	re Services. [well Janios] M	NAIDVAITSI	
Date In: 20/2 18 -13:73	Jeb description	Date & Time Completed	Done by
Ref No: 4A) INC 180 13272/24	SAS e-filing		
Veh No: 51 94 815	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 20718-01:15	i-Motor Claim Form	MT/1007916-001	20/7/18 19:3
OD TPY Reporting Only	i-Motor W/O (Within: OD 2hr	-	17/19
OD TP Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
Tr Insurer.	Ass't Report by Fax / Hand t	o Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:
TP Particulars: Veh No: PGD	2833 INC()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: () Pc	eriod: (Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)	Note-Est. Status (WO): N: 0-20	0%; P: 21-79%. P: 80-1	00%]
	Warranty: YES ()/NO()	
Excess: (\$) Loading: \$1,0			e Rojilloreni - e Verekan
General Remarks		2012/2015/05/05/05	
() Walk-In Customer : Customer's infor	rmation strictly Confidential & Str	ictly NO refer of renairer	
() Total Loss Case : to e-mail Insure	er URGENTLY.	h,	-
Drive-In ()/ Towed-In (); Invoice		owing Co: (-
		Jwing Co. (
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done by
Apply for Transport Allowance ()/C	Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$30]			
3) Upload Resurvey Photo [Repair Cost > \$3			
3) Upload Resurvey Photo [Repair Cost > \$30 Injury:			
3) Upload Resurvey Photo [Repair Cost > \$30 Injury:			
3) Upload Resurvey Photo [Repair Cost > \$30 Injury:			March 19
3) Upload Resurvey Photo [Repair Cost > \$30 Injury:			
3) Upload Resurvey Photo [Repair Cost > \$30 Injury:			
3) Upload Resurvey Photo [Repair Cost > \$30 Injury:			
3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions	000] ()		
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3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions	000] ()	eporting (\$30);	fuBill Add
3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Actions Actions	Invoice Prep. 1) AR: Accident R 2) DA: Damage A	eporting (\$30); ssessment (\$100); INC (\$80	fitBill Add
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3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Actions Actions alimant's Particulars: iver/Owner: ntact No:	Invoice Prep. 1) AR: Accident R 2) DA: Darnage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming age	sporting (\$30); ssessment (\$100); INC (\$80 ough Survey \$1 ough Survey (Resurvey) \$2 inst INC Only (wef 10 Jan 2005)	fit Bill Add
3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Actions Actions imant's Particulars:	Invoice Preparation of the state of the stat	sporting (\$30); ssessment (\$100); INC (\$80 S40/2 ough Survey (\$100) ough Survey (Resurvey) inst INC Only (wef 10 Jan 2005) on SMRT Survey \$1	fit Bill Add
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3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Date/Time Actions Date/Time Actions Date/Time Actions Date/Time Actions Checked Particulars: Checked by (Engr-In-Charge): ditors! Comments::	Invoice Preparation of the state of the stat	sporting (\$30); ssessment (\$100); INC (\$80 \$40/2 ough Survey (\$200) instUNC Only (wef 10 Jan 2005) on \$200 SMRT Survey \$200 sl Services:- ar / Tpt Allowance ordination \$200 out Excess Coordination	\$45 Add
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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.
- 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.	5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
distributed and the second and the second	ACCIDENT STATEMENT
Date Of Report	20/07/2018 13:53
Date Of Accident	20/07/2018 00:15
Exact Location Of Accident	WOODLANDS AVE 12 & WOODLANDS AVE 5
Country/State of Loss	SINGAPORE
AND THE PARTY OF T	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJN9421S
Insured/Policyholder	
Name Of Registered Owner	TAN WEI HAO, LEON
NRIC No	S9028776A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88110611
Alternative Phone No	OFFICE-88110611
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE

Fleet Policy NO

Policy Number 5102144066

Cover Note Number

Driver

Name of Driver TAN WEI HAO, LEON

NRIC No S9028776A Date Of Birth 17/08/1990 Occupation OUTDOOR Date Of Driving Pass 13/05/2016

Driving Experience 2 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-88110611

Fax Number

Contact Number OFFICE-88110611

EMail Address NOEMAIL Address

BLK 18 HOUGANG AVENUE 3

#07-173

Postcode

530018

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

Vehicle

OWNER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

YES

Foreign Vehicle Registration Number

PGD2833 (BUS)

Number of vehicles involved in the accident

Was any body injured in the Accident?

