	Jeb description   Date & Time Completed	Done by
Date In 15/08/18	SAS e-filing	
Ref No NA/INC18014867/13		
Veh No SCR8834X	E-mail (within 8hrs, AIC 2hrs)	201
D.O.A 14/08/18 2115	i-Motor Claim Form M7/1007346-	001
OD (F) Reporting Only	i-Motor W/O (Within: OD 2hrs. TP 4hrs)	
	i-Photo Uploaded	
TP Insurer:	Assessment/Survey Report	
11 History	Ass't Report by Fax / Hand to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (	7/-31	Fax:
TP Particulars: Veh No:	52449717 INC( )/Non-INC( )	V V
Owner / Driver: (	Tel:	
Policy No: ( ) Pe	eriod: ( ) Cover Type: (	
Confirmed by : (	Date: Time:	)
	Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-	100%]
The state of the s	Warranty: YES ( )/NO ( )	
Excess: (\$ ) Landing: \$1,0	000 ( ) / \$2,000 ( )	
General Remarks:-		1,00
( ) Walk-In Customer: Customer's info	ormation strictly Confidential & Strictly NO refer of repairer	
( ) Total Loss Case : to e-mail Insur	er URGENTLY.	
Drive-In ( )/ Towed-In ( ); Invoice	e: YES ( ) / NO ( ); Towing Co. (	
Remarks:- (INC hotline: 6788 6616)	Dale&Time Completed	Done by
	Courtesy Car ( )	
-7PF-7	( )	
	\ /	
2) QC Check / Post Repair Inspection	(3000)	To the same with the same
3) Upload Resurvey Photo [Repair Cost > \$	(3000]	
3) Upload Resurvey Photo [Repair Cost > \$ Injury:	3000] ( )	
3) Upload Resurvey Photo [Repair Cost > \$ Injury:		
3) Upload Resurvey Photo [Repair Cost > \$ Injury:		
3) Upload Resurvey Photo [Repair Cost > \$ Injury:		
3) Upload Resurvey Photo [Repair Cost > \$ Injury:		
3) Upload Resurvey Photo [Repair Cost > \$ Injury:		
3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions	A Second on Checklist	Amt (S) Amt (
3) Upload Resurvey Photo [Repair Cost > \$ Injury:	Invoice Preparation Checklist  1) AR: Assident Reporting (\$30);	let Bill Add E
3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions  NA(805 076	Invoice Preparation Checklist  1) AR: Accident Reporting (\$30);  2) DA: Damage Assessment (\$100); INC	let Bill Add E
3) Upload Resurvey Photo [Repair Cost > \$  Injury :  Date/Time Actions  NA(805076  Laimant's Particulars :-	Invoice Preparation Checklist  1) AR: Accident Reporting (\$30);  2) DA: Damage Assessment (\$100); INC  3) TF: Follow-Through Survey	(\$80) (\$40/\$45 \$120
3) Upload Resurvey Photo [Repair Cost > \$  Injury :  Date/Time Actions  Claimant's Particulars :-  Driver/Owner:	Invoice Preparation Checklist  1) AR: Accident Reporting (\$30);  2) DA: Damage Assessment (\$100); INC  3) TF: Follow-Through Survey  SET: Follow-Through Survey (Resurvey)	(\$80) (\$40/\$45 (\$120 (\$30)
3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions  Actions  Laimant's Particulars:-  Oriver/Owner:	Invoice Preparation Checklist  1) AR: Accident Reporting (\$30);  2) DA: Damage Assessment (\$100); INC  3) TF: Towing Fee  4) FT: Follow-Through Survey  5) FT: Follow-Through Survey (Resurvey)  For claiming against INC Only (wef 10 Jan 2)  6) TR: Re-inspection	(\$30) \$40/\$45 \$120 \$30 105) \$75
3) Upload Resurvey Photo [Repair Cost > \$  Injury :  Date/Time Actions  Actions  Laimant's Particulars :-  Oriver/Owner:	Invoice Preparation Checklist  1) AR: Accident Reporting (\$30);  2) DA: Damage Assessment (\$100); INC  3) TF: Towing Fee  4) FT: Follow-Through Survey  5) FT: Follow-Through Survey (Resurvey)  For claiming against INC Only (wef 10 Jan 2)  6) TR: Re-inspection  7) N1: Idae DA + SMRT Survey	(\$30) \$40/\$45 \$120 \$30 105)
