		NAIIS IN 777	
Date In: 6/9/8-17:46	Jeb description	Date &Time Completed	Done by
Res No: NA) INC 1861 632 9/24	SAS e-filing		
Veh No: GBBGWSE	E-mail (within Shrs, AIC 2hrs)		2.* S
D.O.A: 1/9/18-08.30	i-Motor Claim Form	M7/19417-001	6/9/18 18206
	i-Motor W/O (Within: OD 2h	rs, TP 4brs)	
OD / TP / Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
IF insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax;)
TP Particulars: Veh No: JOA	6h INC ()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: () P	Period: (Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-	00%]
Year of Registration: ()	Warranty: YES ()/NO ()	
Excess: (\$) Loading: \$1,	,000 ()/\$2,000 ()		
General Remarks:-			5.01
() Walk-In Customer : Customer's inf			
() Total Loss Case : to e-mail Insur		Ag.	
		Cowing Co: (.)
			77 4 A B 3 K 3 K 3 K 3 K 3 K 3 K 3 K 3 K 3 K 3
		Date&Time Completed	Done by
		50000	
The second secon	Courtesy Car ()	7	
2) QC Check / Post Repair Inspection	()		
The second secon	()		15
2) QC Check / Post Repair Inspection	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	()	The Addition	
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	()		
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions	()	paration Checklist	Amt (5) Amt (5)
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions MAISUS 698 Inimant's Particulars:	[) [] [] [] [] [] [] [] [] []	t Reporting (\$30); Assessment (\$100); INC (\$60)	The Bill Add Bill
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions	[] [] [] [] [] [] [] [] [] []	t Reporting (\$30); Assessment (\$100); INC (\$40); Fee \$40 Through Survey	79: Bill Add Bill 30) 37545 \$120
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions MAISUS 698 Inimant's Particulars:	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-I	t Reporting (\$30); Assessment (\$100); INC (\$40); Fee \$40 Through Survey Through Survey (Resurvey)	7it Bill Add Bill 30) 30545 \$120 \$30
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Inimant's Particulars:- river/Owner:	Invoice Pre Invoice Pre I) AR: Acciden DA: Damage TF: Towing 4) FT: Follow-I 5) FT: Follow-I For claiming 6) TR: Re-inspe	t Reporting (\$30); Assessment (\$100); INC (\$100); Fee \$40 hrough Survey hrough Survey (Resurvey) against INC Only (wef 10 Jan 200); etion	19 Bill Add Bill 190) 197545 15120 1530 175
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Liminant's Particulars:- river/Owner:	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing 1 4) FT: Follow-1 5) FT: Follow-1 For claiming 1 6) TR: Re-inspe 7) N1: Idae DA	t Reporting (\$30); Assessment (\$100); INC (\$100); Fee \$40 hrough Survey hrough Survey (Resurvey) against INC Only (wef 10 Jan 200); etion + SMRT Survey	16 Bill Add Bill 100) 10545 \$120 \$30
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Injury: Character Particulars: Injury: Injury: Date/Time Particulars: Date/Owner: Dontact No: Inmaged Portion:	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing 1 4) FT: Follow-T 5) FT: Follow-T For claiming: 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD*	t Reporting (\$30); Assessment (\$100); INC (\$100); Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200); ction + SMRT Survey onal Services	191 Bill Add Bill (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190) (190)
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Laimant's Particulars: river/Owner: ontact No: amaged Portion; C Checked by (Engr-In-Charge):	Invoice President Invo	t Reporting (\$30); Assessment (\$100); INC (\$100); Fee S40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200); action + SMRT Survey onal Services y Car / Tpt Allowance Co-ordination mair Inspection	Add Bill
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Laimant's Particulars: river/Owner: ontact No: amaged Portion; C Checked by (Engr-In-Charge): uditors! Comments:	Invoice Pressure Invoice Pressure Invoice Pressure Invoice Pressure Invoice Invoice	t Reporting (\$30); Assessment (\$100); INC (\$100); Fee S40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200); action + SMRT Survey onal Services y Car / Tpt Allowance Co-ordination mair Inspection Heat Excess Coordination	56 Bill Add Bill 30) 20/545 5120 530 3) 575 5160 55 510 525 55
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Liminant's Particulars:- river/Owner:	Invoice Pressure Invoice Pressure Invoice Pressure Invoice Pressure Invoice Invoice	t Reporting (\$30); Assessment (\$100); INC (\$100); Fee S40 Through Survey (Resurvey) against INC Only (wef 10 Jan 200); etion + SMRT Survey onal Services co-ordination mair Inspection Heat Excess Coordination P (Non INC) against INC	Add Bill

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number 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.
- aforesaid.