2 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.

NO

Number of Passengers (Including Driver)

Passenger 1

2

NAME: : SIM BOON ZHAO

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-6659999 - FAX NO: 66655793

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180720/2005.

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

PGD2833

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

BUS

Name of Driver

NRIC/Passport Number

Contact Number

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

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

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 00 / 01 / 2018 (DD/MM/YYYY), TIME: (00: 15)(HH:MA
LOCATION: Junction of woodlands are 12 x 5
1. DETAILS OF VEHICLE
a) VEHICLE NUMBER:SJN94215
DINSURANCE COMPANY: NTUC
CIPOLICY NUMBER: 5102144066
CIPOLICY TYPE: (COMPRÉVENSIVE (TURDO DE STATE DE LA COMPRENCIONE)
d)POLICY TYPE: (COMPRÉHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
f)TYPE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WOYK
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE LYES INC.
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER
A)NAME: Tan Wei Hao, Leon (MACE / FEMALE)
b) NRIC/FIN/PASSPORT: \$4026776 A CONTACT: 8811 0611
CIADDRESS: 18 Hougang Ave \$ 3 #07-173 S(530018)
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
Ho of passange DRIVER
(MALE / FEMALE)
DINRIC/FIN/PASSPORT:CONTACT:
Passenger: male x 1 *d) DATE OF BIRTH: (17 / 08 / 1990) (DD/MM/YYYY)
e)OCCUPATION: (INDOOR / OUTDOOR)
f) YEARS OF DRIVING EXPRERIENCE: 2 Years
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNEY
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS
b)ROAD SURFACE: (DRY / WET / OTHERS
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION: BUKIT BOTOK NPC
O THURS BARRIES AND THE STATE OF THE STATE O
the of passenger of VEHICLE NUMBER: PGD 2833 MODEL:
(Including driver) DI DRIVER'S NAME:
(UNEN)OWN C) NRIC/FIN/PASSPORT:CONTACT:
9. IHIRD PARTY VEHICLE
No of passenger d) VEHICLE NUMBER:MODEL:
(Induding driver) DRIVER'S NAME:
(Induding driver) f) NRIC/FIN/PASSPORT:

email =

fax =

VIDEO =





Police Station Of Origin:

Bukit Batok N.P.C

21 Bukit Batok East Avenue 4 SINGAPORE

659840

Tel No: 1800-6659999

REPORT OF A TRAFFIC ACCIDENT

T/20180720/2005

Report No. T/20180720/2005

1 of 3

	ne Report N 18 00:58	/lade:	Vide Report No.: J/20180719/0222	Station Diary No.	
Informa	nt's Partic	ulars	CONTRACTOR ACTION		
	Informant: I HAO, LEG		Address: APT BLK 18 HOUGANG AVENUE 3 #07-173 SINGAPO 530018		
	/ ID No.: D / S90287	76A	Contact No.: Home/Office: Mobile: 88110611		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 27	Date of Birth: 17/08/1990	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Grab driver			Driving Licence Information: Class: 3A	Date of Expiry:	

General Infor	mation of the Accident			
Type of Accident:	Non-Injury Foreign Vehicle			Type of Location: X-Junction
WOODLAND:	oad 1 and Road 2 S AVENUE 12 S AVENUE 5 oodlands Ave 12 and Av	re 5 Road Surface:		Road Speed Limit:
		Dry		Road Speed Limit.
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		
Type of Collis Between Mov	ion: ring Vehicles - Head To	Rear		Anyone conveyed by ambulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
PGD2833	Bus/Coach/Mi nibus					0
SJN9421S	Car	HYUNDAI	HD AVANTE 1.6 A	Black	Seriously Damaged	1

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SJN9421S	NTUC Income Insurance Co-Operative Limited	5102144066	10/07/2018	04/03/2019	





Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840

2 of 3 Report No. T/20180720/2005

Tel No: 1800-6659999

CONTINUATION OF REPORT

Details of Perso	on Involved	2621	THE RESERVE OF THE PARTY OF THE	20,-50		
Any Pedestrian I	nvolved: No			mel-23-dimension		
No. of Pedestrian	ns Injured: NIL		Use of Pe	destria	Cross	sing: NA
Driver		2150 × 21 ×		Jacotiiai	101033	sing. NA
Name	TAN WEI HAO, LEG	ON		ID No).	S9028776A
Related Vehicle	SJN9421S (Car)			Conta	act No.	88110611
Hospital/Clinic	NIL			Class Drivin Licen	g	Class: 3A Date of Expiry: NIL
Date Treatment	NIL		Date Disc	-	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o		NIL	

Brief Details.

