Date In: 20/8/18-16:19	Jeb description	Date &Time Completed	Done by
Ref No: NO/NC18015166/24	SAS e-filing	10 E	
Veh No: 111/2069	E-mail (within 8hrs, AIC 2hrs		
D.O.A : 18/8/18 - 18:30	i-Motor Claim Form	M 1008041-001	20/8/19:74
	i-Motor W/O (Within: OD	2hrs, TP 4hrs)	
OD TP Peporting Only	i-Photo Uploaded		
TD.	Assessment/Survey Repor	t	
TP Insurer:	Ass't Report by Fax / Han	d to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	. (Tel: F	ax:
TP Particulars: Veh No:	622575m . INC	()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: ()	Period: () Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (9	6) [Note-Est. Status (WO): N: 0)-20%; P: 21-79%. P: 80-1	00%]
Year of Registration: () Warranty: YES ()/NO ()	
	\$1,000()/\$2,000()		
General Remarks:-			1200 10 10 10
			Sept Bereit
() Walk-In Customer : Customer's	information strictly Confidential &	Strictly NO rafer of repairer.	
() Total Loss Case : to e-mail In	surer URGENTLY.	*	
Drive-In ()/Towed-In (); Inv	voice: YES () / NO ()	; Towing Co: (-)
		- 1	
temarks:- (INC hotline: 6788 661	6);	Date&Time Completed "	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
OC Check / Post Renair Inspection	()		
	()		
	> \$3000] ()		
3) Upload Resurvey Photo [Repair Cost	> \$3000] ()		
	() >\$3000] ()		
3) Upload Resurvey Photo [Repair Cost Injury:	() >\$3000] ()		
3) Upload Resurvey Photo [Repair Cost Injury:	() >\$3000] ()		Nacion H
3) Upload Resurvey Photo [Repair Cost Injury:	() >\$3000] ()		
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Upload Resurvey Photo [Repair Cost Injury :	() > \$3000] ()		
Description of the second of t			Ant (5) Arit
Description of the second of t		reparation Checklist.	Anit (S) And
Upload Resurvey Photo [Repair Cost Injury: Pate/Time Actions	Inveice P	ent Reporting (\$30);	fit Bill Add
Upload Resurvey Photo [Repair Cost Injury: Pate/Time Actions	Inveice P 1) AR: Accid 2) DA: Dame	lent Reporting (\$30); age Assessment (\$100); INC (\$8	fit Bill Add
Upload Resurvey Photo [Repair Cost Injury: Actions NARCONS Limant's Particulars:	Invoice P 1) AR : Accid 2) DA : Darra 3) TF : Towin	lent Reporting (\$30); age Assessment (\$100); INC (\$8 ag Fee \$40	fit Bill Add
Nate/Time Actions Nate/Time Actions Actions Liminal Actions Nate/Time Actions Nate/Time Actions	Invoice P 1) AR: Accid 2) DA: Dama 3) TF: Towin 4) FT: Follow 5) FT: Follow	lent Reporting (\$30); age Assessment (\$100); INC (\$8 ag Fee \$40 av-Through Survey av-Through Survey (Resurvey)	78t Bill Add (0) (7545 5120 530
Nate/Time Actions Nate/Time Actions Actions Liminal Actions Nate/Time Actions Nate/Time Actions	Invoice P 1) AR: Accid 2) DA: Dame 3) TF: Towin 4) FT: Follow 5) FT: Follow For cleimin	lent Reporting (\$30); age Assessment (\$100); INC (\$8 ag Fee \$40 ar-Through Survey ar-Through Survey (Resurvey) ag against INC Only (wef 10 Jan 2005)	791.Bill Add 10) 1/545 \$120 \$30)
Nate/Time Actions Nate/Time Actions Actions Liminary: Liminary	Invoice P 1) AR: Accid 2) DA: Darne 3) TF: Towin 4) FT: Follow 5) FT: Follow For cleimin 6) TR: Re-in	lent Reporting (\$30); age Assessment (\$100); INC (\$8 ag Fee \$40 ar-Through Survey ar-Through Survey (Resurvey) ag against INC Only (wef 10 Jan 2005 spection	791.Bill Add 10) 1/545 5120 530) \$75
Upload Resurvey Photo [Repair Cost Injury: Pate/Time Actions Umant's Particulars:- ver/Owner:	Invoice P 1) AR: Accid 2) DA: Dame 3) TF: Towin 4) FT: Follow 5) FT: Follow For cleimin 6) TR: Re-in 7) N1: Idae I	lent Reporting (\$30); age Assessment (\$100); INC (\$8 ag Fee \$40 ar-Through Survey (*Through Survey (Resurvey) ag against INC Only (wef 10 Jan 2005 spection OA + SMRT Survey	791.Bill Add 10) 1/545 \$120 \$30)
