Date In: 1/6/18 - 1556	Jcb description	Date & Time Completed	Done by
Ref No: NA) INC 180/4 176/74	SAS e-filing		
Veh No: 1/2 1798 5	E-mail (within Shrs, AIC 2hrs)		-
D.O.A: \$1818-061 to	i-Motor Claim Form	M/1005957-001	4/8/18 1614
	i-Motor W/O (Within: OD 2h	-	
OD (TP) Reporting Only	i-Photo Uploaded		-
	Assessment/Survey Report	i	
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(Tel: F	ax:
TP Particulars: Veh No: 1	M3385 INC)/Non-INC()	
Owner / Driver: (Tcl:)
Policy No: ()	Period: (Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%	(Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 80-1	00%]
Year of Registration: ()	Warranty: YES ()/NO ()	
Excess: (\$) Loading: \$	\$1,000()/\$2,000()		
General Remarks:			125 G
() Walk-In Customer: Customer's	information strictly Confidential & Si	trictly NO refer of repairer.	
() Total Loss Case : to e-mail Ins		*	
		Cowing Co: (· · · · · · · · · · · · · · · · · · ·
		- 1	
Remarks:- (INC hotline: 6788 6616	D 12 (4)	Date&Time Completed	Done by
Apply for Transport Allowance ()) / Courtesy Car ()		
Apply for Transport Allowance () QC Check / Post Repair Inspection)/Courtesy Car ()		,
	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >	()		
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	()		Sant Maria Str.
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	()		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Pate/Time Actions	() >\$3000] ()	paration Checklist.	ALL YES THE STATE OF THE STATE
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	() > \$3000] () Invoice Pro 1) AR: Accident	paration Checklist.	fir Bill Add Bil
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Onte/Time Actions MAISO 401	() > \$3000] () Invoice Pre 1) AR : Accident 2) DA : Damage 3) TF : Towing F	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$80); te \$40/	Add Bill Add Bil
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Onte/Time Actions MAISO Politimant's Particulars:	1	paration Checklist Reporting (530); Assessment (5100); INC (580 te 540/ hrough Survey \$	Add Bil
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Onte/Time Actions MAISO Politimant's Particulars:	Invoice Present Invoice Pr	Paration Checklist Reporting (\$30); Assessment (\$100); INC (\$80); Response (\$40/2) Assessment (\$100); INC (\$80); Response (\$40/2) Arough Survey (\$800); Response (\$100); Respons	16 Bill Add Bil 0 545 120 530
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Onte Time Actions Actions Actions Actions iver/Owner:	Invoice Pre Invoice Pre I) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspect	Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$80); se \$40/chrough Survey \$ through Survey (Resurvey) gainst INC Only (wef 10 Jan 2005)	16 Bill Add Bil 0 545 120 530
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Onte Time Actions Actions Actions Actions iver/Owner:	Invoice Present Invoice Pr	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$80); See \$40/Arough Survey \$ Arough Survey (Resurvey) Rejust INC Only (wef 10 Jan 2005) Reinst INC Only (wef 10 Jan 2005) Reinst INC Only (wef 10 Jan 2005)	16 Bill Add Bil 0 545 120 530
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Actions Actions Actions Actions Checked by (Engr-In-Charge): ditors' Comments::	Invoice Pre Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For glaiming a 6) TR: Re-insper 7) N1: Idae DA 8) NTUC Addition OD'* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$80 to \$40/\text{order} Assessment (\$100); INC (\$80 to \$40/o	\$16 Bill Add Bil
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Actions iver/Owner: Intact No: maged Portion: Checked by (Engr-In-Charge):	Invoice Pre Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For glaiming a 6) TR: Re-insper 7) N1: Idae DA 8) NTUC Addition OD'* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$80 or \$40/2	

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.
- Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 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

atoresaid;	
	ACCIDENT STATEMENT
Date Of Report	04/08/2018 15:56
Date Of Accident	04/08/2018 06:10
Exact Location Of Accident	AYE (MCE) BEFORE SOUTH BUONA VISTA RD EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJQ1798S
Insured/Policyholder	
Name Of Registered Owner	ZNOV SERVICES
Co Reg No	53340364B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98487730
Alternative Phone No	OFFICE-98487730
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5100626994
Cover Note Number	

D			

 Name of Driver
 LEE CHEE WEI (LI ZHIWEI)

 NRIC No
 \$8239873B

 Date Of Birth
 20/11/1982

 Occupation
 OUTDOOR

 Date Of Driving Pass
 15/08/2012

Driving Experience 5 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98487730

Fax Number

Contact Number OFFICE-98487730

EMail Address NOEMAIL

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LEE CHEE WEI (LI ZHIWEI)

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? SJQ1798S Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

YES

NO

BLK 332 TAH CHING ROAD Address

#05-163 610332

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

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

CLEAR Weather Conditions Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

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?

