i-Motor Confirmed by: [Insured/Driver: ()	thin Shrs, AIC 2hrs) Claim Form V/O (Within: OD 2h ploaded t/Survey Report rt by Fax / Hand INC (Date: s (WO): N: 0-2 () / NO () Confidential & S	Tel: () / Non-INC () Tel: Cover Type: (Time: 20%; P: 21-79%. P: \$0-	
E-mail (with industrial properties of the proper	thin Shrs, AIC 2hrs) Claim Form V/O (Within: OD 2h ploaded t/Survey Report rt by Fax / Hand INC (Date: s (WO): N: 0-: () / NO () Confidential & S	Tel: () / Non-INC () Tel: Cover Type: (Time: 20%; P: 21-79%. P: 80-	Fax:
i-Motor Confirmed by: (Insured/Driver Liability: (%) [Note-Est. Statu Year of Registration: () Warranty: YES eneral Remarks:- (Inditor Confirmed by: () Period: () Warranty: YES eneral Remarks:- (Insured/Driver: () Warranty: YES eneral Remarks:- (Insured/Driver: () Warranty: YES eneral Remarks:-	Claim Form V/O (Within: OD 2h ploaded t/Survey Report rt by Fax / Hand INC (Date: s (WO): N: 0-1 () / NO () Confidential & S	Tel: () / Non-INC () Tel: Cover Type: (Time: 20%; P: 21-79%. P: 80-	Fax:
i-Motor V i-Photo U Assessmen Ass't Repo Preferred Wksp / INC Assign Wksp / QW: (P Particulars: Veh No: 565 49 7 M Owner / Driver: (Policy No: (Policy No: (Confirmed by: (Insured/Driver Liability: (Year of Registration: (Excess: (\$) Loading: \$1,000 () / \$2,000 eneral Remarks:) Walk-In Customer: Customer's information strictly	Ploaded ploaded t/Survey Report rt by Fax / Hand INC (Date: s (WO): N: 0-2 () / NO (DOO () Confidential & S	Tel: () / Non-INC () Tel: Cover Type: (Time: 20%; P: 21-79%. P: 80-	Fax:
OD TP Reporting Only i-Photo U Assessmen Ass't Repo Preferred Wksp / INC Assign Wksp / QW: (P Particulars: Veh No: 165 49 17 M Owner / Driver: (Policy No: (Confirmed by: (Insured/Driver Liability: (Year of Registration: (Excess: (\$) Loading: \$1,000 () / \$2,000 eneral Remarks:-) Walk-In Customer: Customer's information strictly	ploaded t/Survey Report rt by Fax / Hand INC (Date: s (WO): N: 0-1 () / NO () Confidential & S	Tel: () / Non-INC () Tel: Cover Type: (Time: 20%; P: 21-79%. P: \$0-)) 100%]
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TP Insurer: Preferred Wksp / INC Assign Wksp / QW; (P Particulars: Veh No: 365 49 7 M Owner / Driver: (Policy No: () Period: (Confirmed by: (Insured/Driver Liability: (%) [Note-Est. Statu Year of Registration: () Warranty: YES Excess: (\$) Loading: \$1,000 () / \$2,000 eneral Remarks:) Walk-In Customer: Customer's information strictly	INC (Date: s (WO): N: 0-3 ()/NO () Confidential & S	to Owner/Wksp Tel: ()/Non-INC () Tel: Cover Type: (Time: 20%; P: 21-79%. P: 30-))) 100%]
Preferred Wksp / INC Assign Wksp / QW: (P Particulars: Veh No: 505 49 75 M Owner / Driver: (Policy No: () Period: (Confirmed by: (Insured/Driver Liability: (%) [Note-Est. Statu Year of Registration: () Warranty: YES Excess: (\$) Loading: \$1,000 () / \$2,000 Preferred Wksp / INC Assign Wksp / QW: (Policy No: () Period: (Loading: \$1,000 () / \$2,000 Period: () Warranty: YES Preferred Wksp / INC Assign Wksp / QW: (Preferred Wksp / INC Assign Wksp / QW: (Policy No: 505 49 75 M Period: () Period:	Date: s (WO): N: 0-3 ()/NO() Confidential & S	Tel: () / Non-INC () . Tel: Cover Type: ()) 100%]
