NATIONAL Assessment Cent	tre Services   wet 1 Janos M	1000 Control   1000 C		
Date In: 19/9/18-16:13	Jeb description	Date & Time Completed	Done	py.
Ref No: NA INCIPOROPHY	SAS e-filing			
Vch No: 4R 4790	E-mail (within Shrs, AIC 2hrs)			
D.O.A : 19/9/18 -11:10	i-Motor Claim Form	100- 4 EK 101 / TM.	10/0/18 1	31.08
6600 (1994)	i-Motor W/O (Within: OD 2h)	rs, TP 4hrs)		<b>686</b> - 11 - 12 - 12 - 17 - 17
OD PP Reporting Only	i-Photo Uploaded			Contract of the contract of th
TDI	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	Fax:	)
TP Particulars: Veh No:	9198C . INC (	)/Non-INC( )	VI .	
Owner / Driver: (		Tel:	)	
Policy No: ( ) P	'eriod: (	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %)	[Note-Est Status (WO): N: 0-2	0%; P: 21-79%. F: 80-	100%]	87
Year of Registration: ( )	Warranty: YES ( )/NO (	)		
Excess: (\$ ) Loading: \$1,	,000 ( )/\$2,000 ( )			
General Remarks:-				
( ) Walk-In Customer : Customer's inf	The state of the s		The state of the s	
( ) Total Loss Case : to e-mail Insu		4		
<del></del>		Towing Co: (		)
		<u> </u>		777
Remarks:- (INC horline: 6788 6616)	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	Date&Time Completed	Done	by
Apply for Transport Allowance ( )/	Courtesy Car ( )			
2) QC Check / Post Repair Inspection	( )			
<ol> <li>Upload Resurvey Photo [Repair Cost &gt; \$</li> </ol>	3000] ( )			
Injurý:				
Date/Time Actions		The second		11 X 10 10 10 10 10 10 10 10 10 10 10 10 10
11.510.11	30.00	<b>37</b>	PROMICA; IF,	
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MAROSOSO	Invoice Pre	paration Checklist	Ant (S)	Amu(\$) Add Bill
	l) AR : Acciden	t Reporting (\$30);	fir Bill	Section of the section of
Claimant's Particulars:-	1) AR : Acciden 2) DA : Damage 3) TF : Towing I	t Reporting (\$30); Assessment (\$100); INC (\$6	fit Bill 80) 0/\$45	Section of the section of
Claimant's Particulars :- Driver/Owner:	1) AR : Acciden 2) DA : Damage 3) TF : Towing I 4) FT : Follow-T	t Reporting (\$30); Assessment (\$100); INC (\$60); Fee \$40 Through Survey	fa Bill 80)	Section of the section of
Claimant's Particulars :- Driver/Owner:	1) AR : Acciden 2) DA : Darrage 3) TF : Towing I 4) FT : Follow-I 5) FT : Fullow-I For claiming s	t Reporting (\$30); Assessment (\$100); INC (\$6 Fee \$46 hrough Survey hrough Survey (Resurvey) neainst INC Only (wef 10 Jan 2003)	fit Bill 80) 0/\$45 \$120 \$30	Section of the section of
Claimant's Particulars :-  Driver/Owner:  Contact No:	1) AR : Acciden 2) DA : Darrage 3) TF : Towing I 4) FT : Follow-I 5) FT : Follow-I For claiming s 6) TR : Re-inspe	t Reporting (\$30); Assessment (\$100); INC (\$60); Fee \$40  Through Survey  Through Survey (Resurvey)  Reainst INC Only (wef 10 Jan 200);  ction	fat Bill 80) 0/\$45 \$120 \$30	Section of the section of
