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NATIONAL Assessment Centre	e Services port mos	MMA 118122063		
Date In. 20/9/18 /4:01	Jeb description	Date &Time Completed	Done	by
AND A WAY OF THE REAL PROPERTY OF THE PARTY	SAS c-filing			
MAI METER 17123 174.	E-mail (within Shrs, AIC 2hrs)	İ		
324 3312K.	i-Motor Claim Form	MT/1012354 -	2119118	09:14
10/11/19 00 33.	I-Motor W/O (Within, OD 2h	The same and the s	ANTONIA MINISTRA	- war table
OD Peporting Only	i-Photo Uploaded			
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	(11.	
Preferred Wksp / INC Assign Wksp / QW: {	Character and the state of the state of	Tol: F	aoc:	3-11-11-11-11-11-11-11-11-11-11-11-11-11
	11Q 3528T. INC	)/Non-INC( )	. 0	
Owner / Driver: (	724 33 28 1.	Tel:	)	
Policy No: ( ) Per	iod: (	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %) [N	lote-Est Status (WO): N: 0-2	20%; P: 21-79%. P: 80-1	00%]	
Year of Registration: ( ) W	/arranty: YES ( ) / NO (	)		
Excess: (\$ ) Loading: \$1,00	00()/\$2,000()			
General Remarks;-				
( ) Walk-In Customer: Customer's inform	Marine management (Cl., comment of the AULDE of the Australia and Auto-	The state of the s		
( ) Total Loss Case : to e-mail Insurer				
Drive-In ( )/ Towed-In ( ); Invoice:		Towing Co: (		)
AND CONTRACTOR OF THE PARTY OF			PER KANGKATA	german i
Remarks:- (INC hotline: 6788 6616)		Date&Time Comple of	Done	by
	ourtesy Car ( )	7 - 1		
2) QC Check / Post Repair Inspection	( )			
3) Upload Resurvey Photo [Repair Cost > \$30	000] ( )			
Injury:				
Date/Time Actions			10 AM CHICAGO RE	engrio Agri
Pater Title Actions	Herein in the second se	•	38538 (16.746.765)	
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мд	180 59 74 Invoice Pre	paration Checklist	hibiji	Add Bill
laimant's Particulars :-	1) AR : Acciden	t Reporting (530); Assessment (5100); INC (58	30.00	
river/Owner:	3) TF : Towing I	Pee . 540	/\$45	
	4) FT : Fellow-T 5) iFT : Fellow-T	brough Survey (Resurvey)	\$30	
ontact No:	For claiming a	goinst INC Only (wef 10 Jon 2005	\$75	
mäged Portion:	6) TR : Re-inspe 7) N1 : Idao DA	+ SMRT Survey	160	
	8) NTUC Additi	onal Services:-		
Checked by (Engr-In-Charge):	*N5: Courtes)	Car / Tpt Allowance	\$5	
N. Karunang a Wasan dan Kriston and Susan Agus	*N6: Repair C		\$10 \$25	
uditors' Comments :-	*N8: DV / Co	llect Excess Coordination	33	
.1:	TP (N11): TP 9) N12: Idac Mo		30	
2/3,	bivoles dated	Fee Chargei	100 PM	METERS AND
	Invalce dated	Fee Charged	BOGICE LEAD	

