		NA118124829	
Date In: 36 9/18-12:31	Jeb description	Date &Time Completed	Done by
Res No: NA INC RO 17518 /24	SAS e-filing	1	
Veh Nous 96814	E-mail (within Shrs, AIC 2hrs)		
D.O.A : N/9/18 -07:15	i-Motor Claim Form	MT/ 1613147-001	26/9/18 15:2
OD : (TP.) Reporting Only	i-Motor W/O (Within: OD 2ho	s, TP 4hrs)	
OD Treporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
IP insurer:	Ass't Report by Fax / Hand	o Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: f	Fax:
TP Particulars: Yeh No: 5	tyrgbl . INC ()/Non-INC()	,
Owner / Driver: (Tel:)
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 30-1	100%]
Year of Registration: ()	Warranty: YES ()/NO (<u> </u>	
	1,000 ()/\$2,000 ()		
General Remarks:-		Greenway Control (Control Control	मधुर्दाराम् स्थान
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() Walk-In Customer: Customer's in	nformation strictly Confidential & St	rictly NO refer of repairer.	
() Total Loss Case : to e-mail Inst	urer URGENTLY.	A Second Second	9
Drive-In ()/ Towed-In (); Invo	oice: YES() / NO(); T	owing Co: (.)
			** 25 - 1, 19 20 20 - 1
Remarks:- (INC hodine: 6788 6616)	CONTROL STREET, ST. SEC. SEC. SEC. SEC. SEC. SEC. SEC. SEC	Date&Time Completed	Done by
Apply for Transport Allowance ()	/ Courtesy Car ()		
2) QC Check / Post Repair Inspection	()	1	
y (()	1	
	\$3000] ()		
3) Upload Resurvey Photo [Repair Cost>	\$3000] ()		
3) Upload Resurvey Photo [Repair Cost> Injury:	\$3000] ()		
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Date/Time Actions Actions Actions Actions Actions iver/Owner: mact No: maged Portion: Checked by (Engr-In-Charge):	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Additio QD: N6: Repair C N7: Fost Rep N8: DV / Col	Paration Checklist Reporting (\$30); Assessment (\$100); INC (\$30); Assessment (\$100); As	Ant (5) Am Tablit Add 1 10) 1/545 \$120 \$30) \$75 \$160 \$5 \$10 \$25

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

Company of the state of the sta	ACCIDENT STATEMENT
Date Of Report	26/09/2018 12:21
Date Of Accident	24/09/2018 07:15
Exact Location Of Accident	JUNC WOODLANDS ST 31 & WOODLANDS AVE 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS9681H
Insured/Policyholder	
Name Of Registered Owner	ZAEYEN SERVICES
Co Reg No	53369572D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE HYBRID 1.5 AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f 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	NO
Policy Number	5094808693
Cover Note Number	
Driver	
Name of Driver	CHAN SIEW YIN JENNIFER (CHEN XIAOYAN JENNIFER)
NRIC No	S7428932J
Date Of Birth	26/09/1974
Occupation	OUTDOOR
Date Of Driving Pass	16/07/2009
Driving Experience	9 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90604200

OFFICE-90604200

NOEMAIL

BLK 257 YISHUN RING ROAD Address

#05-1023 760257

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

Type Of Accident COLLISION - CROSS JUNCTION

Weather Conditions CLEAR DRY Road Surface

Other Information

Postcode

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

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

WOODLANDS WEST NPC

ROAD: 9 MARSILING LANE, POSTCODE: 739146, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180925/2135.

Attachment(s)

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

Was there any audio recorded?

Details of Witness 1

Name MR JAMES Phone Number 81668280

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJF4296L

Vehicle Make/Model/Colour TOYOTA WISH

Details Of Properties

PRIVATE CAR Vehicle Category TAN GEE KEONG Name of Driver

S7219113G NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

CHAN SIEW YIN JENNIFER (CHEN XIAOYAN JENNIFER) Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode NECK, BACK & HEAD

SLS9681H

YES

NO

SKETCH PLAN

MPORTANT NOTICE

- 1. Please report correctly the details of the addition to speed up the claims process.
- This Farm must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and occurate as possible. Any wilful misrepresentation or withouting 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 dark of the insurance companies.
- 5. Any faise 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 aforessio.
- S. Consent under the Personal Data Protection Act (PDPA)

t 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 insurers) 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 daims 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) coraplying with applicable few in administering, processing, handling and/or dealing with my claims fabilisatively the "Purposes")
- (b) ell insured(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to option, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) thy Personal Information may/can be disclosed by any of the losurers and/or GIA to their third party service providers or agents/including their lawyers/inw firms), which may be sked 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 daims.
- (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.

