	Services person or		
Date In [0/08/3018 (0:14	Jeb description . Da	e &Tune Completed	Done by
ReiNo NA/INC 18014500/K4	SAS e-filing		
Veh No SLC 4383K	E-mail (within 8hrs. AIC 2hrs;		
DOA 08/08/2018 15:80	i-Motor Claim Form	1/1007238-1	001 15/8/18 10:
OD (1P) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4)		1 . 5 (6 / 18 / 10 )
Telyming Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		*
	Ass't Report by Fax / Hand to Own	ner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (	Te	; F:	ax:
The state of the s	HC 6149E . INC( . )1	Non-INC ( )	
Owner / Driver: (	Te	1:	)
Policy No. ( ) Perio	od: ( ) Cov	er Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: ( %) [No	ote-Est. Status (WO): N: 0-20%;	P: 21-79%. P: 80-10	0%]
	arranty: YES ( )/NO ( )		
Excess: (\$ ) Loading: \$1,000	( )/\$2,000( )		
Seneral Remarks;	Charles to the Carry	Market Line	The state of the s
) Walk-In Customar : Customer's Inform		10 = 6 = = 6	·,:·*
) Total Loss Case : to e-mail Insurer	IDCENTED V	NO raier of repairer.	
Data to the same of the same o	In a /		
// // // // // // // // // // // // //	YES ( ) / NO ( ); Towing	Co: (	. )
(ING horling: 6788 6616)	THE PART OF THE	&Time Completed	Panahy
The state of the s		A SHOULD SEE THE SEE SEE SEE	7,7,00,00
) Apply for Transport Allowance ( )/ Con	urtesy Car ( )		
Apply for Transport Allowance ( )/ Con QC Check / Post Repair Inspection	irtesy Car ( )		
Apply for Transport Allowance ( ) / Cor 2) QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$300	irtesy Car ( )		
Apply for Transport Allowance ( )/ Cor 2) QC Check / Post Repair Inspection	irtesy Car ( )		
D) Apply for Transport Allowance ( ) / Con (2) QC Check / Post Repair Inspection () Upload Resurvey Photo [Repair Cost > \$300 () Injury :	irtesy Car ( )		
Apply for Transport Allowance ( ) / Con 2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$300 Injury:	irtesy Car ( )		
D) Apply for Transport Allowance ( ) / Con D) QC Check / Post Repair Inspection D) Upload Resurvey Photo [Repair Cost > \$300 Injury:	irtesy Car ( )		
) Apply for Transport Allowance ( ) / Con 2) QC Check / Post Repair Inspection ) Upload Resurvey Photo [Repair Cost > \$300 Injury:	irtesy Car ( )		
) Apply for Transport Allowance ( ) / Con ) QC Check / Post Repair Inspection ) Upload Resurvey Photo [Repair Cost > \$300 Injury:	irtesy Car ( )		
Apply for Transport Allowance ( ) / Con 2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$300 Injury:	irtesy Car ( )		
Apply for Transport Allowance ( )/Con  O QC Check / Post Repair Inspection  Upload Resurvey Photo [Repair Cost > \$300  Injury:  ate/Tune Actions	( ) ( ) ( )		Ánic(S) Amt (S)
Apply for Transport Allowance ( )/Con  2) QC Check / Post Repair Inspection  1) Upload Resurvey Photo [Repair Cost > \$300  Injury :  ate/Time Actions	Invoice Preparati	on Checklist	
Apply for Transport Allowance ( )/Con 2) QC Check / Post Repair Inspection  () Upload Resurvey Photo [Repair Cost > \$300  Injury :  ate/Tune Actions  WALSOS  umant's Particulars ::	Invoice Preparati  1) AR: Accident Reporti 2) DA: Demage Assessm	on Checklist	Anic(S) Amt (S)
Apply for Transport Allowance ( )/Con 2) QC Check / Post Repair Inspection  () Upload Resurvey Photo [Repair Cost > \$300  Injury :  ate/Tune Actions  WALSOS  umant's Particulars ::	Invoice Preparati  1) AR: Accident Reporti 2) DA: Damage Assessm 3) TF: Towing Fee	on Checklist'  ng (\$30); ent (\$100); INC (\$50)	Anit (5) Anit (5)  11 Bill Add Bill
Apply for Transport Allowance ( )/Con 2) QC Check / Post Repair Inspection  1) Upload Resurvey Photo [Repair Cost > \$300  Injury :  ate/Time Actions  Liminate's Particulars:	Invoice Preparati  1) AR: Accident Reporti 2) DA: Damage Assessm 3) TF: Towing Fee 4) FT: Follow-Through S 5) PT: Follow-Through S	On Checklist  ag (\$30); ent (\$100); INC (\$50)	Anit (5) Anit (5)  11 Bill Add Bill
