Description	NATIONAL Assessment Centre	e Services. wet : Jamos M	11/4/18/10/17 2	
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Veh No		SAS e-filing		
DO A	Veh No: 5M2322X	E-mail (within Shrs, AIC 2hrs)		
Insurer Insu		i-Motor Claim Form	m1 1007369-001	18 19:30
I-Photo Uploaded Assessment/Survey Report Assessment/Survey Report Assessment/Survey Report Assessment/Survey Report Tel: Fax:		i-Motor W/O (Within: OD 2	The state of the s	
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax: TP Particulars: Veh No: IDRROWM INC () / Non-INC () Owner / Driver: (Tel:) Policy No: () Period: () Cover Type: () Confirmed by: (Date: Time:) Insured/Driver Liability: (%) [Note-Est Status (WO): N: 0-20%, P: 21-79%, F: 80-100%] Year of Registration: () Warranty: YES () / NO () Excess: (\$) Loading: \$1,000 () / \$2,000 () General Remarks: () Walk-In Customer: Customer's information strictly Confidential & Strictly NO rafer of repairer. () Yotal Loss Case: : to e-mail Insurer URCENTLY. Drive-In () / Towed-In (); Invoice: YES () / NO () ; Towing Co: (,) Remarks: (INC hortine: 6788 6616) Date () / Courtesy Car () 2) QC Check / Post Repair Inspection () Date () 2) QC Check / Post Repair Inspection () Date () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Date / Time Actions Repair () Date / Time Actions A	OD 7 17 7 Reporting Only	i-Photo Uploaded		
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Double Confirmed by Period Date: Time: Date:	Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:)
Policy No. (TP Particulars: Veh No: JLD78	oym . INC	()/Non-INC()	48
Confirmed by : (Owner / Driver: (7/2	Tel:)
Insured/Driver Liability	Policy No: () Per	iod: (Cover Type: ()
Year of Registration: () Warranty: YES () / NO () Excess: (\$) Loading: \$1,000 () / \$2,000 () General Remarks: () Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. () Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. () Total Loss Case : to e-mail Insurer URGENTLY. Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: () Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo (Repair Cost > \$3000) () Injury: Date/Time Actions 1) ARIA: Accident Experting (\$30); () () Injury: Date/Time Actions 1) ARIA: Accident Experting (\$30); () () () 2) DA: Damag Assistancia (\$100); () () () Injury: Date/Time Actions 1) ARIA: Accident Experting (\$30); () () 2) TF: Towing Fes () 3) TF: Follow-Through Survey (\$30,50); () Try In Fallow-Through Survey (\$30,50); () Try Injury: 1) ARIA: Accident Experting (\$30); () 2) TF: Follow-Through Survey (\$30,50); () Try Injury: 1) ARIA: Accident Experting (\$30); () 2) TF: Follow-Through Survey (\$30,50); () Try Injury: 2) TF: Follow-Through Survey (\$30,50); () 3) TF: Follow-Through Survey (\$30,50); () 3) TF: Courtery (\$30,50); () 4 Try Injury: 5 Try Injury:	Confirmed by : (Date:	Time:)
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2 DA: Damage Assessment (\$100); INC (\$80) Iver/Owner: 3) TF: Towing Fee	. po 12.081 AV	200 A	\$100 Per \$100 Per \$2,000 Per \$2,0	TH BILL Add Bill
3) TF : Towing Fee \$40/\$45 4) FT : Follow-Through Survey \$120 5) FT : Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR : Re-inspection \$75 7) N1 : Idae DA + SMRT Survey \$160 8) NTUC Additional Services OD*	aimant's Particulars :-			0)
4 FT : Follow-Through Survey S20	iver/Owner:	3) TF : Towing	Fee . \$40/	\$45
For claiming against INC Only (wef 10 Jan 2005)		4) FT : Follow-	Through Survey (Resurvey)	
The continue of the continue	ntact No:	For claiming	against INC Only (wof 10 Jan 2005)	
S) NTUC Additional Services:- OD *	maged Portion:		******	AND DESCRIPTION OF THE PERSON
# N5: Courtesy Car / Tpt Allowance	3	8) NTUC Addit	And the second s	
*N6: Repair Co-ordination 510 *N7: Fost Repair Inspection 525 *N8: DV / Collect Excess Coordination 55 1: TP (N11): TP (Non INC) against INC 520 9) N12: Idae Mobile 30 2/3: Invoice dated Fee Charged	Checked by (Engr-In-Charge):		y Car / Tpt Allowance	\$5
*N8: DV / Collect Excess Coordination 55		*N6: Repair	Co-ordination	
1: TP (N11): TP (Non INC) against INC \$20	ditors' Comments :-	11 - 20 2 X X X X X X X X X X X X X X X X X	The second secon	The state of the s
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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.
- 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.