#### 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.

Action of Accident 20/09/2018 08:30 Exact Location Of Accident BT TIMAH RD Sountry/State of Loss  DETAILS OF OWN VEHICLE  SINGAPORE  DETAILS OF OWN VEHICLE  SUG5362R  Insured/Policyholder  Idense Of Registered Owner Idense Owner Idense Of Registered Owner Idense Owner Idense Owner Idense Of Registered Owner Idense Owner Idense Owner Idense Own	CATCHES OF THE COURSE OF THE CATCHES	ACCIDENT STATEMENT
Exact Location Of Accident Singapore  DETAILS OF OWN VEHICLE  Vehicle Registration Number SLQ5362R  Same Of Registered Owner Simulator Singapore S	Date Of Report	20/09/2018 14:01
Details of Loss  DETAILS OF OWN VEHICLE  Vehicle Registration Number  SLQ5362R  Same Of Registered Owner  KERK KIM CHEW  ST025770Z  Small Address  NOEMAIL  Mobile Phone No  (LOCAL) +65-96366595  Vehicle Particulars  Manufacturer  TOYOTA  Model  SIENTA 1.5G CVT ABS D/AIRBAG 2WD 5DR  Facility of Loss of	Date Of Accident	20/09/2018 08:30
Vehicle Registration Number SLQ5362R  Vehicle Registration Number SLQ5362R  Vehicle Registered Owner KERK KIM CHEW  ST025770Z  SEMI Address NOEMAIL  (AloCAL) +65-96366595  Vehicle Particulars  Very you claiming under your own insurance policy or repair to your vehicle?  Very you claiming under your own insurance policy or repair to your vehicle?  Vehicle Category PRIVATE USE  Vehicle Category PRIVATE CAR  Vehicle Category PRIVATE CAR  Vehicle Category PRIVATE CAR  Vehicle Company  Vehicle Company  Vehicle Coverage Company  Vehicle Coverage Company  Vehicle Coverage Company  Vehicle Number Sog2466848-01  Cover Note Number -  Vehicle Cover State Vehicle Coverage  Vehicle Coverage Tank Li MEI (CHEN LIMEI)  Sorticer  Vehicle Coverage Tank Li MEI (CHEN LIMEI)  Vehicle Coverage Tank Li Mei (CHEN LIM	Exact Location Of Accident	BT TIMAH RD
rehicle Registration Number  surred/Policyholder  Name Of Registered Owner  NEIC No S7025770Z  NOEMAIL  Mobile Phone No (LOCAL) +65-96366595  Nothicle Particulars  Manufacturer  Model  Stact Purpose for which vehicle was being used at ree of accident  No you claiming under your own insurance policy or repair to your vehicle?  Thus, Please state action to be taken  THIRD PARTY  PRIVATE USE  NO  THIRD PARTY  PRIVATE GAR  Insurance Company  Name of Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  COMPREHENSIVE  NO  Policy Number  Dover Note Number  TAN LI MEI (CHEN LIMEI)  ST727087F  State Of Driving Pass  PRIVATE  Sender  Sender  SENALE	Country/State of Loss	SINGAPORE
Insured/Policyholder Idame Of Registered Owner Idame Of Idame Idame Idame Of Idame Idame Idame Of Idame Id	Control of the Contro	DETAILS OF OWN VEHICLE
Rame Of Registered Owner  REIC No  \$7025770Z  NOEMAIL  Aldoress  NOEMAIL  Aldoress  NOEMAIL  (LOCAL) +65-96366595  NOEMAIL  (Abbile Phone No  OFFICE-96366595  NOEMAIL  (LOCAL) +65-96366595  NOEMAIL  (Abbile Particulars  Nanufacturer  TOYOTA  Aldodel  SIENTA 1.5G CVT ABS D/AIRBAG 2WD 5DR  REACT Purpose for which vehicle was being used at me of accident to your vehicle?  NOEMAIL  (No. Please state action to be taken  THIRD PARTY  (Pehicle Category  RIVATE USE  NOEMAIL  (Abbile Category  RIVATE GAR  INJURIANCE CO-OPERATIVE LTD  (TOPE OF Coverage  COMPREHENSIVE  (Pelicle Policy  NOEME INSURANCE CO-OPERATIVE LTD  (Cover Note Number  Diver  LOCAL PARTY  AND LI MEI (CHEN LIMEI)  ST727087F  Date Of Birth  Decupation  NIDOOR  Pale Of Driving Pass  Diving Experience  20 YEARS AND 6 MONTHS  REMALE	Vehicle Registration Number	SLQ5362R
RIC No S7025770Z Email Address NOEMAIL Mobile Phone No (LOCAL) +65-96366595 Molternative Phone No OFFICE-96366595 Molternative Phone No OFFICE-96366595 Molternative Phone No OFFICE-96366595 Molter Address Manufacturer TOYOTA Model SEARCH Purpose for which vehicle was being used at me of accident Moley ou claiming under your own insurance policy or repair to your vehicle? Moley or repair to your vehicle? Moley of Robert Molter	Insured/Policyholder	
Email Address NOEMAIL Mobile Phone No (LOCAL) +65-96366595 Metrative Phone No OFFICE-96366595 Metrative Phone No OFFICE-96366595 Manufacturer TOYOTA Model SIENTA 1.5G CVT ABS D/AIRBAG 2WD 5DR Exact Purpose for which vehicle was being used at law of accident or part	Name Of Registered Owner	KERK KIM CHEW
Abbile Phone No (LOCAL) +65-96366595 Alternative Phone No OFFICE-96366595 Alternative Phone No OFFICE-9636699 Alternative Phone No OFFICE-963669 Alternative Phone No OFFICE-963669 Alternative Phone No OFF	NRIC No	S7025770Z
Alternative Phone No  Vehicle Particulars  Vanufacturer  V	Email Address	NOEMAIL
Manufacturer Manufacturer Model Mod	Mobile Phone No	(LOCAL) +65-96366595
Manufacturer  Model  SIENTA 1.5G CVT ABS D/AIRBAG 2WD 5DR  PRIVATE USE  PRIVATE USE  NO  I No. Please state action to be taken  PRIVATE CAR  PRIVATE USE  NO  COMPREHENSIVE  NO  POICE PRIVATE CO-OPERATIVE LTD  PRIVATE USE  PRIVATE USE  NO  PRIVATE	Alternative Phone No	OFFICE-96366595
Model SIENTA 1.5G CVT ABS D/AIRBAG 2WD 5DR Exact Purpose for which vehicle was being used at me of accident Are you claiming under your own insurance policy or repair to your vehicle?  If No, Please state action to be taken ITHIRD PARTY PRIVATE CAR  THIRD PARTY PRIVATE CAR  THURD PARTY PRIVATE CAR  TOWN INSURANCE CO-OPERATIVE LTD COMPREHENSIVE TOWN INSURANCE CO-OPERATIVE LTD TOWN IN	Vehicle Particulars	