Claimant's Particulars :-  Driver/Owner:  Contact No:	1) AR : Acciden 2) DA : Darrage 3) TF : Towing I 4) FT : Follow-I 5) FT : Fullow-I For claiming s	t Reporting (\$30); Assessment (\$100); INC (\$6 Fee \$46 Prough Survey Prough Survey (Resurvey) Issainst INC Only (wef 10 Jan 200) ction + SMRT Survey	56 Bill 80) 0/\$45 \$120 \$30 \$) \$75	Section of the section of
Claimant's Particulars :-  Driver/Owner:  Contact No: Damaged Portion:	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 2 8) NTUC Additi OD*	t Reporting (\$30); Assessment (\$100); INC (\$6 Fee \$40 Phrough Survey Phrough Survey (Resurvey) Reginst INC Only (wef 10 Jan 200) Ction + SMRT Survey onal Services:-	56 Bill 80) 0/\$45 \$120 \$30 \$75 \$75	Section of the section of
Claimant's Particulars :-  Driver/Owner:  Contact No:  Damaged Portion:	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 2 8) NTUC Additi OD*	t Reporting (\$30); Assessment (\$100); INC (\$6 Fee \$40 Through Survey (Resurvey) Igainst INC Only (wef 10 Jan 200) ction + SMRT Survey onal Services:-	56 Bill (80) 0/\$45 \$120 \$30 \$75 \$160	Section of the section of
Claimant's Particulars :-  Oriver/Owner:  Contact No:  Damaged Portion:  C Checked by (Engr-In-Charge):	1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) FT: Follow-T For claiming 5 6) TR: Re-inspe 7) N1: Idae DA 5) NTUC Additi OD* *N5: Courles) *N6: Repair C *N7: Fost Rep	t Reporting (\$30); Assessment (\$100); INC (\$6 Fee \$46 Prough Survey Prough Survey (Resurvey) Issinst INC Only (wef 10 Jan 200) ction + SMRT Survey onal Services:- Car / Tpt Allowance Co-ordination pair Inspection	\$6 Bill	Section of the section of
Claimant's Particulars :-  Oriver/Owner:  Contact No:  Camaged Portion:  C Checked by (Engr-In-Charge):  Auditors' Comments :-	1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) FT: Follow-T For claiming s 6) TR: Re-inspe 7) N1: Idae DA 2 8) NTUC Additi OD* *N5: Courtes) *N6: Repair C *N7: Fost Rep *N8: DV / Co TP (N11): TF	t Reporting (\$30);  Assessment (\$100); INC (\$6  Frough Survey  Through Survey (Resurvey)  Igainst INC Only (wef 10 Jan 200)  ction  + SMRT Survey  onal Services:-  Co-ordination  pair Inspection  Heet Excess Coordination  (Non INC) against INC	\$60) 0/\$45 \$120 \$30 \$75 \$160 \$5 \$10 \$25 \$5 \$20	Section of the section of
MAposqua Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion:  C Checked by (Engr-In-Charge): Auditors' Comments:- at. 1:	1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) FT: Follow-T For claiming 5 6) TR: Re-inspe 7) NI: Idae DA 5) NTUC Additi OD* *N5: Courles) *N6: Repair C *N7: Fost Rep *N8: DV / Co	t Reporting (\$30);  Assessment (\$100); INC (\$6  Frough Survey  Through Survey (Resurvey)  Igainst INC Only (wef 10 Jan 200)  ction  + SMRT Survey  onal Services:-  Co-ordination  pair Inspection  Heet Excess Coordination  (Non INC) against INC	\$60 0/\$45 \$120 \$30 \$75 \$160 \$5 \$10 \$25 \$5 \$20 30	Section of the section of