Date & Time:

Folicyholder's SIghaure

Date & Time:

Oriver's Signature (If driver is not the policyholder) Reporting Centre Parsir Mel's Signature Name:

NRIC/FIN No.:

vehicle: A: SLS9681H vehicle: B: SJF4296L

awardland Street 31 meta Hore for the Disabled SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT report Follow police DECLARATION !/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:

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

Date & Time:

Reporting Centre Personne's Signature

Name: NRIC/FIN No.:

Date of Accident	: 24 September Accident Time: 07 15 (24-HR-Format)
Accident Place	: Woodland ave 1, outside of Metta Home for
Vehicle Reg. No. (Car Plate No.)	: SLS9681H the clisabled
Vehicle Make/Model	: Handa Shuttle
Insurance Company	: NTUC Policy No.
Owner or Company Name /IC No.	ZAEYEN SERVICES
Owner or Company Contact No.	:Owner's HpCompany Tel
DRIVER'S Name / IC No.	: CHAN SIEW YIN DENIFFER S7428932)
DRIVER'S Date Of Birth	: 26 Sep 1974 DRIVER'S License Pass Date 16 Jul 2009
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Owner.
DRIVER'S Address	: APT BLK 257 YISHUN RING ROAD \$05-1023, \$76025
DRIVER'S Contact No./ Alt No.	:1) 9060 4200 2)
DRIVER'S Occupation	: INDOOR \QUTDOOR (e.g. working inside or outside office)
Email Address	: Weiguan 0312@gmail.com
Weather & Road Surface	:CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \Claim Other Party\ Claim Own Insurance
Number of Passengers (Including	Driver):
Was there any video Captured by Exact purpose for which vehicle w	car camera: YES NO vas being used at the time of accident: Private use Work purpose
Other	Party Driver's Particular (if any)
Vehicle Reg. No: SJF 4290	Vehicle Reg. No:
Vehicle Make\Model:_TOYOTA	WISH Vehicle Make\Model:
Name Driver: TAN GEE K	TONG Name Driver:
IC No. Driver: 572191136	IC No. Driver:
Driver's Contact & Add	Driver's Contact & Add:





Police Station Of Origin: Woodlands West N.P.C. 9 Marsiling Lane SINGAPORE 739146 Tel No: 1800-363 9999

1 of 4 Report No. T/20180925/2135

REPORT OF A TRAFFIC ACCIDENT

25/09/201	Report I	Made:	Vide Report No.:			
				Station Diary No.:		
Informan Name of	t's Partic	ulars	79			
	EW YIN J	ENIFFER	Address: APT BLK 257 YISHUN RING	S POAD HOS ASSOCIATION		
ID Type /	ID No.:		APT BLK 257 YISHUN RING ROAD #05-1023 SINGAPO			
Nationality	NRIC NO / S7428932.1		Contact No.: Home/Office			
SINGAPO	RE CITIZ	EN	Email:	Mobile: 90604200		
Sex: Female	Age: 43	Date of Birth 26/09/1974	Type of Informant:			
Race:		25/55/15/4	Driver			
Chinese			Language:	Institution / School Name:		
Occupation PRIVATE	n: HIRE VE	HICLE DRIVER	Driving Licence Information: Class: 3A			
			Class. 34	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive:	Date/Time o	f	Type of Location
Location:	ad 1 and Road 2	No	Accident: 24/09/2018	07:15	T-Junction
WOODLANDS DRIVER TUR	STREET 41				
	NING RIGHT AT TH	Road Surface:		Pos	46-
Clear Traffic Flow:	ING RIGHT AT TH	Road Surface: Dry		Roa 50 F	ad Speed Limit:
Clear Traffic Flow: One Way		Road Surface: Dry Traffic Control		50 F	Km/h
Clear Traffic Flow: One Way Type of Collision		Road Surface: Dry Traffic Control: Traffic Light - Wor	king	50 F	(m/h fic Volume:

Vehicle No.	Туре	Make	Model	Te-		100
SJF4296L	Car	TOYOTA	WISH	Color	Condition	No of Passenge
				Grey	Slightly	1
SLS9681H	Car	HONDA	SHUTTLE	D) .	Damaged	
	BEAUTINE TO SE			Black	Slightly	0

WASHINGTON TO THE PROPERTY OF THE PARTY OF T	ehicle Insurance		
Vehicle No.	Insurance Company Insurance No		
SLS9681H	NTUC Income Insurance Co-Operative	Effective	Expiry Dat





Police Station Of Origin: Woodlands West N.P.C. 9 Marsiling Lane SINGAPORE 739146 Tel No: 1800-363 9999

2 of 4 Report No. T/20180925/2138

CONTINUATION OF REPORT

Details of Person Any Pedestrian Inv					The Party Parket
No. of Pedestrians	Injured NII	Tibes of De		- 0	
Driver	Anjured, IVIL	Use of Pe	edestna	n Cros	sing: NA
Name	TAN GEE KEONG		ID No).	S7219113G
Related Vehicle	SJF4296L (Car)		Conta	act No.	92371889
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disc		NIL	
	ted Medical Leave NIL	Degree o	f Injury		
Driver			1-1	1111	N. St. St. St. St. Lines St. St.
Name	CHAN SIEW YIN JENIFFER		ID No		S7428932J
Related Vehicle	SLS9681H (Car)	Salara V. Sa	Contact No.		90604200
Hospital/Clinic	HEALTH PLUS CLINIC AND SU	IRGERY	Class Drivin Licent	g	Class: 3A Date of Expiry: NIL
Date Treatment		Date Disc		25/09	12010
No. of Days gran	nted Medical Leave 05	Degree o	finiury	Slight	72018

Brief Details.

On 24/9/18 at about 7.15am I was driving my car along Woodlands St 31. At the junction of Woodlands St 31 and Woodlands Ave 3, I wanted to turn right. The traffic light was red at that point and I stopped behind the stop line. When the light turn green, I made a right turn towards Woodlands S t41. Just after I collided with his left rear bumper body of his car. The collided with my car. My front right bumper plate to have some damages. The other car did have some scratches on his left rear body. There was no red light as my green arrow was on. The other driver informed me that he did not see the light was green through insurance but he told me that he will seek advice from his workshop. However, he did not call me to lodge a report too. I went to the clinic on 25/9/18 as I felt some muscle pain on my neck and back and

I already contacted my witness which was at scene when the incident happened. Mr James, (\$7639879H, HP: 81668280) was the pedestrian waiting for the traffic light at the junction. He witnessed the whole incident. On his account, he saw the other car ran the red light. The car went past the stop line at a speed. The red light was already on for quite sometime as my car was turning right on the green arrow. The car was travelling at a speed from a distance. On the other hand, there was another car stopped on the junction on the left lane but the said car just drove on the right lane. My in car camera was not



Police Station Of Origin: Woodlands West N.P.C. 9 Marsiling Lane SINGAPORE 739146 Tel No: 1800-363 9999



3 of 4

Report No. T/20180925/2135

CONTINUATION OF REPORT

recording at the point of incident.



Police Station Of Origin: Woodlands West N.P.C. 9 Marsiling Lane SINGAPORE 739146 Tel No. 1800-363 9999



4 of 4 Report No. T/20180925/2135

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.

	- prease rax a copy to a
Signature Of Office	er Recording The Report
71 日國五	Recording The Report
Sgt 2 MUHAMMAT	DAVIEW -
1447	AKMAL BIN YAHYA
Signature Of Interp	reter
Not applicable	reted office Force
Officer In Charge O	
Sr Staff Sot MOUA	
ABDULLAH	MAD ZULFAZDLI BIN
Contact No. 654763	207
A	100/

Authentication Stamp

NP168

Signature	Of Informant	
Date/Time 25/09/2018	3 18:22	
classification	on Of Case:	