Date/Time Actions NAROYAL Mimant's Particulars: iver/Owner: maged Portion:	Invoice P 1) AR: Accid 2) DA: Darne 3) TF: Towin 4) FT: Follow 5) FT: Follow For cleimin 6) TR: Re-in 7) N1: Idae I 8) NTUC Add QD*	lent Reporting (\$30); age Assessment (\$100); INC (\$8 age Fee \$40 w-Through Survey (Resurvey) age agoinst INC Only (wef 10 Jan 2005 spection OA + SMRT Survey ditional Services:-	751.Bill Add 10) 1/545 5120 530) \$75 \$160
NAROYAL Injury: Pate/Time Actions NAROYAL Inimant's Particulars: iver/Owner: Intact No: Intaged Portion:	1) AR: Accide 2) DA: Darme 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in 7) N1: Idao I 8) NTUC Add OD* *N5: Court	lent Reporting (\$30); age Assessment (\$100); INC (\$8 age Fee \$40 w-Through Survey w-Through Survey (Resurvey) age against INC Only (wef 10 Jan 2005 spection DA + SMRT Survey ditional Services:-	751.Bill Add 10) 10545 5120 530) 575 5160
Date/Time Actions NAROYAL Mimant's Particulars: iver/Owner: ntact No: maged Portion:	1) AR: Accided 2) DA: Darma 3) TF: Towin 4) FT: Follow For claimin 6) TR: Re-in 7) N1: Idae I 8) NTUC Add OD!* *N6: Reps	lent Reporting (\$30); age Assessment (\$100); INC (\$8 age Fee \$40 w-Through Survey w-Through Survey (Resurvey) age against INC Only (wef 10 Jan 2005 spection DA + SMRT Survey ditional Services:- csy Car / Tpt Allowance ir Co-ordination	151.Bill Add 10) 10545 5120 530) 575 5160
Date/Time Actions NAME OF SECURITY STREET S	1 Invoice P 1) AR: Accid 2) DA: Dame 3) TF: Towin 4) FT: Follow 5) FT: Follow For cleimin 6) TR: Re-in 7) N1: Idae I 8) NTUC Ad QD* *N5: Court *N6: Repa *N7: Fost	lent Reporting (\$30); age Assessment (\$100); INC (\$8 age Fee \$40 w-Through Survey w-Through Survey (Resurvey) age against INC Only (wef 10 Jan 2005 spection DA + SMRT Survey ditional Services:- csy Car/Tpt Allowance ir Co-ordination Repair Inspection	
Date/Time Actions NAROYNG Actions NAROYNG Actions NAROYNG Injury: Date/Time Actions NAROYNG Injury: Checked by (Engr-In-Charge): ditors' Comments:-	1 Invoice P 1) AR: Accid 2) DA: Darm 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in 7) N1: Idae I 8) NTUC Add OD!* *N5: Court *N6: Reps *N7: Fost *N8: DV /	lent Reporting (\$30); age Assessment (\$100); INC (\$8 age Fee \$40 w-Through Survey w-Through Survey (Resurvey) age against INC Only (wef 10 Jan 2005 spection DA + SMRT Survey ditional Services: agy Car / Tpt Allowance ir Co-ordination Repair Inspection Collect Excess Coordination	151.Bill Add 10) 10545 5120 530) 575 5160
Date/Time Actions	1 Invoice P 1) AR: Accid 2) DA: Darm 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in 7) N1: Idae I 8) NTUC Add OD!* *N5: Court *N6: Reps *N7: Fost *N8: DV /	lent Reporting (\$30); age Assessment (\$100); INC (\$8 age Fee \$40	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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	20/08/2018 16:10
Date Of Accident	18/08/2018 18:30
Exact Location Of Accident	SLE TWDS WOODLANDS AVE 12 EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU1206P
Insured/Policyholder	
Name Of Registered Owner	TW AUTOMOBILE
Co Reg No	53333500X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA AXIO HYBRID 1.5 AT D/AIRBAG 2WD
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5087560017-01
Cover Note Number	
Driver	
Name of Driver	DAVID GOH DA WEI
NRIC No	S9227754B
Date Of Birth	13/08/1992
Occupation	OUTDOOR
Date Of Driving Pass	26/05/2012
Driving Experience	6 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90010934
Fax Number	

