Date in a le la - 17.		NA18109343	D. L.
Date In: 73 16 /18 - 17:06	Jeb description	Date &Time Completed	Done by
Ref No: NA MC18015355/24	SAS e-filing		
Veh Noukm84230	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 07/8/18-07:00	i-Motor Claim Form	m) 1008484-001	0:31 81(3/26
OD : AP ! Reporting Only	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)	
OB : Reporting Only	i-Photo Uploaded		
TR I	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	ax:
TP Particulars: Veh No: Ju	1917/4 . INC (	)/Non-INC( )	ÄË.
Owner / Driver: (		Tel:	)
Policy No: ( )	Period: (	Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: ( %)	[Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 80-1	00%]
Year of Registration: ( )	Warranty: YES ( ) / NO (	)	
	1,000 ( )/\$2,000 ( )		
General Remarks:			Com St.
( ) Walk-In Customer: Customer's in	formation strictly Confidential & S	trictly NO refer of repairer.	
( ) Total Loss Case : to e-mail Insu	irer URGENTLY.	* +a - 1 3	- 3
Drive-In ( )/ Towed-In ( ); Invoi	ice: YES( )/NO( );7	Towing Co: (	. )
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done by
	/ Courtesy Car ( )		
2) QC Check / Post Repair Inspection	( )	*	-
-) (+ onesic ros responsible	3(0) 3(7)		
3) Upload Resurvey Photo [Repair Cost >	\$30007 ( )		
3) Upload Resurvey Photo [Repair Cost>	\$3000] ( )		
3) Upload Resurvey Photo [Repair Cost >  Injury:	\$3000] ( )		
	\$3000] ( )		(100 to 100 to 1
Injury:	\$3000] ( )		
Injury:	\$3000] ( )		
Injury:	\$3000] ( )		
Injury:	\$3000] ( )		
Injury:	\$3000] ( )		
Injury : Actions			Anit (5) Anit
Actions  Actions  Actions	Invoice Pre	paration Checklist	
Injury : ———————————————————————————————————	Invoice Pre  1) AR: Acciden 2) DA: Damege	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$8	Anit (S) Amu fit Bill Add I
Actions  Actions  Actions	Invoice Pre  1) AR: Acciden 2) DA: Damege 3) TF: Towing I	paration Checklist:  Reporting (\$30);  Assessment (\$100); INC (\$8	Anit (S) Amu
Injury:  Date/Time Actions  Actions  Actions:	Invoice Pre  1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I	paration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$8  Ge \$40  hrough Survey  hrough Survey (Resurvey)	Anit (\$) Anit (\$)  15t Bill Add I  0)  7545 5120 530
Injury:  Date/Time Actions  Actions  imant's Particulars:- iver/Owner: intact No:	Invoice Pre  1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming s	paration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$8  ee \$40  hrough Survey  hrough Survey (Resurvey)  gainst JNC Only (wef 10 Jan 2005	Anit (\$) Anit (\$)  15t Bill Add I  0)  7545 5120 530
Injury:  Date/Time Actions  Actions  image: Actions  atimant's Particulars:- iver/Owner:	Invoice Pre  1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming 8 6) TR: Re-inspe 7) N1: Idao DA	paration Checklist.  Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005 etion + SMRT Survey	Amt (5) Amt (0) Add I (0)
Injury:  Date/Time Actions  Actions  Allowary  nimant's Particulars:  iver/Owner:  Intact No:  maged Portion:	Invoice Pre  1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming s 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi	paration Checklist.  Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005 etion + SMRT Survey	Anit (\$) Anit (\$)  19t Bill Add I  0)  7545  5120  530  ) \$75
Injury:  Date/Time Actions  Actions  imant's Particulars:- iver/Owner: intact No:	Invoice Pro  1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming s 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD*	paration Checklist.  Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005 etion + SMRT Survey	Ant(S) Ant()  (\$1.Bill Add 1  0)  /545  5120  575  5160
Injury:  Date/Time Actions  Actions  Allowary  nimant's Particulars:  iver/Owner:  Intact No:  maged Portion:	Invoice Pro  1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For cleiming s 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD* *N5: Courtes) *N6: Repair C	paration Checklist  Reporting (\$30); Assessment (\$100); INC (\$8 See \$40 hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005 etion + SMRT Survey onal Services:- Cer / Tpt Allowance	Ant(S) Ant()  (\$1.Bill Add 1  0)  (\$3120  \$330  )  \$75  \$160
Injury:  Date/Time Actions  Actions  Allowary  nimant's Particulars:  iver/Owner:  Intact No:  maged Portion:	Invoice Pre  1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming s 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD*  *N5: Courtes)  *N6: Repair C *N7: Fost Rep	paration Checklist  Reporting (\$30); Assessment (\$100); INC (\$8 See \$40 hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005 etion + SMRT Survey onal Services:- Cer / Tpt Allowance	Ant(S) Ant()  (\$1.Bill Add 1  0)  /545  5120  575  5160
Injury:  Date/Time Actions  Actions  Actions  Injury:  Actions  Actions  Injury:  Injury:  Actions  Actions  Injury:  Injury:  Actions  Actions  Injury:  Injury:  Injury:  Injury:  Injury:  Actions  Actions  Injury:  In	Invoice Pre  1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming s 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD*  *N5: Courtesy  *N6: Repair C *N7: Fost Rep  *N8: DV / Co	paration Checklist  Reporting (\$30); Assessment (\$100); INC (\$8 See \$40 hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005 etion + SMRT Survey onal Services:-  Car/Tpt Allowance co-ordination mir Inspection llect Excess Coordination (Non INC) against INC	Ant((5)) Ant()  (5) Bill Add I  (9) (7545  5120  530  575  5160  55  510  525

