Date In: 20 7 8 - 17:23	Jeb description	Date &Time Completed	Done b	o'v.
Res No: NA) MC18 0132 66/24	SAS e-filing			
	E-mail (within Shrs, AIC 2hrs)			
Veh No: SBP 18187	i-Motor Claim Form	Malancia	anlaha ta	
D.O.A: 20 7 18-13:05		M7/1003914-001	20/2/18 10	1:00
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)		
	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report	1		
	Ass't Report by Fax / Hand	to Owner/Wksp		-
Preferred Wksp / INC Assign Wksp / QW:	(	Tel: f	Fax:	
TP Particulars: Veh No: 💃	1013964 . INC (	)/Non-INC( )		
Owner / Driver: (		Tel:	)	
Policy No: (	Period: ( )	Cover Type: (	)	
Confirmed by: (	Date:	Time:	)	
Insured/Driver Liability: ( %	(WO): N: 0-2	20%; P: 21-79%. P: 30-	100%]	
Year of Registration: ( )	Warranty: YES ( )/NO (	)		
Excess: (\$ ) Loading: 5	\$1,000 ( )/\$2,000 ( )			
General Remarks:-			32.00	
( ) Walk-In Customer : Customer's			William Control of the Control of th	-
( ) Total Loss Case : to e-mail Ins		uictly NO 13let of repairer.		
		Contraction Contraction	·	1
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Control of the Contro			The state of the s	
Cemarks:- (INC hotline: 6788 6610		Date&Timb Completed	Done	·y
		Date alms Completed	September 1	.y
Apply for Transport Allowance ( )	) / Courtesy Car ( )	Dates time Completed	Dore	y
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection	) / Courtesy Car ( )	Date& Jame Completed	, s. y (Done)	.y
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost	) / Courtesy Car ( )	Dates time Completed	Done	.y
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection	) / Courtesy Car ( )	Date& iams Completed	Dore	
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time   Actions	Courtesy Car (	paration Checklist  Reporting (530); Assessment (5100); INC (Section Survey (Resurvey)) Assessment (Section Survey) Assessment (Section Section Sectio	\$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30	Amu

1 . 10 11 1 20

### 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 <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.

aforesaid,	
	ACCIDENT STATEMENT
Date Of Report	20/07/2018 17:23
Date Of Accident	20/07/2018 13:05
Exact Location Of Accident	ALONG CTE (SLE)
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SBP1818T
Insured/Policyholder	
Name Of Registered Owner	ANG BOON KIM
NRIC No	S7039593B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91002355
Alternative Phone No	OFFICE-91002355
Vehicle Particulars	
Manufacturer	BMW
Model	520I AUTO ABS AIRBAG 2WD XENON HEADLAMP
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099361980

## Driver

Cover Note Number

Name of Driver KAMSATON BINTE ROHANI

 NRIC No
 \$1734006I

 Date Of Birth
 24/03/1966

 Occupation
 INDOOR

 Date Of Driving Pass
 06/03/1999

Driving Experience 19 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91002355

Fax Number

Contact Number OFFICE-91002355

EMail Address NOEMAIL

Address BLK 104B CANBERRA STREET

#05-507

Postcode 752104

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

Vehicle Registration Number of Driver's Own

Vehicle

18

Insurance Company of Driver's Own Vehicle

.

### General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR
Road Surface DRY

### Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident 3
Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

### **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?

If Yes, against whom?

## Circumstances of Accident

REFER TO STATEMENT.

# Attachment(s)

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

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SGU1396H

Vehicle Make/Model/Colour TOTOTA VIOS 1.5E/BLUE

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MOHAMMAD RIDHWAN BIN SHAHRIL

NRIC/Passport Number S8900439Z Contact Number 98247227

Address BLK 509A YISHUN AVE 4 #11-12

#11-12

NO

Postcode 761

Insurance Company Name NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SLW5562Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

# SKETCH PLAN

# IMPORTANT NOTICE

- 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.

