		Services person	\$\$*	
Date In: 23/08/	2018 [6:07]	Jeb description -	. Date & Time Completed	Done by
REING NA JAC	18015423/K4"	SAS e-filing		
Veh No SLSI	1274	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 21/08/	2018 10:30	i-Motor Claim Form	MT/1008714-	1001 75/8/18
OD TP- Reporting		i-Motor W/O (Within: OD 2		
Old 111 Reporting	Only	i-Photo Uploaded		
TP Insurer:		Assessment/Survey Report	i	
The state of the s		Ass't Report by Pax / Hane	to Owner/Wksp	
Preferred Wksp / INC As	slgn Wksp / QW: (		Tel:	Fax:
TP Particulars;	Yeh No: S	H9367.R , INC	( )/Non-INC( )	
Owner / Driver: (			Tel:	)
Policy No. (	) Perio	od: ( )	Cover Type: (	)
Confirmed by .		Date:	Time:	)
Insured/Driver Liabili		ote-Est. Status (WO): N: 0	-20%; P: 21-79%. F: 80	-100%]
Year of Registration:  Excess: (\$		arranty: YES ( )/NO (		
The second secon	) Loading: \$1,000	7( )7\$2,000( )	Markey and American	<del>*************************************</del>
1) Apply for Transport 2) QC Check / Post Rep 3) Upload Resurvey Pho Injury:  Date/Tune Actions	air Inspection	urtesy Car ( ) ( ) 00] ( )		
	NA 1805	The state of the s	reparation Checklist	Anit (S) Amit
laimant's Particulars		2) DA : Dame		(580)
river/Owner:		3) TF : Towin 4) PT : Follow	v-Through Survey	\$40/\$45
ontact No:		5) FT : Follow	v-Through Survey (Resurvey) ag egainst INC Only (wef 10 Jan 20	330
amäged Portion:	,	6) TR : Re-in: 7) N1 : Idao I		\$75 \$160
C Checked by (Engr-	In-Charge):	OI)* *N3: Court	lesy Car / Tpt Allowance ir Co-ordination	\$5 510
vuditors! Comments :-		and the state of t	Repair Inspection Collect Excess Coordination	\$25
at. 1:	***************************************		TP (Non INC) against INC	\$20 ·.
at, 2 / 3;		Invoice dated	Fee Charge	ed No.
		Involve detec	Fre Charge	ed . 1510'

1 . . .

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#### SINGAPORE ACCIDENT STATEMENT

#### 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 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.

	ACCIDENT STATEMENT
Date Of Report	23/08/2018 16:07
Date Of Accident	21/08/2018 10:30
Exact Location Of Accident	NICOLL HIGHWAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS1127U
Insured/Policyholder	
Name Of Registered Owner	GD CARZ
Co Reg No	53122597J
Email Address	JOLIM8735@GMAIL,COM
Mobile Phone No	(LOCAL) +65-90014242
Alternative Phone No	OFFICE-90014242
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL HYBRID 1.5X AUTO
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5083196477-02
Cover Note Number	
Driver	
Name of Driver	JOIE GABRIELLE LIM ( JOIE GABRIELLE LIM )
NRIC No	S7301734C
Date Of Birth	12/01/1973
Occupation	OUTDOOR
Date Of Driving Pass	01/12/1997
Driving Experience	20 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90014242
Fax Number	
Contact Number	OTHERS-90014242
EMail Address	JOLIM8735@GMAIL.COM

BLK 821 YISHUN STREET 81

#03-632

Postcode 760821

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured O

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

, iicie

-

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

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)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

1

**Details of Police Action** 

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

## Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

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

Vehicle Registration Number

SH9367R

Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category Name of Driver

LOH HONG WAI

NRIC/Passport Number

S0827472Z

Contact Number

96222218

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **DETAILS OF INJURED PERSON 1**

Name

JOIE GABRIELLE LIM ( JOIE GABRIELLE LIM )

Approximate Age Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SLIGHT SLS1127U

YES

#### 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.

X

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 Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





1 of 3

Report No. T/20180823/2083

Police Station Of Origin: Tampines North NPP 461 Tampines Street 44 #01-56 SINGAPORE 520461