#### 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.
- 5. Any false reporting may be referred to the Police for investigation.
- This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

	ACCIDENT STATEMENT
Date Of Report	19/09/2018 16:13
Date Of Accident	19/09/2018 11:10
Exact Location Of Accident	YIO CHU KANG RD TWDS CTE
Country/State of Loss	SINGAPORE
D. D. Charles	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGR4379D
Insured/Policyholder	
Name Of Registered Owner	ALLAN TAN SONG XUAN
NRIC No	S9440099F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90883349
Alternative Phone No	OFFICE-90883349
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.8L A
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5087666836-01
Cover Note Number	
Driver	
Name of Driver	ALLAN TAN SONG XUAN

S9440099F 25/10/1994

INDOOR

13/03/2014

Driving Experience 4 YEARS AND 6 MONTHS
Gender MALE

Mobile Number (LOCAL) +65-90883349

Mobile Number (EOOAL) 103-30863343

Fax Number

NRIC No

Date Of Birth Occupation

Date Of Driving Pass

Contact Number OFFICE-90883349

EMail Address NOEMAIL

Address BLK 448B SENGKANG WEST WAY

#22-319

Postcode 792448

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

.

Insurance Company of Driver's Own Vehicle

2

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 3
Was any body injured in the Accident? NO.

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

1

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes,against whom?

NO NO

NO

Circumstances of Accident

REFER TO 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 FT9198C

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 OTHER VEHICLE PROPERTY 2** 

Vehicle Registration Number

XD4070R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 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
- 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:

aller

**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

The Accident
I was travelling straight along You Chy Kong
food towards (Tt. and of Suddenly, vehicle (6) (ut
and my lane abrubtly and collided onto my
vehicle. Sublequently, vehicle (b) rolled under vehicle (c)
on the second lone. After I got down, I was told
by the reder of relacte (B) that relacte (C) treel
to cut and his love from the 3rd lone.

## DECLARATION

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

pulan

pure

Policyholder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personner's Signature Name: NRIC/FIN No.:

STARMIC SIXENTETEDFORM \_VS

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### SINGAPORE ACCIDENT STATEMENT

#### **IMPORTANT NOTICE**

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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.
- Any false reporting may be referred to the traffic police department for investigation.

## **Accident details**

Date and time of accident	Date:	17 #1	ept 2018	(DD/MM/Y	Y) Time:	1110	(HH:MM)
Exact location of accident	480	Chy	Kanj	Kad.	burret	5 CTE	

## **Details of vehicle**

Vehicle registration number	SGR 43790
Vehicle make and model	+londa Case
Type of vehicle	Saloon B MPV CRV Van CRV Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	Isvarle
Are you claiming under your own insurance company?	Yes □ No □ if no, please select: Third part claim □ Reporting only □

## Insurance information

Insurance company	MTU	c	
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only

## Insured / Policy holder

Name	Allan Tan Long tuon Male Female
NRIC / Fin / Passport number	S 9440089F
Contact	9028 3348
Address	\$100k 448B Sengkang West way

### Driver

# Same as insured above (skip to D.O.B)

Name	Male 🗆	Female
NRIC / Fin / Passport number		
Contact		
Address		
Email address	allon-Songxuan @ hotmad.com.	
Date of birth	25 Oct 1884	
Occupation	Indoor D Outdoor D	
Driving date pass	13 Mar 2014	

# General information of the accident

Was driver an employee of the insured's company?	Yes   If no, rela	No Ditionship of the	driver and insur	ed:	Ret
Accident captured by camera?	Yes 🗆	No.			
Weather condition	Clear	Raining	Others:		
Road surface	Dry	Wet □			
No of passenger	1				(Inclusive of driver)
Passenger 1					
	Ī				
Passenger 1 Name Gender	Male 🗆	Female 0			
Name	Male 🗆	Female o			

# Passenger 3

Gender

Name		
Gender	Male □	Female □

Female @

Male 🗆

## Passenger 4

Name		
Gender	Male  Female	

## Passenger 5

Name	
Gender	Male   Female

## Passenger 6

Name		
Gender	Male   Female	

## Other information

Was anybody injured?	Yes 🗆	No.
Was other vehicle damaged?	Yes	No 🗆

# **Details of police action**

Reported to police?	Yes 🗆	No.	If yes, please state which police station.
Police station name			

# Third party vehicle 1

Name		
Contact number		
NRIC / Fin / Passport number		
Vehicle registration number	FT 9198C	
Vehicle make model		

# Third party vehicle 2

Name		
Contact number		
NRIC / Fin / Passport number		
Vehicle registration number	X04070R	
Vehicle make model		

# Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1	
Name	
Witness 2	
Name	
Injured person 1	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes  No
Was injured conveyed to	Yes 🗆 No 🗆
hospital by ambulance?	
Injured person 2	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes  No
Injured person 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes D No D
Injured person 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes  No

# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$9440099F





ALLAN TAN SONG XUAN

· 颂 事

CHINESE Date of birth 25-10-1994

Sex M

59440099

REPUBLIC OF SINGAPORE DRIVING LICENCE

SINGAPORE



Licence Number: S9440099F

ALLAN TAN SONG XUAN

Birth Date: 25 Oct 1994 Issue Date: 16 Nov 2016



NRIC No. S9440099F



Date of issue 15-07-2009

APT BLK 448B SENGKANG WEST WAY #22-319 SINGAPORE 792448

NRIC No: \$84400889

Date: 11/03/2017

SEA, SEA

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIE

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

13 Mar 2014

Licence No:S9440099F

NP 428A



#### Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT	(CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RUL	LES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5087666836-01

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: SGR4379D

Chassis Number

: JHMFD16307S206395

2. Name of Policyholder

: ALLAN TAN SONG XUAN

3. Effective Date of Insurance

: 08 Feb 2018

4. Expiry Date of Insurance

: 07 Feb 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 business or profession.

#### This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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) : N/A EXCESS (SECTION 2) : N/A ADDITIONAL EXCESS : N/A UNNAMED DRIVER EXCESS : N/A REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : NO PRIMARY DRIVER : ALLAN TAN SONG XUAN NAMED DRIVER (1) : N/A

NAMED DRIVER (2) : N/A : MOTOR UNIVERSE CREDIT PTE. LTD. HIRE PURCHASE COMPANY

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

: HUANG GUOQING TERRY (00000573375)

Date of Issue

: 07 Feb 2018 16:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive

eBaoTech								2 22	Genera	ralClaim	
Hello, NAC_PAYA_UBI_80	0601						• Change	e Language	· Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
	Policy N	10.				Date	of Accident		19/09/2018	11:10	
	Vehicle	Vehicle No.(For Motor) SGR43		379D		Certificate Number		r [			
						Search	ĺ				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5087666836- 01		ALLAN TAN SONG XUAN	S9440099F	GPC	Third Party, Fire & Theft	SGR43790	SGR4379D	08/02/2018	07/02/2019
				5-CH0XQH15-04-0		Continue					

Policy No.	5087666836-01	Policyholder Name	ALLAN TAN	SONG XUAN	Policyholder NRIC	S9440099F				
Certificate No.		2.30070			VIXEN					
Address	BLK 448B #22-319 SENGKANG WEST WAY FERNVALE CREST SINGAPORE 792448									
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N				
Policy ssue Date	07/02/2018	Effective Date	08/02/2018	8 00:00	Expiry Date	07/02/2019 2	3:59			
Excess Type		All Claims Excess								
Third Party Excess	0	Own damage Excess	0		Windscreen Excess	0				
Additional Excess	0	OS Premium	0							
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess			
Agent	HUANG GUOQING TERRY	Agent Tel.	91278514		GST Flag	Y				
Co- insurance Flag	No									
Open Policy Info										
Certificate Info										
	holder Mailing Address									
Address 1	BLK 448B #22-319 Address 2		ess 2	SENGKANG WEST WAY		Address 3	FERNVALE CREST			
Address 4	SINGAPORE 792448	Addre	ess Type	Singapore address		Post Code	792448			
Unit No.	Related Policy Number			5087666836-01						
D Insure	ed Object: SGR4379D									
□ Endors	sements									
	nce Date of Endorsement		Endorsement Type		Endorsement Status		Endorsement Content			