OFFICE-90010934

NOEMAIL

BLK 616 WOODLANDS AVENUE 4 Address

#09-569

Postcode 730616

Was driver an employee of the Insured's Company NO

OTHER - HIRER 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 COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR Road Surface DRY

Other Information

NO Was any foreign vehicle involved in this accident? 2

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? YES I have been approached by unknown person(s)

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

Passenger 1

NO

2

NO

NO

NAME: : TAN CHEI HUI

GENDER: : FEMALE

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? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

GZ2570M

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

DAVID GOH DA WEI Name

Approximate Age

BODY Injuries Sustain SLU1206P Injured person in which vehicle? YES Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

TAN CHEI HUI Name

Approximate Age

BODY Injuries Sustain SLU1206P Injured person in which vehicle? YES Were seat belts worn? Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

SKETCH PLAN

MPORTANT NOTICE

- 1. Please report correctly the details of the additiont to speed up the claims process.
- 2. This Form must be completed by the Pollcyholder and/or the Arthorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrapresentation 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 dark of the insurance companies.
- 3. 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 aforessid.
- 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 Monstary 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 daims 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 low in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) ell insured(s) who have insured vehicle(s) involved in this occident and the insurers' iswyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal information for one or more of the above Perposes; and
- (c) my Personal Information may/can be disclosed by any of the incurers and/or GIA to their third party service providers or agents (rejuding their lawyers/law firms), which may be sked outside of Singapore, for one or more of the above Purposes.
- (b) 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 dalms.
- (a) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers end/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:

Oriver's signature
(If driver is not the policyholder)
Date & Time:

NRIC/FIN No.1

Reporting Centre Personnel's Signature

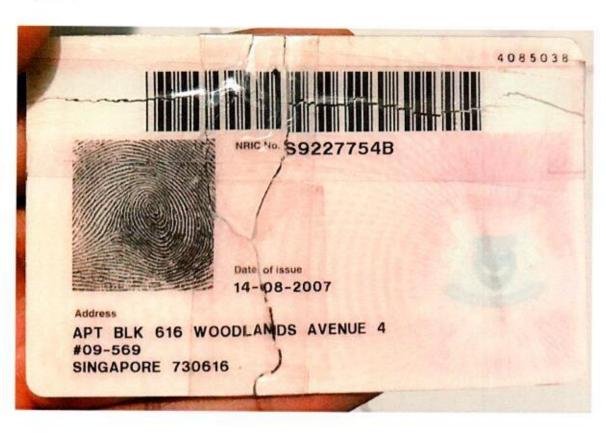
ALONG SLE TOWARDS WOODLAND AVE 12 EXIT SKETCH PLAN VEHICLE B DESCRIBE CIRCUMSTANCES OF THE ACCIDENT 6.28pm crt around woodland from Exit Towards Mehicle infront 9 mo was slowing Clown the and traffic due to light nance follow slow down and stop after which 1 from the back of mu car. notice right side near I Went down and my vehicle was damage bu GZ 2570M DECLARATION DECLARATION Automotives are true in every respect REG NO 53333500X Policyholder's Signature Driver's Signature Reporting Centre Personnel's Signature Date & Time: (If driver is not the policyholder) Name:

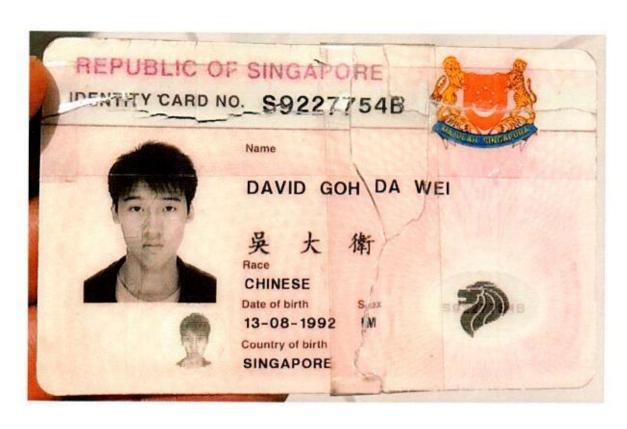
Date & Time:

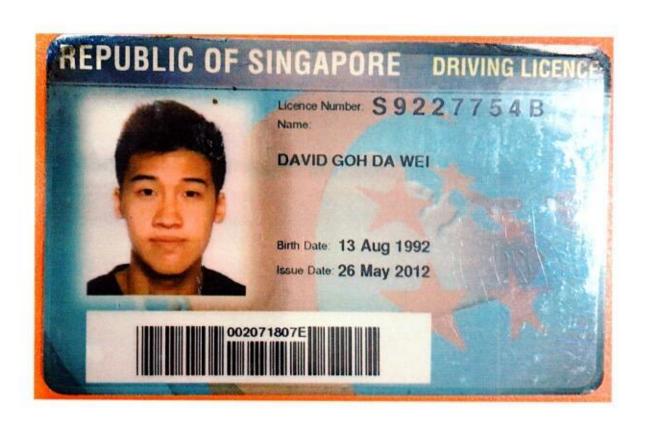
NRIC/FIN NO.:

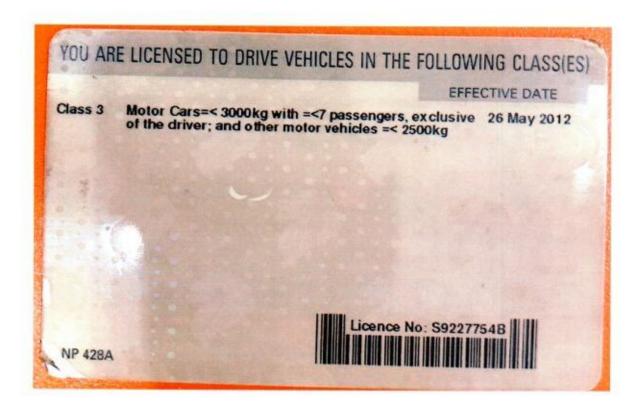
Date of Accident	: 19/9/18 Accident Time: 18.28 (24-HR-Format)					
Accident Place	: SLE towards woodland are in Exit					
Vehicle Reg. No. (Car Plate No.)	: SLU 1206 P					
Vehicle Make/Model	: Toyota Axio Hybrid					
Insurance Company	NTUC Policy No.					
Owner or Company Name /IC No.	:_TW_AUTOMOBILE					
Owner or Company Contact No.	:Owner's HpCompany Tel					
DRIVER'S Name / IC No.	: David Gon Da Wei S92277548					
DRIVER'S Date Of Birth	: 13081992 DRIVER'S License Pass Date 26/05/12					
Relationship of Owner & Driver DRIVER'S Address	: Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
DRIVER'S Contact No./ Alt No.	:1) 90010934 2)					
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)					
Email Address	: weiguan 0312@gmail.com					
Weather & Road Surface	:CLEAR & DBY \ RAINING & WET \ AFTER RAIN & WET					
Reporting Type	: Reporting Only \ Claim Other Party\ Claim Own Insurance					
Number of Passengers (Including D	Driver):					
Was there any video Captured by ca Exact purpose for which vehicle wa	ar camera: YES)\NO as being used at the time of accident: Private use\Work purpose					
Other	Party Driver's Particular (if any)					
Vehicle Reg. No: GZ 2570	Vehicle Reg. No:					
Vehicle Make\Model:	Vehicle Make\Model:					
Name Driver:	Name Driver:					
IC No. Driver:						
Driver's Contact & Add:	Driver's Contact & Add:					

