Date in 35 /10 /8  Ref No. MA/MC 18019 416 //3  Ref No. MA/MC 18019 416 //3  SAS e-filling  Do A 31 /0 7 /16 2 20 10  Di Ty Peporing Only  I-Motor WO (wishs: 00 2nd, 77 har)  I-Motor WO (wishs: 00 2nd, 77 har)  I-Photo Uploaded  Assessment/Survey Report  Ass't Report by Fax/Hand to Owner/Wisin  Ty Particulars:  Veh No: //FACUUM INC ()/Non-INC ()  Owner / Driver: Tel: )  Protorred Wasp / INC Assign Wasp / OW: (  To P. Particulars: Veh No: //FACUUM INC ()/Non-INC ()  Owner / Driver: (  Policy No: (  Confirmed by: (  Date: Time: )  Insured/Driver Liability: (  Moto-Est Status (WO): No-2006; P. 21-79%, P. 80-100%]  Year of Registration: (  Walle-In Customer: Customer's Information stelety Confidential & Stiricty No refor of repation.  Walle-In Customer: Customer's Information stelety Confidential & Stiricty No refor of repation.  Walle-In Customer: Customer's Information stelety Confidential & Stiricty No refor of repation.  Walle-In Customer: Customer's Information stelety Confidential & Stiricty No refor of repation.  Walle-In Customer: Customer's Information stelety Confidential & Stiricty No refor of repation.  Walle-In Customer: Customer's Information stelety Confidential & Stiricty No refor of repation.  Walle-In Customer: Customer's Information stelety Confidential & Stiricty No refor of repation.  Walle-In Customer: Customer's Information stelety Confidential & Stiricty No refor of repation.  Walle-In Customer: Customer's Information stelety Confidential & Stiricty No refore of repation.  Walle-In Customer: Customer's Information stelety Confidential & Stiricty No refore of repation.  Walle-In Customer: Customer's Information stelety Confidential & Stiricty No refore of repation.  Walle-In Customer's Information stelety Confidential & Stiricty No refore of repation.  Walle-In Customer's Information stelety Confidential & Stiricty No refore of repation.  Walle-In Customer's Information stelety Confidential & Stiricty No refore of repation.  Walle-In Customer's Information stelety Confidential & Stiricty No r	ontact No: amaged Portion: C Checked by (Engr-In-Charge):	For claiming  6) TR: Re-imp  7) N1: Idao DA  8) NTUC Addit  OD.*  *N5: Courtes  *N6: Repair  *N7: Fost Re  *N8: DV / C  TP (N11): T  9) N12: Idao M	estion  A + SMRT Survey  lional Services:-  Ty Cor / Tpt Allowance  Co-ordination  Epair Inspection  other Excess Coordination  TP (Non INC) against INC  toble	95) \$75 \$160 \$3 \$10 \$25 \$3 \$20 \$3	
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Date In 25   10   8     SAS e-filing	C. C	1) AR : Applica	at Reporting (530);		
Date In 25 /10 / 8   Jeb description   Date & Time Completed   Done by    Ref No. M/NC (8-0) & 16 / 7   SAS e-filing      Veh No. 52 x 29 3 B   E-mail vetole that, AIC that)    DO A 31 / 07 / 8   2-0 to   I-Motor Claim Form   277 / 10 / 1/11   2-0 2    OD TP Reporting Only   I-Motor W/O (witake: OD that, TP that)    I-Photo Uploaded   Assessment/Survey Report   Assessment/Survey Report   Assessment/Survey Report   Assessment/Survey Report   Assessment/Survey Report   Tel:   Fax:   )  TP Particulars:   Veh No:   WENGUM   INC ( ) / Non-INC ( )    Owner / Driver:   Tel:   )   Cover Type: ( )    Policy No: ( ) Period: ( ) Cover Type: ( )    Insured/Driver Liability: ( 4) (Note-Est. Status (WO): N: 0-20%; P: 21-79%; P: 30-100%)    Year of Registration: ( ) Warranty: YES ( ) / NO ( )    Excess: (\$ ) Londing: \$1,000 ( ) / \$2,000 ( )    General/Refinarks: ( ) Walk-Is Customer's information strictly Confidential & Strictly No refer of repulser. ( )    O'Walk-Is Customer's Customer's Information strictly Confidential & Strictly No refer of repulser. ( )    Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )    Reminarios: (INF Multipe: Griss/Golf):   1)   Apply for Transport Allowance ( ) / Courtesy Car ( )    Date / Times   Astority   Astority			donum elizabilitas	Auri (S))	
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Date In 25 10 18			)		
Date In 25 /10 /18   Job description   Date & Time Completed   Done by	Insured/Driver Liability: ( %) [Note-Est. Sta	tus (WO): N: 0-2	20%; P: 21-79%. P: 80-	100%]	•
Date in 25 /10 /18		Date:	Time:	)	
Date in 35 /10 /18   Job description   Date & Time Completed   Done by		)	Cover Type: (	).	
Date in 25/10/18  Ref No: NA/INC 18019 416/13  SAS e-filing  Veh No: SLX 293 B  D.O.A. 31/07/18  DOING I-Motor Claim Form  I-Motor W/O (Within: OD 2hrs, TP 4brs)  I-Photo Uploaded  TP Insurer:  Assessment/Survey Report  Assessment/Survey Report  Asset Report by Fax/Hand to Owner/Wksp  Proforred Wksp/INC Assign Wksp/QW: (  Tol: Fax: )				)	
Date in: 25/10/8  Ref No: NA/INC18019 416/13  SAS e-filing  Veh No: 52x2938  D.O.A: 31/07/18  Doto i-Motor Claim Form  I-Motor W/O (Within: OD 2hrs, TP 4brs)  i-Photo Uploaded  Assessment/Survey Report  Ass't Report by Fax/ Hand to Owner/Wksp		mund INC		1/4/2	
Date In: 25/10/18  Ref No: NA/INC 18-019 416/13  Veh No: 51x 293 B  DOA: 31/07/18  DODA: TP Reporting Only  I-Photo Uploaded  Assessment/Survey Report  Date & Time Completed  Done by  Date & Time Completed  Done by  I-Photo Uploaded  Assessment/Survey Report	The second secon	harry of Frank William		Fax:	)
Date In: 25/10/18  Ref No: NA/INC 18019 416/13  Veh No: 52x29338  E-mail (within 8hrs, AIC 2hrs)  D.O.A. 31/07/18  DOD TP Reporting Only  I-Photo Uploaded  Date & Time Completed  Done by  I-Motor Claim Form  Date & Time Completed  Done by  I-Motor Claim Form  Date & Time Completed  Done by  I-Motor W/O (within: OD 2hrs, TP 4hrs)	TP Insurer:		to Owner/Wksp	<del></del>	
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Date In 25/10/18 Job description Date & Time Completed Done by	The state of the s		-		
			Date to Tano Company		-
NATIONAL Assessment Centre Services. [well sarross. :	Date III 25/10/18		Days & Time Completed	Done	by