The last programme with the same	ACCIDENT STATEMENT
Date Of Report	15/08/2018 15:09
Date Of Accident	14/08/2018 13:20
Exact Location Of Accident	UPP BUKIT TIMAH RD TWDS DAIRY FARM RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJM2322X
Insured/Policyholder	
Name Of Registered Owner	H & H CAR RENTAL & LEASING
Co Reg No	53331980C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5078818993-02
Cover Note Number	
Driver	
Name of Driver	SOON LIANG CHIEH (SUN LIANGJIE)
NRIC No.	S7222407H
Date Of Birth	23/06/1972
Occupation	OUTDOOR
Date Of Driving Pass	28/02/2007
Driving Experience	11 YEARS AND 5 MONTHS
Gender	MALE

(LOCAL) +65-84099980

OFFICE-84099980

NOEMAIL

BLK 448A BUKIT BATOK WEST AVENUE 9 Address

#06-06

Postcode 651448

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

Other Information

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

Was any injured conveyed to hospital by ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TOA PAYOH NEIGHBOURHOOD POLICE CENTRE

ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING. Police Station Address

POSTCODE: 319194, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2519999 - FAX NO: 63548749

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20180815/2045.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SLD7804M Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name SOON LIANG CHIEH (SUN LIANGJIE)

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode **NECK & BACK**

SJM2322X

YES

NO

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:
 - (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 .:

DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder) Name:

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDE	NT DATE: 14 / 8 / 18)(DD/MM/Y	YYY), TIME:(13:20)(HH:MM)
LOCATIO	ON: Upper Bukif 7: mah Rd f.	nds Dairy Parm Ad.
1. (DETAILS OF VEHICLE	
	XCEC MUSER: YJM 330HAV(E	*
k	INSURANCE COMPANY: NTVC	
	POLICY NUMBER: JOJSEIS 993-02	
	POLICY TYPE: (COMPREHENSIVE / THIRD I	A DTV / TUÍOD D A DTV FIDE & TUFFT
e	MAKE & MODEL:	PARTY / THIRD PARTY FIRE & THEFT)
	TYPE:(SALOON / COUPE / MPV /V AN / LO	PRY / MOTORCYCLE / OTHERS)
) VEHICLE CATEGORY: (PRIVATE / COMME	
	PURPOSE OF USING AT ACCIDENT TIME:_	
	ARE YOU CLAIMING UNDER YOUR OWN IN	
	IF NO, PLEASE STATE (THIRD PARTY) CLAIM	
	SURED / POLICY HOLDER	REFORMING ONE
)NAME:	(MALE / FEMALE)
	NRIC/FIN/PASSPORT:	CONTACT:
	ADDRESS:	
	Aug = a [41] = -1(4) = 50 (* = 0) = -0.	
	CONTINUE TO 3.d IF DRIVER ALSO POLICY	HOLDER
The of passengs. D	RIVER ,	
(Induding dian)	NAME: Joon ling of 1th Chin	(MALE / FEMALE)
11 3	NRIC/FIN/PASSPORT: 37224774	CONTACT: Sys999 50
C)	ADDRESS: DIIC 4464 Bolay Bolole	very Arme 9 01 06-66 (651444)
*-	DATE OF BIRTH! / DOZ / /	
	DATE OF BIRTH: (22/6/1970)(DI	D/MM/YYYY)
	OCCUPATION: (INDOOR / OUTDOOR)	122
	AS DRIVER AN EMPLOYEE OF THE INSU	the state of the s
IF	NO, RELATIONSHIP OF THE DRIVER W	TH INCLIDED WAT
	WEATHER CONDITION; (QLEAR / RAINING	
	ROAD SURFACE: (DRY / WET / OTHERS	/ OTTERS
	AS ANYBODY INJURED (YES X NO) - n COLC	a boyle
7. a)I	REPORTED TO POLICE (XES (NO)	
IF	YES, PLEASE STATE WHICH POLICE STATIO	N:
R THE	PD PARTY VEHICLE	
the of passenger of	VEHICLE NUMBER: SUDAROYM	MODEL:
(Industing driver) b)	DRIVER'S NAME:	
() ()	NRIC/FIN/PASSPORT:	CONTACT:
	RD PARTY VEHICLE	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	VEHICLE NUMBER:	MODEL:
(Induding delizer)	DRIVER'S NAME:	
()	NKIC/FIN/PASSPORT:	CONTACT:
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		# # # # # # # # # # # # # # # # # # #

email = freddiesoon 2407 @gmail.com.





