Date In 2.7 - 1		14 PP PO 8 11 AM	
Date In: 27 9/18 - 16:00	Jcb description	Date & Time Completed	Done by
Re[ No: NA   NC 18 013 765   24	SAS e-filing	i	
Veh No: 512 7972 C	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 57/18-1170	i-Motor Claim Form	M711204205-001	23/3/18 18:15
	i-Motor W/O (Within: OD 2h)		
OD / TP / Reporting Only	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (			ax:
TP Particulars: Veh No: JC			
Owner / Driver: (	511751	Tel:	
	Period: ( )	Cover Type: (	
Confirmed by : (		Time:	
	Date:		500(3
	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 30-1	00%]
Year of Registration: ( )	Warranty: YES ( )/NO (	)	
Excess: (\$ ) Loading: \$1			
General Remarks:			A11
( ) Walk-In Customer : Customer's in		ALCOHOL: A CONTRACT OF THE PROPERTY OF THE PRO	<del></del>
( ) Total Loss Case : to e-mail Insu		5	
			<u> </u>
Drive-In ( )/ Towed-In ( ); Invoi	ice: YES( ) / NO( ); T	owing Co: (	
Remarks: (INC hotline: 6788 6616)	No. of the second	Date & Timb Completed	Done by
	/ Courtesy Car ( )		
2) QC Check / Post Repair Inspection		-	TRANSPORTER AND THE
	( )	<del> </del>	
3) Upload Resurvey Photo [Repair Cost>	\$3000] ( )		79
Injury:			
		i grand and the state of	Zanos se
		Community of the Commun	eseccione.
			es los es
		v <sub>in</sub> it - at ar to lear it.	
Date/Time / Actions			
Pate/Time Actions	Invoice Pre	paration Checklist	Contract Section 1
Actions Actions	Inveice Pre		Charles Services
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Actions  Al804630  umant's Particulars:-  ver/Owner:	1) AR : Accident 2) DA : Damege 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti	Reporting (\$30); Assessment (\$100); INC (\$80); ce \$40, brough Survey \$ brough Survey (Resurvey)	76 Bill Add E
Actions Al804630 Amant's Particulars:- ver/Owner:	1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti For claiming as	Reporting (\$30); Assessment (\$100); INC (\$86 ee \$400 hrough Survey \$ hrough Survey (Resurvey) gajust INC Only (wef 10 Jan 2005)	196 Bill Add E
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Date/Time Actions  Actions  Actions  Actions  Actions  IA1804630  Itimant's Particulars:-  iver/Owner:  Intact No:  Imaged Portion:	1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti For claiming at 6) TR : Re-inspec	Reporting (\$30); Assessment (\$100); INC (\$86) ee \$400 hrough Survey \$ hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) tion  SMRT Survey \$	
Date/Time Actions  Actions  Actions  Actions  Actions  IA1804630  Itimant's Particulars:-  iver/Owner:  Intact No:  Imaged Portion:	1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idac DA: 8) NTUC Additio OD: *N5: Courtesy	Reporting (\$30); Assessment (\$100); INC (\$86 ee \$400 hrough Survey (Resurvey) zoinst INC Only (wef 10 Jan 2005) stion + SMRT Survey \$ onal Services:-	16 Bill Add B 0) 0545 1120 530 575 160
Date/Time Actions  Checked by (Engr-In-Charge):	1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idac DA: 8) NTUC Additio OD* *N5: Courtesy *N6: Repair Co	Reporting (\$30); Assessment (\$100); INC (\$86 ee \$400 brough Survey (Resurvey) goinst INC Only (wef 10 Jan 2005) gricon + SMRT Survey \$ small Services:- Car / Tpt Allowance goordination	
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Date/Time Actions  NA1804630  atimant's Particulars:- iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge): dittors' Comments:-	1) AR : Accident 2) DA : Damage . 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti For claiming as 6) TR : Re-inspec 7) N1 : Idac DA : 8) NTUC Additio OD!* *N5: Courtesy *N6: Repair Co *N7: Fost Repair Co	Reporting (\$30); Assessment (\$100); INC (\$86 ee \$400 brough Survey (Resurvey) soinst INC Only (wef 10 Jan 2005) stion + SMRT Survey \$ onal Services:-  Car / Tpt Allowance condination air Inspection lect Excess Coordination (Non INC) against INC	198 Bill Add B  0)  1545  1120  1530  160  153  160  153  150  1525  155  1520
Date/Time Actions	1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idac DA: 8) NTUC Additio OD: *N5: Courtesy *N6: Repair Co *N7: Fost Reps *N8: DV / Coll	Reporting (\$30); Assessment (\$100); INC (\$86 ee \$400 brough Survey (Resurvey) soinst INC Only (wef 10 Jan 2005) stion + SMRT Survey \$ onal Services:-  Car / Tpt Allowance condination air Inspection lect Excess Coordination (Non INC) against INC	19 Bill Add B  0)  1545  1120  1530  160  153  160  153  150  1525  155