Tel No: 1800-7818999

## REPORT OF A TRAFFIC ACCIDENT

	18 15:05	Made:	Vide Report No.:	Station Diary No.:		
Informat	nt's Partic	ulars	25. 用26. Very 10. Ve	SECTION OF THE PARTY OF THE PAR		
JOIE GA	Informant BRIELLE		Address: APT BLK 821 YISHUN STRE 760821	ET 81 #03-632 SINGAPORE		
NRIC NO	ID Type / ID No.: NRIC NO / S7301734C		Contact No.: Home/Office: Mobile: 90014242			
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Female	Age:	Date of Birth: 12/01/1973	Type of Informant;			
Race: Chinese			Language:	Institution / School Name:		
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3  Date of Expire:			

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 21/08/2018 10:30	Type of Location: Straight Road
Location: Along Road 1 NICOLL HIGH	WAY	Road Surface:		Road Speed Limit:
	COLUMN TO SERVICE STATE OF THE PROPERTY OF THE			
Traffic Flow: One Way Type of Collision		Traffic Control:		Traffic Volume: Moderate

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SH9367R	TAXI				Contactor	0
SLS1127U	Car				Slightly	0

Details of Person Involved	PRODUCED AND A STATE OF THE RESIDENCE OF
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20180823/2083

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461 CONTINUATION OF REPORT

Tel No: 1800-7818999

Driver				S0827472Z
Name	LOH HONG WAI		ID No.	500214122
Related Vehicle	SH9367R (TAXI)	Contact No.	NIL	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disc		STATE OF SOME
No. of Days gran	ted Medical Leave NIL	Degree of	Injury NIL	
Driver	<b>国际公共</b> 区域。		20世紀 表之》。	THE PARTY OF THE P
Name	JOIE GABRIELLE LIM		ID No.	S7301734C
Related Vehicle	SLS1127U (Car)		Contact No	. 90014242
Hospital/Clinic	SUNSHINE CLINIC FAMILY PR SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	23/08/2018	Date Disc	charge NIL	
Jate Heatment				

## Brief Details.

On 21/8/2018 at about 1030 hrs, I was driving my vehicle along Nicoll Highway. I was stationery in my vehicle waiting for the traffic to move. While stationery, I heard a loud bang sound coming from the rear of my vehicle.

Subsequently, I discovered taxi (SH9367R) collided with my vehicle causing the rear portion to be damaged. We took photos and exchanged particulars and left.

On 23/8/2018, I felt discomfort and went to seek medical treatment and was given 5 days of MC.





20180823/2083

3 of 3 Report No. T/20180823/2083

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999
CONTINUATION OF REPORT

## Sketch Plan

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: G / Staff Sgt WONG JIANYONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/08/2018 15:05
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	SIGNATURE

\*

Reported on 213/8/2017

## ACCIDENT STATEMENT

ACC	IDENT DATE: (Z1/8/2018)(DD/MM/YYY), TIME: (10 00 AM)
10 mm	ATION: Nicoll High way.
5	alvehicle SLS 1127 U
	TO TO THE PARTY OF
	b)INSURANCE COMPANY:
	C)POLICY NUMBER:
	d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	e)MAKE & MODEL:
	f)TYPE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
	9) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME:
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
	IF NO, PLEASE STATE (THIRD PARTY) CLAIM / REPORTING ONLY)
2.	INSURED / POLICY HOLDER
	A)NAME:(MALE / FEMALE)
	b)NRIC/FIN/PASSPORT:CONTACT:
	c)ADDRESS:
Shire of see 3	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER
(Including driver)	g)NAME: (MALE FEMALE)
(Including driver)	b) NRIC/FIN/PASSPORT:CONTACT: CONTACT:
(1-)	c)ADDRESS:
1.00	
*	*d)DATE OF BIRTH: (/)(DD/MM/YYYY)
	#)OCCUPATION: (INDOOR / OUTDOOR)
4	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) HIZE
3.5	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5.	a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
	b)ROAD SURFACE: (DRY / WET / OTHERS
6.	WAS ANYBODY INJURED (YES / NO)
0.K.o 3	IF YES, PLEASE STATE WHICH ROLICE STATION:
8.	THIRD PARTY VEHICLE
the of programmer	a) VEHICLE NUMBER: SH 9367 RMODEL:
e bedieder in bei	b) DRIVER'S NAME: LOH HONG WAI
(	c) NRIC/FIN/PASSPORT: 508 217 4727 CONTACT: 96 2222 8
	THIRD PARTY VEHICLE
tible of extranger.	d) VEHICLE NUMBER:MODEL:
The state of the s	
10/10/10	.)
2018 (50 / C (1030)	y) se garaz @ gmail. om.
181,11	1000
20 Varen	101 dem 1: 12135 @ amail: com.
T DU, 1 1	o respondent chail = volimeti35 @ gmail: com.
A Pro	2 1 0 1 0072 Bonall con
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et it	
	Waiting for Company Chop? Lox
	to the company chop, de
	and Police Report ??
	it 2 mc or 3 mc -