On 20/07/2018 at about 0015 hrs, I was driving my vehicle V1) SJN9421S along Woodlands Ave 12. While approaching the junction of Woodlands Ave 12 and Woodlands Ave 5, the junction traffic lights turns red. I slowed down and came to a stop at the junction however I felt an impact coming from the rear. I noticed that the vehicle V2) PGD2833 had collided onto the rear of V1.

I alighted from V1 and the driver of V2 who a male Indian subject in his 20s, A1, inform that he is in the hurry and does not want to provide his particulars and left the scene before I could call for the Police. I only manage to take down his vehicle number. I wish to state that there is no one injure at scene. Traffic Police came to the scene (J/20180719/0222) and advise me to lodge a Police report. The passenger is namely Sim Boon Zhao S8222945J HP: 97806518. I wish to add that V2 was tailgating me before the accident took place. V1 had sustained dent on the rear and causing the boot to be unable to be closed.





Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840 3 of 3 Report No. T/20180720/2005

Tel No: 1800-6659999

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: J / Staff Sgt YUE SHUNXIANG	Signature Of Informant:	
Signature Of Interpreter: Not applicable	Date/Time: 20/07/2018 00:58	
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:	
Authentication Stamp		

IDENTITY CARD NO. S9028776A REPUBLIC OF SINGAPORE





TAN WEI HAO, LEON



CHINESE

17-08-1990 Date of birth

Country/Place of birth SINGAPORE



5967687

NPIC NO. S9028776A

Date of Issue

29-06-2018

Address

APT BLK 18 HOUGANG AVENUE 3 #07-173 SINGAPORE 530018

REPUBLIC OF SINGAPORE DRIVING LICENCE



TAN WE! HAO, LEON

Bach Date: 17 Aug 1990

issue Date: 04 Jul 2018

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

EFFECTIVE DATE

Motor cars without clutch pedals (Auto) with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight =< 2500kg



NF 428A



Certificate of Insurance

SJN9421S

: 10 Jul 2018

: 04 Mar 2019

Cover : drivo CLASSIC

: KMHDU41BR9U633557

I TAN WEE HOW NICHOLAS TAN WE I HAD, LEDN

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION)	ACT (CHAPTER 100)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION)	DILLES ADEN
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	1500

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

- contente	Training Cit.	2707744000	

Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

Certificate Number: 5102144056

4. Expiry Date of Insurance

5. 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 or Hirer's business.

This Policy does not cover

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

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

(c) 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) : \$\$2,000 EXCESS (SECTION 2) : \$\$1,500 WINDSCREEN EXCESS : 55100 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 : TAN WEI HAO, LEON NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY KENSO LEASING 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)

Agency

DICKSON AUTO AGENCY (00000614645)

Date of Issue

: 09 Jul 2018 17:45 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech		11500	A DESIGNATION OF THE PARTY OF T						Gen	eralClaim
Hello, NAC_PAYA_UBI_80	0601						Change Lar	nguage	· Change Passw	ord , Log Ou
My Desktop Notice of Loss	Poli	cy Query								100000
Notice of Loss	Policy N	10.				Date of Acc	cident	20/07	7/2018 00:15	3
	Vehicle	No.(For Motor)	S3N94215							-
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5102144066	TAN WEI HAO, LEON	S9028776A	GPC	drivo CLASSIC	SJN9421S	SJN9421S		04/03/2019

200000000000000000000000000000000000000	DICKSON AUTO AGENCY	Agent Tel.	NIL		GST Flag	Y	
Excess Agent	DICKSON AUTO AGENCY	TP Excess Agent Tel.	NIL		GST Flag	Y	g/Inexperience Driver Excess
Co- insurance Flag Open Policy Info	No				10 m 2 11 m 2 m		
Certificate Info							
Policyh	nolder Mailing Address						
Address 1	BLK 18 #07-173	Addres	s 2	HOUGANG AVENUE	3	Address 2	
Address 4	10 (2)(2)					Address 3	SINGAPORE 530018
			s Type	Singapore address	F	Post Code	530018
Jnit No.		Relate Numbe	d Policy er	5102144066			
D Insure	d Object: SJN9421S						
	omante						
♥ Endors Sequence	AND SANSTANTING WILLIAMS	9.9	ndorsemer				

