Date In: 20/07/2018 10:10		
	Job description - Date & Time Completed	Done py
ROTNO NA/INC18013281/Ky	SAS e-filing	
	E-mail (within 8hrs, AIC 2hrs;	
VehNo, SFK 6015P DOA : 19/07/2018-07:30		001.23/7/18 10:
OD TP: Pepoling Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs) I-Photo Uploaded	
TD	Assessment/Survey Report	+
TP Insurer	Ass't Report by Fax / Hand to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tol: Fa	x:)
TP Particulars: Yeh No: Re	riling. INC()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: () Perio	d: () Cover Type: ()
Confirmed by : (Date: Time:)
	te-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-1	00%]
The state of the s	arranty: YES ()/NO ()	
Excess: (\$) Loading: \$1,000		
General Remarks:		
) Walk-In Customer: Customer's inform	ation strictly Confidential & Strictly NO refer of repairer.	.,
) Total Loss Case : to e-mail Insurer		
Drive-In ()/ Towed-In (); Invoice: Y		· · ·
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Cemurks:- (INC horline: 6788 6616)	Date&Time Completed	Done by
	artesy Car ()	
2) QC Check / Post Repair Inspection	()	
	()	
B) Upload Resurvey Photo [Repair Cost > \$300	()	
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) Upload Resurvey Photo [Repair Cost > \$300 Injury : ate/Time Actions NA (804 umant's Particulars :-	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$30); 3) TF: Towing Fee \$40/	Anit (\$) Amt (\$) 14.Bill Add Bill) 545
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Deligion : Injury: Interfruits Actions NA 1804 alimant's Particulars: iver/Owner: Intact No: Inditors! Comments:	Invoice Preparation: Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$30); 3) TF: Towing Fee \$40/4, FT: Follow-Through Survey \$ 5) FT: Follow-Through Survey (Resurvey) For claiming sessingt INC Only (wef 10 Jan 2003) 6) TR: Re-inspection 7) N1: Idae DA + SMRT Survey \$ 8) NTUC Additional Services: OD* *N5: Courtesy Car / Tpt Allowance *N6: Repair Co-ordination *N7: Post Repair Inspection *N8: DV / Collect Excess Coordination	Anit (5) Amit (5) 14.Bill Add Bill 545 120 130 145 150 150
Actions NA 1804 alimant's Particulars:- iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	Invoice Preparation: Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$30); 3) TF: Towing Fee \$40/4, FT: Follow-Through Survey \$ 5) FT: Follow-Through Survey (Resurvey) For claiming sessingt INC Only (wef 10 Jan 2003) 6) TR: Re-inspection 7) N1: Idae DA + SMRT Survey \$ 8) NTUC Additional Services: OD* *N5: Courtesy Car / Tpt Allowance *N6: Repair Co-ordination *N7: Post Repair Inspection *N8: DV / Collect Excess Coordination	Anit (\$) Amt (\$) 14t.Bill Add Bill 545 120 530 575 160 555 550 525

SINGAPORE ACCIDENT STATEMENT

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.
- 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.
 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

All the fight of the state of t	ACCIDENT STATEMENT
Date Of Report	20/07/2018 10:10
Date Of Accident	19/07/2018 07:30
Exact Location Of Accident	TAMPINES AVE 5 SIMEI AVE SLIP RD GOINGTWDSPIE/TUAS
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SFK6015P
Insured/Policyholder	
Name Of Registered Owner	DRIVE-M
Co Reg No	53321727W
Email Address	PLING_13@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-82685544
Alternative Phone No	OFFICE-82685544
Vehicle Particulars	
Manufacturer	CHEVROLET
Model	OPTRA 1.6L A/T ABS AIRBAG 2WD 4DR
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094114409
Cover Note Number	
Driver	
Name of Driver	TAY PEI LING (ZHENG PEILING)

NRIC No S8126783I

Date Of Birth 27/08/1981 Occupation INDOOR Date Of Driving Pass 18/03/2004

Driving Experience 14 YEARS AND 4 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-82685544

Fax Number

Contact Number OTHERS-82685544

EMail Address PLING_13@HOTMAIL.COM

BLK 59 CHAI CHEE ROAD Address

#08-864

Postcode 460059

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE Weather Conditions CLEAR Road Surface WET ROAD

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE

Police Station Name Police Station Address

ROAD: 20 CHAI CHEE DRIVE , POSTCODE: 469045 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-2448999 - FAX NO: 62446558

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180719/2045

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES Remarks/ Reasons: REVERT Was there any audio recorded? NO

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:
 - (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:

QIVE .

