		1411	NALL 8113359-01		
Date In: 19/18 -10:43	Jeb description	10 II 10 10 10 10 10 10 10 10 10 10 10 10 10	Date &Time Completed	Done	py by
Ref No: NA MC 80 Mg 12 /24	SAS e-filing				
Veh No: Supy3984	E-mail (within Shr	s, AIC 2hrs)			
D.O.A: 31/8/18-17:05	i-Motor Claim	Form	10-F0FP001FM	1/9/18 1	156
	i-Motor W/O (v	Vithin: OD 2hrs			
OD TP Reporting Only	i-Photo Upload	ed			
	Assessment/Surve	ey Report			
TP Insurer:	Ass't Report by F	ax/Handt	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	ax:	
TP Particulars: Veh No: JH	BSOKU.	, INC()/Non-INC()	75 a to 1 1 3 - 3 17 3 - 2 3	
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	Note-Est. Status (WO): N: 0-20	0%; P: 21-79%. F: 80-1	100%]	
Year of Registration: ()	Warranty: YES ()	/NO()		
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()			
General Remarks:-	ALL MANY			30 S	s lbs
() Walk-In Customer: Customer's in					
() Total Loss Case : to e-mail Inst			5 A	Name of the Party	
	ice: YES () / NO	() · T	owing Co: (<u> </u>
Remarks:- (INC hotline: 6788 6616)			Date&Time Completed	Done	by
Apply for Transport Allowance ()	/ Courtesy Car ()				
2) QC Check / Post Repair Inspection	()		*		
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost >	()				
3) Upload Resurvey Photo [Repair Cost>	()				
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Ontact No: C Checked by (Engr-In-Charge):	() \$3000] () \$10 21 31 31 41 51 67 77) 4 831	AR: Accident DA: Damage A TF: Towing Fe FT: Follow-Th FT:	aration Checklist Reporting (\$30); Assessment (\$100); INC (\$8 rough Survey rough Survey (Resurvey) ainst INC Only (wef 10 Jan 2005 tion SMRT Survey hal Services:- Car / Tpt Allowanse -ordination ir Inspection set Excess Coordination (Non INC) against INC	\$120 \$30 \$75 \$160 \$5 \$10 \$25 \$25 \$20 \$30	STATE OF STREET

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.

By the lodgement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
des ever de cape son desse desperance	ACCIDENT STATEMENT
Date Of Report	01/09/2018 10:43
Date Of Accident	31/08/2018 19:05
Exact Location Of Accident	DRIVEWAY TANG PLAZA & SCOTT SQUARE TWDS SCOTT RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLP4398A
Insured/Policyholder	
Name Of Registered Owner	TWINCAR RNTAL
Co Reg No	53092815M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98516322
Alternative Phone No	OFFICE-98516322
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE HYBRID 1.5 AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE HIRE

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

5091600855-01 Policy Number

Cover Note Number

Driver

Name of Driver STEVEN TAN SEOW JIN

NRIC No. S1379785D Date Of Birth 15/09/1959 Occupation OUTDOOR Date Of Driving Pass 10/01/1981

Driving Experience 37 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98516322

Fax Number

OFFICE-98516322 Contact Number

EMail Address NOEMAIL Address

BLK 328 HOUGANG AVENUE 5

#13-204

Postcode

530328

Was driver an employee of the Insured's Company YES

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

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

ambulance?

DRY

NO

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

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

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?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHB5015U

Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category Name of Driver

CHAN CHIOK HOONG

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

STEVEN TAN SEOW JIN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode YES

NO

BODY

SLP4398A

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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)

Lunderstand, 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:
 - (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.
- (d) my Personal information will also be collected and used to compile claims history for the purpose of fraud detection, Investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (I) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Date & Time:

Offiver's Signature

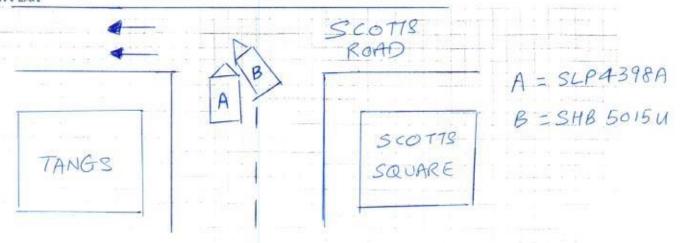
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel Senature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 31/8/2018 about 7:04pm, after I alighted a passenger at Marrio
Hotel, I proceeded to exit. As I was approaching the exit onto scott
Road, I stopped my vehicle (SLP 4398A) ON the left lane of a 2 lan
driveway just before scotts road Vehicle B (SHB 5015U) suddenly mad
an extreme left turn and hit auto my vehicle. I tried to horn
and warn him but he turned too fast and was unable to avaid
the collision. After the collision, driver of vehicle B tried to revers
his con. We both come out to impect our cars. We took photos
and exchange portionars.
ON 1/9/2018, I went to make an accident report. I woke up
feeling stillness on my neck and right shoulder. I will be consulting a
doctor for my injury.

