| Details 1 | FINANCE OF THE PROPERTY OF THE | | Charles to the |
|---|--|---|---|
| Date In: 77 /10/18 -10:00 | Jeb description | Date &Time Completed | Done by |
| Res No: HA IN CI 80 1972 27/24 | SAS e-filing | i | |
| Veh No: BR 2730X | E-mail (within Shrs, AIC 2hrs |) | |
| D.O.A: 20/12/18-16:20 | i-Motor Claim Form | M11016677-001 | 22/10/18 20:15 |
| | i-Motor W/O (Within: OD | 2hrs, TP 4hrs) | |
| OD TP Reporting Only | i-Photo Uploaded | | |
| | Assessment/Survey Repor | t | |
| TP Insurer: | Ass't Report by Fax / Har | nd to Owner/Wksp | |
| Preferred Wksp / INC Assign Wksp / QW: (| (| Tel: F | ax: |
| TP Particulars: Veh No: XI | =1914X INC | C()/Non-INC() | 4 |
| Owner / Driver: (| | Tel: |) |
| Policy No: () | Period: (|) Cover Type: (|) |
| Confirmed by : (| Date: | Time: |) |
| Insured/Driver Liability: (% |) [Note-Est. Status (WO): N: | 0-20%; P: 21-79%. P: 80-1 | 00%] |
| Year of Registration: () | Warranty: YES ()/NO (|) | |
| Excess: (\$) Loading: \$ | \$1,000 ()/\$2,000 () | | |
| General Remarks:- | | | 331 S |
| () Walk-In Customer: Customer's i | information strictly Confidential & | Strictly NO refer of repairer. | |
| () Total Loss Case : to e-mail Ins | | N | |
| | | ; Towing Co: (| .) |
| | | | 7978-X998-X61W(P-11 |
| Remarks:- (INC hotline: 6788 6616 | GO MANAGE STATE SECTION AND ADDRESS OF THE ACTUAL AND A | Date&Time Completed | Done by |
| | / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection | () | | |
| | | | |
| 3) Upload Resurvey Photo [Repair Cost > | >\$3000] () | | |
| Upload Resurvey Photo [Repair Cost > Injury: | > \$3000] () | | |
| | | | |
| Injury: | | | 888 (CG, 38) |
| Injury: | | | TO A CONTROL OF THE PARTY OF TH |
| Injury: | | | 22.25 20.25 |
| Injury: | | | 38.00 (x x x x x x x x x x x x x x x x x x |
| Injury: | | | 200 (100 (100 (100 (100 (100 (100 (100 (|
| Injury: | | | |
| Injury: Date/Time Actions | | | Ant (5) And (|
| Injury: Date/Time Actions ACTIONS | 1 Invoice F | reparation Chrcklist. | |
| Injury: Date/Time Actions ACTIONS | Invoice F 1) AR: Accide 2) DA: Dam | reparation Checklist. dent Reporting (\$30); age Assessment (\$100); INC (\$1 | Ant (5) And (Ist Bill Add B |
| Injury: Date/Time Actions A(806749) nimant's Particulars:- | Invoice F 1) AR: Accident (2) DA: Dam 3) TF: Town | reparation Checklist: Jent Reporting (\$30); oge Assessment (\$100); INC (\$20); og Fee \$40 | Ant (5) Ami (Tá Bill Add B |
| Injury: Date/Time Actions Algorya Aimant's Particulars:- | Invoice F 1) AR: Accid 2) DA: Dam 3) TF: Towid 4) FT: Follo 5) FT: Follo | reparation Checklist lent Reporting (\$30); age Assessment (\$100); INC (\$1 ag Fee \$40 a-Through Survey a-Through Survey (Resurvey) | Ant (5) And (1st Bill Add B 10) 1/545 5120 530 |
| Injury: Date/Time Actions Actions Algorya Inimant's Particulars:- iver/Owner: | Invoice F 1) AR: Acci 2) DA: Dam 3) TF: Towi 4) FT: Follor 5) FT: Follor For claimin | reparation Checklist. lent Reporting (\$30); leng Assessment (\$100); INC (\$100 | Ant (5) And (1st Bill Add B 10) 1/545 5120 530 |
| Injury: Date/Time Actions NA 18 6749 Inimant's Particulars:- river/Owner: | 1 Invoice F 1) AR: Acci 2) DA: Dam 3) TF: Towi 4) FT: Follo 5) FT: Follo For cleimi 6) TR: Re-in 7) N1: Idao I | reparation Checklist. Sent Reporting (\$30); age Assessment (\$100); INC (\$20); age Fee \$40 w-Through Survey (Resurvey) age against INC Only (wef 10 Jan 200); spection DA + SMRT Survey | Ant (5) And (5) And (6) Add B (6) (7) (45) 5120 530 (7) |