Policy No.	STATE OF THE STATE	375,25,0700	Wichigh			
Policyholder Name	S102144066	Vehicle No.	53N9421S	GST Registration No.		
Product Code	TAN WEI HAD, LEON			Policyholder NR1C	59028776A	
Contact No. (Mobile)	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0	
	88110611	Contact No.(Office)	0	Contact No. (Home)	0	
mail Address	Treatment of	Special Remark		eCode	No. V	
CFIC.	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	. Promotion	
VCD Protection	NO NCD Entitleme		0.	Private Hire	Yes	
Accident Details						
eport Date	20/07/2018 19:29	Accident Report Within 24 hrs	Yes	Accident Type	Pallaine . Nana a . B.	
ate of Acodent	20/07/2018	Time of Accident Nitimm	00:15		Collision - Head to Rear	
eporting Centre		Orange Force		Country of Accident	Singapore	
crident Location	WOODLANDS AVE 12 B WOODLANDS AVE 5			ICM No.		
▽ Benefits						
♥ Excess						
wn damage Excess	2,000.00	Additional Excess				
nnamed Driver Excess	0.00		9	Windscreen Excess	100.00	
nird Party Excess	1,500.00	Outside Singapore OD Excess	2,000.00			
GST Registered Inform		Outside Singapore TP Excess	1,500.00			
T Registered	No		NAME OF TAXABLE PARTY.			
T Registration No.	0.400		GST Registration Date			
odification History			GST Status Venified	Yes		
Policyheider Hailing Ar	ddress					
ddress 1	BLK 18 #07-173	Address 2	HOUGANG AVENUE 3	220000	500000000000000000000000000000000000000	
ddress 4	public to remain (SE)	Address Type		Address 3	SINGAPORE 530018	
nit No			Singapore address	Post Code	530018	
OI Driver Info		Related Policy Number	5102144066			
river Name	TAN WEI HAO, LEON	Driver Type				
mamod driver Name		Driver NR3C	Main Driver		000000000	
gister Date of Driver License	13/05/2016	Driver Age	89028776A	Driver DOS	17/08/1990	
mlact No. (Mobile)	89110611		27	Driving Experience	2	
idress 1	BLK 18	Contact No.(Office) Address 2	0	Contact No.(Home)	0	
Oress 4			HOUGANG AVENUE 3	Address 3	SINGAPORE 530018	
it No.	07-173	Address Type	Singapore address	Post Code	230019	
es he own a Singapore						
gisteres car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company		
claration		1920CW OFFICE				
daration athalyser or Blood Test	Oing	Any injury?	○ Yesi ® No			
claration eathalysist or Blood Test	Omg	Any injury?	○ Yesi ⑥ No			
claration eathalyser or Blood Test adrug? diffication History	Oing	Any injury?	○ Yea ® No			
claration rathalyser or Blood Test adog? Uffication Pilstory	Omg	Any injury?	○ Yea ® No			
laration othalyser or Blood Test iding? affication History	Omg	Any injury?	○ Yes ® No			
laration othalyser or Blood Test iding? ofication History	Omg	Any injury?	○ Yes ® No			
laration athalyser or Slood Test adog? uhcation History		AUGUSTANA				
claration esthalyser or Slood Test acrop? Sification History Claims 001 New		Insured Name	○ Yes ® No TAN WEE HAO, LEON	Insured NRSC	890287764	
Stration Stratyser or Stood Test Long? Uncation History Llaim 001 New In Type •	OD-MX Y	Insured Name Contact No.(Home)	TAN WEI HAO, LEON	Contact No.(Office)		
Stration Sthatyser or Stood Test Long? Uncation History Llaims 001 New In Type * Lact No. (Mobile) El Address	GD-MX 90113988 BLUE_MIRACLE09@HOTMAIL.CC	Insured Name		Contact No.(Office) TP Vehicle Number	89028775A PGD2833	
Stration Strati	OD-MX Y	Insured Name Contact No. (Home) OJ Vehicle Number	TAN WEE HAO, LEON	Contact No.(Office)		
claration control of the control of	OD-MX 90113988 BLUE_MIRACLE09@HOTMAIL CO 53N9421S / PG02833 ON 20 3ul 2018	Insured Name Contact No. (Home) OI Vehicle Number Insured Liability *	TAN WEE HAO, LEON SINSAZIS Not at Fault	Contact No.(Office) TP Vehicle Number		
