Dute In: Melia		NA/18/05370	
Date In: 15/8/18-11:17	Jeb description	Date &Time Completed	Done by
Ref No: NA INCROMES /24	SAS e-filing		
Veh No: JUE4136	E-mail (within Shrs, AIC 2hrs)		
D.O.A : 18/18-08:05	i-Motor Claim Form	M7/107371-001	15/8/18 19:37
	I-Motor W/O (Within: OD 2h	-	
OD TP Reporting Only	i-Photo Uploaded	1	
TD leaves	Assessment/Survey Report		A STATISTICS AND A STAT
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(Tel; F	ax:
TP Particulars: Veh No: 6	1 (2834 INC))/Non-INC()	
Owner / Driver: (Tel:)
Policy No: ()	Period: (Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%	6) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]
Year of Registration: () Warranty: YES ()/NO ()	
Excess: (\$) Loading:	\$1,000()/\$2,000()		
General Remarks:-			San Aller
() Walk-In Customer: Customer's	information strictly Confidential & St	rictly NO refer of repairer.	
() Total Loss Case : to e-mail In		**	
Drive-In ()/ Towed-In (); Inv	roice: YES() / NO(); T	owing Co: (-)
			Jakes and the
Remarks:- (INC hotline) 6788 6610		Date&Turis Completed	www.villone.by
) / Courtesy Car ()	-	
2) QC Check / Post Repair Inspection	()		
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Costs	> \$3000] ()	-	
	> \$3000] ()		
3) Upload Resurvey Photo [Repair Cost: Injury:	() >\$3000] ()		
3) Upload Resurvey Photo [Repair Cost	() > \$3000] ()		\$5.85Co.5738
3) Upload Resurvey Photo [Repair Cost: Injury:	() >\$3000] ()		888804N88
3) Upload Resurvey Photo [Repair Cost: Injury:	() > \$3000] ()		
3) Upload Resurvey Photo [Repair Cost: Injury:	() >\$3000] ()		Staffactors and
3) Upload Resurvey Photo [Repair Cost: Injury:	() > \$3000] ()		
3) Upload Resurvey Photo [Repair Cost: Injury:	() >\$3000] ()		
3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions		paration Checklist	Anit (S) Ami (S
3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions		paration Checklist	Anit (S) Ami (S
3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions	Invoice Pre 1) AR: Accident 2) DA: Damage	paration Checklist: Reporting (\$30); Assessment (\$100); INC (\$8)	Ant (S) Amt (I) fit Bill Add Bil
3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions	Invoice Pre 1) AR: Accident 2) DA: Darrage 3) TF: Towing F	paration Checklist: Reporting (\$30); Assessment (\$100); INC (\$8)	Ant (S) Amt (I) fit Bill Add Bil
3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions WAR OS 107 Etimant's Particulars:	Invoice Pre 1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$88) 66 \$40. hrough Survey \$ hrough Survey (Resurvey)	Xnif (S) Amil (3) fit Bill Add Bil 0) 7545 1120 530
3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions WAR Color aumant's Particulars: river/Owner: ontact No:	Invoice Pre 1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a	Paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$8) to \$40. through Survey \$5 through Survey (Resurvey) spinst INC Only (wef 10 Jan 2005)	Amt (S) Amt (S) fit Bill Add Bil 0) 545 120 530
3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions WAR OS 107 Etimant's Particulars:	Invoice Pre 1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idao DA	Paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$80); the \$40. Through Survey (Resurvey) Reinst JNC Only (wef 10 Jan 2005);	Xnif (S) Amil (3) fit Bill Add Bil 0) 7545 1120 530
3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions WAR Color aumant's Particulars: river/Owner: ontact No:	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idao DA 8) NTUC Addition	Paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$80); the \$40. Through Survey (Resurvey) Reinst JNC Only (wef 10 Jan 2005);	Amt (5) Amt (5) 75 Bill Add Bil 0) 75 45 1120 530
3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions Laimant's Particulars: iver/Owner: ontact No: amaged Portion:	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idao DA 8) NTUC Additio	Daration Checklist. Reporting (\$30); Assessment (\$100); INC (\$80); See \$40. Arough Survey (Resurvey) Rejust INC Only (wef 10 Jan 2005) Reinst INC Only (wef 10 Jan 2005) Reinst Survey \$50.	Amt (5) Amt (5) 75 Bill Add Bil 0) 75 45 1120 530
3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions WAR Color aumant's Particulars: river/Owner: ontact No:	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Addition OD.* *N5: Courtesy *N6: Repair C	Daration Checklist. Reporting (\$30); Assessment (\$100); INC (\$86	Xnif (S) Amil (3) Fit Bill Add Bil 0) 7545 1120 530 575 1160 55 510
3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions Laimant's Particulars: iver/Owner: ontact No: amaged Portion:	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Addition OD!* *N5: Courtesy *N6: Repair C *N7: Fost Rep	Daration Checklist. Reporting (\$30); Assessment (\$100); INC (\$80); See \$40. Arough Survey (Resurvey) Resinst INC Only (wef 10 Jan 2005); Reinst INC Survey \$50. Since Survey \$50. Car / Tpt Allowance coordination air Inspection	Amt (S) Amt (S) fit Bill Add Bil 0) 7545 1120 575 160
3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions Laimant's Particulars: iver/Owner: ontact No: amaged Portion: Checked by (Engr-In-Charge):	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Additio OD!* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$8) see \$40, hrough Survey (Resurvey) resinst INC Only (wef 10 Jan 2005) stion + SMRT Survey \$ smal Services. Car / Tpt Allowance p-ordination nir Inspection lect Excess Coordination	Amt (\$) Amt (\$) fst Bill
3) Upload Resurvey Photo [Repair Cost 2] Injury: Date/Time Actions WAR OS 107 Lumant's Particulars:- iver/Owner: ontact No: amaged Portion: Checked by (Engr-In-Charge): Iditors' Comments:-	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Additio OD!* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$80); See \$40, Arough Survey (Resurvey) Resinst INC Only (wef 10 Jan 2005)	Amt (\$) Amt (\$) fst Bill