ALLAN TAN SOUR SIGNATOR   Venice No.   SGRX790   GET Registration No.   Intrinced No.   Interfaced No.	laim Handling					
Secretary Secre	ccident MT/1012172		Proceeding.	- ANN ALEKT TO		
Microsoft Micr	olicy No.	5087666836-01	Vehicle No.	SGR4379D	GST Registration No.	
Mode	artificate No.					
Contact No Contact	olicyholder Name	ALLAN TAN SONG XUAN			Policyholder NR3C	59440099F
Special Research   Special Res	roduct Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Commercia   Com	ontact No. (Mobile)	90883349	Contact No.(Office)	0	Contact No.(Home)	0
Note	mail Address		Special Remark		eCode	No. V
### PACENT NOT SECURITY OF THE PACENT WIND 2 HOS 19 NO COMPT PACE	rk	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
Marchelle   1500/0508   1500	ID Protection	No	NCD Entitlement(%)	10	Private Hire	No
March   Marc	Accident Details					
March   Marc	port Date	19/09/2018 17:05	Acadent Report Within 24 hrs.	Yes	Accident Type	Collision - Change / Cross lane
Command   Comm				11:10		
Part		1374374040				
Property   Content   Con		VIO CHI WANG NO TWOS CTE	Grange Force		101110	
Manual Colone   Grow   Manual Colone   Manua		THE STREET, ST				
Control Free   Co   Control Frequency CO   Decision   Control Free   Co   Control Free   Cont		72/27	242-000-000F	Ugo		0.00
March   Marc					Windscreen Excess	0,00
Part						
Part   Pagement   Pa	nt Party Excess	0.00	Outside Singapore TP Excess	0.00		
Registration   No.     Septimination   Part   Registration   Par	Benefits					
Carrier No.	GST Registered Informa	ation				
Projugated Hasting Address	T Registered	No				
## Principalities* Halling Address*  ## 1802 Address 2				GST Status Verified	Yes	
Maries   M.   Maries 22-319	diffication History					
Maries   M.   Maries 22-319						
March   Marc						
Package   Pac						
### Care Note		SINGAPORE 792448			Post Code	792446
ALLAN TAN SONO XUM	nit No.		Related Policy Number	5087666836-01		
Driver Name	OI Driver Info					
Driver Age   Driver Learner   12/03/2014   Driver Age   23   Driverg Spanneric   4   4   4   4   4   4   4   4   4	ver Name	ALLAN TAN SONG XUAN	Driver Type			
Contact No. (Mobile)   D083349   Contact No. (Mobile)   D083349   Contact No. (Mobile)   D846   Address 2   EMDIANCE OFFICE NO.	named driver Name		Driver NRIC	59440099F	Driver DOB	25/10/1994
### 1	gister Date of Driver License	13/03/2014	Driver Age	23	Driving Experience	4
Simple	rtact No.(Mobile)	90003349	Contact No.(Office)	0	Contact No. (Home)	0
Is no en a Singapore or the company of the company	dress 1	BLK 448B	Address 2	SENGKANG WEST WAY	Address 3	FERNVALE CREST
Any Injury? O'Yes ® No Driver Valvable No. Driver Insurer Company  Springer Cert  Springer Cert  O mg Any Injury? O'Yes ® No  Contact No. (O'Mode)  No  Any Injury? O'Yes ® No  Contact No. (O'Mode)  No  Contact No. (O'Mode)  The Vericle Number  Figurer Company  Injury of Springer No  Any Injury? O'Yes ® No  O'Yes ® No  Contact No. (O'Mode)  No  Injury of Springer No  Any Injury of Springer No  Contact No. (O'Mode)  Injury of Springer No  Any Injury of Springer No  Contact No. (O'Mode)  Injury of Springer No  Any Injury of Springer No  Contact No. (O'Mode)  Injury of Springer No  Injury of Springe	dress 4	SINGAPORE 792448	Address Type	Singapore address	Post Code	792448
Claim 001 New Control Type (	Nt Na	22,319				
Claim 601	F. (c)		Secretaria de la marcia del marcia de la marcia del marcia de la marcia del la marcia del la marcia del la marcia de la marcia del la marcia		appropriate the propriet of th	
Any Injury?	egistered car?	○ Yes (⊕) No	Driver Vehicle No.		Driver Insurer Company	
Any Injury?	and the same of th					
dification History  Claim 001 New  Intervel No.   County   Description		Water to	950700000000			
