Date in: 35 3 8-16:31	Jeb description		Date &Time Completed	Done	pi.
Re[No: NA   NC(80   3567 /24	SAS e-filing				
	E-mail (within 8h)	(s. AIC 2hrs)		İ	
Veh No: JKE93332	i-Motor Claim		100-C19/c01/LW	25 4/18 17	. 20
D.O.A: 24 7 18 - 21:00	i-Motor W/O			F/[10 ]	- 00
OD / TP / Reporting Only	i-Photo Upload				
				-	
TP Insurer:	Assessment/Surv				
	Ass't Report by	Fax / Hand to			-
Preferred Wksp / INC Assign Wksp / QW			Tel:	Fax:	
	skcg86g E	INC (	)/Non-INC( )		
Owner / Driver: (			Tel:		
Policy No: ( )	Period: (	1	Cover Type: (	- 3	-
Confirmed by : (		Date:	Time:		
	%) [Note-Est. Status (WO	Contract of the	%; P: 21-79%. P: 80	100%]	
Year of Registration: (		)/NO( )			
	\$1,000 ( )/\$2,000 (	)		STANCE OF THE	
General Remarks:-	The state of the s				
( ) Walk-In Customer : Customer's	s information strictly Confi	dential & Stri	ctly NO refer of repaire	r.	
( ) Total Loss Case : to e-mail In	nsurer URGENTLY.				
Drive-In ( )/ Towed-In ( ); In	voice: YES ( ) / NO	) ( ) ; To	wing Co: (		)
			Date& Time Completed	Done	hv
Remarks: (INC hotline: 6788 661			Date & Tittle Colline: 34	Dono	03
	)/Courtesy Car ( )		*		
2) QC Check / Post Repair Inspection	( )				
		-	- C C C C C C C C	100	
3) Upload Resurvey Photo [Repair Cost	> \$3000] ( )			-	
Upload Resurvey Photo [Repair Cost     Injury :	:>\$3000] ( )		<u></u>		
Injury:	:>\$3000] ( )		1	3.72×1	- v (n), (g)
Injury:	(>\$3000]		940		- , An, 4,-
Injury:	()			Mark Const.	- Vill. 187
Injury:	( )			New Area and the second se	
Injury:	( )				- V. M. P
Injury:	( )			Personal se	
Injury:  Date Time Actions	.>\$3000] ( )				, and
Injury: ————————————————————————————————————		Invoice Prep	aration Checklist	Ani(S)	The second second
Injury:  Date/Time Actions  Actions	1	) AR : Accident I	aration Checklist.	Ant (S)	The second second
Injury:  Date/Time Actions  Actions  Lawrence Actions  Actions  Lawrence Actions  Actions	1	) AR : Accident I ) DA : Damage A	aration Checklist. Reporting (\$30); Reporting (\$100); INC	Ant:(S)	The second second
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Injury:  Date/Time Actions  Algoyequ  Injury:  Injury:  Actions  A	1 1 2 3 4 5 5 6 7	) AR: Accident I ) DA: Darrage A ) TF: Towing Fe ) FT: Follow-Th ) FT: Follow-Th For claiming as ) TR: Re-inspect ) NI: Idao DA + ) NTUC Addition OD*	ar ation Checklist:  Reporting (330);  assessment (5100); INC  frough Survey  rough Survey (Resurvey)  pinst INC Only (wef 10 Jan 2)  ion  SMRT Survey  al Services:	(\$80) (\$80) (\$40/\$45 (\$120 (\$30) (\$05) (\$75 (\$160)	The second second
Injury:  Date/Time Actions  Actions  Laimant's Particulars:- river/Owner: ontact No: amaged Portion:	1 1 2 3 4 5 5 6 7	) AR: Accident I ) DA: Damage A ) TF: Towing Fe ) FT: Follow-Th ) FT: Follow-Th For claiming ag ) TR: Re-inspect ) N1: Idac DA + ) NTUC Addition OD* *N5: Courtesy	ar ation Checklist.  Reporting (\$30);  assessment (\$100); INC  rough Survey  rough Survey (Resurvey)  ainst INC Only (wef 10 Jan 2)  ion  SMRT Survey  al Services:-	(\$80) (\$80) (\$40/\$45 (\$120 (\$30) (\$05) (\$75 (\$160)	The second second
Injury:  Date/Time Actions  Actions  Injury:  Inimant's Particulars:  river/Owner:  ontact No:  armaged Portion:  C. Checked by (Engr-In-Charge):	1 1 2 3 4 5 5 6 7	) AR: Accident I ) DA: Darrage A ) TF: Towing Fe ) FT: Follow-Th ) FT: Follow-Th For claiming as ) TR: Re-inspect ) N1: Idac DA + ) NTUC Addition OD*  *N5: Courtesy  *N6: Repair Co *N7: Fost Repair	ar ation Checklist:  Reporting (330);  assessment (5100); INC  rough Survey  rough Survey (Resurvey)  sinst INC Only (wef 10 Jan 2)  ion  SMRT Survey  hal Services:  Car / Tpt Allowance  ordination  ir Inspection	(\$80) \$40/\$45 \$120 \$30 \$75 \$160	The second second
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Injury:  Date/Time Actions  Actions  Injury:  Date/Time Actions  Actions  Actions  Injury:  Inimant's Particulars:  river/Owner:  Inimant's Particulars:  river/Owner:  Inimaged Portion:  C. Checked by (Engr-In-Charge):	1 1 2 3 3 4 5 5 6 6 7 7 3 3	) AR: Accident I ) DA: Darrage A ) TF: Towing Fe ) FT: Follow-Th ) FT: Follow-Th For claiming as ) TR: Re-inspect ) N1: Idac DA + ) NTUC Addition OD*  *N5: Courtesy  *N6: Repair Co *N7: Fost Repair *N8: DV / Coll	ar ation Checklist.  Reporting (330); ssessment (5100); INC  rough Survey rough Survey (Resurvey) sinst INC Only (wef 10 Jan 2) ion SMRT Survey hal Services.  Car / Tpt Allowance ordination in Inspection set Excess Coordination Non INC) against INC	(\$80) \$40/\$45 \$120 \$30 \$75 \$160 \$5 \$5 \$10 \$25 \$5 \$20 \$30	The second second