Apply for Transport Allowance ( )/Con D) QC Check / Post Repair Inspection ) Upload Resurvey Photo [Repair Cost > \$300 Injury :  ate/Time Actions  Liminate's Particulars ::  ver/Owner:	Invoice Preparati  1) AR: Accident Reporti 2) DA: Damage Assessm 3) TF: Towing Fee 4) FT: Follow-Through S 5) PT: Follow-Through S For claiming against Ib	on Checklist  ag (\$30); ent (\$100); INC (\$80)  \$40/5  urvey \$1  urvey (Resurvey) \$  C Only (wef 10 Jan 2005)	Anit (\$) Anit (\$)  Lit Bill Add Bill  45 20 30
Apply for Transport Allowance ( )/Con 2) QC Check / Post Repair Inspection  () Upload Resurvey Photo [Repair Cost > \$300  Injury :  ate/Tune   Actions  wimant's Particulars ::  ver/Owner:	Invoice Preparati  1) AR: Accident Reporti 2) DA: Damage Assessm 3) TF: Towing Fee 4) FT: Follow-Through S 5) PT: Follow-Through S For claiming against IN 6) TR: Re-inspection 7) N1: idae DA + SMRT	On Checklist  ag (\$30); ent (\$100); INC (\$80)	Anit (\$) Anit (\$)  Lit Bill Add Bill  45 20 30
Apply for Transport Allowance ( )/Con  2) QC Check / Post Repair Inspection  () Upload Resurvey Photo [Repair Cost > \$300  Injury :  ate/Tune   Actions  umant's Particulars :  ver/Owner:  ntact No:  maged Portion:	Invoice Preparati  1) AR: Accident Reporti 2) DA: Demage Assessm 3) TF: Towing Fes 4) FT: Follow-Through S 5) FT: Follow-Through S For claiming against IN 6) TR: Re-inspection 7) N1: Idao DA + SMRT 8) NTUC Additional Serv	On Checklist  ag (\$30); ent (\$100); INC (\$80)	Anit (\$) Anit (\$)  Lit Bill Add Bill  45 20 30
Apply for Transport Allowance ( )/Con D) QC Check / Post Repair Inspection ) Upload Resurvey Photo [Repair Cost > \$300  Injury :  ate/Time   Actions    wer/Owner    atact No:  maged Portion:	Invoice Preparati  1) AR: Accident Reporti 2) DA: Damage Assessm 3) TF: Towing Fee 4) FT: Follow-Through S 5) PT: Follow-Through S For claiming against IN 6) TR: Re-inspection 7) N1: idae DA + SMRT	on Checklist  ag (\$30); ent (\$100); INC (\$80)  \$40/5  urvey \$1  urvey (Resurvey) \$  C.Only (wel 10 Jan 2005)  \$3  \$3  \$4  \$5  \$5  \$5  \$6  \$7  \$6  \$6  \$7  \$6  \$7  \$7  \$7  \$7	Anit (\$) Anit (\$)  Lit Bill Add Bill  45 20 30
Apply for Transport Allowance ( )/Con (2) QC Check / Post Repair Inspection ( ) Upload Resurvey Photo [Repair Cost > \$300 Injury : ———————————————————————————————————	Involve Preparati  Involve Preparati  Involve Preparati  I) AR: Accident Reporti  I) DA: Damage Assessm  J) TF: Towing Fee  I) FT: Follow-Through S  For claiming against IN  I) TR: Re-inspection  I) NI: idae DA + SMRT  II NTUC Additional Serve  On*  NS: Courtesy Car / Tp  No: Repair Co-ordinal	on Checklist  g (330); ent (5100); INC (530) urvey (8 survey) 5 C Only (well 10 Jan 2005)  Survey 51 ious:- I Allowance ion 5	Anic (\$) Amt (\$)  141.Bill Add.Bill  45 20 30 75 60
Apply for Transport Allowance ( )/Con  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$300  Injury :  Inte/Tune   Actions    Wer/Owner    Intact No:  Inaged Portion:  Checked by (Engr-In-Charge):  (littors! Comments :=	Invoice Preparati  1) AR: Accident Reporti 2) DA: Demage Assessm 3) TF: Towing Fee 4) FT: Follow-Through S 5) PT: Follow-Through S For claiming against IN 6) TR: Re-inspection 7) N1: Idao DA + SMRT 8) NTUC Additional Serv On*  *N5: Courtesy Car / Tp	On Checklist  ng (\$30); ent (\$100); INC (\$80)  \$40/5 urvey (Resurvey) \$ C Only (well 10 Jan 2005)  Survey \$1 ious:-  I Allowance ion \$3 ption \$5	Anic(\$) Amt (\$)
1) Apply for Transport Allowance ( ) / Con 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury :	Involve Preparati  Involve Preparati  Involve Preparati  I) AR: Accident Reporti  I) AR: Accident Reporti  DA: Damage Assessm  J) TF: Towing Fee  I) FT: Follow-Through S  For claiming against In  Involve Preparati  I) AR: Accident Reporti  I) AR: Follow-Through S  For claiming against In  I) TI: Follow-Through S  For claiming against In  I) NI: Gau DA + SMRT  II NI: Courtesy Car / Tp  Inc: Repair Co-ordina  Involve Preparati	on Checklist  ag (\$30); ent (\$100); INC (\$80)  \$40/5  urvey \$1  urvey (Resurvey) \$  C Only (wef 10 Jan 2005)  Survey \$1  ions:-  I Allowance ion \$5  stion \$	Anic (\$) Amt (\$)  141.Bill Add Bill  45 20 30 75 60 85