P Particulars: Veh No: 5654976M Owner / Driver: (Policy No: () Period: (Confirmed by: (Insured/Driver Liability: (%) [Note-Est. Statu Year of Registration: () Warranty: YES Excess: (\$) Loading: \$1,000 () / \$2,000 Walk-In Customer: Customer's information strictly) Date: s (WO): N: 0-: ()/NO(000 () Confidential & S	()/Non-INC (). Tel: Cover Type: (Time: 20%; P: 21-79%. P: \$0-)) 100%]
Owner / Driver: (Policy No: () Period: (Confirmed by : (Insured/Driver Liability: (%) [Note-Est. Statu Year of Registration: () Warranty: YES Excess: (\$) Loading: \$1,000 () / \$2,000 eneral Remarks:-) Walk-In Customer: Customer's information strictly) Date: s (WO): N: 0-: ()/NO(000 () Confidential & S	Tel: Cover Type: () 100%]
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) Walk-In Customer: Customer's information strictly	Confidential & S	- HOHELINE AND A STATE OF THE ASSESSMENT OF THE	
		strictly NO rater of repairer.	
) Total Loss Case : to e-mail Insurer URGENTL			
	Υ.		
Drive-In () / Towed-In (); Invoice: YES ()	/ NO();	Towing Co: ((4)
, , , , , , , , , , , , , , , , , , ,	(),		
emarks:- (INC hotline: 6788 6616)	1000	Date&Time Completed	Done by
Apply for Transport Allowance ()/ Courtesy Car ()		
		-	-
QC Check / Post Repair Inspection ()		
Upload Resurvey Photo [Repair Cost > \$3000] ()		
Injury:		1 11	
			7
te/Time Actions	100 pt 10		A CHOICE
			- 4
			515 U.S.
	- Marie Valentini Mari		W 8
	1	eparation Checklist	Anit (S)
804464	100	CONTRACTOR SANCTON CONTRACTOR	TABILL A
mant's Particulars :-	1) AR : Accider	nt Reporting (\$30); c Assessment (\$100); INC (\$	(80)
	3) TF : Towing		10/545
10	The second secon	Through Survey	\$120
er/Owner:	4) FT : Follow-		\$30
er/Owner:	5) FT : Follow-	Through Survey (Resurvey)	5)
tact No:	5) FT : Follow- For claiming	against INC Only (wef 10 Jan 200	\$75
	5) FT : Follow- For cleiming 6) TR : Re-insp	against INC Only (wef 10 Jan 200	
tact No:	5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idac DA 8) NTUC Addit	against INC Only (wef 10 Jan 200, ection	\$75
aged Portion:	5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addit QD*	against INC Only (wef 10 Jan 200) section A + SMRT Survey tional Services:-	\$75 \$160
tact No:	5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idao DA 8) NTUC Addit OD* *N5: Courtes	against INC Only (wef 10 Jan 200) section A + SMRT Survey tional Services:- sy Car / Tpt Allowance	\$75 \$160
aged Portion: Checked by (Engr-In-Charge):	5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addit OD* *N5: Courtes *N6: Repair *N7: Fost Re	against INC Only (wef 10 Jan 200) section A + SMRT Survey tional Services:- sy Car / Tpt Allowance Co-ordination spair Inspection	\$75 \$160
aged Portion:	5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addit OD* *N5: Courtes *N6: Repair *N7: Fost Re *N8: DV / Co	against INC Only (wef 10 Jan 200) ection A + SMRT Survey tional Services: sy Car / Tpt Allowance Co-ordination epair Inspection ollect Excess Coordination	\$75 \$160 \$5 \$10 \$25 \$3
aged Portion: Checked by (Engr-In-Charge):	5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addit OD* *N5: Courtes *N6: Repair *N7: Fost Re *N8: DV / Co	against INC Only (wef 10 Jan 200) section A + SMRT Survey tional Services:- sy Car / Tpt Allowance Co-ordination cpair Inspection ollect Excess Coordination P (Non INC) against INC	\$75 \$160 \$5 \$10 \$25

