NATIONAL Assessment Ce	THE DET FICES [MILL 1991/09]	(*/N# 8 2 41)	
Date In: 26 9 18 -1057	Jeb description	Date &Time Completed	Done by
Res No: NA INCIRO FATTLY	SAS e-filing	1	
Veh No: CLINSA	E-mail (within Shrs, AIC 2hrs)	
D.O.A : 26 9 18-11:30	i-Motor Claim Form	MT 1013N4-001	26/1/18 15:17
	i-Motor W/O (Within: OD		
OD (TP) Reporting Only	i-Photo Uploaded	1	The state of the s
	Assessment/Survey Repor	t	
TP Insurer:	Ass't Report by Fax / Har	nd to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:			Fax:
TP Particulars: Veh No: 6	DETYS . INC	()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: ()	Period: () Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%	6) [Note-Est. Status (WO): N: 0	0-20%; P: 21-79%. P: 80-	100%]
) Warranty: YES ()/NO (
	\$1,000()/\$2,000()		
General Remarks:-	. 1905 10 - 5 10		nacio di
- version per discontinuous de	The state of the s	The state of the s	Silvert Para - 3
() Walk-In Customer: Customer's	Information strictly Confidential &	Strictly NO refer of repairer.	
() Total Loss Case : to e-mail In:	surer URGENTLY.		
Drive-In ()/ Towed-In (); Inv	roice: YES() / NO()	Towing Co: (.)
		Commence of the Commence of th	STEEDS AND STREET
		Date&Time Completed	Done by
Remarks: (INC hotline: 6788 6616 1) Apply for Transport Allowance (Date&Time Completed	Done by
1) Apply for Transport Allowance (Date&Time Comple od "	Done by
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection) / Courtesy Car ()	Date&Time Completed*	Done by
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >) / Courtesy Car ()	Date&Time Completed*	Done by
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection) / Courtesy Car ()	Date&Time Completed	Done by
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :) / Courtesy Car ()		
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury:) / Courtesy Car ()		Done by
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury:) / Courtesy Car ()		
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury:) / Courtesy Car ()		
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury:) / Courtesy Car ()		
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury:) / Courtesy Car ()		
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury:) / Courtesy Car ()		
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions)/Courtesy Car ()		Ant(S). Am
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions)/Courtesy Car () () > \$3000] () Invoice P	reparation Checklist.	
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions	Courtesy Car ()	reparation Checklist. ent Reporting (\$30); ge Assessment (\$100); INC (\$	Anit (5) Am fit Bill Add
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Actions	Invoice P	ent Reporting (\$30); ge Assessment (\$100); INC (\$ g Fee \$4	Anit (5) Am fa Bill Add 80) 0/345
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Actions aimant's Particulars :- iver/Owner:	Invoice P	ent Reporting (\$30); ge Assessment (\$100); INC (\$100);	Ant((\$)) Am fit Bill Add 80) 0/\$45 \$120 \$30
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Actions aimant's Particulars :- iver/Owner:	Invoice P	ent Reporting (\$30); ge Assessment (\$100); INC (\$100);	Ant(S) Am fit Bill Add 80) 0/\$45 \$120 \$30
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Actions JAKO613~ aimant's Particulars :- iver/Owner: ntact No:	Invoice P	reparation Checklist: ent Reporting (\$30); ge Assessment (\$100); INC (\$100); I	Ant(S) Am fit Bill Add 80) 0/\$45 \$120 \$30 5)
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions JAKO613~ aimant's Particulars :- iver/Owner: ntact No:	Invoice P	ent Reporting (\$30); ge Assessment (\$100); INC (\$100);	Ant(S) Am fit Bill Add 80) 0/\$45 \$120 \$30
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions Actions dimant's Particulars: iver/Owner: intact No: imaged Portion:	Invoice P	reparation Checklist ent Reporting (\$30); ge Assessment (\$100); INC (\$5 g Fee \$4 y-Through Survey y-Through Survey (Resurvey) g against INC Only (wef 10 Jan 200) spection OA + SMRT Survey litional Services.	Anit (5) Amit (5) And (5) And (5) And (5) And (5) S120 S30 S) S75 S160
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Actions aimant's Particulars :- iver/Owner: ntact No: maged Portion:	Invoice P	reparation Checklist. ent Reporting (\$30); ge Assessment (\$100); INC (\$100); ge Fee \$400. Through Survey (Resurvey) ge against INC Only (wef 10 Jan 200) spection (A + SMRT Survey) litional Services: csy Car / Tpt Allowance	Anit (\$) Am fit Bill Add 80) 0/\$45 \$120 \$30 \$) \$75 \$160
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost 2] Injury: Date/Time Actions aimant's Particulars:- iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge):	Invoice P	ent Reporting (\$30); ge Assessment (\$100); INC (\$100);	Anit (5) Amit (5) And (5) And (5) And (5) And (5) S120 S30 S) S75 S160
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions Actions aimant's Particulars: iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	Invoice P	ent Reporting (\$30); ge Assessment (\$100); INC (\$ g Fee \$4 y-Through Survey y-Through Survey (Resurvey) g eseinst INC Only (wef 10 Jan 200) pection DA + SMRT Survey litional Services: csy Car / Tpt Allowance y Co-ordination Repair Inspection Collect Excess Coordination	Ant(S) Am fit Bill Add 80) 0/\$45 \$120 \$30 5) \$75 \$160 \$3 510 \$25 \$35
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Actions aimant's Particulars :- iver/Owner: ntact No: rmaged Portion: Checked by (Engr-In-Charge):	Invoice P	reparation Checklist ent Reporting (\$30); ge Assessment (\$100); INC (\$100); ge Fee \$40 -Through Survey -Through Survey (Resurvey) ge against INC Only (wef 10 Jan 200) pection A + SMRT Survey litional Services: csy Car / Tpt Allowance r Co-ordination Repair Inspection Collect Excess Coordination TP (Non INC) against INC	Anit (5) Amid (5) Ami