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Gender

Mobile Number Fax Number Contact Number

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
25/07/2018 16:21
24/07/2018 21:00
ALONG SENGKANG WEST AVE BEFORE FERNVALE LANE
SINGAPORE
DETAILS OF OWN VEHICLE
SKE9333Z
CONNECT4CAR PTE LTD
201411459M
NOEMAIL
OFFICE-89999999
ТОУОТА
WISH 1.8 AUTO
COMMERCIAL USE
NO
REPORTING ONLY
PRIVATE HIRE
NTUC INCOME INSURANCE CO-OPERATIVE LTD
COMPREHENSIVE
YES
5068994860-03
LIM SIAK GEK EUNICE
S1761160G
18/03/1966
OUTDOOR
06/11/2000
17 YEARS AND 8 MONTHS

FEMALE

NOEMAIL

(LOCAL) +65-92265762

OFFICE-92265762

BLK 122A EDGEDALE PLAINS Address

#11-179

821122 Postcode

NO Was driver an employee of the Insured's Company

OTHER - HIRER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CHANGE/CROSS LANE Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

2 Number of vehicles involved in the accident NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 2

Number of Passengers (Including Driver)

Passenger 1

NAME:

: +

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

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 NO

NO

NO

Was there any video captured by Car Camera?

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SKC9869E

Vehicle Make/Model/Colour

**Details Of Properties** 

MERCEDES VIANO

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 17

#### 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 companies.
- 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) of:
  - (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")
- 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:

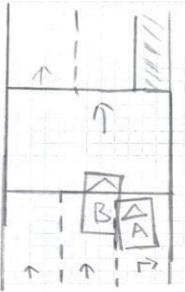
Driver's Signature

(If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



While A > SKE 93332 While B > SICC 98691=

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P	y vehic	le was	completing	Stationar	1 alon	y senglicano	west
Ave	on the	first land	waiting	to turn	right	AS Z u	vas
waiting	for the	traffic	to be	cherced.	Which	B from +	the let
lane	Suddenly	over take	_ onh co	d into	My	lure and	collided
		caci					
		10000					
							T
		AND THE PERSON NAMED IN			~~		