REG NO

Driver's \$ignature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

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REG NO. 53321727W

Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature

. 20 17/2018

Name:

NRIC/FIN No.:





1 of 3

Report No. T/20180719/2045

Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

REPORT OF A TRAFFIC ACCIDENT

Date/Tim 19/07/20	e Report I 18 11:46	Made:	Vide Report No.: G/20180719/0063	Station Diary I 26	No.:
Informan	t's Partic	ulars			Legion I
Name of TAY PEI	Informant: LING		Address: APT BLK 59 CHAI CHEE RO	AD #08-864 SINGAPORE 44	30050
ID Type / NRIC NO	ID No.: / S81267	831	Contact No.: Home/Office:	Mobile: 82685544	30039
Nationalit	y: DRE CITIZ	EN	Email:	WODIIC. 02000044	
Sex: Female	Age:	Date of Birth: 27/08/1981	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation ACCOUN			Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Non-Injury Attended by Police	Drink Date/Time of Accident: No 19/07/2018 07:		Type of Location Straight Road
TAMPINES A SIMEI AVENU		2		
Weather: Clear		Road Surface: Wet	F	Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		raffic Volume:
Type of Collis	on: e Against - Road Divider			nyone conveyed by mbulance:

Details of V	ehicle Invo	lved				AND PRINCIPAL OF THE PARTY OF T
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SFK6015P	Car	CHEVROLET		Grey	Slightly Damaged	0

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





T/20180719/2045

2 of 3

Report No. T/20180719/2045

Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

CONTINUATION OF REPORT

Driver					dia Galleria	
Name	TAY PEI LING	211-12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	emine e sua mine sa sancia in inco	ID No		S8126783I
Related Vehicle	SFK6015P (Car)			Conta	ct No.	82685544
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	18	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	

Brief Details.

On the 19/07/2018 at about 0732hrs I was travelling on my friend's vehicle bearing, (SFK6015P) along Tampines Avenue 5 at the slip road turning into PIE(Tuas). I was on the right lane of the two lane road. The traffic was light at that point of time. As I was driving suddenly my steering wheel started to give way and was very loose. The vehicle then started to sway to the left on its own. I then tried to control the steering wheel and turn towards the right however the vehicle swayed towards the right and suddenly hit onto the railings on the right. The vehicle then stopped on its own. I then immediately got down from my vehicle and managed the traffic flow.

Shortly two passer-bys came to assist me to move my vehicle to the road shoulder. Subsequently Traffic police arrived at the scene. Traffic police then took down my particulars and access the damages on my vehicle. I was then advised by the traffic police to lodge a traffic accident report as soon as possible. I am not injured due to the accident. There are slight damages on the railings due to the accident. The vehicle had also damages at the front side. I have in-built camera installed in my vehicle however I am not sure if the accident was captured in it. I am not sure if there was camera at the accident location. I was given a case card and case number G/20180719/0063 indicated in it.





Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

3 of 3 Report No. T/20180719/2045

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:	Signature Of Informant:	
Sgt 1 SARVESHVERAN S/O JAGATHESAN	Fen-in	
Signature Of Interpreter:	Date/Time:	
Not applicable	19/07/2018 11:46	
Officer In Charge Of Case: TP / GIT /	Classification Of Case:	
Staff Sgt MA JUNXIANG		
Contact No.: 65476251		
Authentication Stamp		