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### SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 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.

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 state of the s	ACCIDENT STATEMENT
Date Of Report	25/10/2018 12:34
Date Of Accident	31/07/2018 20:10
Exact Location Of Accident	CARPARK BETWEEN BLK 728 & 727 ANG MO KIO AVE 6
Country/State of Loss	SINGAPORE
Market State	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLX2933B
Insured/Policyholder	
Name Of Registered Owner	LIM TONG KHIM
NRIC No	S1728114C
Email Address	TONGKHIN@STERLINGAG.COM.SG
Mobile Phone No	(LOCAL) +65-82182188
Alternative Phone No	HOME-82182188
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HARRIER
Exact Purpose for which vehicle was being used a ime of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
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	5101542291
Cover Note Number	
Driver	
Name of Driver	LIM TONG KHIM
NRIC No	S1728114C
Date Of Birth	26/10/1965
Occupation	INDOOR
Date Of Driving Pass	16/01/1984
Priving Experience	34 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82182188
ax Number	
Contact Number	HOME-82182188
Mail Address	TONGKHIN@STERLINGAG.COM.SG

Address BLK 647 ASIR RIS DRIVE 10

#06-42

Postcode 510647

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

OWNER

Insurance Company of Driver's Own Vehicle

3

(3)

#### General Information of the Accident

Type Of Accident COLLIDED INTO PARKED VEHICLE

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?

NO

YES

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

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

CLEMENTI NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 427 CLEMENTI AVENUE 3 , POSTCODE: 120427 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-7759999 - FAX NO: 67764246 NO

Was notice of intended Prosecution given?

If Yes, against whom?

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20180817/2103

#### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

HAVEN'T RETRIEVE

Was there any audio recorded?

NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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:

NRIC/FIN No .:

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls	repr	Lu	He	po lue	18poi	4:51	20,100	817/210
	0						20100	3171610
							22	
CLARATION								

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

Rolleyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:





Police Station Of Origin: Clementi NPP 427 Clementi Avenue 3 #01-456 SINGAPORE 120427 Tel No: 1800-7759999 1 of 3 Report No. T/20180817/2103

# REPORT OF A TRAFFIC ACCIDENT

	ne Report N 018 16:34	/lade:	Vide Report No.:	Station Diary No. 36			
Informa	nt's Partic	ulars					
Name of Informant: LIM TONG KHIM			Address: APT BLK 647 PASIR RIS DRIVE 10 #06-42 SINGAPORE 510647				
	/ ID No.: D / S17281	14C	Contact No.: Home/Office:	Mobile: 82182188			
National SINGAP	ity: ORE CITIZ	EN	Email:				
Sex: Male	Age: 52	Date of Birth: 26/10/1965	Type of Informant:				
Race: Chinese			Language: Institution / School				
Occupation:		8 2,	Driving Licence Informati Class: 3	ion: Date of Expiry:			

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 31/07/2018 20:10	Type of Location Car Park
Location: Along Road 1 ANG MO KIC  Open Car Pa Weather: Clear	AVENUE 6	and Block 727 Ang Mo Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Two Way		Not Controlled		Moderate

Details of V	ehicle Invo	lved ·			DEVICE DE LA COMPANIE	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLX2933B	Car	ТОУОТА	HARRIER PREMIUM 2.0 CVT	White	Slightly Damaged	0

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SLX2933B	NTUC Income Insurance Co-Operative Limited	5101542291	19/06/2018	18/06/2019		





Police Station Of Origin: Clementi NPP 427 Clementi Avenue 3 #01-456 SINGAPORE 120427 Tel No: 1800-7759999

2 of 3 Report No. T/20180817/2103

### CONTINUATION OF REPORT

<b>Details of Perso</b>	n involved			2 1000.50		
Any Pedestrian I	nvolved: No					
No. of Pedestrian			Use of Pe	destria	n Cross	ing: NA
Driver	THE RESERVE AND ADDRESS.		030 011 0	uestria	Closs	sing: NA
Name	LIM TONG KHIM			ID No	).	S1728114C
Related Vehicle	SLX2933B (Car)			Contact No. 82182		82182188
Hospital/Clinic	NIL .			Class Drivin Licen	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL .		Date Disc			
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

#### Brief Details.

On 15/08/2018, I received a letter from the Traffic Police regarding myself being involved in a Traffic Accident ref TP/IP/44897/2018 under TP IO Esther Chong, tel.: 65476368. It highlighted that it was on 31/07/2018 at Ang Mo Kio Avenue 6 at about 2010hrs. I contacted TP IO Esther and she informed me to lodge a police report regarding the incident.

I recall that on 31/07/2018 at about 2000hrs, I was at the open car park between Block 728 and Block 727 Ang Mo Kio Avenue 6. I was reversing into an open lot when I noticed that I have hit onto the front of a vehicle. My vehicle suffered a minor scratch on the right rear bumper which only costs me about S\$160/to repair it. After that incident, I waited quite awhile for the driver of the other vehicle however he did not show up. Thus, I did actually left my contact on a piece of paper on his windscreen. I would like to state that I was not contacted by anyone regarding the matter until I received the letter from Traffic Police. I wish to state that I could not recall the registration plate of the other vehicle. I would like to emphasize that I did leave my contacts on the car's windscreen. That is all.





Police Station Of Origin: Clementi NPP 427 Clementi Avenue 3 #01-456 SINGAPORE 120427 Tel No: 1800-7759999

3 of 3 Report No. T/20180817/2103

CONTINUATION OF REPORT

### Sketch Plan

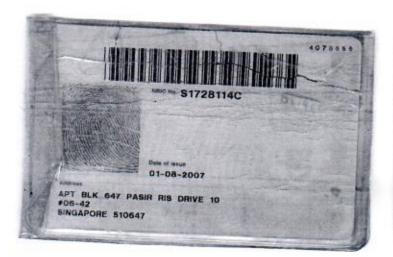
Informant is not able to provide sketch plan

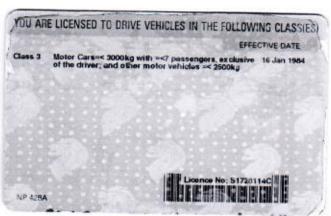
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: D / Sgt 2 MUHAMMAD AIZAT BIN AMIR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 17/08/2018 16:34
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
uthentication Stamp	