3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions  Actions  Particulars:  Oriver/Owner:  Contact No:  Damaged Portion:	Invoice Preparation Checklist  1) AR: Accident Reporting (\$30);  2) DA: Damage Assessment (\$100); INC  3) TF: Towing Fee  4) FT: Follow-Through Survey  5) FT: Follow-Through Survey (Resurvey)  For claiming against INC Only (wef 10 Jan 2)  6) TR: Re-inspection  7) N1: Idae DA + SMRT Survey  8) NTUC Additional Services:-	(\$80) \$40/\$45 \$120 \$30 105) \$75 \$160
3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions  NA(805 076  Plaimant's Particulars:-  Priver/Owner:  Contact No:  Damaged Portion:	Invoice Preparation Checklist  1) AR: Accident Reporting (\$30);  2) DA: Damage Assessment (\$100); INC  3) TF: Towing Fee  4) FT: Follow-Through Survey  5) FT: Follow-Through Survey (Resurvey)  For claiming against INC Only (wef 10 Jan 2)  6) TR: Re-inspection  7) N1: Idae DA + SMRT Survey  8) NTUC Additional Services:  OD*  *N5: Courtesy Car / Tpt Allowance	(\$30) \$40/\$45 \$120 \$30 105) \$75 \$160
3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions  Actions  Particulars:  Oriver/Owner:  Contact No:  Damaged Portion:  OC Checked by (Engr-In-Charge):	Invoice Preparation Checklist  1) AR: Accident Reporting (\$30);  2) DA: Damage Assessment (\$100); INC  3) TF: Towing Fee  4) FT: Follow-Through Survey  5) FT: Follow-Through Survey (Resurvey)  For claiming against INC Only (wef 10 Jan 20)  6) TR: Re-inspection  7) N1: Idae DA + SMRT Survey  8) NTUC Additional Services:-  OD*  *N5: Courtesy Car / Tpt Allowance  *N6: Repair Co-ordination  *N7: Post Repair Inspection	(\$80) \$40/\$45 \$120 \$30 105) \$75 \$160 \$5 \$10 \$25
3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions  Particulars:  Oriver/Owner:  Contact No:  Oamaged Portion:  OC Checked by (Engr-In-Charge):  Auditors' Comments:-	Invoice Preparation Checklist  1) AR: Accident Reporting (\$30);  2) DA: Demage Assessment (\$100); INC  3) TF: Towing Fee  4) FT: Follow-Through Survey  5) FT: Follow-Through Survey (Resurvey)  For claiming against INC Only (wef 10 Jan 2)  6) TR: Re-inspection  7) N1: Idae DA + SMRT Survey  8) NTUC Additional Services:  OD*  *N5: Courtesy Car / Tpt Allowance  *N6: Repair Co-ordination  *N7: Post Repair Inspection  *N8: DV / Collect Excess Coordination	(\$80) \$40/\$45 \$120 \$30 105) \$75 \$160 \$25 \$10 \$25 \$20
3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions  Actions  Particulars:  Oriver/Owner:  Contact No:  Damaged Portion:  OC Checked by (Engr-In-Charge):	Invoice Preparation Checklist  1) AR: Accident Reporting (\$30);  2) DA: Damage Assessment (\$100); INC  3) TF: Towing Fee  4) FT: Follow-Through Survey  5) FT: Follow-Through Survey (Resurvey)  For claiming against INC Only (wef 10 Jan 20)  6) TR: Re-inspection  7) N1: Idae DA + SMRT Survey  8) NTUC Additional Services:-  OD*  *N5: Courtesy Car / Tpt Allowance  *N6: Repair Co-ordination  *N7: Post Repair Inspection	\$30 \$30 \$30 \$55 \$160 \$55 \$10 \$25 \$50 \$30

### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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
Date Of Report	15/08/2018 16:31
Date Of Accident	14/08/2018 21:15
Exact Location Of Accident	HOUGANG AVE 1 INFRT OF BLK 137 LOR AH SOO
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR8834X
Insured/Policyholder	
Name Of Registered Owner	DARWIN AUTOMOBILE PTE LTD
Co Reg No	201612871M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83802233
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	CHAUFFEUR
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	YES
Policy Number	5093013949-01
Cover Note Number	
Driver	
Name of Driver	TANG VINCENT
NRIC No	S8128172F
Date Of Birth	07/09/1981
Occupation	OUTDOOR
Date Of Driving Pass	03/11/2006
Driving Experience	11 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93466118
<b>発展 9630 12</b>	

VINCENTTANG108@GMAIL.COM

Address

BLK 4 BEACH RD

OTHER - HIRER

#05-4959

Postcode

190004

Was driver an employee of the Insured's Company NO

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

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

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

YES NO

Number of Passengers (Including Driver)

1

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

JOO CHIAT NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: 267 ONAN ROAD, POSTCODE: 424773, COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-3459999 - FAX NO: 64474181

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180815/2096

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH WORKSHOP

Was there any audio recorded?

NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SLU4971T

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

VIVECK BALASINGAM

NRIC/Passport Number

S9104401C

Contact Number

85884591

Address

Postcode

Insurance Company Name

# SKETCH PLAN

## IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- 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.

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

Name:

NRIC/FIN No.:

Hougary Ave 1

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

a whel	4 10 1-	0, 1	00
On injusti	0 01 107 107	after dropping	for posseng the
1 exis me carpax	of BLK 121 Lor	+ AD: 1	per possing the
Carpark barrier, 1	here was a ben	it After Tur	nong the oett,
suiv a car (SLU	4771 1) approach	ing my du	ection in my lane.
On seerny these	, I stopped my	vehecle.	The said vehicle
then keep to the	e left and drh	e pass me.	Whele driving pass
me, the said	vehicle collided	onto the	The said vehicle while driving pass right side of my
vehicle.			/
	AL SAME DELIVER THE RESIDENCE OF THE RES		

DECLARATION

I/We at a large toe foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Sym 15/05/14
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