i sprid-tor

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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 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

By the lodgement of this report to the insurers, you hereby cons aforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
The first consider the same of the	ACCIDENT STATEMENT
Date Of Report	16/07/2018 12:46
Date Of Accident	14/07/2018 12:15
Exact Location Of Accident	JUNC SEMBAWANG AVE & SEMBAWANG DR
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLX8873B
Insured/Policyholder	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	FREED HYBRID 1.5G AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken

THIRD PARTY PRIVATE HIRE

Insurance Company

Vehicle Category

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

5099862008 Policy Number

Cover Note Number

Driver

Name of Driver LOW POH CHOO PEARL

NRIC No S1680217D Date Of Birth 25/09/1964 OUTDOOR Occupation 18/06/1999 Date Of Driving Pass

19 YEARS AND 0 MONTHS Driving Experience

Gender **FEMALE**

Mobile Number (LOCAL) +65-97276651

Fax Number

OFFICE-97276651 Contact Number

EMail Address NOEMAIL

3 MANGIS ROAD Address

#05-01

424981 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

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)

NO

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

MARINE PARADE NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 74 MARINE DRIVE #01-35, POSTCODE: 440074, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4409999 - FAX NO: 64474182

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20180714/2187.

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

SGS4937M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR P PADMAHH

Name of Driver NRIC/Passport Number Contact Number

S1722070E 93834292

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 22

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: GENDER:

DETAILS OF INJURED PERSON 1

Name

LOW POH CHOO PEARL

Approximate Age

Injuries Sustain

NECK

Injured person in which vehicle?

SLX8873B

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:
 - (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)

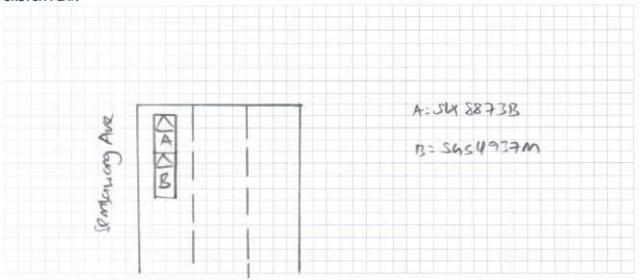
(if driver is not the policyholder

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Peter to police report - 7/20186714/2187.

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 .:





1 of 3

Report No. T/20180714/2187

Police Station Of Origin: Marine Parade NPP 74 Marine Drive #01-35 SINGAPORE 440074 Tel No: 1800-4409999

REPORT OF A TRAFFIC ACCIDENT

Date/Time 14/07/201		Made:	Vide Report No.:	Station Diary No 55
Informan	t's Partic	ulars		programme and the second
	nformant:		Address: 3 MANGIS ROAD #05-01 SI	INGAPORE 424981
ID Type / NRIC NO	ID No.: / S16802	17D	Contact No.: Home/Office:	Mobile: 97276651
Nationalit SINGAPO	y: DRE CITIZ	'EN	Email:	9
Sex: Female	Age: 53	Date of Birth: 25/09/1964	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation GRAB DR			Driving Licence Information: Class: 3	Date of Expiry:

Seneral Inform	mation of the Acci	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/07/2018 12:15	Type of Location Straight Road
Location: Along Road 1 SEMBAWANG Weather:		Road Surface:	R	oad Speed Limit:
Clear		Dry		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Wo	e-constant	raffic Volume: loderate
Type of Collis	ion: ring Vehicles - Head	d To Rear	а	nyone conveyed by mbulance: lo

Details of V	ehicle Invo	lved		1100 100 13		AND DESCRIPTION OF THE PARTY.
Vehicle No.	Type .	Make	Model	Color	Condition	No of Passenger
SGS4937M	Car	*			Slightly Damaged	1
SLX8873B	Car				Slightly Damaged	0

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





2 of 3

Report No. T/20180714/2187

Police Station Of Origin: Marine Parade NPP 74 Marine Drive #01-35 SINGAPORE 440074

Tel No: 1800-4409999

CONTINUATION OF REPORT

Driver						
Name	LOW POH CHOO P	EARL	-	ID No.		S1680217D
Related Vehicle	SLX8873B (Car)				ct No.	97276651
Hospital/Clinic	ACCESS MEDICAL	MARINE 1	TERRACE	Class Driving Licent Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	14/07/2018	XII	Date Dis	charge	14/07	//2018
No. of Days gran	ted Medical Leave	04	Degree o	of Injury	Sligh	t
Driver						
Name	P PADMAHH			ID No		S1722070E
Related Vehicle	NIL			Contact No.		93834292
Hospital/Clinic	NIL			Class Drivin Licen Expir	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Dis	scharge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree	of Injury	NIL	

Brief Details.