YES

NO

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

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

GENDER: : MALE

Passenger 2

NAME:

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

JURONG NEIGHBOURHOOD POLICE POST Police Station Name

ROAD: BLK 158 YUNG LOH ROAD , POSTCODE: 610158 , COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-2659999 - FAX NO: 62664987

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REORT - T/20180804/2048.

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 YM3338S

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of 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:
 - 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.

ZNOV SERVICES 53340364B

Policyholder's Signature Date & Time: Driver's Signature

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

Reporting Centre Personnel's Signature

NRIC/FIN No .:

SKETCH PLAN

A 3/4 TOWARDS MCG BREGARE

SOUTH BUDDA USTA

DRINGLE A SSELLANSS

WILLIAM B M 333 8 S

TOWARDS MCG BREGARE

SOUTH BUDDA

LANGE BREGARE

LANGE BREGARE

SOUTH BUDDA

LANGE BREGARE

SOUTH BUDDA

LANGE BREGARE

LANGE BREGARE

SOUTH BUDDA

LANGE BREGARE

LANGE BREGA

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT	REPORT NUMBER
	7/2018 0804/2040
vernicus 0 - SJQ 17985	
LEITHICUE B - 4m 33385	
/	/

DECLARATION

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

ZNOV SERVICES 53340364B

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 :

Vehicle No.	SJa 1798 S Model / Make Hymon AVANTIZ
Date of Accident	04 Auch north
Time of Accident	0610 HRS
Location of Accident	ATE TOWARDS MCE BEFORE SOME BUWA VISTA
Exact purpose use during acci	
Name of Owner	ZNOU SERVICES
Telephone No.	H/P: 98487 +30 Home: Office:
NRIC	533403643
Address	BLK 332 TAH CHING ROAD # 05-163 S (610332)
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	Neve
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft
Policy No.	5100 (26944
Name of Driver	As Above If No. LES CHEE WEI
NRIC	582399738 Any Passengers: 2 (IMALE, IFILMALE
Date of birth	20/11/1992
Occupation	Outdoor / Indoor
Driving License Pass Date	15 Ann 2012
Gender	Male / Female
Contact No.	H/P: 98487730 Home: Office:
Address	BUX 332 TAM CHINA ROAD \$ 05-163 5(610332)
Driver have any own vehicle Relationship	
Weather condition	Employee, If no, state Co OWNTER Clear Raining Other
Road Surface	The second secon
Any Injuries	No, If Yes, Who?
Name And Contact No.	CIER CHUER WELL 98487730
MANAGEMENT AND	Clar Chile Met
Name And Contact No.	No. If Yes Where? Jurony NPP
Police Report	no, ii es micre.
Vehicle B No.	MM 333 % S Any Passengers :
Name of Driver	Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	LEFT SIDE OF VIEWICUE.
Camera Recorder	Yes /No
Email Address	
PARTICULAR WORKSHOP	N-51 AUTOMOTIVE PTIE LTD
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	IAN
FAX NO	6741 0510
WIDERSHOD EMAIL ADDOLCE	color anci. mm. sa





20100004/2040

1 of 3

Report No. T/20180804/2048

Police Station Of Origin: Jurong NPP 158 Yung Loh Road #01-58 SINGAPORE

610158 Tel No: 1800-2659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/08/2018 13:03			Vide Report No.:	Station Diary No.:		
Informa	nt's Particu	ulars				
Name of Informant: LEE CHEE WEI			Address: APT BLK 332 TAH CHING ROAD #05-163 SINGAPORE 610332			
The second secon	/ ID No.: D / S82398	73B	Contact No.: Home/Office:	Mobile: 98487730		
National SINGAP	ity: ORE CITIZ	EN	Email:			
Sex: Male	Age:	Date of Birth: 20/11/1982	Type of Informant: Driver			
Race: Chinese	2		Language: English	Institution / School Name:		
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/08/2018 06:10	Type of Location Bend	
Location: Along Road 1 CLEMENTI F		TA			
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light	
One Way		Not Controlled		Ligine	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJQ1798S	Car					2
YM3338S	Lorry					0