Policyholder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder)

Date & Time: 30 July 2014

i i

NRIC/FIN No.:

Reporting Centre Personnel's Signature
Name:

GUARACC SPETISTERINFORM, NO

1:

CTE/SLE SKETCH PLAN Sugntly damage DESCRIBE CIRCUMSTANCES OF THE ACCIDENT 20 mily 2018 CTE SLE Suddenly blue car vious car plate SGU 1396H car bady damaged The back of the vious Release the brake, thought, the bine cal Place see attendant) more forward, then but twice the blue to Car SBP 1818 he vious car stightly the front can Lexus carplate SLW 5562 MIC S1570704F Ang see My car BWW SBP 1818 CAR A SGU Blue Vious CAR B Black Lexus SLW CAR DECLARATION I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Driver's Signature Reporting Centre Personnel's Signature Date & Time: (If driver is not the policyholder) Name: Date & Time: NRIC/FIN No.:

20 July 2018

SINGAPOR	E ACCIDENT STATEMENT
ACC	CIDENT STATEMENT
Date Of Accident	* 20 JULY 2018 Time 1306 Hrs
Exact Location Of Accident	· CTE / SLE
	OWN VEHICLE (VEHICLE A)
Vehicle Registration Number	· SBP 1818 T
lipsurade 20 negronore	DE PROPERTY DE L'ANGELLE PROPERTY DE L'ANGEL
Name of Registered Owner	* ANG BOON KIM
NRIC/FIN/Passport Number	· 57039593B
Mahijipikagibutasi	A THE RESERVE OF THE PARTY OF T
Manufacturer	
Model	BMW 5201
Exact Purpose for which vehicle was being	
used at time of accident	* Private use Commercial use Hire & reward
Are you elaiming under your hour to	Others - please specify
Are you claiming under your own insurar policy for repair to your vehicle?	* Yes No V Others
If No, please state action to be taken	* Third Party Claim Reporting Only
Vehicle Category	* Private
hisidienesessament	
	* NTUC
Name of Insurance Company	* NTUC
Name of Insurance Company Type of Coverage	* compressil
Name of Insurance Company Type of Coverage Fleet Policy	
Name of Insurance Company Type of Coverage	* Compressile ·
Name of Insurance Company Type of Coverage Fleet Policy Policy Number	* Compressile ·
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number	* Compressil
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number	* Compressil Yes No  * 5099361980  * Eamoston Binte Rohan
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number Drives Name of Driver	* Compressile  Yes No  5099361980  * Eamogton Binte Rohan  * \$17340061
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver NRIC/FIN/Passport Number	* Compressile  Yes No  5099361980  * Eamogton Binte Rohan  * S17340061
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number  Driver Name of Driver NRIC/FIN/Passport Number Date of Birth	* Compressile  Yes No  5099361980  * Eamsaton Binte Rohan  S17340061  24 Mar , 1966
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver NRIC/FIN/Passport Number Date of Birth Occupation	* Compressive  Yes No 5099361980  * Kamsaton Binte Rohani  \$17340061  24 mar , 1966  * Real Estate  * Os march 2003
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number  Diver Name of Driver NRIC/FIN/Passport Number Date of Birth Occupation Date of Driving Pass	* Compressive  Yes No  5099361980  * Kamaatan Binte Rohani  S17340061  24 may , 1966  * Real Estate  Os may ch 2003
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver NRIC/FIN/Passport Number Date of Birth Occupation Date of Driving Pass Gender	* Compressile  Yes No  5099361980  * Kamsaton Binte Rohan  * S17340061  * 24 Mar , 1966.  * Real Estate  * 05 march 2003  * Male Female  91002353
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number Diver Name of Driver NRIC/FIN/Passport Number Date of Birth Occupation Date of Driving Pass Gender Mobile Number	* Compressile  Yes No  5099361980  * Kamsaton Binte Rohan  * S17340061  * 24 Mar , 1966  * Real Estate  * 05 march 2003  * Male Female
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number Diver Name of Driver NRIC/FIN/Passport Number Date of Birth Occupation Date of Driving Pass Gender Mobile Number	* Compressill  Yes No  5099361980  * Eamsaton Binte Rohan  * S17340061  * 24 mar , 1966  * Real tstaft  * 05 march 2003  * Male Female 91002363  But 104 B Camberra Street  #105-507 (752-104)
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number Diver Name of Driver NRIC/FIN/Passport Number Date of Birth Occupation Date of Driving Pass Gender Mobile Number Address Email Address Was driver an employee of the Insured's	* Compressive  Yes No   5099361980  * Kamsaton Binte Rohani  S17340061  24 may , 1966  * Real Estate  Os maych 2003  * Male Female  91002313  Bik 1046 Canberra Street
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver NRIC/FIN/Passport Number Date of Birth Occupation Date of Driving Pass Gender Mobile Number Address Email Address Was driver an employee of the Insured's Company?	* Compressill  Yes No  5099361980  * Eamsaton Binte Rohan  * S17340061  * 24 mar , 1966  * Real tstaft  * 05 march 2003  * Male Female 91002363  But 104 B Camberra Street  #105-507 (752-104)
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number Divor Name of Driver NRIC/FIN/Passport Number Date of Birth Occupation Date of Driving Pass Gender Mobile Number Address Email Address Was driver an employee of the Insured's	* Compressive  Yes No  5099361980  * Eamogton Binte Rohan  * S17340061  * 24 mar , 1966  * Real Estate  * 05 march 2003  * Male Female  91002363  Bit 104 B Camberra Street  #105-507 (752-104)  Eamsaton rohani@yahoo.comsg