1 of 3

Report No. T/20180815/2096

Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999

# REPORT OF A TRAFFIC ACCIDENT

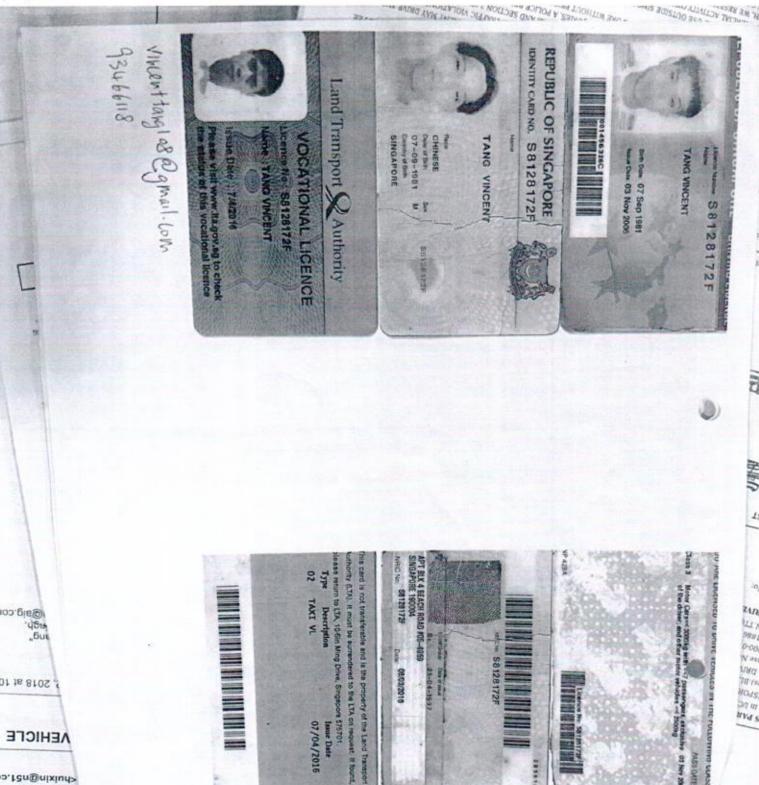
	ne Report N 018 14:45	/lade:	Vide Report No.:	Station Diary No.: 10	
Informa	nt's Partic	ulars			
	f Informant: INCENT	2	Address: 473B CHANGI ROAD SINGA	PORE 419891	
ID Type / ID No.: NRIC NO / S8128172F		72F	Contact No.: Home/Office: Mobile: 93466118		
National SINGAP	ity: PORE CITIZ	EN	Email:		
Sex: Male	Age: 36	Date of Birth: 07/09/1981	Type of Informant:		
Race: Chinese	3		Language: English	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/08/2018 21:30	Type of Location: Straight Road	
Location: Along Road 1 HOUGANG A	VENUE 1			Maria	
Weather: Ro		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: No Traffic	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLR8834X	Car				Totally Damaged	0
SLU4971T	Car				Slightly Damaged	1

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

Vehicle No.	SLR 8834X - Model/Make Hunda Vezel
Date of Accident	14/08/18
Time of Accident	JILS HRS
Location of Accident	Hougang Ave I infront of RLK 137 Lor Ah Soo.
Exact purpose use during acc	
Name of Owner	Darwin Automobile Pte Ltd.
Telephone No.	H/P: \$380 2233 Home: Office:
NRIC	2016 12871M -
Address	To, Bendemeer Road # 01-01, Luzeme (3) 339940
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTUC.
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5093013949-01
Name of Driver	As Above If No, Tang Vincent.
NRIC OF BRICE	As Above If No, larg Vincent.  S 8128172 F. Any Passengers: N.A.
Date of birth	07 109 1981.
Occupation	Outdoor / Indoor
Driving License Pass Date	03 /11/2006
Gender	Male / Female
Contact No.	H/P: 93466118 · Home: Office:
Address	
Driver have any own vehicle	
Relationship	
Weather condition	
Road Surface	
Any Injuries	No, If Yes, Who?
Name And Contact No.	Tang Vincent (H/P: 93466118)
Name And Contact No.	Tang Vincent (III)
CONTROL VICTOR DATA PROGRAMMENT	Of Van Wilhard 7 7 of the 1900
Police Report  Vehicle B No.	SLU 4971 T. Any Passengers: 01 (M)
Name of Driver	
	Contact No. :
Vehicle C No. Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :  Any Passengers :
Vehicle G No.	Any Passengers :  Any Passengers :
Witness Name	
Accident Portion	
Camera Recorder	Right side.
Email Address	
Littan Addi ess	vincent tanglos @ qmail. com.
PARTICULAR WORKSHOP	N-51
	5040 0004 / 5044 0040
CONTACT NO.	6842 0051 / 6744 0510
CONTACT NO. CONTACT PERSON	6842 0051 / 6744 0510



Issue Date 07/04/2016

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VEHICLE

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Shulxin@n51.cc



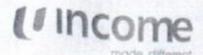
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# Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5093013949-01