DECLARATION

I/We declar the income particulars are true in every resp.

Policy cor's signature

Date & Time:

Oriver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No :

Vehicle No.	SLP 4398A Model / Make HONDA SHUTTLE HYBRID
Date of Accident	31/08/18-8
Time of Accident	19:04 CARS
Location of Accident	DRIVEWAY BETWEEN TANGS & SCOTTS SQUARE, EXIT ONTO SCOTTS ROAD
Exact purpose use during ac	cident PRIVATE HIRE
Name of Owner	STEVEN TAN SEOW JIN
Telephone No.	H/P: 9851 6322 Home: Office:
NRIC	S1379785D
Address	BLK 328 HOWEANE AVE 5 #13-204 SIPORE 530328
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTYC INCOME
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft
Policy No.	5691600855-01
Name of Driver	As Above If No,
NRIC	S13797850 Any Passengers: No
Date of birth	15/09/1959
Occupation	Outdoor / Indoor
Driving License Pass Date	10 JAN 1981
Gender	Male / Female
Contact No.	H/P: 98516322 Home: Office:
Address	AS ABOVE
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state Him.
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, ITYES Who? STEVEN TAN SEOW JIN
Name And Contact No.	STEVEN TAN SEOW JIN 98516322
Name And Contact No.	
Police Report	No, If Yes, Where?
Vehicle B No.	SHB 5015U Any Passengers : No
Name of Driver	CHAN CHIOK HOONG Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact:
Accident Portion	RIGHT FRONT & SIDE FENDER
Camera Recorder	Yes)/ No
Email Address	supermentangg@yahoo.com.sg
PARTICULAR WORKSHOP	N-51
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Huixin .
FAX NO	6741 0510



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

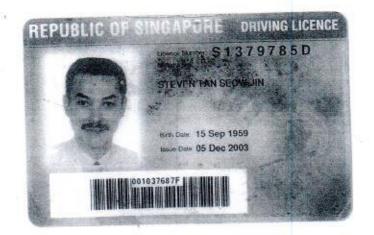
6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: 566550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:
	Original Report No: Vehicle Registration No:
	Original Report No: Vehicle Registration No: Vehicle Registration No: Sup 4398A Namelas shownin NRIC; NRIC/FIN/Passport No: Sup 4398A NRIC/FIN/Passport No: Sup 4398A NRIC/FIN/Passport No:
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
	Address : BUK 328 Howard Aut 5 # 13-20X 5303US
	Contact (Tel) : 98516322 Mobile No.:
	Email Address : Supernantang @ yAMus . com. 19.
	Date of Accident: 31/08/18 Time of Accident: 1904 Pm.
	Place of Accident : SCOTT NO
	Insurance Company: N74 C
(B)	ADDITIONALINFORMATION / AMENDMENTS:
	I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: TIME of ACCIDENT IS 19.04 PM AND
	NOT 17.04 pm
	WISH TO AMOND THE TIME OF ACCIDENT
	To 19 04 pm.
	(AR A)
	Policyholder / Driver's Signature Date: Reporting Centre Personnel's Signature Name: NRIC/FIN No.: Date:

Date:



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1379785D





STEVEN TAN SEOW JIN

陈超仁

CHINESE 15-09-1959 M Country of birth

SINGAPORE

Land Transport Authority



VOCATIONAL LICENCE

Licence No: S1379785D

! TAN SEOW JIN STEVEN

ssue Date : 23/9/2005

Please visit : www.ha.gcv.sg to check the status of this vocational licence

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

10 Jan 1981

NP 428A



30-08-2005

APT BLK 328 HOUGANG AVENUE 5 #13-204 SINGAPORE 530328

NRIC No: \$1379785D

Date: 25/01/2013

No: 7256858

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type

Issue Date

12/06/1996

02 TAXI VL





SLP4398A.pdf





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: 5091600855-01 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance 4. Expiry Date of Insurance

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.

SLP4398A

GP71112604

05 Jun 2018

04 Jun 2019

TWINCAR RENTAL

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

EXCESS (SECTION 1) 552,000 **EXCESS (SECTION 2)** 551,500 WINDSCREEN EXCESS - \$5100 ADDITIONAL EXCESS 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

STEVEN TAN SEOW JIN NAMED DRIVER (1) N/A

NAMED DRIVER (2) N/A HIRE PURCHASE COMPANY : MAYBANK

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, 1967 (Malaysia)

JG MOTOR AGENCY (00000613374)

Date of Issue

22 May 2018 10:15 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



eBao Tech		1							Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601		The same of the same			• Change	Language	• Chang	e Password	• Log Out
My Desktop	Policy Query									
	Policy No.				Date o	of Accident	3	1/08/2018 1	7:05	
	Vehicle No.(For Motor)	SLP4398	A		Certifi	cate Number				
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5091600855- 01		TWINCAR RENTAL	53092815M	GPC	drivo CLASSIC	SLP4398A	SLP4398A	05/06/2018	04/06/2019
					Continue					