Vehicle Registration Number of Driver's Own Vehicle (if applicable) Insurance Company of Driver's Own Vehicle		
(if applicable) General Information of the Accident		
	· Front 1 back	
Weather Conditions	From to rear.	
Road Surface	Clear Raining Others	
Other Information	Dry Wet Others	
The second secon		
Was any body injured in the Accident?	Yes No	
Was any other material or property damaged?	Yes No	
Details of Injured Pelsons	The second secon	
11,411,10		
Address Approximate Are		
Approximate Age		
Injuries Sustained		
If vehicle Occupants, state in which vehicle?		
Were seat beits worn?	Yes No	
Was injured conveyed to hospital by ambulance?	Yes No	
Datails of Police Action	Yes No	
The second secon	Yes No	
If Yes, please state which Police Station	Tes [ ] No [ ]	
Was notice of intended Prosecution given?	Yes No	
If Yes, against whom?	Tes   NO	
	Will Fig V Property of the Party of the Part	
Vehicle Registration Number	HICLE(S) / PROPERTIES (VEHICLE B)	
Vehicle Make / Model / Colour	364 1396 11	
Detail Of Properties	TO YOTA VIOS 1- SE BUE	
Name of Driver		
NRIC/Passport Number	Monammad Righwan bir Shahi	
Contact Number *	589004392	
Email Address	98247227	
Address	D. C. Williams	
Insurance Company Name	Buk 509A Yishun Avenue 4 #11-12 (7	161708)
Nature of Damage	17 (40	
Details CAWaness		
THE RESIDENCE OF THE PARTY OF T		
Name		
Phone Number		
Email Address		

# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$17340061





## KAMSATON BINTE ROHANI

كمساتون بنت روحاني Race

MALAY

Date of birth

24-03-1966 F

SINGAPORE



4305220



NRIC No. S17340061



Date of make 11-11-2008

APT BLK 104B CANBERRA STREET #05-507 SINGAPORE 752104

NRIC No: \$17340061

Date: 12/06/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE 06 Mar 1999

NP 428A





## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5099361980

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

: 5BP1818T : WBANT12070CX29656

: ANG BOON KIM

: 29 Mar 2018 : 28 Mar 2019

Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

## This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) : \$\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO

PRIMARY DRIVER : ANG BOON KIM

NAMED DRIVER (1) N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : TAI THONG LEE TRADING PTE LTD

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

: SOON WAN YONG (00000573605) Date of Issue

: 29 Mar 2018 13:29 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive

<b>eBao</b> Tech									GeneralClaim		
Hello, NAC_PAYA_UBI_800	601						Change Lar	guage	Change Passw	ord Log Out	
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	lo.				Date of Acc	ident	20/07	/2018 13:05	D	
	Vehicle	No.(For Motor)	SBP1818T								
						Search					
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5099361980	ANG BOON KIM	S7039593B	GPC	drivo CLASSIC	SBP1818T	SBP1818T	29/03/2018	28/03/2019	