4 . per at 1.30

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	26/09/2018 11:57
Date Of Accident	25/09/2018 11:30
Exact Location Of Accident	KIM SENG RD BEFORE CENTENNIA CONDOMINIUM
Country/State of Loss	SINGAPORE
La company de	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLC1235A
Insured/Policyholder	
Name Of Registered Owner	PRESTIGE LEASING PTE LTD
Co Reg No	201723326H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91449265
Alternative Phone No	OFFICE-91449265
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA AXIO 1.5X A
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5098811203
Cover Note Number	
Driver	
Name of Driver	TONG KOK KEONG (TANG GUOQIANG)
NRIC No	S7429306I
Date Of Birth	08/09/1974
Occupation	OUTDOOR
Date Of Driving Pass	29/07/2000
Driving Experience	18 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97127014
Fax Number	
Contact Number	OFFICE-97127014

NOEMAIL

BLK 668A JURONG WEST STREET 64 Address

#13-120

Postcode 641668

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

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? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

2

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)

Passenger 1

NAME: : -

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

YES

Police Station Name

JURONG WEST NEIGHBOURHOOD POLICE CENTRE

TEL NO: 1800-2689999 - FAX NO: 62672438

Police Station Address

Police Station Contact

ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY:

SINGAPORE

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180926/2037.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES YES

NO

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBF7245J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver LIU NAN NRIC/Passport Number G2382225W Contact Number 84596130

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 NAME: GENDER:

DETAILS OF INJURED PERSON 1

TONG KOK KEONG (TANG GUOQIANG) Name

Approximate Age

Injuries Sustain NECK Injured person in which vehicle? SLC1235A Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode

YES

2

NO

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (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:

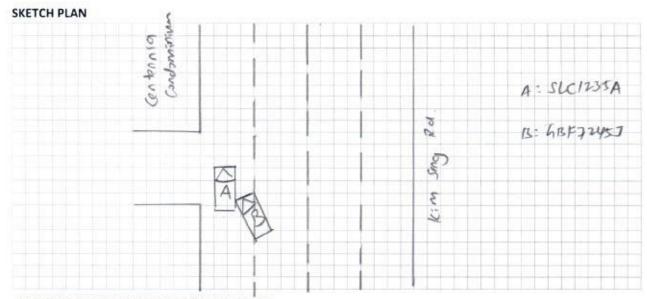
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

wante.

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CITEDITISTATULES OF THE ACCIDENT
pefor to police report - 7/20/80926/2057.