#### 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 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	10/08/2018 10:14
Date Of Accident	08/08/2018 15:30
Exact Location Of Accident	YISHUN RING ROAD ( CARPARK )
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLC4383K
Insured/Policyholder	
Name Of Registered Owner	TAN JINNG YI (CHEN JINYI)
NRIC No	S8728674F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91054408
Alternative Phone No	OTHERS-91054408
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE 1.6 SX 6AT ABS D/AB 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	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5081327189-02
Cover Note Number	

-	100			
D	m	v	Ω	r
_	٠,		•	٠.

Name of Driver TAN JINNG YI (CHEN JINYI)
NRIC No S8728674F

 Date Of Birth
 15/09/1987

 Occupation
 OUTDOOR

 Date Of Driving Pass
 27/01/2010

Driving Experience 8 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91054408

Fax Number

Contact Number OTHERS-91054408

EMail Address NOEMAIL

BLK 330 YISHUN RING ROAD Address

#10-1442

760330 Postcode

Was driver an employee of the Insured's Company NO

OWNER 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

Type Of Accident SIDE SWIPE

Weather Conditions CLEAR DRY Road Surface

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

ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

0

#### **Details of Police Action**

YES Was the accident reported to the police?

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ Police Station Name

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180808/7016

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

# DETAILS OF OTHER VEHICLE PROPERTY 1

SHC6149E Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful 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.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature

Date & Time;

Driver's Signature

(If dgiver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

TCH PLAN				
	Ishm	Ping Roa	A (C	o(park)
-SLC4383K -SHC6149E		1	-	
-SHC6149E		$\langle$	19	
	1		1	12/1
		H	1	
	1	1 2-3	1	
SCRIBE CIRCUMSTANCES OF THE A	CCIDENT			10
			0 00	34
		21518	1	
		Dolla	1	2
	· //	2	10,	
N	fo	80808	1	
020	ev 120	180		
Ola lee	1			
10				
/				

DE	CL	A	RA	TI	0	N

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

Policyholder's Signature Date & Time:

Driver's Signature Ut driver's not the policyholder)

Date &/Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





T/20180808/7016

1 of 3 Report No. T/20180808/7016

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

# REPORT OF A TRAFFIC ACCIDENT

	ne Report M 018 21:27	fade:	Vide Report No.:	Station Diary No.:			
Informa	nt's Particu	ulars	and the same and the same of the same	And the statement of the common factors			
Name of	f Informant: ING YI		Address: APT BLK 330 YISHUN RING ROAD #10-1442 SINGAPORE 760330				
	/ ID No.: O / S87286	74F	Contact No.: Home/Office:	Mobile: 91054408			
National	lity: PORE CITIZ	EN	Email: TAN_Jinng_Yi@spf.gov.sg				
Sex: Male	Age:	Date of Birth: 15/09/1987	Type of Informant: Driver				
Race: Chinese	W 0		Language: English	Institution / School Name:			
Occupa	18 THE RESERVE TO BE THE RESER	2 52	Driving Licence Information:	Date of Expiry:			