1 of 3

Report No. T/20180815/2045

Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: Vide Report No .:

Station Diary No.:

15/08/20	18 11:40		66				
Informa	nt's Partic	ulars		应证证证证证证证证证证			
	Informant: IANG CHIE		Address: APT BLK 448A BUKIT SINGAPORE 651448	BATOK WEST AVENUE 9 #06-06			
	/ ID No.: D / S72224	07H	Contact No.: Home/Office:	Mobile: 84099980			
National SINGAP	ity: ORE-CITIZ	ŒN	Email:				
Sex: Male	Age: 46	Date of Birth: 23/06/1972	Type of Informant: Driver				
Race: Chinese			Language: English	Institution / School Name:			
Occupat GRAB D			Driving Licence Inform Class: 3	ation: Date of Expiry:			

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 14/08/2018 13:20	Type of Location Straight Road
UPPER BUKI DAIRY FARM		ad 2 D towards DAIRY FAR	M ROAD	
along of the	DOME THAT THE	S towards Drill I I I I I	IVI I COND	
Weather:		Road Surface:		Road Speed Limit:
				Road Speed Limit:
Weather: Clear Traffic Flow:		Road Surface:		Road Speed Limit: Traffic Volume:
Clear		Road Surface: Dry		

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJM2322X	Car	HYUNDAI	AVANTE	Blue	Slightly Damaged	0
SLD7804M	Car	HONDA	JAZZ		Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	The state of the s
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20180815/2045

Police Station Of Origin: Toa Payoh N.P.C. 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

CONTINUATION OF REPORT

Degree of Injury

Slight

Driver					
Name	SOON LIANG CHIEH		ID No	+:	S7222407H
Related Vehicle	SJM2322X (Car)		Conta	ct No.	84099980
Hospital/Clinic	FINEST HEALTH MEDICAL	CENTRE	Class Drivin Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	15/08/2018	Date Dis	charge	15/08	3/2018

Brief Details.

On the above mentioned date and time, I was travelling on the middle lane along Upper Bukit Timah Road towards Diary Farm Road when I felt an impact on the rear of my vehicle, SJM2322X. I then immediately looked at the front mirror, and I saw another vehicle which was directly behind me. The driver was a woman driver and instead of stopping her vehicle, she maneuver to the left lane and drove off. I believed she has collided onto my vehicle.

03

I managed to get a glimpse of her vehicle registration plate number which is SLD7804M. I wish to state that I do not have an in-built camera in my vehicle.

Damages done to my vehicle as follows:

1) Deep dent on my right rear bumper.

No. of Days granted Medical Leave

I went to seek medical attention and was given 3 days MC. I am lodging this report for insurance claim purposes.





3 of 3

Report No. T/20180815/2045

Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

CONTINUATION OF REPORT

Sketch Plan

NP168

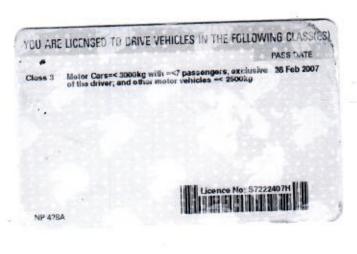
Informant is not able to provide sketch plan

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: E / Staff Sgt NORHAZWANI BINTE MA'AZ	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 15/08/2018 11:40
Officer In Charge Of Case:	Classification Of Case:
TP / HRT / SI KALESWARI PALANI Contact No.: 65476902	11: 100
Authentication Stamp)









•eBaoTech							3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		C	eneralC	laim
Hello, NAC_PAYA_UBI_80	0601						· Change Lan	guage	Change Pa	assword	Log Out
My Desktop	Polic	y Query									
Notice of Loss	Policy N	o.				Date of	Accident	14/08	8/2018 13:20		
	Vehicle	No (For Motor)	SJM2322	2X		Certifica	ate Number				
					Se	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5078818993- 02		H & H CAR RENTAL & LEASING	53331980C	GFT	drivo CLASSIC	SJM2322X	S3M2322X	16/07/2018	В
					Co	ntinue					