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 policy

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:





1 of 3 Report No. T/20180926/2037

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

REPORT OF A TRAFFIC ACCIDENT

Date/Tir 26/09/2	me Report M 018 10:31	Made:	Vide Report No.:	Station Diary No.			
Informa	nt's Partic	ulars					
	f Informant: (OK KEON		Address: APT BLK 668A JURONG V SINGAPORE 641668	VEST STREET 64 #13-120			
	/ ID No.: 0 / S74293	061	Contact No.: Home/Office:	Mobile: 97127014			
National SINGAP	ity: ORE CITIZ	EN	Email:	WODIIe. 97 1270 14			
Sex: Male	Age:	Date of Birth: 08/09/1974	Type of Informant:				
Race: Chinese			Language:	Institution / School Name:			
Occupat GRAB D			Driving Licence Information	: Date of Expiry:			

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 25/09/2018 11:30	Type of Location Straight Road	
Location: Along Road 1 KIM SENG Road Towards Have Weather:		nction of Centennia Suit	es	Pood Spood Limit	
Clear Dry		22300	13	Road Speed Limit:	
Oleai	Traffic Flow: Traff				
		Traffic Control: Traffic Light - Wor		Traffic Volume: Light	

Details of V	ehicle Invo	lved				MUMBER NAME AND A SECOND
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBF7245J	Van	NISSAN	NV350	Grey	No	1
SLC1235A	Car	ТОУОТА	COROLLA	White	Damage Seriously Damaged	1

THE RESIDENCE OF THE PARTY OF T
Use of Pedestrian Crossing: NA





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818

2 of 3 Report No. T/20180926/2037

Tel No: 1800-2689999

CONTINUATION OF REPORT

Driver				NAS-THE	- Carrie	
Name	LIU NAN			ID No.		G2382225W
Related Vehicle	GBF7245J (Van)		Contact No.		84596130	
Hospital/Clinic	NIL			Class Drivin Licen	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Dis		NIL	
No. of Days gran	Degree o		NIL			
Driver		Z Songer State of the				
Name	TONG KOK KEONO	ID No		S7429306I		
Related Vehicle	SLC1235A (Car)	Contact No.		97127014		
Hospital/Clinic	MY FAMILY CLINIC	(PIONEEI	R)	Class Drivin Licend Expiry	g ce &	Class: 2B,3 Date of Expiry: NIL
Date Treatment	25/09/2018		Date Dis			/2018
No. of Days gran	ted Medical Leave	03	Degree o		NIL	

Brief Details.

On the 25/09/18 at about 1130hrs, I was driving along Kim Seng Road towards Havelock Road. Subsequently, the van travelling on the 3rd lane suddenly moved into the my lane and collided into my right-rear passenger door. I then alighted and make a check on my passenger if he was injured and he informed me that he was not injured. I then make a check on the other driver and his passenger if they were injured and they informed that they were not injured. Subsequently, my passenger gave me his contact number (97739268) and went off in another taxi. From the collision, there was a dent on my right-rear passenger door however there was no damages observed on the van. I then went to My Family Clinic (Pioneer) to see doctor as I felt sore on my neck due to the impact and was given 03 days of MC from 25/09/18 to 27/09/18.

I wish to state that I have a in-car camera installed in my vehicle and the whole incident was captured.





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

Report No. T/20180926/2037

3 of 3

CONTINUATION OF REPORT

Sketch Plan

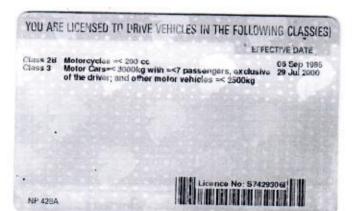
Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: J / Sgt 1 CHEW WEI XIANG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/09/2018 10:31
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp SN 12	









eBao Tech									G	eneralC	laim
Hello, NAC_PAYA_UB1_80	0601						· Change Lan	guage	· Change Pa	ssword	Log Out
My Desktop	Polic	y Query									938
Notice of Loss	Policy N	o.				Date of	Accident	25/09	9/2018 11:30	15	
	Vehicle	No.(For Motor)	SLC123	5A		Certifica	ite Number	1			
					Se	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5098811203		PRESTIGE LEASING PTE. LTD	201723326H	GFT	drivo CLASSIC	SLC1235A	SLC1235A	24/04/2018	
					Cor	ntinue					

