56	Photos	,	iormal	Photos 2018-7-16	
J	NAC_PAYA_UBI_800601( NAT	10NAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:56	Photos		iormal	Photos 2018-7-16	
J	NAC_PAYA_UBI_800801  NAT	IONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:56	Photos		iormal	Photos 2018-7-16	
	NAC_PAYA_UBI_ROOSO1  NAT	IONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:56	Photos	S N	omal	Photos 2018-7-16	
Video List	Uploaded By/Date	Folder Date	File Name		?	Sourcei	Action