On 14/07/2018 while I was driving my vehicle, on my way to pick up a passenger at 684B Woodlands Dr 73, I made a complete stop on Sembawang Avenue as the traffic light turned red.

While I was at stationery position, a car hit me from the back. Both of us got out to make assessment on our vehicles. My vehicle sustained a dent on the right rear bumper. The other party's vehicle sustained scratches on her right front bumper.

We then exchanged particulars and separated ways, as we did not want to make any congestion.

At about 1350hrs, I received a text message from the other party informing me that she wishes to settle it through insurance and I agreed.

I then made my way to Access Medical Clinic at Marine Terrace as I felt aching on my neck due to the whiplash and received 4 days MC. However, during the accident the other party and her passenger did not show any signs of injury.





3 of 3

Report No. T/20180714/2187

Police Station Of Origin: Marine Parade NPP 74 Marine Drive #01-35 SINGAPORE 440074

Tel No: 1800-4409999

CONTINUATION OF REPORT

Sketch Plan

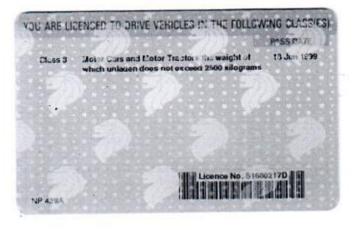
Informant is not able to provide sketch plan

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 Report: G / Sgt 2 AMSYAR HAĶIM BIN AHMAD JAMAL	Signature Of Informant:	
Signature Of Interpreter: Not applicable	Date/Time: 14/07/2018 22/09	5.0
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:	
Authentication Stamp		









eBao Tech									Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601						Change Lan	guage ,	Change Passwo	ord Log Out
My Desktop	Polic	cy Query								,
Natice of Loss	Policy N	10				Date of Acc	tident	14/07/	2018 12:15	2
	Vehicle	No.(For Motor)	SLX8873B							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5099862008	RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLX8873B	SLX8873B	16/04/2018	15/04/2019
					- 1	Continue				

Policy No.	5099862008	Policyholder Name	RELIABLE I	RIDES PTE LTD	Policyholder NRIC	201611527N	
ddress	8 KAKI BUKIT AVENUE 4 #05-50	PREMIER @	KAKI BUKIT	SINGAPORE 415875			
roduct lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	13/04/2018	Effective Date	16/04/201	8 00:00	Expiry Date	15/04/2019	23:59
xcess ype		All Claim Excess					
hird Party excess	1500	Own damage Excess	1000		Windscreen Excess	100	
Additional excess	0	OS Premium	0				
Outside Singapore OD Excess	3000	Outside Singapore TP Excess	3000			Your	ng/Inexperience Driver Excess
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL		GST Flag	Υ	
Co- nsurance Flag	No						
Policy							
Open Policy Info Certificate Info							
Policy nfo Certificate nfo	nolder Mailing Address						
rolicy nfo Certificate nfo Policyh	nolder Mailing Address 8 KAKI BUKIT AVENUE 4	Addr	ess 2	#05-50 PREMIER () KAKI BUKIT	Address 3	SINGAPORE 415875
Policy Info Certificate Info Policy Address 1	The state of the s		ess 2 ess Type	#05-50 PREMIER §	STREET, STREET	Address 3 Post Code	SINGAPORE 415875 415875
Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	8 KAKI BUKIT AVENUE 4	Addr	ess Type ted Policy		STREET, STREET		
Policy Info Certificate Info Policy Address 1 Address 4 Unit No. Insure	8 KAKI BUKIT AVENUE 4 05-50 d Object: SLX8873B	Addr Relat	ess Type ted Policy	Singapore address	STREET, STREET		
rolicy Info Certificate Info Policyh Inddress 1 Inddress 4 Unit No.	8 KAKI BUKIT AVENUE 4 05-50 d Object: SLX8873B	Addr Relat	ess Type ted Policy	Singapore address	STREET, STREET		
olicy info certificate info Policy ddress 1 ddress 4 init No. Insure	8 KAKI BUKIT AVENUE 4 05-50 d Object: SLX8873B sements	Addr Relat Num	ess Type ted Policy	Singapore address 5092811441-01 ort Type	STREET, STREET	Post Code	