# REPUBLIC OF SINGAPORE ...





JOIE GABRIELLE LIM (JOIE GABRIELLE LIM)



Sex

12-01-1973 Country/Place of birth SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

S 7 3 0 1 7 3 4 C

JOIE GABRIELLE LIM
JOIE GABRIELLE LIM
JOIE GABRIELLE LIM

Date: 27 Jul 2015

5468498



NAIC No. S7301734C

14-05-2015

Address

APT BLK 821 YISHUN STREET 81 #03-632 SINGAPORE 760821 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive 01 Dec 1997
of the driver; and other motor vehicles =< 2500kg

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: 5083196477-02

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle Chassis Number

: SLS1127U

2. Name of Policyholder

: RU31254475

: GD CARZ

3. Effective Date of Insurance

: 19 Aug 2018

4. Expiry Date of Insurance

: 18 Aug 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) : \$\$1,000 EXCESS (SECTION 2) : 5\$1,000 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 : INDEX 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

: COWELL INSURANCE (AGENCY) PTE LTD (00000610380)

Date of Issue

: 24 Jul 2018 16:30 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

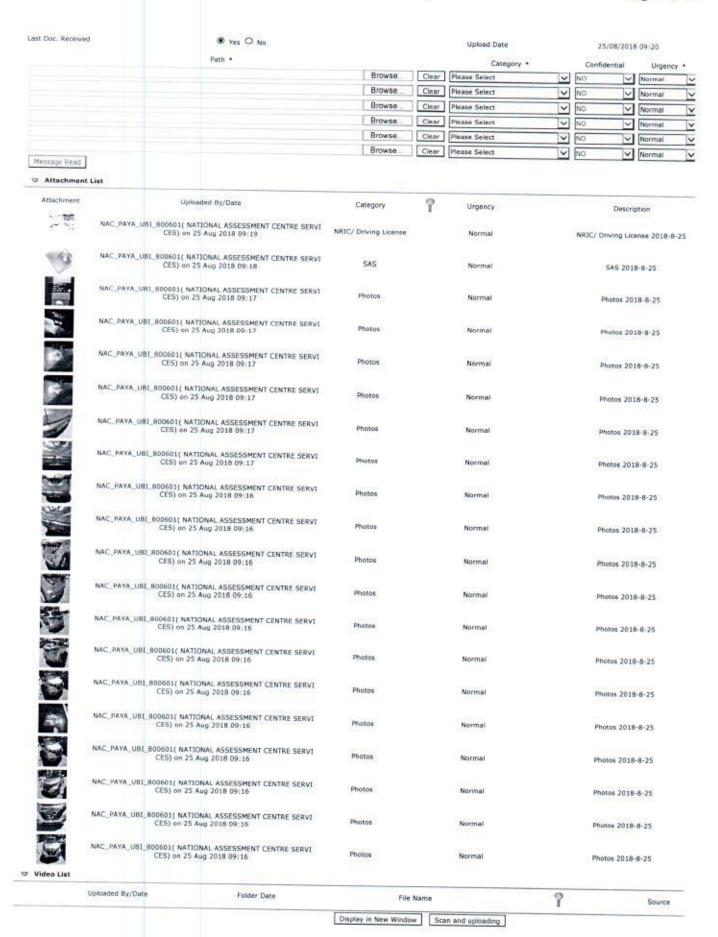
**Authorised Officer** 

**Chief Executive** 

<b>eBao</b> Tech						(	eneralC	laim
Hello, NAC_PAYA_UBI_8006 My Desktop Notice of Loss	Policy Query			· Change Lar	nguage	· Change P	assword	Log Out
	Policy No. Vehicle No.(For Mator)	SLS1127U		f Accident cate Number	21/0	8/2018 10:00		
	Select Policy No.  5083196477- 02	Certificate Policyholder Name GD CARZ	Policyholder NRIC Product 531225971 GFT	Cover Type drivo CLASSIC	Vehicle No. SLS1127U	Insured Object SLS1127U	Commence Date 19/08/2018	Expiry Date
			Continue					