oresaid,	
Alaba i di Mara didende e sia	ACCIDENT STATEMENT
Date Of Report	06/09/2018 17:46
Pate Of Accident	05/09/2018 08:30
xact Location Of Accident	JUNC MARINE PARADE FLYOVER & E COAST PARK SERVICE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
ehicle Registration Number	GBB6008E
nsured/Policyholder	
lame Of Registered Owner	FIRST VANTAGE PROPERTIES
o Reg No	46346100B
mail Address	NOEMAIL
fobile Phone No	(LOCAL) +65-90063112
Iternative Phone No	OFFICE-90063112
/ehicle Particulars	
fanufacturer	CITROEN
fodel	BERLINGO 1.6L MT AB 2WD 6DR TC
xact Purpose for which vehicle was being used at me of accident	WORKING
re you claiming under your own insurance policy or repair to your vehicle?	NO
No, Please state action to be taken	REPORTING ONLY
ehicle Category	COMMERCIAL VEHICLE
nsurance Company	
lame of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
ype Of Coverage	COMPREHENSIVE
leet Policy	NO
olicy Number	5061032616-05
over Note Number	
Oriver Control of the	
ame of Driver	NEO AIK SIONG
RIC No	S0498744F
ate Of Birth	22/05/1941
occupation	OUTDOOR
ate Of Driving Pass	31/05/1966
riving Experience	52 YEARS AND 3 MONTHS
ender	00000
	MALE

OFFICE-90063112

NOEMAIL

BLK 23 EUNOS CRESCENT Address

#06-3019

Postcode 400023

Was driver an employee of the Insured's Company NO

OWNER 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

COLLISION - MAJOR/MINOR RD Type Of Accident

Weather Conditions CLEAR DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident? Number of vehicles involved in the accident 2 Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 3

Number of Passengers (Including Driver)

Passenger 1

NAME:

2 4

GENDER: : FEMALE

Passenger 2

NAME:

: -

GENDER: : FEMALE

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)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SCH6G

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category Name of Driver MARY SAIZ

NRIC/Passport Number

Contact Number

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.
- 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:
 - (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

FIRST VANTAGE PROPERTY

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

E roasy Purk Service Rd	A: 6886008F		
	B: JCH 66		
CM .			
2 / A			
538 5			
25			
27			

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refor to Hutement.	

DECLARATION

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

Policyholder's Signature Partner Date & Time:

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ON STATED DATE AND TIME, I SIGNAL MY VEHICLE AS I WANT TO MAKE A RIGHT TURN TOWARDS E COAST PARK SERVICE RD. I CHECK MY BLIND SPOT AND ENSURE THAT THERE WAS NO INCOMING VEHICLE BEFORE I CAN PROCEED. WHEN I MAKING A RIGHT TURN TOWARDS E COAST PARK SERVICE RD, VEHICLE B WAS SPEEDING ALONG E COAST PARK SERVICE ROAD. IN A RESULT, MY VEHICLE ACCIDENTALLY GRAZED ONTO VEHICLE B REAR LEFT PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: 5 / 9 / 18)(DD/MM	(/YYYY), TIME: (U8 :) (HH:MM)
	Flyover & East coast park i
1. DETAILS OF VEHICLE	W
a) VEHICLE NUMBER: 475600813	8 1 3
b)INSURANCE COMPANY: NTUC	
CIPOLICY NUMBER: SOCIO33616-05	
d)POLICY TYPE: (COMPREHENSIVE / THIR	D PARTY / THIRD PARTY FIRE & THEFT
e)MAKE & MODEL:	- A THE WITTER
f)TYPE: (SALOON / COUPE / MPV /V AN /	LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMM	MERCIAL / MOTORCYCLE)
h)PURPOSE OF USING AT ACCIDENT TIME	Listana
I) ARE YOU CLAIMING UNDER YOUR OWN	INSURANCE MES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIF	M / REPORTING ONLY)
2. INSURED / POLICY HOLDER A) NAME: FIRST Vintual Property	
	(MALE / FEMALE)
b)NRIC/FIN/PASSPORT: 4634 61001	CONTACT:
c)ADDRESS:	
* CONTINUE TO 3.d IF DRIVER ALSO POLICE	
The of passengs DRIVER	CY HOLDER
(Including driver) DINAME: NEW AIR ding	(MALE)/ FEMALE)
b)NRIC/FIN/PASSPORT: JS 04987	LYP CONTACT: 9063112
c)ADDRESS:	CONTACT. 1950711
Ifemala	
*d)DATE OF BIRTH: (>2/ 5 / 1941)	(DD/MM/YYYY)
e)OCCUPATION: (INDOOR / OUTDOOR))	
f) YEARS OF DRIVING EXPRERIENCE:	
4. WAS DRIVER AN EMPLOYEE OF THE IN	SURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER	WITH INSURED: DWNG
5. g) WEATHER CONDITION: (CLEAR / RAININ b) ROAD SURFACE: DRY / WET / OTHERS	G / OTHERS
6. WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE STAT	ION:
O THEOD BARRY LONG	
the of passinger a) VEHICLE NUMBER: SCH 66	MODEL:
C Including driver) O) DRIVER'S NAME: /VIGIN du 12	
() NRIC/FIN/PASSPORI:	CONTACT:
9. THIRD PARTY VEHICLE	
HO of passinger a) VEHICLE NUMBER:	MODEL:
Induding deligated and DRIVER'S NAME:	
(Induding driver) f) DRIVER'S NAME:	CONTACT:
	(90)
74	20 00