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Contact Number

**EMail Address** 

- 1. 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 truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

	ACCIDENT STATEMENT
Date Of Report	23/08/2018 17:06
Date Of Accident	22/08/2018 07:00
Exact Location Of Accident	TPE (PIE) BEFORE PUNGGOL RD EXIT
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKM8403U
Insured/Policyholder	
Name Of Registered Owner	GOH MUI HUA
NRIC No	S1390490A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81254612
Alternative Phone No	OFFICE-81254612
Vehicle Particulars	
Manufacturer	AUDI
Model	A3 SEDAN 1.4 TFSI (AMBIENTE)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099883338
Cover Note Number	
Driver	
Name of Driver	JACKIE GOH JIAN JI
NRIC No	S9308501I
Date Of Birth	12/03/1993
Occupation	INDOOR
Date Of Driving Pass	22/06/2012
Driving Experience	6 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92221281
Fax Number	

OFFICE-92221281

NOEMAIL

BLK 206B COMPASSVALE LANE Address

#15-91

542206 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured RELATIVE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

#### General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number JKX3908 (PRIVATE CAR)

Number of vehicles involved in the accident YES Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 1

Number of Passengers (Including Driver)

## **Details of Police Action**

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)

NO

NO

ROAD: 51 ANG MO KIO AVENUE 9, POSTCODE: 569929, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-2180000 - FAX NO: 64814246

Was notice of intended Prosecution given?

If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT - F/20180822/7027.

# Attachment(s)

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

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number JKX3908

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME:

GENDER:

**DETAILS OF OTHER VEHICLE PROPERTY 2** 

Vehicle Registration Number

SHA9121A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME:

GENDER:

**DETAILS OF OTHER VEHICLE PROPERTY 3** 

Vehicle Registration Number UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

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** 

Name JACKIE GOH JIAN JI

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SKM8403U

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES NO

Address

Postcode

#### 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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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. 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.
- 7. 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:

- 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:
  - (i) 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
- 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.
- 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.

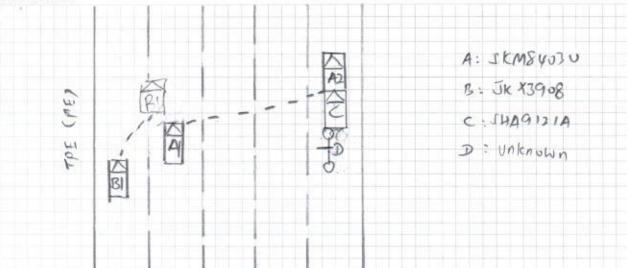
Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report- F/2480822/7027.

## **DECLARATION**

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

7.