Policy No.	5099361980	Policyholder Name	ANG BOON	KIM	Policyholder NRIC	S7039593B	
Address	BLK 8 #27-108 TANJONG PAG	GAR PLAZA SING	APORE 0800	108			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	29/03/2018	Effective Date	29/03/2018	3 00:00	Expiry Date	28/03/2019 2	23:59
Excess Type		All Claim Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Youn	g/Inexperience Driver Excess
Agent	SOON WAN YONG	Agent Tel.	62810777		GST Flag	Y	
_							
nsurance Flag Open	No						
Co- insurance Flag Open Policy Info Certificate	No						
nsurance Flag Open Policy nfo Certificate nfo	No holder Mailing Address						
nsurance Flag Open Policy Info Certificate Info Policy		Addre	55 2	TANJONG PAGAR P	LAZA	Address 3	SINGAPORE 080008
nsurance Flag Open Policy Info Certificate Info Policyl	holder Mailing Address	Sign	ss 2 ss Type	TANJONG PAGAR P		Address 3	SINGAPORE 080008 080008
nsurance Flag Open Policy Info Certificate Info	holder Mailing Address	Addre	ss Type d Policy				
nsurance Flag Open Policy Info Policy Address 1 Address 4 Jnit No.	holder Mailing Address	Addre Relate	ss Type d Policy	Singapore address			
nsurance Flag Open Policy Info Policy Address 1 Address 4 Jnit No.	holder Mailing Address BLK 8 #27-108 ad Object: SBP1818T	Addre Relate	ss Type d Policy	Singapore address			