ACCIDENT STATEMENT

MOODELLI ON ATORA
ACCIDENT DATE: 19, 7, 2018 (DD/MM/YYY), TIME: 07.50 (HH:MM)
to 1 Mar Comos Avenues Slip Rd
gothe towards PIE (Tuas)
1. DETAILS OF VEHICLE
a) VEHICLE NUMBER: SEK60 (SP
diverse Hower
b)INSURANCE COMPANY:
c)POLICY NUMBER:
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
FITYPE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
AVELUCIE CATECODY (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME:
h)PURPOSE OF USING AT ACCIDENT TIME: I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2 INSURED / POLICY HOLDER
A) NAME: [MALE / FEMALE] DINDIC (FIN/PASSPORT) CONTACT:
A)NAME: [MALE / FEMALE] D)NRIC/FIN/PASSPORT: CONTACT: [ON TOTAL STATE CONTACT: [ON TOTAL STATE] CO
c)ADDRESS:
· · · · · · · · · · · · · · · · · · ·
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
Ho of passenge DRIVER (MALE/FEMALE)
Unduding dismed
b)NRIC/FIN/PASSPORT: CONTACT: SZO SZO Y Y
C/ADDRESS.
*d)DATE OF BIRTH: (/)(DD/MM/YYYY)
e)OCCUPATION: (INDOOR / OUTDOOR)
1) YEARS OF DRIVING EXPRERIENCE:
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS
6. WAS ANYBODY INJURED (YES / NO)
7. a)REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION:
8. THIRD PARTY VEHICLE
the of passinger a) VEHICLE NUMBER: Keiling MODEL:
Including driver) b) DRIVER'S NAME:
G) NRIC/FIN/PASSPORT:CONTACT:
9. THIRD PARTY VEHICLE
d) VEHICLE NUMBER: MODEL:
(Industing device) () DRIVER'S NAME:
, and the state of
email = pling-13@hotmail.com
Sign X / Comail = pins
fax = pLing_13@hotmail.com
10x 3
Waiting for Vehicle Photos?
valing for vehicle Plantice
1910en on 21/7/2018 6
1305HRS.

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$81267831



TAY PEI LING (ZHENG PEILING)

CHINESE

Date of Lirth 27-08-1981

Country of birth SINGAPORE



4774652



NEIC No. S81267831

24-09-2011

APT BLK 59 CHAI CHEE ROAD #08-864 SINGAPORE 460059

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES) Motor Cart and Motor Tractors time weight of which unladen does not exceed 2500 kilograms

eBao Tech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601						Change Lan	guage	· Change Passwo	rd ' Log Ou
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	lo.			3	Date of Acc	dent	19/0	7/2018 07:30	
	Vehicle	No.(For Motor)	SFK6015P	У						
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5094114409	DRIVE-M	53321727W	GPC	drivo CLASSIC	SFK6015P	SFK6015	08/09/2017	28/12/2018

Policy No.	5094114409	Policyholder Name	DRIVE-M	Policyholder NRIC	53321727W
Address	BLK 642C #06-371 PUNGGOL DF		DOWS SINGAPORE 823642		
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	08/09/2017	Effective Date	08/09/2017 00:00	Expiry Date	28/12/2018 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	ASSURE (SINGAPORE) PTE. LTD	Agent Tel.	68038751	GST Flag	Υ
Co- insurance Flag	No				
Open Policy Info					
Certificate					
Info					
77.10.70	holder Mailing Address				
▽ Policy	holder Mailing Address BLK 642C #06-371	Address 2	PUNGGOL DRIVE	Address 3	THE MEADOWS
▽ Policy Address 1	AND THE RESERVE AND ADDRESS OF THE PROPERTY.	Address 2 Address Type	PUNGGOL DRIVE Singapore address	Address 3 Post Code	THE MEADOWS 823642
♥ Policy Address 1 Address 4	BLK 642C #06-371	Address		60 800E-310	
Policy Address 1 Address 4 Unit No.	BLK 642C #06-371 SINGAPORE 823642	Address Type Related Policy	Singapore address	60 800E-310	
Policy Address 1 Address 4 Unit No.	BLK 642C #06-371 SINGAPORE 823642 06-371 ed Object: SFK6015P	Address Type Related Policy	Singapore address	60 800E-310	
Policy Address 1 Address 4 Unit No. Insure	BLK 642C #06-371 SINGAPORE 823642 06-371 ed Object: SFK6015P sements	Address Type Related Policy Number	Singapore address	60 800E-310	