Idention Identication Identication Identication Identication Identication Identication	OD-MX 90113988 BLUE_MIRACLE09@HOTMAIL CO 53N94218 / PG02833 ON 20 3ul 2018 Yes	Insured Name Contact No.(Home) Of Vehicle Number Insured Liability • Preference Repair Option	TAN WEE HAO, LEON SIN9421S Not et Fault	Contact No.(Office) TP Vehicle Number		
claration eathalyser or Slood Test admy? Discation History Claims 601 New en Type * Hact No.(Mobile) all Address im Description formed Workshop Contact jure Finalisation e Registered	OD-MX	Insured Name Contact No. (Home) OI Vehicle Number Insured Liability *	TAN WEE HAO, LEON SINSAZIS Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	PGD2833	
claration Introduced Test Introduced T	OD-MX 90113988 BLUE_MIRACLE09@HOTMAIL CO 53N94218 / PG02833 ON 20 3ul 2018 Yes	Insured Name Contact No.(Home) Of Vehicle Number Insured Liability • Preference Repair Option	TAN WEE HAO, LEON SINSAZIS Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	PGD2833	
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Stration Str	OD-MX	Insured Name Contact No. (Home) Of Vehicle Number Insured Liability • Preferenced Repair Option Claim Close Date	TAN WEE HAO, LEON SIN9421S Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	PGD2833	
Interiori Sthalyser or Stood Test drop? Interior History Interior History In Type * Tect No. (Modele) In Address In Description Served Workshop Concact ure Finalisation Registered Jet Taken By Print AK letter	OD-MX	Insured Name Contact No. (Home) Of Vehicle Number Insured Liability • Preferenced Repair Option Claim Close Date	TAN WEE HAO, LEON SINSAZIS Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	PGD2833	
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Idention athalyser or Shood Test adding? Adding? Type * Tect No. (Mobile) att Address in Description are d Workshop Contact are Finalisation e Registered get Taken By Print AK letter	OD-MX	Insured Name Contact No. (Home) Of Vehicle Number Insured Liability • Preferenced Repair Option Claim Close Date	TAN WEE HAO, LEON SIN9421S Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	PGD2833	
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	uploaded By/Date	Folder Date	File Name		?	Source	Action
deo List	2010	7578			//or	Photos 2018-7-20	ı
2	NAC_PAYA_UBI_800601(NATIONAL AS	SESSMENT CENTRE SERVICES) on 20 Jul 19:31	Photos		Normal		
b	NAC_PAYA_URI_800601(NATIONAL AS	SESSMENT CENTRE SERVICES) on 20 Jul 19:31	Photos		Normal	Photos 2018-7-20	
	NAC_PAYA_UBI_800601(NATIONAL AS 2018	SESSMENT CENTRE SERVICES) on 20 Jul 19:31	Photos		Normal	Photos 2018-7-20	
	NAC_PAYA_USI_800601(NATIONAL AS 2018	SESSMENT CENTRE SERVICES) on 20 Jul 19:31	Photos		Normal	Photos 2018-7-20	
W	NAC_PAYA_UBI_800601[NATIONAL AS 2018	SESSMENT CENTRE SERVICES) on 20 Jul 19/31	Photos		Normal	Photos 2018-7-20	
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1	NAC_PAYA_UBI_800601(NATIONAL AS 2016	SESSMENT CENTRE SERVICES) on 20 Jul 19:31	Photos		Normal	Photos 2018-7-20	
	NAC_PAYA_UBI_B00601(NATIONAL AT 2018	SESSMENT CENTRÉ SERVICES) en 20 Jul . 19:31	Photos		Normal	Photos 2018-7-20	
-	NAC_PAYA_UBI_800601(NATIONAL A)	SESSMENT CENTRE SERVICES) on 20 Jul 19:31	Photos		Normal	Photos 2018-7-20	
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15	201	SSESSMENT CENTRE SERVICES) on 20 Jul 8 19-32	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-7-20	
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-		led By/Date	Category	9	Urgency	Description	Msg Sent? (CO)

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