General Infor	mation of the Accide	nt will be tracked the second	of the second second	SARY CAR STORY
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/08/2018 15:30	Type of Location Car Park
Veather:	G ROAD	Road Surface:		Road Speed Limit:
		Traffic Control:		Traffic Volume: No Traffic
Type of Collis Moving Vehic		Anyone conveyed by ambulance:		

Details of V	ehicle Invo	lved				
Vehiclè No.	Туре	Make	Model	Color	Condition	No of Passenger
SHC6149E	Car	KIA		Silver		0
SLC4383K	Car	KIA	CERATO FORTE 1.6 SX 6AT ABS D/AB 2WD 4DR	Blue		0





2 of 3

Report No. T/20180808/7016

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

#### CONTINUATION OF REPORT

Details of Vehicle Insurance								
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date				
SLC4383K	NTUC Income Insurance Co-Operative Limited	5081327189-02	30/05/2018	29/05/2019				

Details of Perso Any Pedestrian In						
No. of Pedestrian			Use of Peo	lestriar	Cross	ing: NA
Driver						
Name	TAN JINNG YI		+	ID No	•	S8728674F
Related Vehicle	SLC4383K (Car)			Conta	ct No.	91054408
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	67 HT - 500	Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

## Brief Details:

On 08/08/2018 at about 0915hrs, i park my car bearing platw number SLC4383K at the open carpark of Blk 330 Yishun Ring Road lot number 635. Everything was intact and nothing was amiss.

On the same day at about 1915hrs, I return back to my car and discovered damages to my car front right bumper. I made a check on my in-built car camera and it the footage reveal at about 1530hrs, a silver cab bearing plate number SHC6149E was seen making a 3 point turn. The driver reverse to the lot at the right of my car. Thereafter, when the car is not full parked, the driver made a left turn.

While doing so, the taxi left side hit onto my front right bumper. I called up the Taxi company (Silver Cab) and spoke to the operator Julie. She has put up a report on the matter and the report number is 110756. The driver refused to answer the taxi company call and I was advise to lodge a Traffc Accident Report for a case of Hit and Run. I also report the matter to my insurance company (NTUC) and advise to report to IDAC and also to the Police for Hit and Run.





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20180808/7016

# CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/08/2018 21:27
Officer In Charge Of Case: TP / TPIB / ABDUL KAREEM BIN ABDUL HAGUE Contact No.: 65476079	Classification Of Case:

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8728674F



TAN JINNG YI (CHEN JINYI)

锦

CHINESE

Date of pirth 15-09-1987

Country/Place of birth SINGAPORE





5888937





12-03-2018

APT BLK 330 YISHUN RING ROAD #10-1442 SINGAPORE 760330

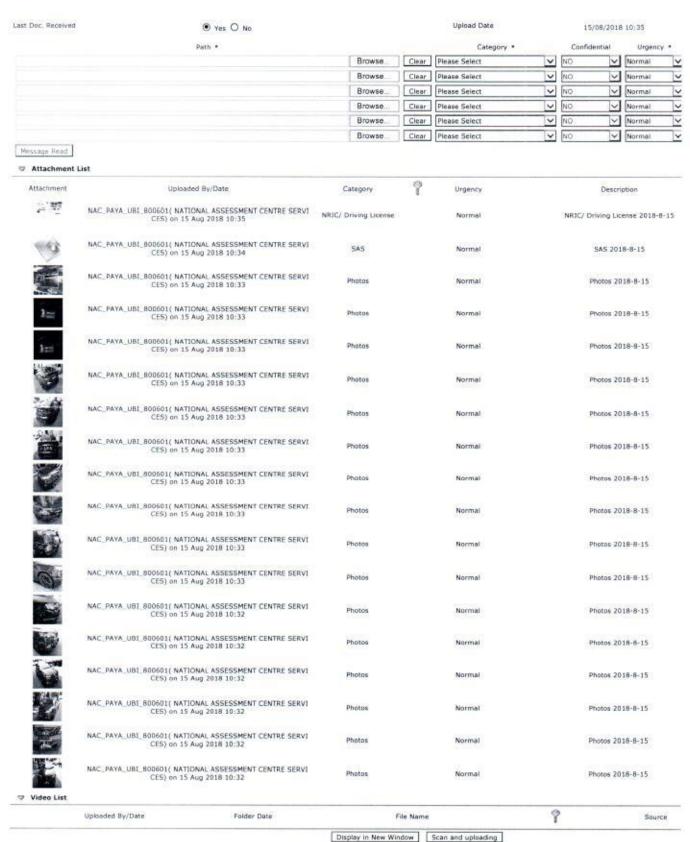
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Motor Cars=< 3000kg with =<7 passengers, exclusive 27 Jan 2010 of the driver; and other motor vehicles =< 2500kg