REQUEST CRITERIA

ACCOUNTING AND CORPORATE REGULATORY AUTHORITY BUSINESS PROFILE INFORMATION



SEARCH RECORD

Company Name: ZAEYEN SERVICES

Registration No.: 53369572D

REGISTRY

Registration Date:	01/09/2017
Name Effective Date:	01/09/2017
Company Type/Constitution:	Sole Proprietor
Registered Address:	257 YISHUN RING ROAD , 05 - 1023 YISHUN SUNSHINE 760257 SINGAPORE
Change Address Date:	
Company Status:	LIVE
Status Effective Date:	01/09/2017
Registered Activities:	1. 77101 - RENTING AND LEASING OF PRIVATE CARS WITHOUT OPERATOR (-) 2. 49219 - PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE WITH OPERATOR AND TRISHAWS) (-)
Expiry Date:	01/09/2018
Renewal Date:	

CHANGE OF BUSINESS NAME

Previous Name Effective Date

OFFICER(S) OWNER(S)

Officer Name/ Address/ Change Address Date	Identity No./ PA Reg. No.	Position	Appointment Date	Cessation Date	Nationality/Country of Incorporation
CHAN SIEW YIN JENIFFER (CHEN XIAOYAN JENIFFER) 257 YISHUN RING ROAD 05 - 1023 YISHUN SUNSHINE 760257, SINGAPORE 12/11/2016	S7428932J	OWNER	01/09/2017		SINGAPORE CITIZEN

SEARCH BY FINANCIAL SECTORS

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2017	-		0	0 0		0 0	0		0 0	0		
2016	0			0 0		0 0) (0 0	0		0

|2015 | 0 0 0 0 0 0 0 0 0 0 0

SEARCH BY NON-FINANCIAL SECTORS

Vanr	Jan	Eab	Mar	Apr	.	May	Jun	Jul	Aug	Se	p	Oct	Nov	Dec
2017	Jun	reb	c and	0	0	0		0	0	0	0		0	0
2016		1	0	0	0	0		0	0	0	0		0	0
015	0		0	0	0	0			0	0	0		0	0

DISCLAMER THIS REPORT MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM OR MANNER WHATSOEVER.
This report is forwarded to the Subscriber in send confidence for use by the Subscriber as one factor in connection with credit and other business decisions. The report contains information complete from sources which D&B Singapore does not control and which has not been verified. D&B Singapore therefore cannot accept responsibility for the accuracy completeness of the contents of the report. D&B Singapore disclaims all habitity for any loss or damage arising out of or in anyway related to the contents of this report.

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7428932J





CHAN SIEW YIN JENIFFER (CHEN XIAOYAN JENIFFER)

陈小燕

CHINESE

26-09-1974 F

3073002

SINGAPORE

57428932J

31-03-1999

APT BLK 257 YISHUN RING ROAD #05-1023 SINGAPORE 760257 NRIC No: \$7428932J Date: 12/11/2

Date: 12/11/2016



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

PASS DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

NP 428A



eBaoTech				A - A - A - A - A - A - A - A - A - A -							GeneralClaim		
Hello, NAC_PAYA_UBI_80	0601			Contract of the Contract of th			• Change	Language	• Chang	e Password	• Log Out		
My Desktop	Poli	cy Query											
Notice of Loss	Policy N	io.				Date of Accident 24/0			4/09/2018 0	/09/2018 07:15			
	Vehicle	No.(For Motor)	SLS968	SLS9681H			Certificate Number						
						Search							
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date		
	0	5094808693		ZAEYEN SERVICES	53369572D	GPC	drivo CLASSIC	SLS9681H	SLS9681H	12/10/2017	11/10/2018		
						Continue	l						