| Injury: Date/Time Actions NA[8.6749 Lumant's Particulars:- Diver/Owner: Dontact No: Lumaged Portion: | Invoice F 1) AR: Accidence Accidenc | reparation Checklist. Sent Reporting (\$30); age Assessment (\$100); INC (\$100); INC (\$100); INC (\$100); age Assessment (\$100); INC (\$100); age Assessment (\$100); INC (\$100); age Assessment (\$100); age Asses | Ant (5) Amil (1st Bill Add B 10) 1/545 5120 530) 575 |
| Injury: Date/Time Actions NA[8.6749 Stumant's Particulars:- river/Owner: ontact No: amaged Portion: | Invoice P 1) AR: Acci 2) DA: Dam 3) TF: Towi 4) FT: Follo 5) FT: Follo For claimi 6) TR: Re-in 7) NI: Idae I 3) NTUC Ad QID* | reparation Checklist. Sent Reporting (\$30); age Assessment (\$100); INC (\$20); age Fee \$40 w-Through Survey (Resurvey) age against INC Only (wef 10 Jan 200); spection DA + SMRT Survey | Ant(5) Amt(fitBill Add B 50) 545 5120 530) \$75 \$160 |
| Injury: Date/Time Actions NA[8.6349 Liumant's Particulars:- river/Owner: ontact No: amaged Portion: | Invoice F 1) AR: Acci 2) DA: Dam 3) TF: Towi 4) FT: Follo 5) FT: Follo For claimi 6) TR: Re-in 7) NI: Idae I 3) NTUC Ad OD!* *N5: Cour *N6: Reps | reparation Checklist. Sent Reporting (\$30); age Assessment (\$100); INC (\$20); age Fee \$40 w-Through Survey (Resurvey) against INC Only (wef 10 Jan 200); spection DA + SMRT Survey ditional Services:- Sesy Car / Tpt Allowance in Co-ordination | Ant(5) Amt(16 Bill Add B 10) //545 5120 530) \$75 \$160 |
| Injury: Date/Time Actions NA[8.6749 Litimant's Particulars: Diver/Owner: Diver/Owner: Diver/Owner: Checked by (Engr-In-Charge): | 1) AR: Acci 2) DA: Dam 3) TF: Towi 4) FT: Follo 5) FT: Follo For claimi 6) TR: Re-in 7) N1: Idae I 3) NTUC Ad OD* *N5: Cour *N6: Repa *N7: Fost | reparation Checklist. Sent Reporting (\$30); age Assessment (\$100); INC (\$20); age Fee S40 W-Through Survey W-Through Survey (Resurvey) age against INC Only (wef 10 Jan 2003) spection DA + SMRT Survey ditional Services:- | Ant(5) Amt(fitBill Add B 50) 545 5120 530) \$75 \$160 |
| Injury: Date/Time Actions NA[8:6249 Inimant's Particulars:- river/Owner: Intact No: Inmaged Portion: C Checked by (Engr-In-Charge): Inditors! Comments:- | 1) AR: Acci 2) DA: Dam 3) TF: Towi 4) FT: Follo 5) FT: Follo For claimi 6) TR: Re-in 7) N1: Idae I 3) NTUC Ad OD: *N5: Cour *N6: Repa *N7: Fost *N8: DV / TP (N11) | reparation Checklist. dent Reporting (\$30); age Assessment (\$100); INC (\$100); INC (\$100); INC (\$100); INC (\$100); INC (\$100); age Assessment (\$100); age Ass | Ant (5) Amt (16 Bill Add B 10) 1/545 5120 530) \$75 \$160 \$5 510 \$25 \$5 \$20 |
| Injury: Date/Time Actions | 1 Invoice F 1) AR: Acci 2) DA: Dam 3) TF: Towi 4) FT: Follo 5) FT: Follo For claimi 6) TR: Re-in 7) N1: Idae I 3) NTUC Ad OD!* *N5: Cour *N6: Repa *N7: Fost *N8: DV / | reparation Checklist. dent Reporting (\$30); age Assessment (\$100); INC (\$20); age Fee \$40 w-Through Survey (Resurvey) age against INC Only (wef 10 Jan 200); spection DA + SMRT Survey ditional Services. desy Car / Tpt Allowance in Co-ordination Repair Inspection Collect Excess Coordination TP (Non INC) against INC Mobile | Ant(5) Amt(fitBill Add B i0) /545 5120 530) \$75 \$160 |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