Claim 001 New  Sam Type * OO MK	seding?	0 mg	Any injury?	O Yes ® No		
Separation   Sep						
Tamin Type * OD-MX	edification History					
Tamin Type * OD-MX	1000 6					
Active No. (Moole) 90883349 Confact No. (Nome) Nil. Confact No. (Office) Interest No. (Office) Interes	Claim 001 New					
Action No. (Mobile) 90883349 Confact No. (Nome) NSL Confact No. (Office)  All AN-SONGXULAN BNOTMARIL C OI Vehicle Number SGR4379D TP Vehicle Number F75198C  All AN-SONGXULAN BNOTMARIL C OI Vehicle Number SGR4379D TP Vehicle Number F75198C  All AN-SONGXULAN BNOTMARIL C OI Vehicle Number SGR4379D TP Vehicle Number F75198C  All AN-SONGXULAN BNOTMARIL C Type of Banefit * Phease Select V  Amenia Address  Samari Name * SCR4379D F75198C OX 19 Sept 2018  Interned Workshop Comact  Samari Address  Samari Address  Samari Name of Preferred Workshop  SGR4379D F75198C OX 19 Sept 2018  Interned Workshop Comact  Samari Name of Preferred Workshop  SGR4379D Vehicle Number F75198C  Name of Preferred Workshop  SGR4379D Vehicle Number F75198C  SGR43						
Contact No. (Mobile)   \$5883349   Confact No. (Nome)   NSL   Contact No. (Office)    All AN-SONGXULAN BENDTMARIL   Oil Vehicle Number   \$6843790   TP Vehicle Number    First Select   Pease Select   Type of Benefit   Pease Select   Pease Select    First Select   Pease Select   Type of Benefit   Pease Select   Pease Select    First Select   Pease Select   Pease Select   Pease Select   Pease Select    First Select   Pease Select   Pease Select   Pease Select   Pease Select    First Select Select   Pease Select   Pease Select   Pease Select    First Select Select   Pease Select   Pease Select   Pease Select   Pease Select    First All Atter    Pease Select   Pea	im Type *	00-MX	Insured Name	ALLAN TAN SONG XUAN	Insured NRIC	S9440099F
ALIAN-SONCXLANEPHOTMAILC OI Verticle Number SGR4379D TP Vehicle Number F79198C International Type Claimant Type Claimant Type Claimant NRIC *    Pease Select   Pease Selec				rate and a second secon		
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Same thome *					The second secon	
Save Submit  Attachment  The Category * Confidential Urgency * Description * Description * Profit * Poth * Category * Confidential Urgency * Description * D						
Industry time description    SGR43790 / FF9198C ON 19 Sept 2018			E CHARGE MALL			
Insured Liability * Not at Fault  Spure Finalisation   Yes   Yes   Yes   Preference Repair Option   Preferred Workshop, Name unknown   GIA repair   Received   Yes   Yes   Yes   Yes   No   Upload Date   19/09/2018 17:09    Example of the Received   19/09/2018 17:09   Preferred Workshop, Name unknown   GIA repair   Received   19/09/2018 00:00   Preferred Workshop, Name unknown   GIA repair   Received   19/09/2018 00:00   Preferred Workshop, Name unknown   GIA repair   Received   19/09/2018 00:00   Preferred Workshop, Name unknown   Yes   Yes   Yes   Name unknown   Yes   Y						
Preference Repair Option  At Regulation (Vex Vision		SGR4379D / FT9198C ON 19 Sept :	2018		Name of Preferred Workshop	
Example	nerred Workshop Cornact		Insured Liability *	Not at Fault		24222222
Print AK letter   Save   Submit	quire Finalisation	Yes U	Preference Repair Option	Preferred Workshop, Name unknown	GIA report	Received
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Attachment  2  Claim No. 001  Z Doc Reteived Pas No. Upload Date 19/09/2018 17:09  Path * Category * Confidential Urgency * Description *  Browse Clear Please Select V No Normal V  Browse Clear Please Select V No Normal V  Browse Clear Please Select V Normal V  Browse Clear Please Select V Normal V	en et la la completa			WOMEN AND ADDRESS OF THE PARTY		
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