email =

fax =

VIDEO =

IDENTITY CARD NO. S0498744F REPUBLIC OF SINGAPORE

Name



NEO AIK SIONG



驰

Race

Date of Birth 22-05-1941

Country of Birth
SINGAPORE







NRIC No. S0498744F

900 65112

Blood Group Date of issue

02-10-1992

Address

APT BLK 23 EUNOS CRESCENT #06-3019 SINGAPORE 1440



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE



eBao Tech									GeneralClaim		
Hello, NAC_PAYA_UBI_80	0601		and the state of t	A STATE OF THE PARTY OF THE PAR		› Change I	anguage	• Change	e Password	Log Out	
My Desktop	Policy Query									*	
Notice of Loss	Policy No.				Date of Accident 05/			5/09/2018 08	3:30		
	Vehicle No.(For Motor) GB86008E			Certificate Number							
					Search]					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	O 5061032616- 05		FIRST VANTAGE PROPERTIES	46346100B	GCV	Comprehensive	GBB60088	GBB6008E	22/07/2018	21/07/2019	
					Continue						

olicy No.	5061032616-05	Policyholder Name	FIRST VANT	AGE PROPERTIES	Policyholder NRIC	46346100B	
ertificate lo.							
ddress	40J EAST COAST ROAD SINGAPO	ORE 428757					
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy ssue Date	17/07/2018	Effective Date	22/07/2018	00:00	Expiry Date	21/07/2019 23	3:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	JESSICA YEO CHIN LYE	Agent Tel.	63725700		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
☞ Policy	holder Mailing Address						
Address 1	403 EAST COAST ROAD	Addr	ess 2	SINGAPORE 4287	57	Address 3	
Address 4		Addr	ess Type	Singapore address		Post Code	428757
Unit No.		Rela: Num	ted Policy ber	5061032616-05			
	ed Object: GBB6008E						
D Insur							
The state of	sements						

Claim Handling					31
Accident MT/1010417					
Policy No.	5061032616-05	Verticle No.	G886008E	GST Registration No.	
Certificate No.					
folicyholder Name	FIRST VANTAGE PROPERTIES			Policyholder NRIC	463461008
roduct Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	0
Contact No. (Mobile)	90063112	Contact No. (Office)	0	Contact No.(Home)	0
mail Address	- AND THE ADDRESS OF	Special Remark		eCode	19. Y
FK	® No ○ Yes	TCA	No ○Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
seport Date	06/09/2018 18:03	Accident Report Within 24 hrs		Accident Type	Collision - Major Minor Road
ate of Accident	05/09/2018	Time of Accident hh:mm	08:30	Country of Accident	Singapore
eporting Centre		Orange Force		JCM No.	
codent Location	JUNC MARINE PARADE FLYOVER & E COM	IST PARK SERVICE			
♥ Excess					
wn damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
nnamed Driver Excess		Outside Singapore OD Excess			
hird Party Excess	0.00	Outside Singapore TP Excess			
9 Benefits					
GST Registered Informa			5424 W 150500 AND		
ST Registered	No		GST Registration Date GST Status Ventled	No	
ST Registration No. addition History			GO: Status verned		
And the second second					
Policyholder Mailing Ad	dress				
ddress 1	401 BAST COAST ROAD	Address 2	SINGAPORE 428757	Address 3	
Address 4		Address Type	Singapore address	Post Code	428757
init No.		Related Policy Number	5061032616-05:		
→ OI Driver Info					
river Name	Unnamed Driver	Oriver Type	Unnemed Driver		
innamed driver Name	NEO AIK STONG	Driver NRIC	S0498744F	Driver DOB	22/05/1941
egister Date of Driver License	31/05/1966	Driver Age	77	Driving Experience	52
ontact No. (Mobile)	90063112	Contact No.(Office)	0	Contact No.(Home)	0
ddress t	BLK 23	Address 2	EUNOS CRESCENT	Address 3	SINGAPORE 400023
ddress 4		Address Type	Singapore address	Post Code	400023
Init No.	06-3019				
Does he own a Singapore Registered car?	☐ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
eclaration					
Sreathalyser or Blood Test	0 mg	Any injury?	○ Yes ® No		
eading?	1000000	CONTROLEGIC			
Indifference bilatonic					
lodification History					
Claim 001 New					
		9834 9-0000000000		Chrostowaya.	00000000000000000000000000000000000000
laim Type •	00-MX	Insured Name	FIRST VANTAGE PROPERTIES	Insured NR1C	463461008
antect No. (Mobile)	90063112	Contact No.(Home)		Contact No. (Office)	WATER 1
mail Address		00 Vehicle Number	GBB4008E	TP Vehide Number	SCH6G
laimant Type Claimant Type *		Type of Benefit *	Please Select		
Jaimant Name *	22	Claiment NRIC *			
Jaiment Address					(
Jaim Description	G886006E / SCH6G ON 5 Sept 2018	ANT THE WORLD CONTROL OF THE PARTY OF THE PA		Name of Preferred Workshop	
referred Workshop Contact to.		Insured Liability *	Partially at Fault		
equire Pinalisation	ves 🔍	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
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