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:

Driver's Signature

tif driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

## 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 of accident	24/07/18	(DD/MM/YY)
Time of accident	2100	(HH:MM)
Exact location of accident	Along Senglicang west Are Before	Fernvale lane

	DETAILS OF VEHICLE	5					
Vehicle registration number	SKE9333Z						
Vehicle make and model	Toyota vish						
Type of vehicle	Saloon   MPV CRV Van   Lorry Bus Motorcycle Others:						
Vehicle category	Private   Commercial   Motorcycle						
Purpose of using at said time	working						
Are you claiming under your own insurance company?	Yes No if no, please select: Third part claim Reporting only						

	INSURANCE INF	ORMATION	
Insurance company	NTU	C	
Policy number			
Type of policy	Comprehensive 🗷	Third party fire & theft	TP only □

	INSURED / POLICY HOLDER		
Name	CONNECT4CAR PTE LTD	Male 🗆	Female 🗆
NRIC / Fin / Passport number	201411459M		
Contact			
Address	53 UBI AVENUE 1 #01-23 PAYA UBI IND SINGAPORE 408934	USTRIAL PARK	

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)								
Name	Lim Sicik Gek Eunice Male - Fer								
NRIC / Fin / Passport number	517611606								
Contact	92265762								
Address	BIK 122A EdgeRale Plains #11-179 5(821122)								
Email address									
Date of birth	18/03/1966								
Occupation	Indoor  Outdoor								
Driving date pass	06/11/2000								

Matter than a little and o	SENERAL IN	NFORMATION OF	THE ACCIDENT	
Was driver an employee of	Yes 🗆	No D		
the insured's company?	If no, rela	ationship of the d	river and insured: _	Hiver
Accident captured by camera?	Yes 🗆	No 🗷		
Weather condition	Clear 🗹	Raining 🗆	Others:	
Road surface	Dry 🗹	Wet 🗆		
No of passenger		2		(Inclusive of driver)
		PASSENGER 1		
Name				
Gender	Male 🗷	Female		
		PASSENGER 2		
Name				
Gender	Male 🗆	Female 🗆		
	March 1	PASSENGER 3	THE ROOM STREET	
Name	200 00000			
Gender	Male 🗆	Female 🗆		
		PASSENGER 4		
Name		100		
Gender	Male 🗆	Female 🗆	- 11-7-01-11-11-11-11-11-11-11-11-11-11-11-11-	
		PASSENGER 5		
Name				
Gender	Male 🗆	Female 🗆		
		PASSENGER 6		
Name				
Gender	Male 🗆	Female 🗆		
	CATTER ST.			
Managed to the last of the second		THER INFORMAT	ION	
Was anybody injured? Was other vehicle damaged?	Yes 🗆	No 🗆	vice of the transfer of	
was other vehicle damaged?	Yes 🗷	No 🗆		
	DET	NE OF POLICE A	CT ON	
Panartad to nalice?		AILS OF POLICE A		
Reported to police? Police station name	Yes 🗆	No If yes,	please state which	police station.
Police Station Hame				
		MUTAICC 4		
Name		WITNESS 1		
Name				
		WITNESS	Mary Mary Street Street	
Name	P. Street, Square,	WITNESS 2		
Ivallic	110 11 1/11			

	THIRD PARTY VEHICLE 1
Vehicle registration number	SKC9869E
Vehicle make model	Mercedes viano
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 3
Vehicle registration number	THIRD PARTY VEHICLE 3
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THE CARTILLE HOLD A
Vahlala variational la	THIRD PARTY VEHICLE 4
Vehicle registration number Vehicle make model	
Name	
NRIC / Fin / Passport number Contact	
Contact	
	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	