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

EMail Address

- 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.
- 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

	ACCIDENT STATEMENT
Date Of Report	23/07/2018 16:00
Date Of Accident	15/07/2018 11:50
Exact Location Of Accident	CARPARK OF WHAMPOA WET MARKET
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJL7772C
Insured/Policyholder	
Name Of Registered Owner	IVAN
Co Reg No	53358580E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88333383
Alternative Phone No	OFFICE-88333383
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER 1.5 MIVEC GLS 4A/T
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092396743
Cover Note Number	
Driver	
Name of Driver	LEE MARY
NRIC No	S1459494I
Date Of Birth	27/07/1961
Occupation	INDOOR
Date Of Driving Pass	02/03/1992
Driving Experience	26 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-88333383
Fax Number	
Contact Number	OFFICE-88333383

NOEMAIL

Address 37 SUMMER PLACE

Postcode 555733

Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident 2
Was any body injured in the Accident? YES
Was any injured conveyed to hospital by NO

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)

Passenger 1 NAME: : SRIAH

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name SERANGOON GARDENS NEIGHBOURHOOD POLICE POST

2

Police Station Address ROAD: 51 SERANGOON GARDEN WAY , POSTCODE: 555947 ,

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2879999 - FAX NO: 62815969

NO

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180715/2092.

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 SCE1123K

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# Name LEE MARY Approximate Age Injuries Sustain NECK & BACK Injured person in which vehicle? SJL7772C Were seat belts worn? YES Was this injured conveyed to hospital by ambulance?

Address Postcode

Postcode

DETAILS OF INJURED PERSON 2		
Name	SRIAH	
Approximate Age		
Injuries Sustain	NECK & BACK	
Injured person in which vehicle?	SJL7772C	
Were seat belts worn?	YES	
Was this injured conveyed to hospital by ambulance?	NO	
Address		

#### 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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- 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.:

(If driver is not the policyholder)

NRIC/FIN No.:

Date & Time:

#### SINGAPORE ACCIDENT STATEMENT

#### **IMPORTANT NOTICE**

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 traffic police department for investigation.

### **Accident details**

Date and time of accident	Date: 15 July	<i>≫( &amp; (DD/MM/YY) Time:</i>	1150	(HH:MM)
Exact location of accident	Carpark of	Whampoo Set	Market	- 2

### **Details of vehicle**

Vehicle registration number	85L7773C
Vehicle make and model	MRI fancer Ex.
Type of vehicle	Saloon MPV CRV Van D Lorry Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	prevate.
Are you claiming under your own insurance company?	Yes \( \text{No.} \) if no, please select:  Third part claim \( \text{Reporting only } \( \text{Delta} \)

### **Insurance information**

Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only □

### Insured / Policy holder

Name	Lee Many	Male 🗆	Female 🗸
NRIC / Fin / Passport number	814594947		
Contact	8833 3383		
Address	37 Summar Place		
	Sery apare 555 733		