Certificate No. Address 210 TURF CLUB ROAD B16 TURF CITY SINGAPORE 287995 Product Name Policy Policy Flag Policy Flag Policy Flag Policy Flag Policy Flag Policy Flag N Product Party Policy Flag N Product Policy Flag N Product Policy Flag N Product Policy Flag N Product Policy Flag N Policy Flag	Policy No.	5083196477-02	Policyholder Name	GD CARZ	Policyholde	531225973
Product Name Policy FLEET INSURANCE Plan Plan Policy Flag N Policy Plan Policy Flag N Premium Packess Recess Premium Packess Regent COWELL INSURANCE (AGENCY) Agent Tel. 63392592 GST Flag Y  Policy Info Policy			Home		NRIC	
Product Plan Group Policy Plag N Policy Plag	Address	210 TURF CLUB ROAD B1	6 TURF CITY SINGAR	PORE 287995		
Saue 24/07/2018 Date Date Date Date Date Date Date Date	Name					N
Additional 0 ON OBERCESS   100.00   Windscreen   100.00   Excess   100.00   Excess   100.00   Excess   100.00   Excess   100.00   Excess   100.00   ON OBERCESS   ON OBERCES	issue	24/07/2018		19/08/2018 00:00	Expiry Date	18/08/2019 23:59
Additional of Sexess Outside Singapore 1000.00	Party	1000.00	damage	1000.00		100.00
Outside Singapore 1000.00		0		32405.46		
Denomenation    Sequence    Date of   Endorsement    Endorsement    19/08/2018 00:00    Basic Information   Endorsement    Endorsement    Endorsement    Endorsement    Endorsement    Thank you for giving us 1 opportunity to serve you confirm that this policy is extended to cover the for vehicle(s) as follows: CH NUMBER EFFECTIVE DATA PREMIUM (INCL GST) 1. 2VW400029819 19-08-2 \$2,060.02 (inclusive of GST) is payed under your policy, Please this premium of \$2,060.02 (inclusive of GST) is payed under your policy, Please this premium payment re if you have since made payment, Cherwise, we appreciate it if you could payment to us within 14 from the date of this letter deque payment, Diesse the cheque in favour of "Income" with your name policy number indicated or everse of the cheque in favour of "Income" with your name policy number indicated or everse of the cheque in favour of "Income" with your name policy number indicated or everse of the cheque in favour of "Income" with your name policy number indicated or everse of the cheque in favour of "Income" with your name policy number indicated or everse of the cheque in favour of "Income" with your name policy number indicated or everse of the cheque in favour of "Income" with your name policy number indicated or everse of the cheque in favour of "Income" with your name policy number indicated or everse of the cheque	Singapore OD	1000.00	Outside Singapore	1000.00		
Co- Insurance No Flag Open Open Open Open Open Open Open Open	Agent	COWELL INSURANCE (AGI	ENCY) Agent Tel.	63392592	GST Flag	Υ
Address 4  Address 5  Type Singapore address Post Code 287995  Related Policy Number  Insured Object: SLS1127U  Endorsements  Sequence Date of Endorsement Type Endorsement Number  Endorsement Status Endorsement Context opportunity to serve you confirm that this policy is extended to cover the following cover the following context of the vehicle(s) as follows: CH NUMBER EFFECTIVE DAT PREMIUM (INCL GST) 1. ZVW400029819 19-08-2 \$2,060.02 In view of this amendment, an additional premium of \$2,060.02 (inclusive of GST) is pays under your policy. Please this premium payment to us within 14 from the date of this lette cheque payment, please the cheque in favour of 11 from the date of this lette cheque payment, please the cheque in favour of 11 from the date of this lette cheque payment, please the cheque in favour of 11 from the date of this lette cheque payment, please the cheque in favour of 11 from the date of this lette cheque payment, please the cheque in favour of 11 from the date of this lette cheque payment, please in the cheque in favour of 11 from the date of this lette cheque payment, please in the cheque in favour of 11 from the date of this lette cheque payment, please in the cheque of the chequ	Co- insurance Flag Open Policy Info Certificate Info	No			0.0000000000000000000000000000000000000	