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.

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.

The second secon	ACCIDENT STATEMENT
Date Of Report	15/08/2018 11:17
Date Of Accident	15/08/2018 08:05
Exact Location Of Accident	SLIP RD WOODLANDS AVE 2 TWDS WOODLANDS AVE 1
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV8413G
Insured/Policyholder	
Name Of Registered Owner	L E MOK
Co Reg No	53364965W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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	5097494753

-	_	٠.	_	_	_
	r	n	rı	0	r

Cover Note Number

MOK LOO EE Name of Driver S1124138G NRIC No 11/03/1955 Date Of Birth OUTDOOR Occupation 17/11/1975 Date Of Driving Pass

Driving Experience 42 YEARS AND 8 MONTHS

MALE Gender

(LOCAL) +65-96937309 Mobile Number

Fax Number

OFFICE-96937309 Contact Number

NOEMAIL EMail Address

Address BLK 717 BEDOK RESERVOIR ROAD

#08-4560 470717

NO

2

NO

YES

NO

1

NO

NO

Postcode 470

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

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?

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

Vehicle Registration Number

Vehicle Make/Model/Colour

NO

YES

NO

GY4587H MITSUBISHI

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

DETAILS OF OTHER VEHICLE PROPERTY 1

HIEW SIE LI

NRIC/Passport Number

Contact Number

Name of Driver

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MOK LOO EE

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

SLV8413G

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly 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.
- 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.

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 .:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DECLARATION

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

Policyholder's Signature

Date & Time:

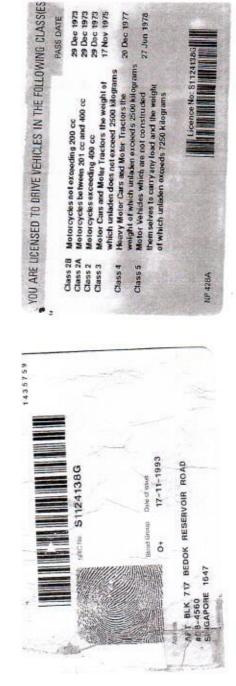
Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Personal Particulars
Date of Accident: 15 8 18 Time of Accident: 8 05 GM
Exact Location of Accident: 1 Novdland Ave 2 slip road turning to 17
Owner's Name; L E Molc NRIC No: HP No:
Driver's Name: Mok Lou Ie NRIC No: 511241386 HP No: 96937300
Date of Birth: 11 3 1955 Driv ng Licence Passing Date: 17 11 1915 Occupation: Indoor / Outcoor
Address: 717 Boduk Resorvoir Rd #08-4560 (470717)
Relationship of Driver with Insured: Owner Email Address:
Vehicle No: SLV 84136 Make & Model: Hoda
Insurance Co: NTUC Coverage: Compations R Policy No: 5097494753
*Purpose of Reporting? Own Damage Claim / 3rd Party Claim / Not Claiming, Just Reporting Only
*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work
*Weather Condition ? Clear / Raining / Others: Wet / Dry / Others:
* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:
A: 1+0 B. 1+0 C: D:
*Was Anybody Injured ? (Yes / No) If yes,
Name / NRIC / In Vehicle: Mole Loo Ep neck 1 back
*Was The Accident Reported To The Police ?
*Does the Driver Own Any Other Vehicle?
O No O Yes, Vehicle Registration No:insurer:
*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category:
*Was there any video captured by Car Camera? (Yes/No)
Third Party Driver's Particulars
Vehicle & No: 64 4587H Make & Model: M+
Driver's Name: Hiew Sie Li NRIC No: HP No:
Vehicle C No: Make & Model:
Driver's Name: NRIC No: HP No:
Witness Particulars
Name: NRIC No: HP No:







Class 28 Motorcycles not exceeding 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Class 2 Motorcycles exceeding 400 cc
Class 3 Motor Cars and Motor Tractors the weight of
Which unladen does not exceed 2500 kilograms

PASS DATE

Heavy Motor Cars and Motor Tractors the weight of which unlasen acceeds 2500 kilograms. Motor Vehicles which are not constructed them selves to carry any load and the weight

Class 5 Class 4

of which unladen exceeds 7250 kilograms

NP. 428A



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: 5097494753

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SLV8413G

Chassis Number

: RU11114703

2. Name of Policyholder

: LE MOK

3. Effective Date of Insurance

: 18 Jan 2018

4. Expiry Date of Insurance

: 17 Jan 2019

5. Persons or Classes of Persons entitled to drive#

(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 headings

EXCESS (SECTION 1) : \$\$2,000 EXCESS (SECTION 2) : \$\$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 : HONG LEONG FINANCE LTD

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)

: HOBBES INSURANCE AGENCY (00000572363)

Date of Issue

: 17 Jan 2018 15:26 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech				A SALAR PARTY				GeneralClaim			
Hello, NAC_PAYA_UBI_800601							• Change	Language	Chang	e Password	Log Out
My Desktop	Poli	cy Query									,
Notice of Loss	Policy f	lo.			10	Date	of Accident	1	15/08/2018 (18:05	
	Vehicle No.(For Motor)		SLV84	SLV8413G		Certificate Number		0 1			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5097494753		L E MOK	53364965W	GPC	drivo CLASSIC	SLV84130	SLV8413G	18/01/2018	17/01/2019
						Continue					