#### Driver

#### Same as insured above (skip to D.O.B)

Name	Male 🗆	Female 🗆
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth	27 Lely 1961	
Occupation	Indoor Outdoor	
Driving date pass	02 Mar 1992	

# General information of the accident

No., relationship of to No.  Raining Wet   Wet   Female		(Inclusive of driver
Raining of Wet of 2	Others:	
Raining Wet 12  Srigh  Le promate Female 2		(Inclusive of driver
Wet a  Viah  e a Female		(Inclusive of driver
Sriah le = Female_		(Inclusive of driver
Srlah e□ Female□		(Inclusive of driver
e □ Female.□		
e □ Female.□		
e = Female =		
e 🗆 Female 🗅		
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e 🗆 Female 🗆	r	
e 🗆 Female 🗆		
a = damala =		
e   Female		
e 🗆 📗 Female 🗆		
/		
No 🗆		
COCCUS THE PROPERTY.	(81941)	
No D I	f yes, please state wh	ich police station.
0		
1	le	le

# Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	PCE 1173K.
Vehicle make model	

# Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

## Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1	
Name	
Witness 2	
Name	
Injured person 1	
Name	Lee Wans
Injuries sustained	Hee Many Heck & Back.
Which vehicle person in?	876777706
Were seat belts worn?	Yes No D
Was injured conveyed to hospital by ambulance?	Yes 🗆 No 🖯
Injured person 2 Name	le i
Injuries sustained	Islah
Which vehicle person in?	Heck & Back SJL7772C
Were seat belts worn?	Yes. No -
Was injured conveyed to	Yes No
hospital by ambulance?	Tes II NULL
Injured person 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗆 No 🗅
Was injured conveyed to hospital by ambulance?	Yes 🗆 No 🗆
Injured person 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes  No
Was injured conveyed to	Yes  No
hospital by ambulance?	





Police Station Of Origin: Serangoon Gardens NPP 51 Serangoon Garden Way SINGAPORE 555947 1 of 3 Report No. T/20180715/2092

Tel No: 1800-2879999

REPORT OF A TRAFFIC ACCIDENT

15/07/20	e Report I 18 18:35	Made:	Vide Report No.:	Station Diary No.: 16
Informar	t's Partic	ulars	San Black to the Co.	
Name of LEE MAR	Informant: RY		Address: 37 SUMMER PLACE SINGA	PORE 555733
ID Type / NRIC NO	ID No.: / S14594	941	Contact No.: Home/Office:	Mobile: 88333383
Nationalit SINGAPO	y: DRE CITIZ	ΈN	Email:	(10) (0) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
Sex: Female	Age: 56	Date of Birth: 27/07/1961	Type of Informant: Driver	in to the second
Race: Chinese	60		Language: English	Institution / School Name:
Occupation: CLERK			Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 15/07/2018 11:50	Type of Location Car Park	
Location: Along Road 1 WHAMPOA D	DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	a Car	Traffic Control: Not Controlled		Traffic Volume:	
Type of Collis	ion: ing Vehicles - Head T	o Poor		Anyone conveyed by ambulance:	

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge		
SCE1123K	Car	11 11 11 11	1 1 100			0		
SJL7772C	Car					0		





Police Station Of Origin: Serangoon Gardens NPP 51 Serangoon Garden Way SINGAPORE 555947

Tel No: 1800-2879999

2 of 3 Report No. T/20180715/2092

CONTINUATION OF REPORT

#### Brief Details.

On 15/07/2018 at about 1150hrs, I was driving my car SJL7772C at the car park of Whampoa Drive, Wet Market. I saw am empty lot so I drove and parked after the lot and on my hazard light. I wanted to reverse to park, however before I reverse, one car SCE1123K, came from behind and hit onto the back of my car. I was shocked.

After the hit, the driver drove past me and gave a hand signal and left without settling the issue. I stepped out of my car and I realized that my car back portion was dented.

Thus I am making this report for hit n run and insurance claim.