Policy No.	5091600855-01	Policyholder Name	TWINCAR F	RENTAL	Policyholder NRIC	53092815M	
Certificate No.							
Address	52 JALAN SENANG SINGAPOR	E 418343					
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	22/05/2018	Effective Date	05/06/2018	3 00:00	Expiry Date	04/06/2019 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			Young	/Inexperience Driver Excess
Agent	JG MOTOR AGENCY	Agent Tel.	63440727		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	nolder Mailing Address						
Address 1	52 JALAN SENANG	Addre	ess 2	SINGAPORE 418	343	Address 3	
Address 4		Addre	ess Type	Singapore addre	ss	Post Code	418343
Unit No.		Relat Numb	ed Policy per	5050543788-07			
1 Insure	d Object: SLP4398A						
♥ Endors	sements						
Sequer	nce Date of Endorsen	tnant	Endorsemen	t Tune	Endorsement	Status	Endorsement Content

Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Cit Vehicle Number Type of Benefit * Claimant hRJC * Preferened Rapar Option Claim Close Date Option Claim No. Upload Date Brown Brown	The second secon	Date Received	Received 01/09/2018 00:00 pency * Description *
Driver Vehicle No. Any injury? Drawred Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant hRIC * Preferend Repair Option Claim Close Date Oaim No. Upload Date	TWINCAR RENTAL NR SLM398A Please Select Preferred Workshop, Name unknown OUI OL/09/2018 11:58 Category * Se Clear Please Select	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Worksho GIA report Date Received Confidencial Urg	Received O1/09/2018 00:00
Oniver Vehicle No. Any Injury? Dissured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant hRJC * Insured Liability * Preferend Repair Option Claim Close Date Oaim No.	TWINCAR RENTAL NIL SLP4398A Please Select Not at Fault Preferred Workshop, Name unknown Save Subme 001 01/09/2018 11:58	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Worksho GIA report Date Received	SH85015U Received 01/09/2018 00:00
Oniver Vehicle No. Any Injury? Dissured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant hRJC * Insured Liability * Preferend Repair Option Claim Close Date Oaim No.	TWINCAR RENTAL NIL SLP4398A Please Select Preferred Workshop, Name unknown Save Subme	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Worksho	SHB5015U
Driver Vehicle No. Any Injury? Drawred Name Contact No. (Home) CI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferented Repair Option Claim Close Date	TWINCAR RENTAL NR. SLP4398A Please Select Not at Fault Preferred Workshop, Name unknown Save Subme	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Worksho	SHB5015U
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Oriver Vehicle No. Any injury? Discurso Name	TWINCAR RENTAL	Insured NRIC	\$3092815M
Griver Vehicle No. Any injury?			
Onver Vehicle No.	® Yes ○ Fea	Driver Insurer Company	
Onver Vehicle No.	® Yes ○ No	Driver Insurer Company	
Onver Vehicle No.	® Yes ○No	Driver Insurer Company	
Onver Vehicle No.	® ves Cha	Driver Insurer Company	
		Driver Insurer Company	
		Driver Insurer Company	
wantess type			
PRINCES STATE			
Address Type	Singapore address	Post Code	530328
Address 2	HOUGANG AVENUE 5	Address 3	SINGAPORE 530328
Contact No.(Office)	0	Contact No.(Home)	0
Driver Age	58	Driving Expenence	37
Driver Type Driver NRIC	S13797850	Driver DOB	15/09/1959
Driver Tune	Main Driver		
Related Policy Number	5050543788-07		
Address Type	Singapore address	Post Code	418343
Address 2	SINGAPORE 418343	Address 3	419343
	ETHOLOGOUS 414343	Address 2	
	NOT DIRECT VETTING		
	GST Registration Date GST Status Verified	No	
	CCT Decidentian Date		
Outside Singapore IP EXCESS	No.		
Outside Singapore OD Excess Outside Singapore TP Excess	1,500.00		
Additional Excess	2,000.00	Windscreen Excess	2015G-11
17.22.002.000		Windson F.	100.00
UARE TWDS SCOTT RD			
Orange Force		IOM No.	
Time of Accident hh:mm	17:05	Country of Accident	Singapore
Accident Report Within 24 hrs	; Yes	Acoderit Type	Side Swipe
NCD Entitlement(%)	10	Private Hire	Yes
TCA	No ○Yes	eCode Reason	
Special Remark		eCode	n v
Contact No.(Office)	٥	Contact No.(Home)	0
Cover Type	driva CLASSIC	Loading	0
		Policyholder NR3C	53092815M
Vehicle No.	SLP4398A	GST Registration No.	
			Pokcyholder NR3C