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.:

# **ACCIDENT STATEMENT**

ACCIDENT DATE: ( >2 / 8 ) (DD/MM/YYYY	), TIME:( 07 : 00 )(HH:MM)
LOCATION: TIE (PIE) Sefore Anggol For	
1. DETAILS OF VEHICLE  a) VEHICLE NUMBER:	TY / THIRD PARTY FIRE &THEFT)  ( / MOTORCYCLE / OTHERS)  AL / MOTORCYCLE)  106/12 01/
IF NO, PLEASE STATE (THIRD PARTY OLAIM / REI  2. INSURED / POLICY HOLDER  A) NAME: 13h 1 My: Hug  b) NRIC/FIN/PASSPORT: 57934904  c) ADDRESS:	PORTING ONLY)  MALE FEMALE)  CONTACT: \$135.4615
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLD DRIVER  (Including driver)  (I)  (I)  *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLD DRIVER  O)NAME: Jac 4e 65h jiga J:  b)NRIC/FIN/PASSPORT: 193085011  c)ADDRESS: Alk 26B (2mgas) value lane	CONTACT: 9312 181 # 15-91 (JY226)
*d)DATE OF BIRTH: (12/3) 199) (DD/M e)OCCUPATION: (INDOOR) OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 16/12/19 4. WAS DRIVER AN EMPLOYEE OF THE INSUREI IF NO, RELATIONSHIP OF THE DRIVER WITH	D'S COMPANY? (YES / NO)
5. a) WEATHER CONDITION: (QLEAR / RAINING / O' b) ROAD SURFACE: (DRY / WET / OTHERS	THERS
B. THIRD PARTY VEHICLE  Passenger o) VEHICLE NUMBER: JICX 7908	_MODEL:
- Inducting driver) b) DRIVER'S NAME:  (1) ORIC/FIN/PASSPORT:  9. THIRD PARTY VEHICLE	_CONTACT:
Including driver   f) VEHICLE NUMBER: UH MI >14  OF PASSENGER OF DRIVER'S NAME:  Including driver   f) NRIC/FIN/PASSPORT:	_MODEL:
( >) NRIC/FIN/PASSPORT:	_CONTACT:
	i.,
email =	





1 of 3

Report No. F/20180822/7027

# POLICE REPORT (NP299)

Police Station Of Origin Ang Mo Kio Police Divisional HQ 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No:1800-2180000

Address APT BLK 206B COMPASSVALE LANE #15-91 SINGAPORE 542206					
Contact No. Home/Office: Mobile: 92221281					
Email Address jackjegoh6@gmail.com					
Sex	Age	Date of Birth	Race		
Male	25	12/03/1993	Chinese		
Language English					
Location Of Incident					
TPE towards Pie Changi before Punggol exit					
	Email Adjackiego Sex Male Languag English	Home/Office:  Email Address jackiegoh6@gmail.c Sex Age Male 25 Language English Location Of Incident	Home/Office: Mobile: 92221281  Email Address jackiegoh6@gmail.com  Sex Age Date of Birth Male 25 12/03/1993  Language English Location Of Incident		

Brief details.

I was involved in a traffic accident along TPE towards Pie before Punggol exit. I was driving the said vehicle of SKM8403U, an Audi A3. I was on Lane 4 preparing to exit the expressway, when suddenly this blue color Toyota Altis of JKX3908 cut into my lane from Lane 5 on my left. Due to the last minute decision made by the Toyota Altis driver, I could not be able to brake in time, thus having an impact onto the rear of the car. Right after the impact, causing my car to swerve right and landed on Lane 1 where the Comfort Taxi SHA9121A could not have e-braked in time and collided into the rear of my Audi A3.

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this
Not applicable	report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/08/2018 20:03
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



2 of 3

POLICE REPORT (NP299)

# CONTINUATION OF REPORT

Report No. F/20180822/7027

Within a time frame of 2mins - 5mins. The black motorcycle collided into the stationary Comfort Taxi on the Lane 1. His bike was thrown over to Lane 3, while the rider was thrown over to Lane 2.

I went to see for medical treatment afterwards at Mount Alvernia Hospital for my whiplash effect on my spine due to the collision impact. Results of the consultation, I am granted medical leave for 7 days from 22/08/18 to 28/08/18.

Please help to retrieve any cctv footage from cameras recording that is able to show the accident.

Subjects Involve	d with successful to be a second as a seco		
Suspect			
Person Name	Pei Fen		171
Gender	Female	Age	27-35
Race	Chinese	Mobile No	92318103
Relation To Informant	She was driving the Toyota Altis		
Victim			
Person Name	JACKIE GOH JIAN JI		
ID Type	NRIC NO	ID No	S9308501I
Gender	Male	Age	25
Race	Chinese	Language	English
Occupation	SELF-EMPLOYED	Address Type	

The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 22/08/2018 20:03
Classification Of Case:





3 of 3

POLICE REPORT (NP299)