cident MT/1003914								
Hey No.	5099361980	Vehicle No.	S0P1018T		GIST Registration N	0.		
icyholder Name	ANG BOON KIM				Palicyholder NRIC		\$7039593B	
sduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	4	Loading		0	
ntact No.(Mobile)	91002355	Contact No.(Office)	a .		Contact No.(Home)		0	
ail Address		Special Remark	-		eCode		In V	
ĸ	® No ○ Yes	TCA	® No ○Yes		eCode Reaton		100.00	
D Protection	No.						N220	
	140	NCD Entitlement(%)	40	-	Private Hire		No	
Accident Details								
port Date	20/07/2018 18:58	Accident Report Within 24 hrs.	Yes	- 9	Accident Type		Chain Collision	1
ne of Accident	20/07/2018	Time of Academ hh:mm	13:05		Country of Accident	1	Singapore	
porting Centre		Orange Force		31	ICM No.			
cident Location	ALONG CTE (SLE)							
7 Benefits								
Excess								
vn damage Excess	600.00	Additional Excess	0	- 0	Windscreen Excess		100.00	
named Driver Excess	500.00	Outside Singapore OD Excess		-2	MINUSO CEIT EXCESS		100,00	
			600.00					
nd Party Excess	0.00	Outside Singapore TP Excess	0.00					
GST Registered Inform								
T Registered	No		GST Registration Date					
7 Registration No.			GST Status Verifies		Yes			
sification History								
Policyholder Mailing Ad		NW0.592						
dress I	BLK 8 #27-108	Address 2	TANJONG PAGAR PLAZA	1	Address 3		SINGAPORE 0	80008
dress 4		Address Type	Singapore address	3	Post Code		080008	
rt No.		Related Policy Number	5099361980					
OI Driver Info								
iver Name	Unnamed Driver	Onyer Type	Unnamed Driver					
named driver Name	KAMSATON BINTE ROHANI	Driver NRIC	S1734006I	t	Driver DOS		24/03/1966	
gister Date of Driver License	06/03/1999	Driver Age	52		Driving Experience		19	
ntact No.(Mobile)	91002355	Contact No. (Office)	0		Contact No.(Home)		0	
dress 1	BLK 1048	Address 2	CANBERRA STREET					SENSELLO.
diess 1	DEN. 1046						EASTBROOK (	CANBERRA
A	727.50000000000				Address 3			
dress 4	SINGAPORE 752104	Address Type	Singapore address		Post Code		752104	
it No.	SINGAPORE 752104 05-507							
it No. es he own a Singapore				9		pany		
t No. es he own a Singapore	05-507	Address Type		9	Post Code	pany		
it No. es he own a Singapore gistered car?	05-507	Address Type		9	Post Code	pany		
t No. se he own a Singapore gistered car? iteration hathalyser or Blood Test	05-507	Address Type  Driver Vehicle No.		9	Post Code	pany		
it No.  es he own a Singapore gistered car?  claration eathalysier or Blood Text	05-507 () Yes <b>③</b> Na	Address Type	Singapore address	9	Post Code	pany		
offress 4  nt No.  nes he own a Singapore gistered car?  claration  eathalyser or Blood Test adding?	05-507 () Yes <b>③</b> Na	Address Type  Driver Vehicle No.	Singapore address	9	Post Code	pany		
ot No. Hee he own a Singapore gistered car? claration cathalyser or Blood Test	05-507 () Yes <b>③</b> Na	Address Type  Driver Vehicle No.	Singapore address	9	Post Code	pany		
t No. se he own a Singapore getered car? daration athalyses or Blood Test dding?	05-507 () Yes <b>③</b> Na	Address Type  Driver Vehicle No.	Singapore address	9	Post Code	pany		
t No.  se he own a Singapore jetered car?  faration  athialyses or Blood Test  dding?	05-507 () Yes <b>③</b> Na	Address Type  Driver Vehicle No.	Singapore address	9	Post Code	pany		
t No. se he own a Singapore getered car? faration athalyser or Blood Test dding? idication History (Jalen 901   New	05-507 ○ Yes <b>®</b> No 0 mg	Address Type  Driver Vehicle No.	Singapore address  ○ Yes   No	9	Post Code	pany	752104	
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it No.  se he own a Singapore getered car?  disration  sathalyser or Blood Test ading?  diffication History  Lialem 001 New	05-507 ○ Yes <b>®</b> No 0 mg	Address Type  Driver Vehicle No.  Any injury?	Singapore address  ○ Yes   No	0	rost Code	pany M	752104	
t No.  se he own a Singapore jetered car?  saration athalyser or Blood Test dding?  sification History stalme 901 New im Type * stact No.(Mobile)	05-507 ○ Yes	Address Type  Driver Vehicle No.  Any injury?  Insured Name  Contact No.(Home)	Singapore address  ○ Yes  No  ANG BOON KIM	1.	neured NRJC	эагү	752104	
it No.  se he own a Singapore getered car?  daration sathalyser or Blood Test ading?  diffication Pistory  Liaim 901 New  im Type *  ntact No. (Mobile) el Address	05-507  ○ Yes	Address Type  Driver Vehicle No.  Any injury?	Singapore address  ○ Yes ® No  ANG BOON KIM  57253897	10 C T	naured NRIC Contact No. (Office) TP Vehicle Number		752104 57029593B	