Exact Purpose for which vehicle was being used at me of accident  Are you claiming under your own insurance policy or repair to your vehicle?  If No, Please state action to be taken  If No, Please state action to be taken  Are young the provided of the part of your vehicle?  If No, Please state action to be taken  If HIRD PARTY  PRIVATE CAR  THIRD PARTY  PRIVATE CAR  THIRD PARTY  PRIVATE CAR  THURD PARTY  PRIVATE USE  NO  COMPREHENSIVE  NO  Policy Number Company  TOWN  Policy Number Cover Note Number Cover Numbe	Manufacturer	TOYOTA
Ime of accident  Are you claiming under your own insurance policy or repair to your vehicle?  I No, Please state action to be taken  THIRD PARTY PRIVATE CAR  THIRD PARTY PRIVATE CAR  INSURANCE CO-OPERATIVE LTD  TOPIC COMPREHENSIVE  NO  Policy Number  Cover Note Number  Cover Note Number  Driver  Name of Driver  Name of Driver  NAME OF Birth  Driver  NO  NO  Driver  NO  Driver  NO  NO  Driver  NO  Driver  NO  Driver  NO  Driver  NO  NO  Driver  Driver  Driver  NO  Driver  NO  Driver  Driver  NO  Driver  Driver  NO  Driver  NO  Driver  Driver  NO  Driver	Model	SIENTA 1.5G CVT ABS D/AIRBAG 2WD 5DR
or repair to your vehicle?  If No, Please state action to be taken  If No In	Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
PRIVATE CAR  Insurance Company  Name of Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  COMPREHENSIVE  NO  Policy Number  Cover Note Number  Driver  Name of Driver  NAME (CHEN LIMEI)  ST727087F  Date Of Birth  Decupation  Date Of Driving Pass  Driving Experience  Driving Experience  Sender  PRIVATE CAR  PRIVATE CAR  PRIVATE CAR  NTUC INCOME INSURANCE CO-OPERATIVE LTD  COMPREHENSIVE  NO  TOMPREHENSIVE  NO  TOMPREHENSIVE  NO  TOMPREHENSIVE  NO  TOMPREHENSIVE  NO  TOMPREHENSIVE  NO  TOMPREHENSIVE  NO  S092466848-01	Are you claiming under your own insurance policy for repair to your vehicle?	NO
Name of Insurance Company Name of Insurance Company Name of Insurance Company No Colory Of Coverage No Cover Policy No Cover Note Number Cover Note Number Name of Driver Name of Driver Name of Driver Name of Birth No Cocupation No Cocupation No	If No, Please state action to be taken	THIRD PARTY
Name of Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  COMPREHENSIVE  NO  Policy Number  Sover Note Number	Vehicle Category	PRIVATE CAR
Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         5092466848-01           Cover Note Number         -           Oriver         TAN LI MEI (CHEN LIMEI)           Value of Driver         \$7727087F           Oate Of Birth         26/09/1977           Occupation         INDOOR           Oate Of Driving Pass         16/03/1998           Oriving Experience         20 YEARS AND 6 MONTHS           Gender         FEMALE	Insurance Company	
NO   Section	Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Policy Number         5092466848-01           Cover Note Number         -           Driver           Name of Driver         TAN LI MEI (CHEN LIMEI)           NRIC No         \$7727087F           Date Of Birth         26/09/1977           Decupation         INDOOR           Date Of Driving Pass         16/03/1998           Driving Experience         20 YEARS AND 6 MONTHS           Gender         FEMALE	Type Of Coverage	COMPREHENSIVE
Cover Note Number	Fleet Policy	NO
Oriver         TAN LI MEI (CHEN LIMEI)           NRIC No         \$7727087F           Date Of Birth         26/09/1977           Docupation         INDOOR           Date Of Driving Pass         16/03/1998           Oriving Experience         20 YEARS AND 6 MONTHS           Gender         FEMALE	Policy Number	5092466848-01
Name of Driver         TAN LI MEI (CHEN LIMEI)           NRIC No         \$7727087F           Date Of Birth         26/09/1977           Decupation         INDOOR           Date Of Driving Pass         16/03/1998           Driving Experience         20 YEARS AND 6 MONTHS           Gender         FEMALE	Cover Note Number	*
NRIC No         S7727087F           Date Of Birth         26/09/1977           Decupation         INDOOR           Date Of Driving Pass         16/03/1998           Driving Experience         20 YEARS AND 6 MONTHS           Gender         FEMALE	Driver	
Date Of Birth         26/09/1977           Decupation         INDOOR           Date Of Driving Pass         16/03/1998           Driving Experience         20 YEARS AND 6 MONTHS           Gender         FEMALE	Name of Driver	TAN LI MEI (CHEN LIMEI)
Discription INDOOR Date Of Driving Pass 16/03/1998 Driving Experience 20 YEARS AND 6 MONTHS Gender FEMALE	NRIC No	S7727087F
Date Of Driving Pass 16/03/1998 Driving Experience 20 YEARS AND 6 MONTHS Gender FEMALE	Date Of Birth	26/09/1977
Oriving Experience 20 YEARS AND 6 MONTHS Gender FEMALE	Occupation	INDOOR
Gender FEMALE	Date Of Driving Pass	16/03/1998
	Driving Experience	20 YEARS AND 6 MONTHS
Nobile Number (LOCAL) +65-96366595	Gender	FEMALE
	Mobile Number	(LOCAL) +65-96366595