Policy No.	5097494753	Policyholder Name	L E MOK		Policyholder NRIC	53364965W		
Certificate No.		0.35011-05						
Address	BLK 717 #08-4560 BEDOK RES	ERVOIR ROAD	SINGAPORE	470717				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Policy ssue Date	17/01/2018	Effective Date	18/01/2018	00:00	Expiry Date	17/01/2019	23:59	
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			Your	ng/Inexperience Driver Ex	cess
						34		
	HOBBES INSURANCE AGENCY	Agent Tel.	97919911		GST Flag	Y		
Agent Co- insurance Flag Open Policy	HOBBES INSURANCE AGENCY	Agent Tel.	97919911		GST Flag	Ĭ.		
Co- Insurance Flag Open	2000	Agent Tel.	97919911		GST Flag	Y		
Co- nsurance Flag Open Policy Info Certificate Info	2000	Agent Tel.	97919911		GST Flag	Y		
Co- nsurance Flag Open Policy Info Certificate Info	No	Agent Tel.		BEDOK RESERVOIR		Address 3	SINGAPORE 47071	,
Co- Insurance Flag Open Policy Info Certificate Info Policy Address 1	No holder Mailing Address	Addre		BEDOK RESERVOIR Singapore address			SINGAPORE 47071'	,
Co- insurance Flag Open Policy Info Certificate Info Policy	No holder Mailing Address	Addr Addr	ess 2 ess Type ed Policy	V-070-070-070-070-070-070-070-070-070-07		Address 3		,
Co- Insurance Flag Dpen Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	No holder Mailing Address BLK 717 #08-4560	Addre Addre Relat	ess 2 ess Type ed Policy	Singapore address		Address 3		
Co- nsurance Flag Dpen Policy Info Certificate Info PolicyI Address 1 Address 4 Unit No.	holder Mailing Address BLK 717 #08-4560 08-4560 ad Object: SLV8413G	Addre Addre Relat	ess 2 ess Type ed Policy	Singapore address		Address 3		
Co- nsurance Flag Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No. Insure	holder Mailing Address BLK 717 #08-4560 08-4560 ad Object: SLV8413G	Addr Addr Relat Num	ess 2 ess Type ed Policy	Singapore address 5097494753		Address 3 Post Code		

Claim Handling					100
ccident MT/1007371					
rakcy No.	5097494753	Vehicle No.	SLV8413G	GST Registration No.	
ersificate No.					
Policyholder Name	L E MOK			Policyholder NRIC	53364965W
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Motive)	0	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	N. Y
tFK:	® No ○ Yes	TCA	No ○Yes	eCode Reason	
CD Protection	No	NCD Intitlement(%)	0	Private Hire	Yes
Accident Details					
eport Date	15/08/2018 19:35	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
ate of Accident	15/08/2018	Time of Accident hh:mm	08:05	Country of Accident	Singapore
eporting Centre		Orange Force		ICM No.	
coident Cocebion	SLIPRO WOODLANDS AVE 2 TWOS WOOD				
⇒ Benefits					
♥ Excess					
wn damage Excess	2,000.00	Additional Excess	Q.	Windscreen Excess	100.00
	2,000.00	Outside Singapore OD Excess	2,000,00		3*************************************
nnamed Driver Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
		Juliane anyapore in Excess	4/200000		
ST Registered Informa	No.		GST Registration Date		
ST Registered ST Registration No.	77		GST Status Venfled	No	
odification History			ALE 4246 CAROL 2004 PROPERTY.	No.	
- 5					
Policyholder Mailing Ad	idress				
ddress 1	BLK 717 ±08-4560	Address 2	BEDOK RESERVOIR ROAD	Address 3	SINGAPORE 470717
odress 4		Address Type	Singapore address	Post Code	470717
Init No.	05-4560	Related Policy Number	5097494753		
OI Driver Info					
nver Name	Unnamed Driver	Driver Type	Unnamed Driver		
mames driver Name	MOK LOD EE	Driver NRIC	S1124138G	Driver DOB	11/03/1955
egister Date of Driver License	17/11/1975	Driver Age	63	Driving Experience	42
ontact No. (Mobile)	96937309	Concact No.(Office)	0	Contact No. (Home)	0
ddress 1	BLK 717	Address 2	BEDOK RESERVOIR ROAD	Adoress 3	SINGAPORE 470717
ddress 4	100 / 10	Address Type	Singapore address	Post Code	470717
Init No.	08-4560	Additional Type			
loes he own a Singapore					
egistered car?	☐ Yas ® No	Driver Vehicle No.		Driver Insurer Company	
eclaration					
ireathalyser or Blood Test		9. 11. 2	® Yes ○No		
leading?	0 mg	Any injury?			
tedification History					
Constant Resident					
Claim 001 New					
laim Type *	OD-MX Y	Insured Name	L E MOK	Insured NRIC	53364965W
ontact No.(Mobile)	NIL.	Contact No.(Home)	N0L	Contact No. (Office)	N3L
mail Address		Of Vehicle Number	SLV8413G	TP Vehicle Number	GY4587H
laiment Type Claimant Type *	Please Select Y	Type of Benefit *	Please Select		
lament Name +	22	Claimant NRIC *			
laim Description	SLV8413G / GY4587H ON 15 Aug 2018			Name of Preferred Workshop	
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