t No.  se he own a Singapore getered car?  staration  athialyses or Blood Test adding?  stication restory  stalem 001 New  im Type *  stact No. (Mobile)  el Address  on Description	05-507 ○ Yes  No  0 mg	Address Type  Driver Vehicle No.  Any injury?  Insured Name  Contact No.(Home)  Of Vehicle Number	Singapore address  ○ Yes ® No  ANG BOON KIM  67263897  SBPLB18T	10 C T	nsured NRIC		752104 57029593B	
t No.  se he own a Singapore getered car?  saration sathalyser or Blood Test dding?  sification History  tialme 001 New  im Type *  stract No. (Mobile) ail Address om Description ferred Workshop Contact	05-507  ○ Yes	Address Type  Driver Vehicle No.  Any injury?  Insured Name  Contact No.(Home)  Of Vehicle Number  Insured Lieblity *	Singapore address   ○ Yes ® No  ANG BOON KIM  57253897  SBPL818T	1. C	naured NRIC Contact No. (Office) IP Vehicle Number		752104 S7039593B SGU13964	
t No.  se he own a Singapore getered car?  saration sathalyser or Blood Test dding?  sification Fistory  taline 001 New  im Type *  stact No. (Mobile) ail Address or Description ferred Workshop Contact puire Finalisation	05-507  ○ Yes	Address Type  Driver Vehicle No.  Any injury?  Insured Name  Contact No.(Home)  OI Vehicle Number  Insured Liebility *  Preferend Repair Option	Singapore address   ○ Yes ® No  ANG BOON KIM  57253897  SBPL818T	1. C	naured NRIC Contact No. (Office) TP Vehicle Number		752104 57029593B	
it No.  se he own a Singapore getered car?  claration hathalyser or Blood Test adding?  sification risatory  claim 001 New  im Type * htact No. (Mobile) di Address im Description ferred Workshop Contact quire Finalisation	05-507  ○ Yes	Address Type  Driver Vehicle No.  Any injury?  Insured Name  Contact No.(Home)  Of Vehicle Number  Insured Lieblity *	Singapore address   ○ Yes ® No  ANG BOON KIM  57253897  SBPL818T	1 C C C	naured NRIC Contact No. (Office) IP Vehicle Number		752104 S7039593B SGU13964	
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ist No.  es he own a Singapore gestered car?  claration  eathelyser or Blood Test adding?  discation History  Claim 001 New  im Type * next No. (Mobile) el Address im Description ferred Workshop Contact quire Finalisation  to Registered port Taken By	05-507 () Yes	Address Type  Driver Vehicle No.  Any injury?  Insured Name  Contact No.(Home)  OI Vehicle Number  Insured Liebility *  Preferend Repair Option  Claim Close Date	Singapore address  Yes ® No  ANG BOON KIM  57253897  SBPLB18T  Fully at Fault  Preferred Workshop, Name unknown	1 C C	naured NRIC Contact No. (Office) IP Vehicle Number seme of Preferred N		752104 S7039593B SGU1396H	
t No.  se he own a Singapore jetered car?  faration  athalyser or Bloed Test  dding?  incation History  talem 001 New  im Type *  tact No. (Mobile)  el Address im Description ferred Workshop Contact  usire Finalisation  e Registered  oost Taken By  Point AK listber	05-507 () Yes	Address Type  Driver Vehicle No.  Any injury?  Insured Name  Contact No.(Home)  OI Vehicle Number  Insured Liebility *  Preferend Repair Option  Claim Close Date	Singapore address   ○ Yes ® No  ANG BOON KIM  57253897  SBPL818T	1 C C	naured NRIC Contact No. (Office) IP Vehicle Number seme of Preferred N		752104 S7039593B SGU1396H	
t No.  Is the own a Singapore intered car?  Isration  athalyser or Blood Test ding?  Scatton Platory  Ialim 901 New  In Type *  Iact No. (Mobile)  Isl Address  In Description  In the Singapore  In Contact  In the Singapore  In Contact  In Contact	05-507 () Yes	Address Type  Driver Vehicle No.  Any injury?  Insured Name  Contact No.(Home)  OI Vehicle Number  Insured Liebility *  Preferend Repair Option  Claim Close Date	Singapore address  Yes ® No  ANG BOON KIM  57253897  SBPLB18T  Fully at Fault  Preferred Workshop, Name unknown	1 C C	naured NRIC Contact No. (Office) IP Vehicle Number seme of Preferred N		752104 S7039593B SGU1396H	