NOEMAIL

Address BLK 172 BEDOK SOUTH RD #07-419

Postcode 460172

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

-3

Insurance Company of Driver's Own Vehicle

•

NO

NO

## 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

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? NO

If Yes, against whom?

#### Circumstances of Accident

## PLEASE REFER TO 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 SLQ3528T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver ARUMUGAM SELVAKUMAR

NRIC/Passport Number S1285613Z Contact Number 98506850

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## 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.
- 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:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

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13	1	B
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		1111

DOA: 20/9/18 A: SLQ 5362 R

B: FLQ 3528T

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I	was	driving	dong	Bt	Timeh	Rd,	suddal.	veh
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## DECLARATION

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

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 .:

Personal Particulars
Date of Accident: 20 9 18 Time of Accident: 8 30 am
Exact Location of Accident: 6+ Timpah Rd
Owner's Name: Kerk Kim Chew NRICNO: \$702577024P No:
Driver's Name: Tan Li Mei NRIC No: 57727087 FP No: 9636659
Date of Birth: 26 9 1977 Driv ng Licence Passing Date: Occupation: Indoor / Outdoor
Address: 172 Bedok South Rd #07-419 (460172)
Relationship of Driver with Insured: Spuse Email Address:
Vehicle No: SLG 5362 R Make & Model: Toy cta
Insurance Co: NTUC Coverage: Comprehensing Policy No:
*Purpose of Reporting? Own Damege Claim / 3rd Packy Claim / Not Claiming, Just Reporting Only
*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work
*Weather Condition ? Clear / Raining / Others: Wet / Do / Others:
* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:
A: 1+0 B· 1+2 C: D:
*Was Anybody Injured ? (Yes / No) If yes,
Name / NRIC / In Vehicle:
*Was The Accident Reported To The Police ?
No O Yes, Which Police Station?
*Does the Driver Own Any Other Vehicle?
No O Yes, Vehicle Registration No:insurer:
*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category:
*Was there any video captured by Car Camera? (Yes/No)
Third Party Driver's Particulars
Vehicle & No: SLQ 3528 T Make & Model:
Driver's Name: Arumugan Selva Kuma/ NRIC No: 51285613 ZHP No: 98506850
Vehicle C No: Make & Model:
Driver's Name: NRIC No: HP No:
Witness Particulars
Name: MBIC No. Ha No.