Certific	cate of Insurance
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSA MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSA ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (N	ATION) RULES, 1960
Certificate Number: 5101542291	Cover : drivo CLASSIC
Index mark and Registration Number of Vehicle     Chassis Number	: SLX2933B : ZSU600064341
Name of Policyholder	: LIM TONG KHIM
Effective Date of Insurance	: 19 Jun 2018
Expiry Date of Insurance	: 18 Jun 2019
the Motor Vehicle or has been so permitted an enactment or regulation in that behalf from dri	accordance with the licensing or other laws or regulations to drive d is not disqualified by order of a Court of Law or by reason of any
6. Limitations as to Use#	
(a) Use for social domestic and pleasure purposes	and in connection with the Policyholder's business or profession.
This Policy does not cover	
(a) Use for hire or reward.	per transfer proper per construir
(b) Use for racing, pace-making, reliability trial or s	
(c) Use for the carriage of goods (other than samp	위한 경기 보면 보면 보다는 사람들이 되어 있다면 보면 하면 보면 보면 되면 되어 있다. 그런 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은
(d) Use for any purpose in connection with the Mo	
	of the Motor Vehicle (Third Party Risks and Compensation) ransport Act, 1987 (Malaysia), are not to be included under these

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: \$\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO
INSURE WITH COE : YES
NCD PROTECTION : YES
TRANSPORT ALLOWANCE : NO
EXCESS WAIVER : NO

PRIMARY DRIVER : LIM TONG KHIM

 NAMED DRIVER (1)
 : N/A

 NAMED DRIVER (2)
 : N/A

 HIRE PURCHASE COMPANY
 : MAYBANK

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : SKL AUTOMOBILE PTE. LTD. (00000573317)
Date of Issue : 18 Jun 2018 16:45 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

mile

**Authorised Officer** 

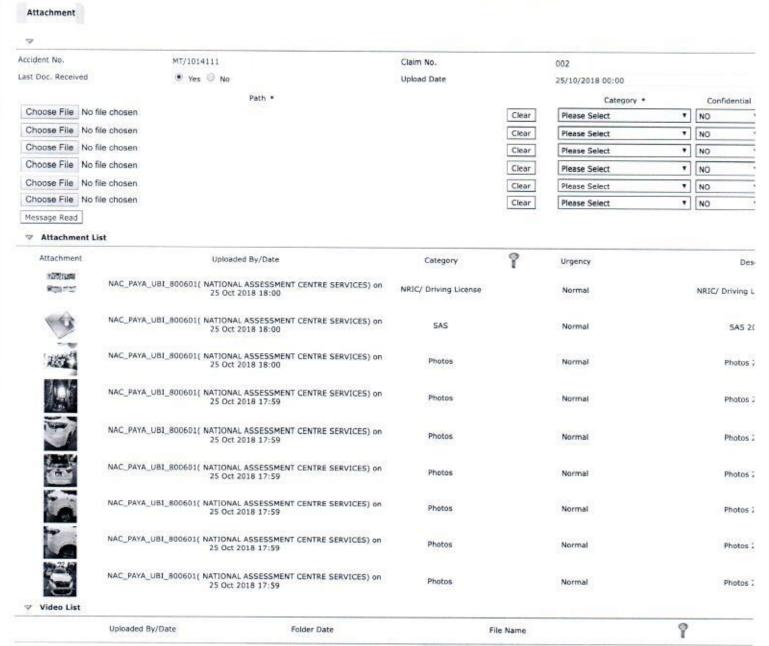
**Chief Executive** 

Countersigned By:

#### **Claim Handling**

Modification History  Policyholder Mailing Address Address 1 BLK 647 #05-42 Address 7ype Singapore address Post Code Unit No. 05-42 Related Policy Number 5101542291  Driver Info  Driver NRIC Driver NRIC Driver Page Unnamed driver Name Driver Page Unnamed driver Lucense Contact No.(Mobile) Contact No.(Office) Address 3 Address 4 Address 7ype Foreign address Post Code Unit No. Does he own a Singapore Registered Car?  Medification History  Claim Type *  Contact No.(Mobile)  Contact No.(Mobile)  Contact No.(Mobile)  Contact No.(Mobile)  Claim Type *  Contact No.(Mobile)  Contact No.(Mobile)  Contact No.(Mobile)  Contact No.(Mobile)  Claim Type *  Contact No.(Mobile)	Accident MT/1014111							
Picker Name	Policy No.	5101542291		Vehicle No.	SLX2933B		GST Regi	stration N
PRINCIPLE CLAIR INSURANCE	Certificate No.							
Concide No. (Office) Control Address Second Branak Second	Policyholder Name	LIM TONG KHIM					Policyhok	der NRIC
Special Remark   Spec	Product Code	PRIVATE CAR INSURANCE		Cover Type	drivo CLASSIC		Loading	
NCK Protection Yes No Yes NCD Proteinment(%) 50 No Yes ecoe Reason Protein Report With 24 Inc.  **Protein Partials**  **Risport Date**  **O Accident Datable**  **Clored Accident Report With 24 Inc.  **Clored Accid	Contact No.(Mobile)	NA		Contact No.(Office)			Contact N	la.(Home
NCD Presidence (%) 50 Protect Provide	Email Address			Special Remark			eCode	
## Accident Datable ## Accident Export Within 24 hrs Ves	KFK	» No Yes		TCA	No Yes		eCode Re	ason
Accident Date	NCD Protection	Yes		NCD Entitlement(%)	50		Private H	ire
Date of Accident 31/07/2018 Time of Accident Path Reporting Centry Accident Location Reporting Centry Orleage Force Orleage Forc	Accident Details							
Reporting Centre  Orange Force  Orange Force  Orange Force  Orange Force  Derivation Centre  Excess  Orange Force  Derivation Control  Excess  Orange Force	Report Date	03/10/2018 10:54		Accident Report Within 24 hrs	Yes		Accident	Туре
Reporting   Sult 728 ANG NO XID AVE 6 OSC	Date of Accident	31/07/2018		Time of Accident hh:mm	20:10		Country of	of Accident
Ministration   Mini	Reporting Centre			Orange Force				
Own damage Excess 600.00 Additional Excess 0 Mindscreen E control for Percess 0.00 Outside Singapore OD Excess 600.00 Outside Singapore TP Excess 600.00 Outside Singapore TP Excess 0.00 Outside Singapore Address 0.00 Outside Singapore Outside Singapore Address 0.00 Outside Singapore Outside Singa	Accident Location	BLK 728 ANG MO KIO AVE 6	5 OSCP					
Unitariand Driver Excess 0.00 Outside Singapore OD Excess 600.00  Third Party Excess 0.00 Outside Singapore TP Excess 0.00  Strengthan Singapore TP Excess 0.00  Outside Singapore Address 1.00  Address 1.00  Address 1.00  Outside Singapore TP Excess 0.00  Outside Singapo	♥ Excess							
Unitariand Driver Excess   0.00   Outside Singapore OD Excess   0.00   Outside Singapore TP Excess   0.00   Outside Sing	Own damage Excess	60	0.00	Additional Excess	0		Windscre	en Excess
## Benefits  ## ST Registered Information  ## ST Registered Inform	Unnamed Driver Excess		0.00	Outside Singapore OD Excess		600,00		E1-01-70000E-00
### CST Registered Information ### CST Registered No.	Third Party Excess	10	0.00	Outside Singapore TP Excess		0.00		
GST Registration Date No GST Registration Date OSST Registration OSST								
Address 1 BLK 647 #05-42 Address 7 PASIR RIS DRIVE 10 Address 3 Peac Code Unit No. 05-42 Related Policy Number 5101542291  Driver Name Driver Type Driver Ralic D		nation						
Modification No.  Modification History  Policyholder Mailing Address  Address 1 Address 2 Address 9 Address 9 Address 9 Address 1 Address 9 Address 1 Address 1 Address 1 Address 1 Address 1 Address 1 Address 7 Address 1 Address 1 Address 7 Address 1 Address 1 Address 7 Addres	GST Registered	No			GST Regi	stration Date		
Policyholder Mailing Address Address 1 Address 7ype Singapore address Post Code Unit No. 05-42 Related Policy Number S101542291  Driver Name Unit and driver Name Driver NRIC Driver NRIC Driver Age Driver Age Driver Age Contact No. (Office)	GST Registration No.							Yes