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it No.  se he own a Singapore getered car?  claration  cathalyser or Blood Test  dding?  discation ristory  Claims 001 New  im Type *  ntact No. (Mobile)  del Address  im Description ferred Workshop Contact  quire Finalisation  is Registered  sort Taken by  Pent AK letter  ittachment	05-507  ○ Yes  No  O mg  OO-MX  93895939  abkxpres\$singnet.com.sg  SBP1818T / SGU1396H ON 20 Jul 2018  Ves  20/07/2018 19:00  Jackson	Address Type  Driver Vehicle No.  Any injury?  Insured Name Contact No. (Home) Of Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date	Singapore address  O Yes ® No  ANG BOON KIM  87263897  SBPLB18T  Fully at Fault  Freferred Workshop, Name unknown  Save Submit	1 C C	naured NRIC Contact No. (Office) IP Vehicle Number seme of Preferred N		752104 S7039593B SGU1396H	
it No.  es he own a Singapore getered car?  claration  cathalyser or Blood Test  dding?  discation ristory  Claims 001 New  im Type *  ntact No. (Mobile)  el Address  im Description ferred Workshop Contact  quire Finalisation  is Registered  over Taken by  Pent AK letter  ittachment	05-507  ○ Yes  No  O mg  OO-MX  93895939  abkspres\$singnet.com.sg  SEP1818T / SGU1396H ON 20 Jul 2018  Ves  20/07/2018 19:00  Jackson  MT/1003914	Address Type  Driver Vehicle No.  Any injury?  Insured Name Contact No. (Home) Of Vehicle Number  Insured Lieblity * Preferend Repair Option Claim Close Date	Singapore address  O Yes ® No  ANG BOON KIM  87263897  SBPLB18T  Fully at Fault  Preferred Workshop, Name unknown  Save Submit	1 C C	naured NRIC Contact No. (Office) IP Vehicle Number seme of Preferred N		752104 S7039593B SGU1396H	
t No.  se he own a Singapore getered car?  daration  anthalyser or Blood Test  ding?  discation ristory  Claim 001	05-507  ○ Yes	Address Type  Driver Vehicle No.  Any injury?  Insured Name Contact No. (Home) Of Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date	Singapore address  O Yes ® No  ANG BOON KIM  87263897  SBP1818T  Fully at Fault  Freferred Workshop, Name unknown  001  20/07/2018 19:01	1 C C	nsured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred N	Workshop	752104 \$70295938 \$GU13964 Received 20/07/2018 0	0.00
t No.  se he own a Singapore jettered car?  faration athalyser or Blood Test ding?  fileation Fistory  stelem 001	05-507  ○ Yes  No  O mg  OO-MX  93895939  abkspres\$singnet.com.sg  SEP1818T / SGU1396H ON 20 Jul 2018  Ves  20/07/2018 19:00  Jackson  MT/1003914	Address Type  Driver Vehicle No.  Any injury?  Insured Name Contact No. (Home) Of Vehicle Number  Insured Lieblity * Preferend Repair Option Claim Close Date  Claim Flo. Upload Date	Singapore address  O Yes ® No  ANG BOON KIM  57253897  \$BPLB18T  Fully at Fault  Preferred Workshop, Name unknown  002 20/07/2018 19:01 Category •	1 C C C C C C C C C C C C C C C C C C C	nsured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred to 1864 Received	Workshop	752104 \$70295938 \$GU13964 Received 20/07/2018 0	
t No.  se he own a Singapore jetered car?  faration athalyser or Blood Test ding?  fication Pistory  talm 001	05-507  ○ Yes	Address Type  Driver Vehicle No.  Any injury?  Insured Name Contact No. (Home) Of Vehicle Number  Insured Lieblity * Preferend Repair Option Claim Close Date	Singapore address  O Yes ® No  ANG BOON KIM  57253897  SBPLB18T  Fully at Fault  Preferred Workshop, Name unknown  001  20/07/2018 19:01  Category *	1 C C	nsured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred to 1864 Received	Workshop	752104 \$70295938 \$GU13964 Received 20/07/2018 0	0.00
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ict No.  He he own a Singapore getered car?  Idention  Idention Pistory  Claims 001 New  Im Type *  Intact No. (Mobile)  Held Address  Im Description  Identification  Identif	05-507  ○ Yes	Address Type  Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Preferend Repair Option Claim No. Lipload Date  Browse.  Browse.	Singapore address  O Yes ® No  ANG BOON KIPM  87263897  SBP1818T  Fully at Fault  Freferred Workshop, Name unknown  001  20/07/2018 19:01  Category *  Cear Please Select  Cear Please Select  Cear Please Select		naured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Name of Preferred Nate Received  Confidential	Urgency Normal Normal	S7039593B SGU1395H Received 2007/2018 0	0.00
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ttachment		Uploaded By/Date	Category	Ŷ	Urgency	Description	Sent? (CO)