Policy Information Page 1 of 5

Policy No.	509881	11203	Policyholder	PRESTIGE	LEASING PTE. LTD	Policyholder NRIC	201723326H	
Certificate			Name			NRIC		
lo. Iddress	25 VAV	I BUKIT ROAD 4 #01-62	SYNEDGY M N	OR STAGADO	DE 417800			
roduct				to Strone	NE 417000	Group		
lame	FLEET	INSURANCE	Plan			Policy Flag	N	
Policy ssue Date	09/03/	2018	Effective Date	09/03/201	8 00:00	Expiry Date	04/10/2018	23:59
xcess ype			All Claims Excess					
hird Party Excess	1500		Own damage Excess	2000		Windscreen Excess	100	
Additional xcess	0		OS Premium	2787.47				
Outside Singapore OD Excess	2000		Outside Singapore TP Excess	1500			Your	ng/Inexperience Driver Excess
Agent	ANIKA	INS BROKERS & CONSUL	Agent Tel.	66729988		GST Flag	Y	
Flag Open Policy Info Certificate Info	No	Mailing Address						
Policy	holder	Mailing Address	3,000.00	250 2607	https://www.comment.com/	26.1980	With the second second	THE OR GREEN STORES
Address 1		25 KAKI BUKIT ROAD 4	Addre	ess 2	#01-62 SYNERGY (∌ KB	Address 3	SINGAPORE 417800
Address 4				ess Type	Singapore address		Post Code	417800
Unit No.		01-62	Relat Numb	ed Policy per	5098811203			
D Insure	d Obje	ct: SLC1235A						
	sement	s						
Sequer	nce	Date of Endorsement	Endorseme	ent Type	Endorsement Numbe	r Endorse	ment Status	Endorsement Content
1		21/03/2018 00:00	Basic Informa Endorsement	ation	000001286779647	Endorsem Effective	ent Take	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLF5034X 22-03-2018 \$1,238.89 2. SLF50938 22-03-201 \$1,238.89 3. SLF50938 22-03-201 \$1,238.89 In view of this amendment, an additional premium of \$3,716.67 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.