Gender

- 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 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 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.

| THE SECTION OF STREET STREET, STREET | ACCIDENT STATEMENT |
|--|--|
| Date Of Report | 22/10/2018 10:02 |
| Date Of Accident | 20/10/2018 16:20 |
| Exact Location Of Accident | TANJONG KATONG RD NEAR CITY PLAZA TAXI STAND |
| Country/State of Loss | SINGAPORE |
| THE STATE OF THE S | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SJQ2430X |
| Insured/Policyholder | |
| Name Of Registered Owner | LAI CHOY HONG |
| NRIC No | S1654912F |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-91290255 |
| Alternative Phone No | OFFICE-91290255 |
| Vehicle Particulars | |
| Manufacturer | CHEVROLET |
| Model | SPARK 0.8AT |
| 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 | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5100923130 |
| Cover Note Number | |
| Driver | |
| Name of Driver | GAN ZI XUN, VICTOR |
| NRIC No | S9223517C |
| Date Of Birth | 10/07/1992 |
| Occupation | INDOOR |
| Date Of Driving Pass | 21/03/2018 |
| | |

0 YEAR AND 6 MONTH

(LOCAL) +65-87152978

OFFICE-87152978

MALE

NOEMAIL

BLK 34 CIRCUIT ROAD Address

#02-388

370034 Postcode

Was driver an employee of the Insured's Company NO

CHILDREN If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CHANGE/CROSS LANE Type Of Accident

Weather Conditions CLEAR DRY Road Surface

Other Information

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

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 2

Number of Passengers (Including Driver)

Passenger 1 NAME: : FEMALE GENDER:

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY Police Station Name

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20181020/2116.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

XE1914X Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

MOHAMED NAFIEE BIN ABDUL LATIFF Name of Driver

NRIC/Passport Number S7716468E

Contact Number

Address

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

1

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.

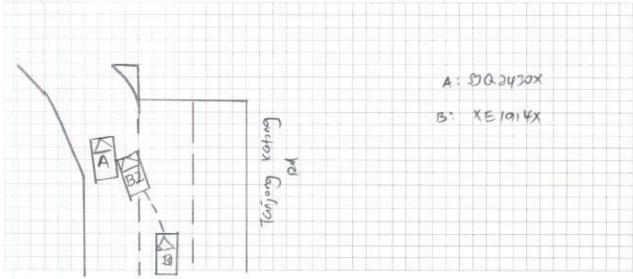
Policyholder's Signatu Date & Time:

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

| 1 90 1 1 90 10 10 90 10 10 10 10 10 10 10 10 10 10 10 10 10 |
|---|
| refer to potice report - T/20181020/2116. |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

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:

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature





1 of 3

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20181020/2116

| Date/Time Report Made: 20/10/2018 18:00 | | | Vide Report No.: | Station Diary No.: | | |
|---|--------------------------|------------------------|--|----------------------------|--|--|
| | nt's Particu | ılars | where the party of | | | |
| Name of | Informant: KUN, VICTO | N-3- (3)6 = 7 (9 = 10- | Address: 34 CIRCUIT ROAD #02-388 E 370034 | BALAM GARDENS SINGAPORE | | |
| ID Type / ID No.: NRIC NO / S9223517C Nationality: SINGAPORE CITIZEN | | 17C | Contact No.: Home/Office: | Mobile: 87152978 | | |
| | | | Email: | | | |
| Sex: Age: Date of Birth: Male 26 10/07/1992 | | | Type of Informant: Driver | | | |
| Race: Chinese | | | Language: English | Institution / School Name: | | |
| Occupation: RECRUITMENT CONSULTANT | | | Driving Licence Information: Class: 3A | Date of Expiry: | | |