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





T/20180804/2048

2 of 3

Report No. T/20180804/2048

Police Station Of Origin: Jurong NPP 158 Yung Loh Road #01-58 SINGAPORE 610158

Tel No: 1800-2659999

CONTINUATION OF REPORT

Driver						
Name	LEE CHEE WEI			ID No.		S8239873B
Related Vehicle	SJQ1798S (Car)			Contact No.		98487730
Hospital/Clinic	PROHEALTH MEDICAL GROUP @ TAMAN JURONG PTE LTD			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	04/08/2018 Date D			charge 04/08/2018		3/2018
No. of Days granted Medical Leave 03			Degree of	Degree of Injury NIL		
Driver						
Name	Murugesan Thirusel	vam		ID No	£0	G8385698Q
Related Vehicle	YM3338S (Lorry)			Contact No.		81199655
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class; NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	f Injury	NIL	

Brief Details.

On 04/08/2018 at about 0608hrs, I was driving, SJQ1798S, along Clementi Road towards South Buona Vista road. When I entered the bend, I was driving on the first lane and there is a lorry, YM3338S, were driving on the middle lane. While I was driving on the first lane, the lorry drive to my lane and collided onto my vehicle and hit my left side of the vehicle. I try to control my vehicle to avoid hit the right side of the barricade however the lorry hit again on to my vehicle. I then stop my vehicle and check with my passenger and both of them are not injured. I then went to meet up with the driver of the lorry. We then exchange particular. At that point of time there was no one injured thus no police or ambulance required. At about 1150hrs, I felt pain on my knee cap and my lower back thus I went to seek consultation and doctor gave me 3 days MC. I then check with my passenger and she told me that she felt slight pain on her left hand, neck and shoulder and I told her to see doctor for treatment. There is a in car camera in my vehicle however the SD card are faulty and not recorded.





3 of 3

Report No. T/20180804/2048

Police Station Of Origin: Jurong NPP 158 Yung Loh Road #01-58 SINGAPORE

Tel No: 1800-2659999

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 / Sgt 1 MUHAMMAD AQIL BIN MOHAMMAD TASRIN	Signature Of Informant:	
Signature Of Interpreter: Not applicable	Date/Time: 04/08/2018 13:03	
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436 Authentication Stamp NP168	Classification Of Case:	
Dolice Force		



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$8239873B





LEE CHEE WEI (LI ZHIWEI)

志伟 CHINESE

20-11-1982 Country/Place of birth SINGAPORE

552396738

519019

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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 15 Aug 2012 of the driver; and other motor vehicles =< 2500kg

NAIC No. S8239873B

08-07-2013

APT BLK 332 TAH CHING ROAD #05-163 SINGAPORE 610332

NP 428A

Licence No: S8239873B

eBao Tech								GeneralClaim		
Hello, NAC_PAYA_UBI_80	0601				• Change	Language	+ Chang	e Password	· Log Out	
My Desktop	Policy Query									
Notice of Loss	Policy No.			Date o	of Accident	0-	4/08/2018 0	6:10		
	Vehicle No.(For Motor)	S)Q1798S		Certifi	cate Number					
				Search						
	Select Policy No.	Certificate Policyholder Number Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	O 5100626994	ZNOV SERVICES	53340364	GPC	drivo CLASSIC	SJQ17985	53Q17985	10/05/2018	27/04/2019	
				Continue	Ľ.					

Policy No.	5100626994	Policyholder Name	ZNOV SER	/ICES	Policyholder NRIC	53340364		
Certificate No.					14/14/6			
Address	BLK 332 #05-163 TAH CHING	ROAD SINGAP	ORE 610332					
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Policy issue Date	10/05/2018	Effective Date	10/05/2018	3 00:00	Expiry Date	27/04/2019 2	3:59	
Excess Type		All Claims Excess						
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			Young	Young/Inexperience Driver Excess	
Agent	ASSURE (SINGAPORE) PTE. LTI	C Agent Tel.	68038751		GST Flag	Y		
Co- insurance Flag	No							
Open Policy Info								
Certificate Info								
Policyl	holder Mailing Address							
Address 1	BLK 332 #05-163	Addre	ess 2	TAH CHING ROAD	33	Address 3	SINGAPORE 610332	
Address 4		Addre	ess Type	Singapore address		Post Code	610332	
Unit No.	05-163	Relat Numb	ed Policy per	5100626994				
D Insure	d Object: SJQ1798S							
□ Endors	sements							
	nce Date of Endorseme	200	Endorsemen	AND CONTRACTOR OF THE PARTY OF	Endorsement	manononino	Endorsement Content	