3 of 3

Report No. T/20180715/2092

Police Station Of Origin: Serangoon Gardens NPP 51 Serangoon Garden Way SINGAPORE 555947

Tel No: 1800-2879999

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 4 F / Sgt 2 TEO JING XIAN Signature:	Signature Of Informant:
Signature of the operator orce  Not applicable	Date/Time: 15/07/2018 18:35
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt TAN JEOK LENG Contact No.: 65476144	Classification Of Case:
Authentication Stamp	

NP168







WORK PERMIT

Employment of Foreign Manpower Act (Chapter 91A) Republic of Singapore

timployer Location LEE MARY 37 SUMMER PLACE S(555733)



SRIAH DOMESTIC WORKER

Permit No. 0 0631922-

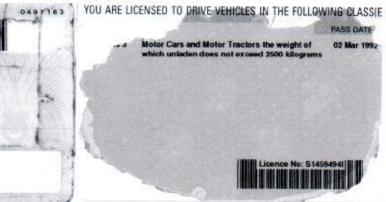
29-11-2017 20-12-2017 18-12-2019

Date of Application



L8524522





VISIT PASS Immigration Regulations

Name SREAH



22-07-1983 F

Nationality INDONESIAN

G8192132L 20-12-2017

18-12-2019

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



<b>eBao</b> Tech								<b>克里</b>	Gen	eralClaim
Hello, NAC_PAYA_UBI_80	0601						Change Lar	guage	· Change Passw	ord • Log Ou
My Desktop	Poli	cy Query								_
Notice of Loss	Policy No. Vehicle No.(For Motor)		S)L7772C			Date of Acc	ident	15/0	7/2018 11:50	
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5092396743	IVAN	53358580E	GPC	drivo CLASSIC	SJL7772C	S3L77720	08/07/2017	13/10/2018

Policy No.	5092396743	Policyholder Name	IVAN		Policyholder NRIC	53358580E	
Address	37 SUMMER PLACE SUMMER I	LACE SINGAPOR	RE 555733				
roduct Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	07/07/2017	Effective Date	08/07/201	7 00:00	Expiry Date	13/10/2018	23:59
Excess Type		All Claim Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Dutside Singapore DD Excess	2000	Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
Agent	ASSURE (SINGAPORE) PTE. L	TD Agent Tel.	68038751		GST Flag	Y	
Co- insurance Flag Open Policy	No						
info Certificate							
nfo	holder Mailing Address						
nfo Policyl	holder Mailing Address 37 SUMMER PLACE	Addre	ess 2	SUMMER PLACE		Address 3	SINGAPORE 555733
nfo Policyl Address 1			ess 2	SUMMER PLACE Singapore address		Address 3	SINGAPORE 555733 555733
Info  ■ Policyl  Address 1  Address 4		Addre	ess Type ed Policy				
info Policyl Address 1 Address 4 Unit No.		Addre	ess Type ed Policy	Singapore address			
Info Policyl Address 1 Address 4 Unit No.	37 SUMMER PLACE and Object: SJL7772C sements	Addre Relate Numb	ess Type ed Policy	Singapore address 5088699660-01		Post Code	