Contact

		INJURED PERSON 1
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes□	No □
Was injured conveyed to	Yes□	No 🗆
hospital by ambulance?	\$25,545.5	1,10 1
EASTER STATE OF THE PARTY OF TH	S S TABLES	INJURED PERSON 2
Name		NOONED LEAGUE 2
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes□	No 🗆
Was injured conveyed to	Yes	No 🗆
hospital by ambulance?	103.1	110 0
	A CONTRACTOR OF THE PARTY OF TH	INJURED PERSON 3
Name	The state of the s	INJURED PERSON 3
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	163 🗆	NO 🗆
nospital by ambalance.		
		INJURED PERSON 4
Name		INJUNED I ENJOY Y
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes□	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	1.00 0	110.12
		INJURED PERSON 5
Name	William Co. Co.	MOSILE FERSON S
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN	STATE OF THE PARTY	INJURED PERSON 6
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	2000010000	



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

PAGG DATE

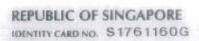
Class 3

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2506 killograms

06 Nov 2000

NP 428A







9

LIM SIAK GEK EUNICE

林 惜 五 CHINESE Oue of Birth Sex 18-03-1966 F Country of Birth SINGAPORE





tello, NAC_PAYA_UBI_800	601		and the same of the same of			. (	Change Lan	guage ,	Change Passwor	d · Log C
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	io.				Date of Acc	ident	24/07/	2018 21:00	
	Vehicle	No.(For Motor)	SKE9333Z							
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Search Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5068994860- 03	CONNECT4CAR PTE. LTD.	201411459M	GFT	drivo PREMIUM	SKE9333Z	SKE9333Z	04/12/2017	

Policy No.	5068994860-03	Policyholder Name	CONNECT	4CAR PTE. LTD.	Policyholder NRIC	201411459M	1		
Address	53 UBI AVENUE 1 #01-23 PAY		RIAL PARK S	INGAPORE 408934	10016255				
roduct	FLEET INSURANCE	Plan			Group Policy Flag	N			
lame Policy ssue	23/11/2017	Effective Date	04/12/201	7 00:00	9050G 925W	03/12/2018	23:59		
oate Excess		All Claim Excess							
Type Third Party Excess	1000.00	Own damage Excess	1000.00		Windscreen Excess	100.00			
dditional xcess	0	OS Premium	545.90						
Dutside Singapore DD Excess	1000.00	Outside Singapore TP Excess	1000.00			Your	Young/Inexperience Driver Excess		
Agent	SOONG WAI SAN	Agent Tel.	65471154		GST Flag	Υ			
Co- insurance Flag Open Policy Info Certificate Info									
	holder Mailing Address								
Address 1 53 UBI AVENUE 1		Address 2		#01-23 PAYA UBI	INDUSTRIAL I	Address 3	SINGAPORE 408934		
Address 4	Address Type		ress Type	Singapore address		Post Code	408934		
Unit No.	01-23	Rela Num	ted Policy	5087771369-01					
D Insure	ed Object: SKE9333Z	(4011)	iber						
	sements								
Seque	nce Date of Endorsement	Endorsem	ent Type	Endorsement Numb	er Endorse	ment Status	Endorsement Contr		
1	04/12/2017 00:00	Basic Information Endorsement		000001286715172	Endorsem Effective	ent Take	internal endt - vehicle usa from Rental vehicle (less t mths ) to Private Hire (Sel Chauffeur)	han 12 If Drive o	
2	15/01/2018 00:00	Basic Information Endorsement		000001286735612	Endorsem Effective	ent Take	Thank you for giving us th opportunity to serve you. confirm that from 15 Jan 2 Original Registration Date amended as follows for SE ORIGINAL REGISTRATION Oct 2015	We 2018, the is 2018K:	
3	02/02/2018 00:00	Basic Inform Endorsemen		000001286749083	Endorsen Effective	nent Take	Thank you for giving us th opportunity to serve you. confirm that this policy is to cover the following vehically serve you. The cover the following vehically serve you have since you have since payment. Otherwise, we vappreciate it if you could read the date of this letter. For payment, please issue the favour of "NTUC Income"	We extended icide(s) as to the control of the contr	