laim Handling								
cident HT/1005951								
incy No.	5100626994	Vehicle No.	SJQ1798S		GST Registration	No.		
rtificate No.								
olicyholder Name	ZNOV SERVICES				Policyholder NRI	e	53340364	
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASS	IC .	Loading		0	
ornact No.(Mobile)	98467730	Contact No.(Office)	0		Contact No. (Hor	(e)	D	
nail Address	11 (25%)(25%)	Special Remark			eCode		AL V	
FK .	® No ○Yes	TCA	No ○ Yes		eCode Reason			
CD Protection	No	NCD Entitlement(%)	20		Private Hire		Yes	
Accident Details	102841841941841840C							
eport Date	04/08/2018 16:12	Accident Report Within 24 hrs	Yes		Accident Type		Cottsion - Change / Cr	oss lane
ste of Acodent	D4/08/2018	Time of Acodent hh:mm	06:10		Country of Accid	ent	Singapore	
porting Centre		Orange Force			ICM No.	0,		
Gident Location	AYE (MCE) BEFORE SOUTH BUONA VI	STA RD EXIT						
P Benefits								
Excess								
en damage Excess	2,000.00	Additional Excess	0		Windscreen Exce	488	100.00	
named Driver Excess		Outside Singapore OD Excess		2,000.00				
ed Party Escass	1,500.00	Outside Singapore TP Excess		1,500.00				
GST Registered Informa								55.65
T Registered	No			Registration Date	.negativ			
T Registration No.			GST S	Status Venified	No			
many direct property								
Policyholder Mailing Ad	ldress							
ovess 1	BLK 332 #05-163	Address 2	TAH CHING	ROAD	Address 3		SINGAPORE 610332	
Idress 4		Address Type	Singapore ad		Post Code		610332	
MI NO.	05-163	Related Policy Number	5100626994					
o OI Driver Info	OND PROPERTY.	Section and Applicate						
iver Name	Unnamed Driver	Driver Type	Unnamed Dri	iver				
named driver Name	LEE CHEE WEI (LI ZH(WEI)	Driver NRIC	582398738		Driver DOB		20/11/1982	
gister Date of Driver License	15/08/2012	Driver Age	35		Driving Experience		5	
ntact No.(Mobile)	90487730	Contact No. (Office)	0		Contact No. (Hon		0	
idress 1	BLK 332	Address 2	TAH CHING	TAH CHING ROAD			SINGAPORE 610332	
idress 4		Address Type	Singapore ad	dress	Post Code		610332	
re No.	05-163	111111111111111111111111111111111111111	a cyapa c ou	SE SCHOOL	Post Code		010332	
es he own a Singagore		Water Control (Sec.)			*************			
gistered car?	Yes ® No	Driver Vehicle No.			Driver Insurer C	ampany		
claration								
reathalyser or Blood Test	0 mg	Any injury?	® Yes ○ No	ē.				
ading?	A300/E87	0.60.40.00	300,000,000					
diffication History								
Claim 001 New								
im Type *	DD-MX V	Insured Name	2NO. CER.	rec	Insured NRIC		E3340364	
	DD-MX		500	ZNOV SERVICES		182	53340364	
	ract No.(Mobile)		Contact No. (Home) NDL		Contact No. (Office		Constant	
rail Address	Process Colonia	OI Vehicle Number	SIQ17985		TP Vehicle Numb	ar.	YM33385	-
imant Type Claimant Type *	1000	Type of Benefit *	Please Select					
iment Name. *	22	Claimant NRIC *			Too a second			
im Description	53Q17985 / YM33385 ON 4 Aug 2018				Name of Preferre	d Workshop		
derred Workshop Contact		Insured Liability *	Not at Fault	V	4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
ure Finalisation Yes		Preferered Repair Option	Preferred Workshop, Name unknown		GIA report		Received	
04/08/2018 16:14		Claim Close Date			Date Received		04/08/2018 00:00	
port Taken By	Jackson							
Print AK letter								
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sident No.	MT/1005951	Claim No.		100				
st Doc Received		Upload Date						
A UVC Necessed	● Yes ○ No	uproad base		04/08/2018 16:16				
	Path *		1	Category •	Confidential	Urgeno	Contract of the Contract of th	scription *
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