序 那 美 Race CHINESE Date of birth 26-09-1977 F Country of birth SINGAPORE

TAN LI MEI (CHEN LIMEI)



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2

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7727087 F

TAN LI MEI (CHEN LIMEI)

Bath Dute 26 Sep 1977 texas Date 12 Mar 2003

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

PASS DATE

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms Class 3

NP 428A

<b>eBao</b> Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601			and a substitute of		THE PERSON NAMED IN	, Chang	e Languag	e Chan	ge Password	, Log On
My Desktop	Poli	cy Query									100
Notice of Loss	Policy N	No.	1/2			Date	of Accident		20/09/2018	13:56	
	Vehicle	No.(For Motor)	SLQ53	62R		Certi	ficate Numbe	er .			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	9	5092466848- 01		KERK KIM CHEW	S7025770Z	GPC	drivo CLASSIC	SLQ5362R	SLQ5362R	13/07/2018	12/07/2019
					Г	Continue	1				

#### Claim Handling Accident MT/1012354 Policy No. 5092466848-01 Vehicle No. SLQ5362R GST Registration No. Certificate No. Policyholder Name KERK KIM CHEW Policyholder NRIC 57075 Product Code PRIVATE CAR INSURANCE Cover Type drivo CLASSIC Loading 0 Contact No.(Mobile) 96366595 Contact No.(Office) Contact No.(Home) Email Address Special Remark No T » No Yes No Yes eCode Reason NCD Protection No NCD Entitlement(%) 50 Private Hire 21/09/2018 09:07 Accident Report Within 24 hrs Accident Type Collisio Date of Accident 20/09/2018 Time of Accident hh:mm 08:30 Country of Accident Reporting Centre Orange Force ICM No. Accident Location BT TIMAH RD ▽ Excess Own damage Excess 600.00 Additional Excess Windscreen Excess 100.00 Unnamed Driver Excess 500.00 Outside Singapore OD Excess 600.00 Third Party Excess 0.00 Outside Singapore TP Excess 0.00 ▼ Benefits GST Registered Information GST Registered **GST Registration Date** GST Registration No. GST Status Verified Yes Modification History Address 1 BLK 172 #07-419 Address 2 BEDOK SOUTH ROAD Address 3 SINGA Address Type Singapore address Post Code 46017; Unit No. Related Policy Number 5092466848-01 Driver Name Unnamed Driver Driver Type Unnamed Driver Unnamed driver Name TAN LI MEI (CHEN LIMEI) Driver NRIC \$7727087F Driver DOB 26/09/ Register Date of Driver License 16/03/1998 Driver Age 40 Driving Experience 20 Contact No.(Mobile) 96366595 Contact No.(Office) Contact No.(Home) Address 1 BLK 172 #07-419 Address 2 BEDOK SOUTH ROAD Address 3 SINGA Address 4 Address Type Singapore address Post Code 460172 Unit No. 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? Yes w No Modification History Claim 001 New Claim Type \* OD-MX Insured Name KERK KIM CHEW Contact No. (Home) Contact No.(Mobile) 98352290 OI Vehicle Number Email Address kckerk@gmail.com SLQ5362R Claim Description SLQ5362R / SLQ3528T ON 20 Sept 2018 Preferred Workshop Bonuset No. Finalisation Yes Preferered Liability Not at Fault GIA Received Preferred Workshop, Name unknow Date Registered 21/09/2018 09:12 Close Report Taken By LIEW SHAN HUI Print AK letter

Save Submit

001

Claim No.

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

MT/1012354

Attachment

Last Doc. Received

Category

NRIC/ Driving License

NRIC/ Driving License

NRIC/ Driving License

NRIC/ Driving License

SAS

Photos

Photos

Photos

Photos

Upload Date

21/09/2018 09:14

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Attachment

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Sep 2018 09:14

Yes No

NAC\_PAYA\_UBI\_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Sep 2018 09:14

Uploaded By/Date

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Sep 2018 09:14 NAC\_PAYA\_UBI\_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Sep 2018 09:14

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