premium on this policy has r	at been callected.					
dent MT/1004612		Vehicle No.	SKE9333Z	GST Registration No.		
icy No. 5068994860-03		Vehicle No.	5KE93334	Policyholder NRIC	201411459M	
yholder Name CONNECTACAR PTE, LTD.		Partitionality		Loading	0	
uct Code FLEET INSURANCE		Cover Type	CHYO PREMIUM			
act No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0	
if Address		Special Remark		eCode	NC Y	
	® No ○ Yes	TCA	No ○ Yes	eCode Reason		
Protection	No.	NCD Entitlement(%)	0	Private Hire	Yes	
Accident Details						
	25/07/2018 17:26	Acadent Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane	
ort Date		Time of Accident hitchen	21.00	Country of Accident	Singapore '	
te of Accident 24/07/2018			21:00	ICM No.	Singapore	
orting Centre		Orange Force		JUPI NO.		
dent Location	ALONG SENGKANG WEST AVE BEFORE FER	NVALE LANE				
Benefits						
Excess				West Street Francisco		
damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	100.00	
named Driver Excess		Outside Singapore OD Excess	1,000.00			
	1,000.00	Outside Singapore TP Excess	1,000.00			
d Party Excess		angapore or exists				
GST Registered Informs			GST Registration Date			
Registered	No.		GST Status Verified	Yes		
Registration No.			431 318.43 101103	1075		
ification History						
THE SHOPE ST	8					
Policyholder Mailing Ad		- CONTROL	Classification	www.co.w	CINCAPORE 100004	
fress 1	S3 UBI AVENUE 1	Address 2	#01-23 PAYA UBI INDUSTRIAL I	Address 3	SINGAPORE 408934	
dress 4		Address Type	Singapore address	Post Code	408934	
ne No.	01-23	Related Policy Number	5087771369-01			
OI Driver Info						
ver Name	Unnamed Driver	Driver Type	Unnamed Driver			
named driver Name	LIM SIAK GEK EUNICE	Driver NRIC	S1761160G	Driver DOB	18/03/1966	
gister Date of Driver License		Driver Age	52	Driving Experience	17	
		1.0050500	0	Contact No. (Home)	0	
ntact No.(Mobile)	92265762	Contact No.(Office)			PUNGGOL EDGE	
dress 1	BLK 122A	Address 2	EDGEDALE PLAINS	Address 3		
idress 4	SINGAPORE 821122	Address Type	Singapore address	Post Code	821122	
nic No.	11-179					
nes he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company		
gistered car?	C. C. C. C.	EMB DAMESTON				
127.04242						
daration			2 72			
reathalyser or Blood Test eading?	0 mg	Any injury?	○ Yes  ® No			
odification History						
adercasion reacting.						
Claim 001 New						
- CO.						
		943409405-3		sectionmutal		
	ОО-МХ	Insured Name	CONNECT4CAR PTE. LTD.	Insured NRIC	201411459M	
sim Type +	OD-MX 🔻	Insured Name Contact No.(Home)	CONNECT4CAR PTE. LTD.	Insured NRIC Contact No.(Office)	201411459M	
vin Type * ntact No.(Mobile)	A STATE OF THE STA	Contact No. (Home)	CONNECT+CAR PTE, LTD.			
sim Type * intact No.(Mobile) sail Address	92959989			Contact No.(Office) TP Vehicle Number	* SKC9869E	
isim Type * intact No.(Mobile) mail Address aim Description	A STATE OF THE STA	Consact No.(Home) GI Vehicle Number	SKE9333Z	Contact No.(Office)	* SKC9869E	
wim Type * Intact No. (Mobile) mail Address aim Description	92959989	Contact No. (Home)	SKE9333Z Partially at Pault	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop	* SKC9869E	
orn Type * Intact No. (Mobile) mail Address aum Description efferred Workshop Contact b.	92959989	Consact No.(Home) GI Vehicle Number	SKE9333Z Partially at Pault	Contact No.(Office) TP Vehicle Number	SKC9869E	
orm Type *  Intact No. (Mobile) mail Address aim Description referred Workshop Contact b. bguire Finalisation	92959989 5KE93332 / SKC9869E ON 24 Jul 2018	Contact No. (Home) OI Vehicle Number Insured Lability *	SKE9333Z Partially at Pault	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop	* SKC9869E	
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sym Type *  Intact No. (Mobile) Inail Address Isim Description Inferred Workshop Contact Inquire Finalisation Ista Registered Isport Token By	92959989 SKE93332 / SKC9869E ON 24 Jul 2018 Yes	Consact No. (Home) OI Vehicle Number Insured Lability * Preferend Repair Option	SKE9333Z Partially at Pault	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report.	SKC9869E	