key No.					
ertificate No.	5098811203	Vehicle No.	SLC1235A	GST Registration No.	
olicyholder Name	PRESTIGE LEASING PTE: LTD			Harana estretar	
roduct Code	FLEET INSURANCE	Proces Town		Policyholder NR3C	201723326H
ontact No.(Motivie)	91449365	Cover Type	STIVO CLASSIC	Loading	0
mell Address	91249209	Contact No.(Office)	٥	Contact No.(Home)	0
rik	01.0	Special Remark		eCode	No V
	® No ⊜Yes	TCA	® No ○Yes	eCode Reason	
CD Protection Accident Details	No	NCD Entitlement(%)	0	Private Hire	Yes
eport Date	26/09/2018 15:10	La colation a compression of		A source of Editor	Hot at William St. Little Co. William Section
		Accident Report Within 24 hrs		Accident Type	Collision - Change / Cross lane
ate of Accident	25/09/2018	Time of Accident hhomm	11:30	Country of Acadent	Singapore
eporting Centre		Drange Force		3CM No.	
coldent Location	KIM SENG ND BEFORE CENTENNIA COND	OHINIUM			
♥ Excess					
en damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
nnamed Driver Excess		Outside Singapore DO Excess	2,000,00		
nind Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
7 Benefits					
GST Registered Informa					
FT Registered FT Registration No.	No		GST Registration Date	25900	
odfication History			GST Status Verified	Yes	
Policyholder Mailing Ade	dress				
sdress 1	25 KAKI BUKIT ROAD 4	Address 2	#01-62 SYMERGY @ KB	Address 3	CHACADORE ALTROC
ddress 4	SETERIOR WENTER	Address Type			SINGAPORE 417800
nit No.	N. 42		Singapore address	Post Code	417800
OI Driver Info	01-62	Related Policy Number	5098811203		
river Name	Unnamed Driver	No. of Park	700002000		
mamed driver Name	TONG KOK KEONG (TANG GUO):	Driver Type Driver NASC	Unnamed Oriver \$74293061		
egister Date of Driver License				Driver DOB	00/09/1974
ontact No.(Mobile)	97127014	Driver Age Contact No.(Office)	0	Driving Experience	18
ddress 1	BLK 668A	Address 2	JURONG WEST STREET 64	Contact No. (Home)	0
Odress 4	DER OFFI			Address 3	SINGAPORE 641668
nit No.	13-120	Address Type	Singapore address	Post Code	641668
oes he own a Singapore					
egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
claration					
ciaracter			02/400-2000		
eatheryser or Blood Test	0.000		® Yes ○ No		
reatheryser or Blood Test eading?	0 mg	Any injury?	100000000000000000000000000000000000000		
reatheryser or Blood Test eading?	O mg	any aguly	17000700		
reathelyser or Blood Test eading? odification History	0 mg	any equity	17.00.7.00		
eding? diffication History	O mg	any injury			
esing? dification History	Omg	any equity			
eding? Idification History Claim 001 New		any equity.			
eating? Idification History Claim 001 New Internation 1	OD-MX	Insured Name	PRESTIGE LEASING PTE, LTD	Insured NRJC	201723326н
eding? Claim OOL New Imm Type + mact No (Mobile)			17.55047027	Insured NR3C Contact No.(Office)	201723326H N3L
eding? dification History Claim 001 New Imm Type * mact No (Mobile) has Address	OD-MX	Insured Name	17.55047027		
dification History Claim 001 New Im Type * Mact No (Mobile) all Address Imant Type Claimant Type *	OD-MX	Insured Name Contact No.(Home)	PRESTIGE LEASING PTE, LTD	Contact No.(Office)	NJL
dification History chaim 001 New em Type * mact No (Mobile) ale Address emant Type Cleanant Type *	OD-MX	Traured Name Contact No. (Home) Of Vehicle Number	PRESTIGE LEASING PTE, LTD SLC12354	Contact No.(Office)	NJL
osing? Claim 001 New Im Type * mact No. (Mobile) ale Address Imam Type Claiment Type * Imam Type Claiment Type * Imam Address	OD-MX Please Select ≥≥	Insured Name Contact No (Hume) OI Vehicle Number Type of Benefit *	PRESTIGE LEASING PTE, LTD SLC12354	Contact No.(Office)	NJL
dification History Claim 001 New Imm Type * Immat No (Mobile) Inal Address Imman Type Claimant Type * Imman Andress	OD-MIX Please Select	Insured Name Contact No (Hume) OI Vehicle Number Type of Benefit *	PRESTIGE LEASING PTE, LTD SLC12354	Contact No.(Office)	NJL
indification History Claim 001 New Inflact No. (Mobile) hair Address aimant Algress him Description eferred workshop Careact	OD-MX Please Select ≥≥	Insured Name Contact No (Hume) OI Vehicle Number Type of Benefit *	PRESTIGE LEASING PTE, LTD SLC12354	Contact No. (Office) TP Vehicle Number	NJL
indification History Claim OOL New Inflact No. (Mobile) And Address Almant Name * Almant Name * Almant Address Almant Address Almant Obscription elemed Workshop Contact	OD-MX Please Select ≥≥	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit + Claimant NRIC +	PRESTIGE LEASING PTE, LTD SLC12354 Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	NJL
dification History Claim 001 New Imm Type + mack No. (Mobile) nas Address Immant Type Claimant Type + Immant Name + Immant Andress Imm Description derived Workshop Contact quire Finalisation	OD-MX Please Select ≥≥ SLC1235A / GBF72451 ON 25 Sept 2018	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	PRESTIGE LEASING PTE, LTD SLC123S4 Prease Select V	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	N1L (68F7245)