Address 4  Address Type Related Policy Number  Insured Object: SLS1127U  Endorsements  Sequence Date of Endorsement Type Endorsement Number  Endorsement Number  Endorsement Type Endorsement Number  Endorsement Type Endorsement Number  Endorsement Type Endorsement Type Endorsement Type Thank you for giving us to opportunity to serve you confirm that this policy is extended to cover the for evel-icle(s) as follows: CH NUMBER EFFECTIVE DAT PREMIUM (INCL GST) 1. ZVW400029819 19-08-2 \$2,060.02 In view of this amendment, an addition premium of \$2,060.02 (inclusive of GST) is pays under your policy. Please this premium payment re if you have since made payment. Otherwise, we appreciate it if you could payment to us within 14 from the date of this lette cheque payment, please it the cheque in favour of "Income" with your name policy number indicated or reverse of the cheque or reverse or the	Policyh	older Mailing Address				
Address Type Singapore address Post Code 287995  Related Policy Number 5083196477-02  Insured Object: SLS1127U  Endorsements  Sequence Date of Endorsement Endorsement Number Endorsement Status Endorsement Conte to experiment that this policy is extended to cover the form that the	Address 1	210 TURF CLUB ROAD	Address 2	B16 TURF CITY	Address 3	SINGAPORE 287995
Insured Object: SLS1127U  Endorsements  Sequence  Date of Endorsement Type  Endorsement Number  Endorsement Status  Endorsement Status  Endorsement Status  Thank you for giving us to opportunity to serve you confirm that this policy is extended to cover the for vehicle(s) as follows: CH  NUMBER EFFECTIVE DAT  PREMIUM (INCL GST) 1.  2VW400029819 19-08-2  \$2,060.02 In view of this amendment, an additions premium of \$2,060.02 (inclusive of GST) is pays under your policy. Please this premium payment re if you have since made payment. Otherwise, we appreciate it if you could payment to us within 14 from the date of this letter cheque payment, please the cheque in favour of "Income" with your name policy number indicated or reverse of the cheque.	Address 4		Туре	Singapore address	Post Code	W- D-SECRETS CO.
Sequence  Date of Endorsement  Endorsement Type  Endorsement  Number  Endorsement Status  Endorsement Status  Thank you for giving us to opportunity to serve you confirm that this policy is extended to cover the for vehicle(s) as follows: CH  NUMBER EFFECTIVE DAT  PREMIUM (INCL GST) 1.  ZVW400029819 19-08-22 \$2,060.02 In view of this amendment, an additional premium of \$2,060.02 (inclusive of GST) is pays under your policy. Please this premium payment to the figure of the same this premium payment to the subthin 14 from the date of this letter cheque payment, please the cheque in favour of "Income" with your name policy number indicated to reverse of the cheque.	Unit No.		Policy	5083196477-02		
Sequence  Date of Endorsement  Endorsement Type  Endorsement  Number  Endorsement Status  Endorsement Status  Endorsement Status  Thank you for giving us to opportunity to serve you confirm that this policy is extended to cover the form the description of the cheque in favour of this amendment, an addition premium of \$2,060.02 (inclusive of GST) is pays under your policy. Please this premium payment relifyou have since made payment. Otherwise, we appreciate it if you could payment to us within 14 from the date of this letter cheque payment, please the cheque in favour of "Income" with your name policy number indicated or reverse of the cheque.	1 Insured	Object: SLS1127U				
Endorsement Type  Endorsement Status  Endorsement Status  Endorsement Status  Endorsement Conte  Thank you for giving us to opportunity to serve you confirm that this policy is extended to cover the form that this	□ Endorse	ements				
opportunity to serve you confirm that this policy is extended to cover the for vehicle(s) as follows: CH NUMBER EFFECTIVE DAT PREMIUM (INCL GST) 1. ZVW400029819 19-08-2 \$2,060.02 In view of this amendment, an additions premium of \$2,060.02 (inclusive of GST) is pays under your policy. Please this premium payment re if you have since made payment. Otherwise, we appreciate it if you could payment to us within 14 from the date of this letter cheque payment, please the cheque in favour of "Income" with your name policy number indicated or reverse of the cheque.	Sequence	The state of the s	Endorsement Type		Endorsement Status	Endorsement Content
make payment at any of a	i			000001286878393	Effective	ZVW400029819 19-08-2018 \$2,060.02 In view of this amendment, an additional premium of \$2,060.02 (inclusive of GST) is payable under your policy. Please ignor this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our
19/08/2018 00:00 000001286875494 branches by cash or NETS		19/08/2018 00:00		000001286875494		branches by cash or NETS.