Cover : drive CLASSIC

 Index mark and Registration Number of Vehicle Chassis Number

: SLR8834X

Name of Policyholder

: RU31246740

: DARWIN AUTOMOBILE PTE LTD

3. Effective Date of Insurance

: 28 Jul 2018

4. Explry Date of Insurance

: 27 Jul 2019

5. Persons or Classes of Persons entitled to driveff

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

# This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these

EXCESS (SECTION 1) 5\$2,000 EXCESS (SECTION 2) : 5\$1,500 WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : N/A SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: 5 & M ALLIANCE PTE LTD (00000614373)

Date of Issue

: 27 Jul 2018 15:39 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive

#### Claim Handling Accident MT/1007346 GST Registral Policy No. 5093013949-01 Vehicle No. SLR8834X Certificate No. DARWIN AUTOMOBILE PTE LTD Policyholder Name Policyholder f FLEET INSURANCE Product Code Cover Type drivo CLASSIC Loading Contact No.(Mobile) 83802233 Contact No.(Office) Contact No.() Special Remark Email Address eCode - No Yes KFK TCA . No Yes eCode Reason NCD Protection No NCD Entitlement(%) 0 Private Hire Accident Details Report Date 15/08/2018 17:07 Accident Report Within 24 hrs Accident Type Yes Date of Accident 14/08/2018 Time of Accident hh:mm Country of Ac 21:15 Reporting Centre Orange Force ICM No. Accident Location HOUGANG AVE 1 INFRT OF BLK 137 LOR AH SOO ⇒ Benefits Own damage Excess Additional Excess 2,000.00 0 Windscreen E Unnamed Driver Excess Outside Singapore OD Excess 2,000.00 Third Party Excess 1.500.00 Outside Singapore TP Excess 1,500.00 GST Registered Information GST Registered GST Registration Date No GST Registration No. GST Status Verified Modification History Policyholder Mailing Address Address 1 70 BENDEMEER ROAD Address 2 #01-01 LUZERNE Address 3 Address 4 Address Type Singapore address Post Code Unit No. Related Policy Number 01-01 5102740166 OI Driver Info Driver Name Unnamed Driver Driver Type Unnamed Driver Unnamed driver Name TANG VINCENT Driver NRIC S8128172F Driver DOB Register Date of Driver License 03/11/2006 Driver Age Driving Exper 36 Contact No.(Mobile) 93466118 Contact No.(Office) 0 Contact No.() Address 1 Address 2 BEACH ROAD Address 3 Address 4 SINGAPORE 190004 Address Type Singapore address Post Code #05-4959 Does he own a Singapore Registered car? Yes = No Driver Vehicle No. Driver Insure Declaration Breathalyser or Blood Test 0 mg Any injury? · Yes No Reading? Modification History Claim 001 OD-MX Insured Name Claim Type \* E OD-MX Contact No. (Home) Contact No.(Mobile) 01 Email Address Number Claim Description SLR8834X / SLU4971T ON 14 Aug 2018 Preferred Preference | Not at Fault GIA report Received Finalisation Yes Preferred Workshop (refer below) Option Claim Close Date Registered 15/08/2018 17:16 Workshop Report Taken By ROSLINDA Repairer Print AK letter Save Submit

#### Attachment

	Uploaded By/Di	ite Folder Date	F	ile Name		?
▼ Video List						
	NAC_PAYA_UBI	800601( NATIONAL ASSESSMENT CENTRE SERVICES) or 15 Aug 2018 17:15	Photos		Normal	
	NAC_PAYA_UBI	800601( NATIONAL ASSESSMENT CENTRE SERVICES) of 15 Aug 2018 17:15	Photos		Normal	
<b>65</b>	NAC_PAYA_UBI	.800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Aug 2018 17:15	Photos		Normal	
	NAC_PAYA_UBI	800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Aug 2018 17:15	Photos		Normal	
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8	NAC_PAYA_UBI	.800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Aug 2018 17:16	n Photos		Normal	
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	NAC_PAYA_UBI	_8006D1( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Aug 2018 17:16	n Photos		Normal	
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Attachment		Uploaded By/Date	Category	9	Urgency	
	List					
Message Read	THE GROSEII			Clear	Please Select	▼ NO
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