Policy Information Policyholder Policyholder NRIC Policy No. 5094808693 ZAEYEN SERVICES 53369572D Name Certificate No. BLK 257 #05-1023 YISHUN RING ROAD YISHUN SUNSHINE SINGAPORE 760257 Address Group Policy Flag Product PRIVATE CAR INSURANCE Name Policy Effective 10/10/2017 12/10/2017 00:00 issue Expiry Date 11/10/2018 23:59 Date All Claims Excess Type Excess Third Own Windscreen Party 1500 damage 2000 100 Excess Excess Excess Additional os 0 Excess Premium Outside Outside Singapore 2000 Singapore TP Excess 1500 Young/Inexperience Driver Excess OD Excess Agent TAN WEI AUTO PTE. LTD. Agent Tel. 64535535 insurance No Flag Open Policy Info Certificate Info Policyholder Mailing Address Address 1 BLK 257 #05-1023 Address 2 YISHUN RING ROAD Address 3 YISHUN SUNSHINE Address 4 SINGAPORE 760257 Address Type Singapore address Post Code 760257 Related Policy Unit No. 05-1023 5094808693 Number D Insured Object: SLS9681H **▽** Endorsements Endorsement Type Sequence Date of Endorsement **Endorsement Status** Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that from 12 Oct 2017, Basic Information 12/10/2017 00:00 Endorsement Take Effective the Vehicle Number is amended as follows: VEHICLE REGISTRATION NUMBER: SLS9681H Endorsement Continue Cancel

Claim Handling					
Policy No.	5094608693	Vehicle No.	SLS9681H	GST Registration No.	
Certificate No.			36230011	out registration no.	
Policyholder Name	ZAEYEN SERVICES			Policyholder NR3C	533695720
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	The V
KFK.	® No ○ Yes	TCA	® No ○Yes	eCode Reason	100000
NCD Protection	No	NCD Entitlement(%)	•	Private Hire	Yes
♥ Accident Details				1007207000000	
Report Date	26/09/2018 15:21	Academt Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	24/09/2018	Time of Accident Nh: mm	07:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Acodem Location	JUNC WOODLANDS ST 31 & WOODLANDS A	WE1			
₩ Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Jinnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
▽ Benefits					
□ GST Registered Inform	ation				
ST Registered	No		GST Registration Date		
ST Registration No.			GST Status Verified	No	
Modification History					
₩ Policyholder Mailing Ad	ldress				
Address 1	BLK 257 #05-1023	Address 2	YISHUN RING ROAD	Address 3	YISHUN SUNSHINE
Address 4	SINGAPORE 760257	Address Type	Singapore address	Post Code	760257
Unit No.	05-1023	Related Policy Number	5094808893	Post Code	790257
OI Driver Info			303400000		
Viver Name	Urinamed Driver	Driver Type	Unnamed Driver		
innamed driver Name	CHAN SIEW YIN DENNIFER (CHE	Driver NRIC	57428932)	Driver DOB	26/09/1974
Register Date of Driver License	16/07/2009	Driver Age	43	Driving Experience	9
Contact No.(Mobile)	90604200	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 257	Address 2	YISHUN RING ROAD	Address 3	YISHUN SUNSHINE
Address 4	51NGAPORE 760257	Address Type	Singapore address	Post Code	760257
unit No.	05-1023				
Does he own a Singapore Registered car?	☐ Yest (No	Onver Vehicle No.		Driver Insurer Company	
eclaration Freathalyser or Blood Test	0 mg	12.000.02			
leading?	0.00	Any injury?	® Yes ○ No		
lodification History					
Claim 001 New					
taim Type +	OD-MX	Insured Name	ZAEYEN SERVICES	Insured NRIC	53369572D
Contact No.(Mobile)	90604200	Contact No.(Home)		Contact No.(Office)	
mail Address		OI Vehicle Number	SL59681H	TP Vehicle Number	S3F4296L
Salmant Type Claimant Type *		Type of Benefit *	Please Select		
Salmant Name: *	22	Claimant NR3C *			
Salmant Address					
Naim Description referred Workshop Contact	SLS9681H / S)F4296L ON 24 Sept 2018			Name of Preferred Workshop	
io.		Impred Liability •	Not at Fault		
equire Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
ate Registered	26/09/2018 15:23	Claim Close Date		Date Received	26/09/2018 00:00
eport Taken By	Jackson				
Print AK letter					
Attachment			Save Submit		
9					
codent Na.	MT/1013147	Claim No.	001		
ast Doc. Received	● Yes ○ No	Upload Date	25/09/2018 15:24		
	Path *		Category *	Confidential Urgen	bescription *
		Browse.	1 property and the second	No. V Normal	
		Browse.	Clear Please Select S	HO V Normal	V
		Browse,	. Clear Please Select V	Normal	
			A second C		