5092396743		Vehicle No.	53L7772C		GST Registrati	on No.			
IVAN					Policyholder N	RIC		533585806	
PRIVATE CAR INSU	RANCE	Cover Type	drivo CLAS	SSIC	Loading			0	
88333383		Contact No.(Office)	0		Contact No.()+	ome)	- 4	0	
		Special Remark			eCode		1	No V	
® No ○Yes		TCA	® No ○	Yes	eCode Reason				
		NCD Entitlement(%)						No.	
23/07/2018 18:13		Accident Dannet Within 24 her	Yes		Sandard Torre				22200000
									vnist parked
15/0//2016			11:50			odent		Singapore	
	100000000000000000000000000000000000000	Orange Force			ICH No.				
CARPAUX OF WHAN	IPGA WET MARKET								
	2,000.00	Additional Excess	0		Windstreen Ex	CHSS	1	100.00	
		Outside Singapore OD Excess		2,000.00					
	1,500.00	Outside Singapore TP Excess		1,500.00					
ition									
No									
			GS	T Status Verified	No				
4									
		Children & C		n sine	*3*****				
27 SUMMER PLACE									E 555733
					Post Code			555733	
		Related Policy Number	50886996	60-01					
		-177002277							
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				I.					t .
					Contact No.(He	ome)	(	0	
37 SUMMER PLACE		Address 2	SUMMER I	PLACE	Address 3		5	SINGAPORI	E 555733
		Address Type	Singapore	address	Post Code			555733	
Car ( 200 ) 260 ( )									
○ Yes ® No		Driver Vehicle No.			Driver Insurer	Company			
○ Yes (e) No		Driver Vehicle No.			Driver Insurer	Company			
○ Yes (®) No		Driver Vehicle No.			Driver Insurer	Company			
0 mg		Driver Vehicle No.  Any Injury?	® Yes ○	No.	Driver Insurer	Company			
			<b>®</b> Yes ○	No.	Driver Insurer	Company			
			® Yes ○	No	Driver Insurer	Company			
			® Yes ○	No	Briver Insurer	Company			
			<b>®</b> Yes ○	No.	Driver Injurer	Company			
			® Yes ○	No.	Driver Insurer	Company			
	Ŋ.		₩ Yes ○	No.	Driver Insurer	Company		513565606	
0 mg	<u>S</u>	Any injuny?		No.	Insured NRIC			-	
0 mg	V	Any injury?  Insured Name  Contact No.(Home)	IVAN	No.	Insured NRIC Contact No.(Or	ffice)		66469631	
0 mg		Any injury?  Insured Name		No	Insured NRIC Contact No. (Of TP Vehicle Nun	flice)		-	
0 mg		Any injury?  Insured Name  Contact No.(Home)  OI Vehicle Number	IVAN SJL7772C		Insured NRIC Contact No.(Or	flice)		66469631	
0 mg  Ob-MK  97707195  S9L7772C / SCE112	3K ON 15 Jul 2018	Any Injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured Liability *	EVAN SUL7772C	# V	Insured NRIC Contact No. (Of TP Vehicle Num Name of Prefer	flice)	E Gashop [	56469631 SCE1123K	
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0 mg  Ob-MX  97707195  53L7772C / SCE112  Ves. 23/02/2018 18:15	3K ON 15 Jul 2018	Any Injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured Liability *	EVAN SUL7772C	# V	Insured NRIC Contact No. (Of TP Vehicle Num Name of Prefer	flice)	is anop [	56469631 SCE1123K	<b>A</b>
0 mg  OD-MK  97707195  SJL7772C / SCE112	3K ON 15 Jul 2018	Any injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured Liability * Preferend Repair Option	EVAN SUL7772C	# V	Insured NRIC Contact No. (Of TP Vehicle Num Name of Prefer GIA report	flice)	is anop [	66469631 SCE1123K	<b>A</b>
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0 mg  Ob-MX  97707195  53L7772C / SCE112  Ves. 23/02/2018 18:15	3K ON 15 Jul 2018	Any injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date	EVAN SUL7772C	At V Workshop, Name unknown V	Insured NRIC Contact No. (Of TP Vehicle Num Name of Prefer GIA report	flice)	is anop [	66469631 SCE1123K	<b>A</b>
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0 mg  OD-MX  97207195  53L7772C / SCE112  Yes 23/02/2018 18:15 Jackson  HT/1004205	3K ON 15 Ju 2018	Any injury?  Insured Name Contact No.(Home) OI vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date	EVAN SIL7772C Not at Fau Preferred Save Sue	Workshop, Name unknown  Oot 23/07/2018 18:16 Category *	Insured NRIC Contact No. (Of TP Vehicle Nun Name of Prefer GIA report Date Received	nter red Work	is an in the second sec	86469631 SCE1123K Received 23/07/2016	5 00 00
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	PANN PRIVATE CAR INSU BESSSISSIS NO Yes NO Yes NO 23/07/2018 18:13 15/07/2018 CARPARK OF WHAN CARPARK OF WHAN WHEN STREET VICTORION CARPARK OF WHAN VICTORION VICTORION CARPARK OF WHAN VICTORION VICTORION CARPARK OF WHAN VICTORION	DVAN  PRIVATE CAR INSURANCE 88333383    ② No ○ Yes No  23/07/2018 19:13 15/07/2018  CARPANC OF WHANPOA WET MARKET  2,000.00  1,500.00  45em No  dress 37 SUMMER PLACE  Unnamed Driver LEE MARY 02/03/1992 68333383	DNAN  PRIVATE CAR INSURANCE  BE333383  Cover Type  Cover Type  Cover Type  Cover Type  Special Remark  TCA  NO  MCD Entitlement(%)  Accident Report Within 24 hrs  Time of Accident himms  Orange Force  CARPARK OF WHANDCA WET MARKET  2,000.00  Additional Excess  Dutside Singapore OD Excess  1,500.00  Outside Singapore TP Excess  Address Type  Related Policy Number  Unnamed Driver  LEE MARY  Driver NRIC  Driver Age  6933383  Contact No. (Office)  37 SUMMER PLACE  Address 2  Address 2  Address 2  Address Type  Cover Type  Driver Type  Driver Type  Driver Age  6933383  Contact No. (Office)  37 SUMMER PLACE  Address 2	PRIVATE CAR INSURANCE Cover Type drivo CLA  BE3333B3 Cover Type drivo Cla  BE333B3B3 Cover Type drivo Cla  BE333B3 Cover Type drivo Cla  BE33B3B3 Cover Type drivo	DAN	DAN	DVAN  PRIVATE CAR INSURANCE  Cover Type  TCA  R No ○ Yes  Code Reason  Private Hire  Private Hire  Cover Report Within 24 hrs Yes  Academ Type  Covery of Accidence  15/07/2018  Time of Accident Report Within 24 hrs Yes  Academ Type  Covery of Accidence  Covery of Accid	Policyholder NRIC	DIVAM