dification History Claim 001 New wm Type + mack No. (Mobile) has Address wmant Type Claimant Type + wmant Name + wmant Name + wmant Address will Description derred Workshop Contact quire Finalisation te Registered	OD-MIX Please Select ≥≥ SLC1235A / GBF72451 ON 25 Sept 2018 Yes	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option	PRESTIGE LEASING PTE, LTD SLC123S4 Prease Select V	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NIL (S8F7245)
dification History Claim 001 New wm Type + mack No. (Mobile) has Address wmant Type Claimant Type + wmant Name + wmant Andress simmer Andress simmer Andress simmer Enalisation te Registered port Taken by	OD-MIX Please Select ≥≥ SLC1335A / GBF72451 ON 25 Sept 2018 Yes Ves Ves Ves	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option	PRESTIGE LEASING PTE, LTD SLC123S4 Prease Select V	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NIL (S8F7245)
dification History Claim 001 New wm Type + mack No. (Mobile) has Address wmant Type Claimant Type + wmant Name + wmant Andress simmer Andress simmer Andress simmer Enalisation te Registered port Taken by	OD-MIX Please Select ≥≥ SLC1335A / GBF72451 ON 25 Sept 2018 Yes Ves Ves Ves	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option	PRESTIGE LEASING PTE, LTD SLC123S4 Prease Select V	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NIL (S8F7245)
indification History Claim 001 New Inflact No. (Mobile) half Address Inflate No. (Mobile) half Ad	OD-MIX Please Select ≥≥ SLC1335A / GBF72451 ON 25 Sept 2018 Yes Ves Ves Ves	Insured Name Contact No. (Hume) Of Venton Number Type of Benefit * Claimare NRIC * Insured Usblidy * Preference Repair Option Claim Close Date	PRESTIGE LEASING PTE, LTD SLC123S4 Prease Select V	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NIL (S8F7245)
indification History Claim 001 New Information New Information (Mobile) Information Name * Informatio	OD-MIX Please Select ≥≥ SLC1335A / GBF72451 ON 25 Sept 2018 Yes Ves Ves Ves	Insured Name Contact No. (Hume) Of Venton Number Type of Benefit * Claimare NRIC * Insured Usblidy * Preference Repair Option Claim Close Date	PRESTIDE LEASING PTE. LTD SLC12354 Please Select Not at Fault Preferres Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NIL (S8F7245)
dification History Claim 001 New Imm Type * Immat No (Mobile) Inal Address Immant Andress Imma	OD-MIX Please Select ≥≥ SLC1335A / GBF72451 ON 25 Sept 2018 Yes Ves Ves Ves	Insured Name Contact No. (Hume) Of Venton Number Type of Benefit * Claimare NRIC * Insured Usblidy * Preference Repair Option Claim Close Date	PRESTIDE LEASING PTE. LTD SLC12354 Please Select Not at Fault Preferres Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NIL (S8F7245)
claim 001 New Claim 001 New Interface No (Mobile) Interface No (M	OD-MIX Please Select ≥≥ SLC1335A / GBF72451 ON 25 Sept 2018 Yes Ves Ves Ves Ves Ves Ves Ves	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date	PRESTIGE LEASING PTE, LTD SLC12354 Please Select Not at Faux Freferres Workshop, Name unknown Sere Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NIL (S8F7245)
claim 001 New claim 001 New arm Type * intract No. (Mobile) has Address armant Type Claimant Type * armant Andress simant Andress simant Andress sim Description referred workshop Contact or guare Finalisation tile Registered sport Taken by Print AK Jetter Attachment	OD-MIX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date	PRESTIDE LEASING PTE, LTD SLC123SA Please Select Not at Fault Preferred Workshop, Name unknown Save Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NIL (S8F7245)
dification History Claim 001 New Imm Type * Immat No (Mobile) Inal Address Immant Type Claimant Type * Immant Andress Immant Andress Imm Description Index Finalisation Ite Registered Iport Taken By Print AK letter Mitachment	OD-MIX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date	PRESTIGE LEASING PTE, LTD SLC12354 Please Select Not at Faux Freferres Workshop, Name unknown Sere Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NIL (S8F7245)
diffication History Chairm 001 New Internation (Mobile) are Address Imant Prope Claimant Type * Imant Andress Imant Andr	OD-MIX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date	PRESTIDE LEASING PTE, LTD SLC123SA Please Select Not at Fault Preferred Workshop, Name unknown 201 26/06/2018 15:14 Category *	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NIL (58F7245) Received 26/08/2018 00:00
dification History Chaim 001 New In Type * mact No. (Mobile) ala Address Imant Type Claimant Type * Imant Address Imant	OD-MIX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date	PRESTIDE LEASING PTE, LTD SLC12354 Please Select Not at Faux Freferres Workshop, Name unknown Sere Submit 001 26/06/2018 15:14	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	NIL (58F7245) Received 26/08/2018 00:00