ccident MT/1003259				V 1001 F 1000 C 100 C 10	
Hoticy No.	5099462008	Vehicle No.	SLX88738	GST Registration No.	
Policyholder Name	RELIABLE RIDES PTE LTD			Policyholder NRIC	201611527N
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	D	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	he.v
OFK .	® No ○ Yes	TCA	No ○Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
Report Date	16/07/2018 21:04	Accident Report Within 24 hrs	Yes	Acodent Type	Collision - Head to Rear
Date of Accident	14/07/2018	Time of Accident thirms	12:15	Country of Accident	Singapore
sporting Centre		Orange Force	*****	ICM No.	3.400
Accident Location	JUNC SEMBAWANG AVE & SEMBAWANG DR	Grange Force		JUPI NO.	
♥ Benefits	State Streaming ave a Streaming Dr.				
₩ Excess		26 25 50 28 TOPS	FF and		
own damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	100,00
nnemed Driver Excess		Outside Singapore OD Excess	3,000.00		
ning Party Excess	1,500.00	Outside Singapore TP Excess	3,000.00		
GST Registered Inform	ation				
ST Registered	No.		GST Registration Date		
ST Registration No.			GST Status Venties	No	
odification History					
→ Policyholder Mailing Ad		and the second			
odress 1	B KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Address Type	Singapore address	Post Code	415075
Init No.	05-50	Related Policy Number	5092811441-01		
→ OI Driver Info					
nver Name	Unnamed Driver	Driver Type	Unnamed Driver		
nnamed driver Name	LOW POH CHOIC PEARL	Driver NRIC	S1680217D	Driver DDB	25/09/1964
egister Date of Driver License	18/06/1999	Driver Age	53	Driving Experience	19
ontact No.(Mobile)	97276651	Contact No.(Office)	0	Contact No.(Home)	0
ddress 1	3 MANGES ROAD	Address 2	FRUCTION	Address 3	SINGAPORE 424981
ddress 4		Address Type	Singapore address	Post Code	424981
inst No.	05-01				
oes he own a Singapore		Driver Vehicle No.		Driver Insurer Comp	are.
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Jint No. Does he own a Singapore legistered car? eclaration breathalyser or Blood Test leading?	Ven ⊕ No		® Yes ○No	Oriver Insurer Comp	элү
Does he own a Singapore Registered car? Reclaration Breathalyser or Blood Test	Ven ⊕ No		® Yes ○No	Driver Insurer Comp	элү
roes he own a Singapore egistered car? eclaration reathalyser or Blood Test eading?	Ven ⊕ No		® Yes ○No	Driver Insurer Comp	элү
oes he own a Singapore egistered car? sclaration reathalyser or Blood Test eading?	Ven ⊕ No		Yes ○ No	Driver Insurer Comp	элү
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oes he twin a Singapore egistered car? ectaration evalthalyser or Blood Test eading? Claim 003 New	Ven ⊕ No	Any injury?	® Yes ○ No	Insured NRIC	201611527N
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oes he own a Singapore systemed car? scharation reathalyser or Blood Test adding? Claim 001 New Jam Type + Jam Oescription	O mg DO-MX SLX8873B / SGS4937M ON 14 Jul 2018 Ves yes y 16/07/2018 21:06 Jeckson	Any Injury? Insured Name Contact No. (Home) Of Veticle Number Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date	RELIABLE RIDES PTE LTD SLX88738 Not at Fault Preferred Workshop, Name unknown Save Submit 001 16/07/2018 21:08 Category *	Insured NRTC Contact No. (Office) TP Vehide Number Name of Preferred W GIA report Date Received	201611527N 66351820 SGS4937M crkshop Received 16/07/2018 00:00
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Attachment		Uproaded By/Date	Category	P urp	ency	Description	Msg Sent? Action (CO)
MER H	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2016 21:08		NRIC/ Driving License	Nor	rmai	NRIC/ Driving License 2018-7-16	Edit
463	NAC_BAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 21:08		SAS	Nor	mal	SAS 2018-7-16	Edit
	NAC_PAYA_UBI_BD0683(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 23:07		Photos	Normal		Photos 2018-7-16	Edit
SCH.	NAC_PAYA_URL 800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 21:07		Photos	Normal		Photos 2018-7-16	Edit
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70	NAC_PAYA_UBS_B00603(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2016 21:07		Photos	Normal		Photos 2018-7-16	Edit
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6	NAC_PAYA_UBL_BOOGOL(NAT)ONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2016 21:07		Photos Norma		rmal Photos	Photos 2018-7-16	Edit
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