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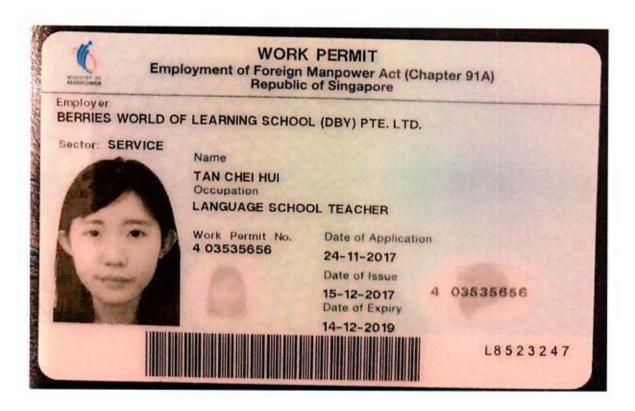






Posterger







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: 5087560017

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SLU1206P

Chassis Number

: NKE16571433974

2. Name of Policyholder

: TW AUTOMOBILE

3. Effective Date of Insurance

4. Expiry Date of Insurance

: 23 Nov 2017

: 22 Nov 2018

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 : TAN WEI CREDIT PTE 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)

Agency

: TAN WEI AUTO PTE. LTD. (00000572075)

Date of Issue

: 17 Jan 2017 09:40 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



Policy No.	5087560017-01	Policyholder Name	TW AUTO		Policyholder NRIC	53333500X	
Certificate No.		value			HALC		
Address	9 TAGORE LANE #02-01 9 @ T	AGORE SINGA	PORE 7874	72			
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	15/01/2018	Effective Date	16/01/20	18 00:00	Expiry Date	15/01/2019	23:59
Excess		All Claims Excess					
Third Party Excess	1500.00	Own damage Excess	2000.00		Windscreen Excess	100,00	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000.00	Outside Singapore 1500.00 TP Excess				You	ng/Inexperience Driver Excess
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	6344766	7	GST Flag	Υ	
Co- insurance Flag Open Policy Info Certificate Info	No						
THE PARTY OF	holder Mailing Address						
Address 1	9 TAGORE LANE	Adde		#02.01.0 @ TACODI	20 0	Addrson 3	CINCADODE 202473
Morting City	9 IAGORE LANE	Addre		#02-01 9 @ TAGORI		Address 3	SINGAPORE 787472
Address 4			ess Type ed Policy	Singapore address		Post Code	787472
Unit No.	02-01	Numt		5101671180			
D Insure	ed Object: SLU1206P						
	sements						
Sequer	nce Date of Endorsement	Endorseme	ent Type	Endorsement Number	Endorse	ment Status	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(has/have been deleted from this policy: VEHICLE NUMBER
1	26/01/2018 00:00	Basic Informa Endorsement	000001286743738	Endorsement Take Effective		CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SJB9846 24-01-2018 \$1,640.47 In view this amendment, a refund of \$1,640.47 (inclusive of GST) will adjusted against the outstanding premium.	
2	06/02/2018 00:00	Basic Informa Endorsement		000001286751065	Endorseme Effective	ent Take	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(: has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SJC2936(06-02-2018 \$1,322.06 In view of this amendment, a refund of \$1,322.06 (inclusive of GST) will badjusted against the outstanding premium.
3	08/05/2018 00:00			000001286812149			Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: CHASSIS NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GK81201490 10-05-2018 \$964.64 In view of this amendment