| Type of Accident: | Non-Injury Others | Drink Drive: No | Date/Time of Accident: 20/10/2018 16:20 | Type of Location Straight Road | |
|----------------------|--|-------------------------------------|---|-----------------------------------|--|
| | ATONG ROAD JONG KATONG ROA | AD NEAR CITY PLAZA Road Surface: | TAXI STAND | Road Speed Limit: | |
| Clear Dry | | Dry | | | |
| Traffic Flow: Traff | | Traffic Control: Not Controlled | 1 | Traffic Volume: Moderate | |
| One Way | Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | | |

| THE PROPERTY OF THE PARTY OF TH | ehicle Involve | THE RESERVE OF THE PARTY OF THE | Model | Color | Condition | No of Passenger |
|--|----------------|--|-----------------------|-------|-----------|-----------------|
| Vehicle No. | Type | Make | Model | COIOI | Condition | ito or raccongo |
| SJQ2430X | Car | CHEVROLET | SPARK 0.8AT | | | 0 |
| XE1914X | TRAILER | MAN | TGS 18.360 4X2 BLS | | | 0 |

| Details of Person Involved | 1000 (A) 12 12 12 12 12 12 12 12 12 12 12 12 12 |
|---------------------------------|---|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20181020/2116

CONTINUATION OF REPORT

| Driver | | | | | | |
|----------------------------|---|----------|-----------|-------------------------------|--|--|
| Name | GAN ZI XUN, VICTOR | | | 0. | S9223517C | |
| Related Vehicle | SJQ2430X (Car) | | | act No. | 87152978 | |
| Hospital/Clinic | NIL | | | s of ng ice & y Date | Class: 3A Date of Expiry: NIL | |
| Date Treatment | | scharge | NIL | | | |
| No. of Days gran Driver | ted Medical Leave NIL | Degree | of Injury | | | |
| | 477 STEET | | ENT THE | A HARL | THE STATE ST | |
| Name | MOHAMED NAFIEE BIN ABDUL LATIFF XE1914X (TRAILER) NIL | | | | S7716468E | |
| Related Vehicle | | | | ct No. | NIL | |
| Hospital/Clinic | | | | of g ce & | Class: NIL Date of Expiry: NIL | |
| Date Treatment | NIL | Date Dis | | NIL | | |
| No. of Days grant | ed Medical Leave NIL | Degree o | | NIL | | |

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION,

I WAS DRIVING ALONG THE SAID LOCATION. THERE WAS 2 LANES. I WAS AT LEFT LANE GOING TO TURN LEFT TO THE SLIP ROAD WHEN SUDDENLY A HEAVY VEHICLE OF (XE1914X) FROM MY RIGHT TRIED TO MAKE A LEFT TURN GOING TO THE SLIP ROAD WITHOUT CHECKING HIS BLINDSPOT AND SIDE SWIPE MY VEHICLE. HE CLAIMED TO ME THAT TO ASK ME TO CLAIMED UNDER HIS INSURANCE, BECAUSE HE ADMITTED THAT HE DIDN'T CHECK HIS BLINDSPOT. THE COMPANY OF THE HEAVY VEHICLE: (PO SAN TRANSPORT PTE LTD). THAT'S ALL.





T/20181020/2116

3 of 3

Report No. T/20181020/2116

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

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: TP / MUHAMMAD HAZIQ BIN SAIFUDDIN | Signature Of Informant: |
|--|---|
| Signature Of Interpreter: Not applicable | Date/Time: 20/10/2018 18:00 |
| Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151 | Classification Of Case: SINGAPORE POLICE FORCE |
| Authentication Stamp | |

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9223517C



GAN ZI XUN, VICTOR

颇

CHINESE

10-07-1992 Country of birth SINGAPORE



4938716



31-01-2013

APT BLK 34 CIRCUIT ROAD #02-388 SINGAPORE 370034

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

EFFECTIVE DATE

Motor cars without clutch pedals (Auto) with uniaden weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight =< 2500kg