<b>eBao</b> Tech								GeneralClaim		
Hello, NAC_PAYA_UBI_80	0601					• Change	Languag	e + Chan	ge Password	• Log Out
My Desktop	<b>Policy Query</b>									
Notice of Loss	Policy No.				Date	of Accident	= 5	08/08/2018	15:30	
	Vehicle No.(For Motor)	SLC438	3K		Certi	ficate Number				
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5081327189- D2		TAN JINNG YI (CHEN JINYI)	S8728674F	GPC	drivo CLASSIC	SLC4383	SLC4383K	30/05/2018	29/05/2019
	12			]	Continue	]				

Policy No.	5081327189-02	Policyholder Name	TAN JINNG YI (CHEN JINYI)	Policyholder NRIC	S8728674F			
Certificate No.		HEROTON.						
Address	BLK 330 #10-1442 YISHUN RING ROAD SINGAPORE 760330							
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N			
Policy ssue Date	21/05/2018	Effective Date	30/05/2018 00:00	Expiry Date	29/05/2019 23:59			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100			
Additional Excess	0	OS Premium	0					
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0					
Agent	HUA YANG CREDIT PTE LTD	Agent Tel.	64585111	GST Flag	Υ			
Co- insurance Flag Open Policy Info	No							
Certificate Info								
Policyh	older Mailing Address							
Address 1	BLK 330 #10-1442	Address 2	YISHUN RING ROAD	Address 3	SINGAPORE 760330			
Address 4		Address Type	Singapore address	Post Code	760330			
Jnit No.	10-1442	Related Policy Number	5081327189-02					
▶ Insure	d Object: SLC4383K	- AUD-COUNTROL						
□ Endors	ements							
Sequenc	Date of Endorsement	Endorse	ment Type Endorser	nent Status	Endorsement Content			

Claim Handling					
Accident MT/1007238		1000 2880700050	91 ANASMO SM	*2222000W08500000	-
Policy No.	5081327189-02	Vehicle No.	5LC4383K	GST Registration No.	
Certificate No.				N. 40 T. 40 T. 40 T.	20000
Policyholder Name	TAN JINNG YI (CHEN JINYI)	19000900	and the second	Policyholder NRIC	S872
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading Council	
Contact No.(Mobile)	91054408	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No N
KFK	No Yes	TCA	● No ○ Yes	eCode Reason	
NCD Protection  Accident Details	No	NCD Entitlement(%)	20	Private Hire	No
Report Date	15/08/2018-10:28	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	08/08/2018	Time of Accident hh:mm	15:30	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	ACA A
Accident Location	YISHUN RING ROAD ( CARPARK )				
♥ Benefits					
♥ Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.0
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
GST Registered Informa		2.7030			
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	Yes	
Modification History					
Policyholder Mailing Ad	dress				
Address 1	BLK 330 #10-1442	Address 2	YISHUN RING ROAD	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	7603
Unit No.	10-1442	Related Policy Number	5081327189-02		
OI Driver Info					
Driver Name	TAN JINNG YI	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8728674F	Driver DOB	15/0
Register Date of Driver License	27/01/2010	Driver Age	30	Driving Experience	8
Contact No.(Mobile)	91054408	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 330	Address 2	YISHUN RING ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	7603
Unit No.	#10-1442				
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					
Claim 001 OD-MX New	h				
Common of the later	'al				
Claim Type *	OD-MX	Insured Name	TAN JINNG YI (CHEN JINYI)	Insured NRIC	5872
Contact No.(Mobile)	91054408	Contact No.(Home)		Contact No.(Office)	
Email Address	JINNGYI@HDTMAIL.COM	OI Vehicle Number	SLC4383K	TP Vehicle Number	SHO
Claim Description	SLC4383K / SHC6149E ON 8 Aug 2018			Name of Preferred Workshop	
Preferred Workshop Contact		Insured Liability *	Partially at Fault	5	665
No. Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Rece
		Claim Close Date	Preserved workshop, wente disensivit	Date Received	15/0
Date Registered Report Taken By	15/08/2018 10:35 KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	100
Print AK letter	EKISHINISHPIT	workshop repairer		rotal coas pot regared	
NEWS NOTED			Save Submit		
Attachment			- Succession - Suc		
9					
Accident No.	MT/1007238		Claim No.	001	



Supply in their William Scale and Spontally