Claim Handling					Exit
Accident MT/1008041					
Policy No.	5087560017-01	Vehicle No.	SUU1206P	GST Registration No.	
Certificate No.					
Policyholder Name	TW AUTOMOBILE			Policyholder NR3C	5333350gx
Product Code	FLEET INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	0	Contact No. (Office)	•	Contact No. (Home)	0
Email Address		Special Remark		eCode	N Y
KFK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
NCD Protection	No	NCD Emitiement(%)	0	Private Hire	Yes
→ Accident Details					
Report Date	20/08/2018 19:32	Academt Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	18/08/2018	Time of Accident hhimm	18:30	Country of Acadent	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLE TWOS WOODLANDS AVE 12 EXIT				
♥ Benefits					
Trees.					
Own damage Excess	2,000.00	Additional Excess	00	Windscreen Excess	100.00
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 Inform	ation				
GST Registered	No		GST Registration Date		
GST Registration No. Modification History			GST Status Verified	Yes	
Modification Pestory					1
Policyholder Mailing Ad	dress				
Address 1	9 TAGORE LANE	Address 2	#02-01 9 @ TAGORE	Address 3	SINGAPORE 787472
Address 4		Address Type	Singapore address	Post Code	787472
Unit No.	02-03	Related Policy Number	5101671180		
		SUPPLIES CONTRACTOR CONTRACTOR	00303470356		
Driver Name	Linnamed Driver	Driver Type	Unnamed Oriver		
Unnamed driver Name	DAVID GOH DA WEI	Driver NRIC	592277548	Driver DOB	13/06/1992
Register Date of Driver License	26/05/2012	Driver Age	26	Driving Experience	6
Contact No.(Mobile)	90010934	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 616	Address 2	WOODLANDS AVENUE 4	Address 3	SINGAPORE 730616
Address 4		Address Type	Singapore address	Post Code	730616
Unit No.	09-569				
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
negatered carr					
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	® ves ⊜ No		
Modification History					
Barrier B. Barrier					
Claim 001 New					
Claim Type +	OD-MX	Insured Name	TW AUTOMOBILE	Insured NRIC	53333500x
Contact No.(Mobile)	56865535	Contact No.(Home)		Contact No. (Office)	Charles St. St. Towns of the St.
Email Address		Of Vehicle Number	SLU1206P	TP Vehicle Number	GZ2570M
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name +	22	Claimant NR3C *			
Claim Description	SLU1208P / GZ2570M ON 18 Aug 2018		0	Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability •	Not at Fault		5
Require Finalisation	Yes 🔍	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	20/08/2018 19:34	Claim Oose Date		Date Received	20/08/2018 00:00
Report Taken By	Jackson				11
Print AK letter					
			Save Submit		
Attachment					
Accident No.	MT/1008041	Claim No.	001		
Last Doc. Received					
Last Loc. NOCEWED	® Yes ○ No	Upload Date	20/08/2018 19:35	10/pmd1/00/27 1 1 (4 see	\$250 \$250,000 pt 100 pt
	Path *		Category *	Confidential Urgeni	
		Browse.		NO V Normal	2
		Browse.		Normal V Normal	V
		Browse.	Cear Please Select		0
		Browse.		NO V Normal	▼
			Clear Please Select	NO V Normal	V