sim Type * intact No. (Mobile) nail Address aim Description eferred Workshop Contact b. squire Finalisation its Registered aport Texen By	92959989  5KE93332 / SKC9669E ON 24 Jul 2018  Yes  25/07/2018 17:28	Consact No. (Home) OI Vehicle Number  Insured Lability * Preferenced Repair Option	SKE9333Z  Partially at Pault  Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report.	SKC9869E	
sim Type * intact No. (Mobile) nail Address aim Description eferred Workshop Contact b. squire Finalisation its Registered aport Texen By	92959989  5KE93332 / SKC9669E ON 24 Jul 2018  Yes  25/07/2018 17:28	Consact No. (Home) OI Vehicle Number  Insured Lability * Preferenced Repair Option	SKE9333Z Partially at Pault	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report.	SKC9869E	
own Type + intact No. (Mobile) nail Address aim Description etermed Workshop Contact	92959989  5KE93332 / SKC9669E ON 24 Jul 2018  Yes  25/07/2018 17:28	Consact No. (Home) OI Vehicle Number  Insured Lability * Preferenced Repair Option	SKE9333Z  Partially at Pault  Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report.	SKC9869E	
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sim Type +  Infact No. (Mobile)  Inail Address  Inail Description  Infarred Workshop Confact  Inail Registered  Inail Registered  Inport Taken By  Print AK letter  Attachment	92959999	Consact No. (Home) OI Vehicle Number  Insured Liability *  Preferend Repair Option Claim Close Date	SKE93332  Partially at Pault  Preferred Workshop, Name unknown  Save Submit	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report.	SKC9869E	
own Type + ntact No. (Mobile) nail Address saim Description referred Workshop Contact by guire Finalisation take Registered sport Taken By Print AK letter  Attachment	929599999  SKE99333Z / SKC9869E ON 24 Jul 2018  Yes  25/07/2018 17:28  Jackson  MT/1004612  ① Yes ① No	Consact No. (Home) OI Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No.	Partially at Pault  Preferred Workshop, Name unknown  Save Submit  001 25/07/2018 17:29	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received	Received 25/07/2018 00:00	
own Type + ntact No. (Mobile) nail Address saim Description referred Workshop Contact by guire Finalisation take Registered sport Taken By Print AK letter  Attachment	92959999	Contact No. (Home) OI Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Upload Date	Preferred Workshop, Name unknown  Save Submit  001 25/07/2018 17:29 Category *	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  Confidential Urge	SKC9869E	
own Type + ntact No. (Mobile) nail Address saim Description referred Workshop Contact by guire Finalisation take Registered sport Taken By Print AK letter  Attachment	929599999  SKE99333Z / SKC9869E ON 24 Jul 2018  Yes  25/07/2018 17:28  Jackson  MT/1004612  ① Yes ① No	Consact No. (Home) OI Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No.	Partially at Pault  Preferred Workshop, Name unknown  Save Submit  001 25/07/2018 17:29 Category *	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  Confidential Urge  V Normal	SKC9869E	
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	Uploaded By/Date	Folder Date	file Name		9	Source	Action
Videa List			77.74				
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 17:28		Photos		Normal	Photos 2018-7-25	
0	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 17:28 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 17:26		Photos		Normal	Photos 2018-7-25	E
0			Photos	Normal		Photos 2018-7-25	
9	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 17/28		Photos		Normal	Photos 2018-7-25	
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9	NAC_PAYA_UBI_BIOG601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 17-19		Photos		Normal	Photos 2018-7-25	
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	NAC_PAYA_UBJ_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 17:29		Photos		Normal	Photos 2018-7-25	
	NAC_PAYA_UBL_B00601( NATIONAL AGSESSMENT CENTRE SERVICES) on 25 Jul 2018 17:29		Photos		Normal	Photos 2018-7-25	
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6" NOT	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2016 17:29		NRIC/ Driving License		Normal	NRIC/ Driving License 2018-7-25	
ittacriment		Uploaded By/Date	Category	?	Urgency	Description	Sent? A (CD)