NP 428A

| eBao Tech | | | | | | | | | GeneralClaim | | |
|------------------------|------------------------|-----------------------|--|--------------------------|----------|------------------|----------------|-------------------|------------------|-------------|--|
| Hello, NAC_PAYA_UBI_80 | 0601 | | The Part of the Pa | a I in this rate in 1994 | | · Change | Language | • Chang | e Password | • Log Out | |
| My Desktop | Policy Query | | | | | | | | | | |
| Notice of Loss | Policy No. | | | | Date | of Accident | 20 | 0/10/2018 1 | 6:20 | | |
| | Vehicle No.(For Motor) | SJQ243 | IOX | | Certifi | icate Number | | | | | |
| | | | | 1 | Search | | | | | | |
| | Select Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date | |
| | O 5100923130 | | LAI CHOY HONG | S1654912F | GPC | drivo CLASSIC | SJQ2430X | SJQ2430X | 23/05/2018 | 22/05/2019 | |
| | | | | 5 | Continue | | | | | | |

| Policy No. | 5100923130 | Policyholder Name | LAI CHOY | HONG | Policyholder NRIC | S1654912F | |
|--|----------------------------------|-----------------------------------|------------------|-------------------|----------------------|--------------|-----------------------------|
| Certificate | | manie : | | | Active . | | |
| Address | BLK 34 #02-388 CIRCUIT ROA | AD SINGAPORE | 370034 | | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | | Group Policy Flag | N | |
| Policy ssue Date | 23/05/2018 | Effective Date | 23/05/201 | 18 00:00 | Expiry Date | 22/05/2019 2 | 3:59 |
| Excess Type | | All Claims Excess | | | | | |
| Third Party Excess | 0 | Own damage Excess | 600 | | Windscreen Excess | 100 | |
| Additional Excess | 0 | OS Premium | 0 | | | | |
| Outside Singapore OD Excess | 600 | Outside Singapore TP Excess | 0 | | | Young | /Inexperience Driver Excess |
| Agent | TECK WEI CREDIT PTE. LTD. | Agent Tel. | 64650020 | null | GST Flag | Υ | |
| Co- insurance Flag Open Policy | No | | | | | | |
| Info Certificate Info | | | | | | | |
| | holder Mailing Address | | | | | | |
| Address 1 | BLK 34 #02-388 | Addre | ess 2 | CIRCUIT ROAD | | Address 3 | SINGAPORE 370034 |
| Address 4 | | Addre | ess Type | Singapore address | | Post Code | 370034 |
| Unit No. | | Relat Numl | ed Policy per | 5100923130 | | | |
|) Insure | ed Object: SJQ2430X | | | | | | |
| □ Endors | sements | | | | | | |
| | ence Date of Endorsement Endorse | | | | | | |