Claim Handling						
The premium on this policy h Accident HT/1008714	as not been collected.					
Policy No.	5083196477-02		Vehicle No.	C1C113911	3-44-007-007-01-15-0-	
Certificate No.			1.00.0000.0000	SLS1127U	GST Registration No.	
Policyholder Name	GD CARZ				Partie de la Contraction de la	
Product Code	FLEET INSURANCE		Cover Type	drivo CLASSIC	Policyholder NRIC	531
Contact No.(Mobile)	90014242		Contact No.(Office)	0.	Loading	0
Email Address			Special Remark	3	Contact No.(Home)	0
KFK	No Yes		TCA	* No. 700	eCode	No
NCD Protection	No		NCD Entitlement(%)	● No ○ Yes	eCode Reason	
<b>♥</b> Accident Details			moo concement(ve)	0	Private Hire	Yes
Report Date	25/08/2018 09:11		Accident Passes Wilhin 24 have		No.	
Date of Accident	21/08/2018		Accident Report Within 24 hrs		Accident Type	Colle
Reporting Centre	Was believed to		Time of Accident hh:mm	10:30	Country of Accident	Sing
Accident Location	NICOLL HIGHWAY		Orange Force		ICM No.	
▽ Excess	MCOLL HIGHWAY					
		DETERMINED	Level I moseway to see			
Own damage Excess		1,000.00	Additional Excess	0	Windscreen Excess	100.
Unnamed Driver Excess			Outside Singapore OD Excess	1,000.00		
Third Party Excess		1,000.00	Outside Singapore TP Excess	1,000.00		
⇒ Benefits						
GST Registered Inform	nation					
GST Registered	No			GST Registration Date		
GST Registration No.				GST Status Verified	No	
Modification History						
Policyholder Mailing A	ddress					
Address 1	210 TURF CLUB RO	AD	Address 2	B16 TURF CITY	Address 3	e me
Address 4			Address Type	Singapore address	Post Code	SING
Unit No.			Related Policy Number	5083196477-02	Post Code	2879
19 OI Driver Info						
Driver Name	Unnamed Driver		Driver Type	Unnamed Driver		
Unnamed driver Name	DOTE GABRIELLE LIN	9 ( JOIE GAE	Driver NRIC	S7301734C		
Register Date of Driver License	01/12/1997		Driver Age	45	Driver DOB	12/0
Contact No.(Mobile)	90014242		Contact No.(Office)	0	Driving Experience	20
Address 1	BLK 821		Address 2		Contact No.(Home)	0
Address 4			Address Type	VISHUN STREET 81	Address 3	
Unit No.	#03-632		Constitution ( ) Par	Singapore address	Post Code	7608
Does he own a Singapore Registered car?	□ Yes # No		Driver Vehicle No.		Driver Insurer Company	
Declaration						
Breathalyser or Blood Test Reading?	0 mg		Any injury?	O You ill No		
			and underly.	○ Yes ® No		
fodification History						
Claim 001 OD-MX New	· i					
Claim Type +	OD-MX	~	Insured Name	GD CARZ	Employed Support	Estate
Contact No.(Mobile)	82331245		Contact No.(Home)	50 042	Insured NRIC	5312
mail Address				616113711	Contact No.(Office)	6464
laim Description	5LS1127U / SH9367I	R ON 21 Aug 2018	or remen number	SLS1127U	TP Vehicle Number	SH91
referred Workshop Contact		7	-270-00/00/04/04/04	P. C.	Name of Preferred Workshop	
0.			Insured Liability *	Not at Fault		
equire Finalisation	Yes	$\overline{}$	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Rece
ate Registered	25/08/2018 09:20		Claim Close Date		Date Received	Printerpoles Printerpoles
sport Taken By	KRISHNASAMY		Workshop Repairer			25/0
Print AK letter			1 de contrata de la contrata del contrata del contrata de la contrata del contrata del contrata de la contrata del contrata de la contrata del contrata del contrata del contrata del contrata de la contrata del con		Total Loss but Repaired	
			5	ave Submit		
Attachment						
9						
ocident No.		MT/1008714		Claim No.	801	



https://giclaim.income.com.sg/gcs/icm/eclaim/claimantSave.do