# CONTINUATION OF REPORT

Report No. F/20180822/7027

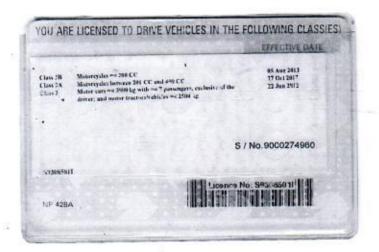
Address	APT BLK 206B COMPASSVALE LANE #15-91 SINGAPORE 542206	Mobile No	92221281	
Is Informant A Victim?	Yes			
Person Name	JACKIE GOH JIAN JI (Informan	t)		

The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 22/08/2018 20:03
Classification Of Case:

Authentication Stamp









<b>eBao</b> Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						► Change	e Languag	• • Chang	e Password	• Log Ou
My Desktop	Polic	y Query									1
Notice of Loss	Policy N	o.				Date	of Accident		22/08/2018 (	7:00	
	Vehicle	No.(For Motor)	SKM84	103U		Cert	ificate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5099883338		GOH MUI HUA	S1390490A	GPC	drivo CLASSIC	SKM84031	SKM8403U	15/04/2018	14/04/2019
				19.0000		Continue				547	Month

Policy No.	5099883338	Policyholder Name	GOH MUI H	HUA	Policyholder NRIC	S1390490A	
Certificate No.							
Address	BLK 206D #14-119 COMPASSVA	LE LANE SIN	GAPORE 544	206			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	13/04/2018	Effective Date	15/04/2018	8 00:00	Expiry Date	14/04/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	n/Inexperience Driver Excess
Agent	COMMERCIAL AGENCY PTE LTD	Agent Tel.	63373133		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 206D #14-119	Addr	ess 2	COMPASSVALE LA	NE	Address 3	SINGAPORE 544206
Address 4		Addr	ess Type	Singapore address		Post Code	544206
0700000		Relat Num	ed Policy ber	5099883338			
Unit No.							
	ed Object: SKM8403U						
	50.745 CARONANA (CO.008)						

olicy No.					
	5099883338	Vehicle No.	SKM8403U	GST Registration No.	
rificate No.		COCOTAGO.	***************************************	dan respandance resc	
Scynolder Name	GOH MUI HUA			Policyholder NR3C	51390490A
duct Code	PRIVATE CAR INSURANCE	Waterwater		71	
		Cover Type	drive CLASSIC	Loading	0
itact No.(Mobile)	81254612	Contact No.(Office)	0	Contact No.(Home)	0
al Address		Special Remark		eCode	19. Y
iji Samuran	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
D Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
ort Date	23/08/2018 18:11	Accident Report Within 24 hrs.	Yes .	Accident Type	Chain Collision
e of Accident	22/08/2018	Time of Academ th:mm	07:00	Country of Acodent	Singapore
orting Centra		Orange Fisroe	311,1000		Singapore
	The second subsection and the second	Grange Harce		ICM No.	
dent Location	TPE (PIE) BEFORE PUNGGOL RD EXIT				
Benefits					
Excess					
n damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
amed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
d Party Excess	0.00	Outside Singapore TP Excess	0.00		
GST Registered Informa		CONTRACTOR OF THE PERSON OF TH	W1 M2W		
Registeres	No.		GCT Partition Care		
Registration No.	THE PARTY		GST Registration Date GST Status Ventiles		
Mication History			UST STATES VETTIES	Yes	
Policyholder Mailing Ad	dress				
ress 1	BLK 206D #14-119	Address 2	COMPASSIVALE LANE	Address 3	PARTITION FACTOR
Iress 4					SINGAPORE 544206
		Address Type	Singapore address	Post Code	544206
t No.:		Related Policy Number	5099683338		
OI Driver Info		ANNUALISMENT			
ver Name	JACKJE GOH JIAN JI	Driver Type	Named Driver		
amed driver Name		Driver NRIC	593085011	Driver DOB	12/03/1993
ster Date of Driver License	22/06/2012	Driver Age	25	Driving Experience	6
tact No.(Mobile)	92221281	Contact No.(Office)	à	Contact No.(Home)	0
resa 1	BLK 206B	Address 2	COMPASSIVALE LANE	Address 3	SINGAPORE 542206
ress 4					
	45.00	Address Type	Singapore address	Post Code	542206
t No. es he own a Singapore	15-91				
istered car?	○ Yes  ® No	Driver Vehicle No.		Driver Insurer Company	
Mhalyser or Blood Test	0 mg	Any injury?	® Yes □ No.		
atholyser or Blood Test	0 mg	Any injury?	® Yes □ No.		
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