| laim Handling | | | | | | | | | |
|--|--|---------------|-------------------------------|----------------------------------|-----|---------------------|----------|--------------|--------------------|
| ocident MT/1016677 | | | | | | | | | |
| olicy No. | 5100923130 | | Vehicle No. | S1Q2430X | | GST Registration N | 0, | | |
| ertificate No. | | | | | | | | | |
| olicyholder Name | LAT CHOY HONG | | | | | Policyholder NRIC | | \$1654912F | |
| oduct Code | PRIVATE CAR INSURANCE | | Cover Type | drive CLASSIC | | Loading | | 0 | |
| intact No.(Mobile) | 91290255 | | Contact No.(Office) | 0 | | Contact No. (Home) | | 0 | |
| hali Address | | | Special Remark | | | eCode | | 10.0 | |
| K | ® No ○Yes | | TCA | ® No ○Yes | | eCode Reason | | | |
| D Protection | No | | NCD Entitlement(%) | 0 | | Private Hare | | No | |
| Accident Details | | | | | | | | | |
| port Date | 22/10/2018 20:13 | | Accident Report Within 24 hrs | Yes | | Accident Type | | Colleion - C | hange / Cross lane |
| e of Accident | 50/10/2018 | | Time of Academ hh:mm | 16:20 | | Country of Accident | | Singapore | |
| porting Centre | | | Orange Force | | | ICM No. | | | |
| dem Location | TANJONG KATONG RD NEAR CO | ITY PLAZA TAX | I STANO | | | | | | |
| Excess | | | | | | | | | |
| damage Excess | 600.00 | 0 | Additional Excess | 0 | | Windscreen Excess | | 100.00 | |
| arried Driver Excess | 2,500.00 | ò. | Outside Singapore OD Excess | 600,00 | | | | | |
| d Party Excess | 0.00 | 0 | Outside Singapore TP Excess | 0,00 | | | | | |
| Benefits | | | | | | | | | |
| GST Registered Informa | | | | | | | | | |
| Registration No. | No | | | GST Registration Date | | 22- | | | |
| Registration No. | | | | GST Status Verified | | Yes | | | |
| | | | | | | | | | |
| Policyholder Hailing Ad | idress | | | | | | | | |
| ivess 1 | 8LK 34 #02-388 | | Address 2 | CIRCUIT ROAD | | Address 3 | | SINGAPORE | 370034 |
| fress 4 | | | Address Type | Singapore address | | Post Code | | 370034 | |
| t No. | | | Related Policy Number | \$100923130 | | | | | |
| OI Driver Info | | | | | | | | | |
| er Name | Unnamed Driver | | Driver Type | Unnamed Driver | | | | | |
| amed driver Name | GAN ZI XUN, VICTOR | | Driver NRIC | 59223517C | | Driver DOB | | 10/07/1992 | |
| inter Date of Driver License | 21/03/2018 | | Driver Age | 26 | | Driving Experience | | 0 | |
| tact No. (Mobile) | 87152978 | | Contact No.(Office) | 0 | | Contact No.(Home) | | 0 | |
| iress 1 | BLK 34 | | Address 2 | CIRCUIT ROAD | | Address 3 | | BALAM GAR | DENS |
| tress 6 | SINGAPORE 370034 | | Address Type | Singapore address | | Post Code | | 370034 | |
| t No. | 02-388 | | | | | | | | |
| es he own a Singapore gistered car? | ○ Yes ® No | | Driver Vehicle No. | | | Driver Insurer Com | pany | | |
| | | | | | | | | | |
| laration athalyser or Blood Test | 2002 | | Section Contests of | 975,000,000 | | | | | |
| ding? | 0 mg | | Any injury? | ○ Yes ® No | | | | | |
| | | | | | | | | | |
| dification History | | | | | | | | | |
| Claim 001 New | | | | | | | | | |
| laim 001 New | | | | | | | | | |
| | | | | | | | | | |
| m Type * | 00-MX V | 1 | Insured Name | LAI CHOY HONG | | Insured NRIC | | \$1654912F | |
| tact No. (Mobile) | 91290255 | 3 | Contact No. (Home) | 68418658 | | Contect No.(Office) | | | |
| el Address | amylch@yahoo.com.sg | | Of Vehicle Number | 53Q2430X | | TP vericle Number | | XE1914X | |
| mant Type Claimant Type * | Please Select V | 1 | Type of Benefit * | Please Select | | | | | |
| mant Name * | | 22 | Claimant NRIC * | STATE OF THE STATE OF | | | | | |
| nant Address | | | | | | 1 | | | |
| n Description | SJQ2430X / XE1914X ON 20 Oc | ct 2018 | | 300 | | Name of Preferred V | Workshop | | - 1. |
| erred Workshop Contact | Trails 12 | | Insured Liability * | Not at Fault | | | | | |
| uire Finalisation | res 💟 | | Preferend Repair Option | Preferred Workshop, Name unknown | n v | GIA report | | Received | v |
| Registered | 22/10/2018 20:15 | | Claim Close Date | | | Date Received | | 22/10/2018 | 00:00 |
| ort Taken By | Jackson |] | | 110 (2.1) | | | | | Name of the last |
| Print AK letter | | 100 | | | | | | | |
| | | | | species approxima | | | | | |
| | | | | Save Submit | | | | | |
| tachment | | | | | | | | | |
| | | | | | | | | | |
| dent No. | MT/1016677 | | Claim No. | 001 | | | | | |
| | | | | | | | | | |
| Doc. Received | ® Yes ○ No | | Upload Date | 22/10/2018 20:18 | | 22200000 | 3000 | 1000 | |
| | Path * | | | Category * | - | Confidential | Urgene | 200 | Description * |
| | The state of the s | | Browse. | | | | Normal | Ø | |
| | | | Browse. | Clear Please Select | V | 80 🗸 | Normal | V | |
| | | | | Clear Please Select | | NO V | Normal . | V | |