Continue Cancel

Claim Handling

Policy No.	5094114409	Vehicle No.	SFK6015P	GST Registration No.	
Policyholder Name	DRIVE-M			Policyholder NRIC	53
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	82685544	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	N
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Ye
→ Accident Details					
Report Date	23/07/2018 09:51	Accident Report Within 24 hrs	Yes	Accident Type	Si
Date of Accident	19/07/2018	Time of Accident hh:mm	07:30	Country of Accident	Si
Reporting Centre	13/07/2010	Orange Force	07130	ICM No.	
Accident Location	TAMPINES AVE 5 SIMEI AVE SLIP RD GOIN			5544444	
▼ Benefits	TAPITALS AVE 3 SINES AVE SELF AS GOLD	ia mastic, tora			
♥ Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	10
Unnamed Driver Excess	2,000.00	Outside Singapore OD Excess	2,000.00	Tringal series	
	1 500 00	Outside Singapore TP Excess			
Third Party Excess	1,500.00	Outside Singapore IP Excess	1,500.00		
			COT Residentias Data		
GST Registered GST Registration No.	No		GST Registration Date GST Status Verified	Yes	
Modification History			GST Status Verified	ites	
Modificación miscory					
Policyholder Mailing Ad	dress				
Address 1	controlled on a decreasing	Address 2	PUNGGOL DRIVE	Address 3	т
Address 4	BLK 642C #06-371	Address Type	Singapore address	Post Code	
	SINGAPORE 823642			rost code	8
Unit No.	06-371	Related Policy Number	5094114409		
♥ OI Driver Info	U	Police Toro	HUNCOUT BOX II		_
Driver Name	Unnamed Driver	Driver Type Driver NRIC	Unnamed Driver S8126783I	Driver DOB	
Unnamed driver Name	TAY PEI LING (ZHENG PEILING				2
Register Date of Driver License		Driver Age	36	Driving Experience	1
Contact No.(Mobile)	82685544	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 59	Address 2	CHAI CHEE ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	4
Unit No.	#08-864				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration					_
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		
Modification History					
The state of the state of					
Claim 001 OD-MX Nev	×				
					-
Claim Type *	OD-MX *	Insured Name	DRIVE-M	Insured NRIC	5
Contact No.(Mobile)	85227732	Contact No.(Home)	NIL	Contact No.(Office)	N
Email Address	MELTK1177@GMAIL.COM	OI Vehicle Number	SFK6015P	TP Vehicle Number	R
Claim Description	SFK601SP / RAILING ON 19 Jul 2018	grave is quantum es-		Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault ▼		
Require Finalisation	Yes *	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	[
Date Registered	23/07/2018 10:00	Claim Close Date		Date Received	2
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	-
Print AK letter					
			Save Submit		

Accident No.

MT/1004013

Claim No.

Last Doc. Received

Yes No

Upload Date

23/07/2018 10:00

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Choose File	No file chosen

	Category •		Confidential		Urgency •	
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FIGURE EIST	Uploaded By/Date	Folder Date	File Name		9	Source
Video List	NAC_PAYA_UBI_800601(N	NTIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 09:57	Photos		Normal	Photos 20
<u> </u>	NAC_PAYA_UBI_800601(N.	ATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 09:57	Photos		Normal	Photos 20
	NAC_PAYA_UBI_800601(N.	ATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 09:57	Photos		Normal	Photos 20
	NAC_PAYA_UBI_800601(N	ATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 09:57	Photos		Normal	Photos 20
2	NAC_PAYA_UBI_800601(N	ATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 09:57	Photos		Normal	Photos 20
	NAC_PAYA_UB1_800601{ N	ATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 09:57	Photos		Normal	Photos 20
	NAC_PAYA_UB1_800601(N	ATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 09:57	Photos		Normal	Photos 20
	NAC_PAYA_UBI_800601(N	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 09:57			Normal	Photos 20
	NAC_PAYA_UBI_800601(N	ATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 09:57	Photos		Normal	Photos 20
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 09:57		Photos		Normal	Photos 20
	NAC_PAYA_UBI_800601(N	ATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 09:57	Photos		Normal	Photos 20
8	NAC_PAYA_UBI_800601(N	ATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 09:57	Photos		Normal	Photos 20
	NAC_PAYA_UBI_800601(N	ATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 09:58	Photos		Normal	Photos 20
	NAC_PAYA_UB1_800601(N	ATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 09:58	Photos		Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 09:58		Photos		Normal	Photos 2
10	NAC_PAYA_UBI_800603(N	ATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 09:58	SAS		Normal	SAS 20
5 TS	NAC_PAYA_UBI_800601(N	ATTONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 09:59	NRIC/ Driving License		Normal	NRIC/ Driving Lie
Attachment		Uploaded By/Date	Category	9	Urgency	Descr

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