Attachment		Uploaded By/Date	Category	9	Urgency	Description	Msg Sent? Action (CO)
	NAC_PAYA_UBI_800601[ NAT	TOWAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 18:16	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-7-23	Edit
100	NAC_PAYA_UBI_800601( NAT	TOWAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 18:16	SAS		Normal	SAS 2018-7-23	Edit
100	NAC_PAYA_URL_600601( NAT	TIONAL ARRESSMENT CENTRE SERVICES) on 23 Jul 2018 18:16	Photos		Normal	Photos 2018-7-23	East
	NAC_PAYA_UBI_800601( NAT	TIDNAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 18:16	Photos		Normal	Photos 2018-7-23	Edit
1	NAC_PAYA_UBI_800G01( NAT	TIONAL ASSESSMENT CENTRE SERVICES) on 23 July 2018 18:16	Photos		Normal	Priocos 2018-7-23	Edit
3	NAC_PAYA_UBI_800601( NAT	IONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 18:16	Photos		Normal	Photos 2018-7-23	Edit
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1	NAC_PAYA_UBI_800601( NAT	TIDNAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 18:16	Photos		Normal	Photos 2018-7-23	Edit
	NAC_PAYA_URI_BD0601( NAT	TIDNAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 18:16	Priotos		Normal	Photos 2018-7-23	Edit
	NAC_PAYA_UBE_800601( NAT	TIDNAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 18:16	Photos		Normal	Photos 2018-7-23	Edit
	NAC_PAYA_UBI_800601( NAT	TIDNAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 18:16	Photos		Normal	Photos 2018-7-23	Edit
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♥ Video List							
	uploaded By/Date	Folder Date	File Name		?	Source	Action