Policy No.	5078818993-02	Policyholder Name	H & H CA	R RENTAL & LEASING	Policyholder NRIC	53331980C	
ertificate lo.					1000		
ddress	61 UBI AVENUE 2 #04-12 AUT	OMOBILE MEGA	AMART SIN	GAPORE 408898			
roduct lame	FLEET INSURANCE	Plan			Group Policy Flag	N	
olicy ssue Date	26/03/2018	Effective Date	28/03/20	18 00:00	Expiry Date	27/03/2019	23:59
excess Type		All Claims Excess					
Third Party Excess	1500	Own damage	2000		Windscreen Excess	100	
Additional excess	0	Excess OS Premium	678.22				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	9635428	8	GST Flag	Υ	
insurance Flag Open Policy Info Certificate Info	No holder Mailing Address						
ens A		200			- Constitution		
ddress 1	61 UBI AVENUE 2	Addre	ess 2	#04-12 AUTOMOBI	LE MEGAMAF	Address 3	SINGAPORE 408898
ddress 4			ess Type	Singapore address		Post Code	408898
Jnit No.	04-12	Numb	ed Policy ber	5078818993-02			
D Insure	ed Object: SJM2322X						
♥ Endors	sements						
Seque!	Date of Endorsement 28/03/2018 00:00	Endorseme Basic Informa Endorsement	ation	Endorsement Numbe	Endorsem Endorsem Effective	ment Status	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SLH503G 28-03-2018 \$1,076.30 3. SGY385A 28-03-2018 \$1,076.30 4. SGY4788U 28-03-2018 \$1,076.30 5. SLS5380C 28-03-2018 \$1,076.40 in view of this amendment, a refund of \$5,581.74 (inclusive of GST) will be adjusted against the outstanding premium. Thank you for giving us the
2	03/05/2018 00:00	Basic Informa Endorsement	11.750	000001286809556	Endorsem Effective	ent Take	opportunity to serve you. We confirm that the following vehicle(s has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SJE6937M 02-05-2018 \$1,063.61 In view of this amendment, a refund of \$1,063.61 (inclusive of GST) will be adjusted against the outstanding premium. Thank you for giving us the opportunity to serve you. We confirm that this policy is extended

	not been collected.				
olicy No.	5078818993-02	Vehicle No.	51M2322X	GST Registration No.	
Cartificate No.					
olicyholder Name	H & H CAR RENTAL & LEASING			Policyholder NR3C	53331980C
roduct Code	FLEET INSURANCE	Cover Type	drivo CLASSIC	Loading	0
contact No.(Mobile)	0	Contact No.(Office)	0	Contact No. (Home)	0
mail Address		Special Remark		eCode	The V
FK	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	0	Private Hire	ves
 Accident Details 					
aport bate	15/08/2018 19:28	Accident Report Within 24 hrs	Yes	Accident Type	Collegion - Head to Rear
ate of Acodent	14/08/2016	Time of Accident Inform	13:20	Country of Accident	Singapore
sporting Centro		Orange Force		ICM No.	
oodent Location	UPP BUKIT TIMAH RD TWDS DAIRY FARM RD	Approximations:			
♥ Benefits					
P Excess					
en damage Excess	2,000,00	Additional Excess	0	Windscreen Excess	100.00
	2,000,00			Windscreen Excess	100.00
married Driver Excess	500000000000000000000000000000000000000	Outside Singapore OD Excess	2,000.00		
red Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
GST Registered Informa			A		
T Registered	No		GST Registration Date	No.	
T Registration No. softication History			GST Status Verified	Yes	
mentalistic resulty					
Policyholder Mailing Ad	dress				
idress I	61 UBI AVENUE 2	Address 2	#04-12 AUTOMOBILE MEGAMAF	19291009	
tiress 4	61 OBI AVENUE 2			Address 3 Post Code	SINGAPORE 408898
	27.14	Address Type	Singapore address	Post Code	408898
et No.	04-12	Related Policy Number	5078818993-02		
7 OI Driver Info	"Gatto Bozonia	200200	0.00012000		
iver Name	Unnamed Driver	Driver Type	Unnamed Driver	THE STATE OF THE S	7 Garda arthagan
named driver Name	SOON LIANG CHIEH (SUN LIAN)	Driver NRIC	S7222407H	Driver DOB	23/06/1972
gister Date of Driver License		Driver Age	46	Driving Experience	11
ritact No.(Mobile)	84099960	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 448A	Address 2	BUKIT BATOK WEST AVENUE 9	Address 3	WEST VALLEY @ BUKIT BATOK
dress 4	SINGAPORE 651448	Address Type	Singapore address	Post Code	651448
of the	06-06				
NI, TWG					
oes he own a Singapore	○ Yes ® No	Driver Vehicle Na.		Driver Insurer Company	
es he own a Singapore gastered car?	○ Yes ® No	Driver Vehicle Na.		Driver Insurer Company	
nit No. oes he own a Singapore gastered car? coloration exthalyser or Blood Test auding?	○ Yes ® No ○ mg	Driver Vehicle No. Any injury?	® Yes ○ No	Driver Insurer Company	
oes he own a Singapore egistered car? claration eathalyser or Blood Test			® Yes ○ No	Driver Insurer Company	
es he own a Singapore gatered car? claration extralyser or Blood Test ading?			® Yes ○ No H & H CAR RENTAL & LEASING	Driver Insurer Company Insured NRIC	53331980C
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