Address 1 BLX 647 ±05-42 Address 7 PASIR RIS DRIVE 10 Address 3 Address 4 Address 4 Post Code  Incline No.	Modification History							
Address 1 BLX 647 ±05-42 Address 2 PASIR RIS DRIVE 10 Address 3 Address 4 Address 4 Address 4 Pest Code Unit No.  © OI Driver Info  Driver Name  Driver NRIC  Driver NRIC  Contact No. (Mobile)  Conta								
Address 4 Address Type Singapore address Post Code Unit No. 05-42 Related Policy Number S101542291  Priver Type United Type Foreign address Address 3 Address 3 Address 4 Address Type Foreign address Post Code United Type Foreign address Post Code United Type		ddress						
Unit No. 05-42 Related Policy Number 5101542291  Driver Tarto  Driver Type Unnamed driver Name Driver Name Driver Name Driver Name Driver Name Contact No. (Mobile) Contact No. (Mobile) Address 2 Address 3 Address 4 Address 7ype Foreign address Address 7 Post Code Registered car? Ves * No Driver Vehicle No.  Claim 002 OD-MX New  Claim 1092 OD-MX New  Claim 1996 * Contact No. (Mobile) Contact No. (Mobile) Contact No. (Mobile) Claim 1996 * Contact No. (Mobile) Claim 2998 * Contact No. (Mobile) Contact No. (Mobile) Contact No. (Mobile) Claim 2998 * Contact No. (Mobile) Claim 2998 * Contact No. (Mobile) Contact No. (Mobile) Contact No. (Mobile) Contact No. (Mobile) Claim 2998 * Contact No. (Mobile) Claim 2998 * Contact No. (Mobile) Contact No. (Mobile) Contact No. (Mobile) Claim 2998 * Contact No	Address 1	BLK 647 #05-42		Address 2	PASIR RIS DRIVE	10	Address 3	6
Driver Name Unnamed driver Name Driver NBIC Unnamed driver Name Driver NBIC Driver Age Driver Age Ontact No. (Office) Contact No. (Office) Contact No. (Address 1 Address 2 Address 3 Address 3 Address 4 Address 7ype Foreign address Post Code Unit No. Does he own a Singagore Registered car? Ves × No Driver Vehicle No. Driver Vehicle No. Driver Vehicle No. Driver NBIC Claim 1/20 * Contact No. (Mobile) Claim 1/20 * Contact No. (Mobile) Claim 1/20 * Contact No. (Mobile) Email Address  Unit No.  Contact No. (Mobile) SLX2933B / UNIXNOWN ON 31 2ul 2018 Preferred Workshop Preferred Workshop Preferred Workshop Option Preferred Workshop, Name unknown * report Repairer Repairer Repairer Report Taken By ROSLINDA Workshop Repairer Repair	Address 4			Address Type	Singapore address	1	Post Code	13
Driver Name  Unnamed driver Name  Driver NAIC  Driver NAIC  Contact No. (Mobile)  Contact No. (Office)  Contact No. (Office)  Address 1  Address 2  Address 3  Address 4  Address 2  Address 3  Address 4  Address Type  Foreign address  Post Code  Unit No.  Does he own a Singapore  Registered car?  Yes * No  Driver Vehicle No.  Claim 002 OD-MX  New  Claim 17ppe *  Contact No. (Mobile)  Email Address  Contact No. (Mobile)  Email Address  Charter No. (Mobile)  Email Address  Claim Description  SLX2933B / UNKNOWN ON 31 3ul 2018  Preferred  Workshop  Repair  Preferred Workshop, Name unknown  Preferred  Nortshop  Repair  Preferred Workshop, Name unknown  Preferred  Report Taken By  ROSLINDA  Workshop  Repairer	Unit No.	05-42		Related Policy Number	5101542291			
Unit maned driver Name  Register Date of Driver License  Contact No. (Mobile)  Contact No. (Mobile)  Contact No. (Mobile)  Address 2  Address 3  Address 4  Address Type  Foreign address  Post Code  Unit No.  Driver Vehicle No.  Driver Vehicle No.  Driver Vehicle No.  Driver Insured  Claim 17pe *  Contact No. (Mobile)  Contact No. (Mobile)  Claim 17pe *  Contact No. (Mobile)  Contact No. (Mobile)  Contact No. (Mobile)  Contact No. (Mobile)  Claim 202 OD-MX  No. (No. (Mobile)  Contact No. (Mobile)  Cont								
Register Date of Driver License  Contact No.(Mobile)  Contact No.(Mobile)  Contact No.(Office)  Contact No.(Office)  Address 1  Address 2  Address 3  Address 3  Address 4  Address Type Foreign address  Post Code  Unit No.  Des he own a Singapore Registered car?  Ves * No  Driver Vehicle No.  OD-MX  Insured  No.  (Home)  (No.  (Home)  (Home)  (Home)  (Home)  (Home)  (Posteried  Workshop  Preferred  Workshop  Preferred  Workshop  Registered  Registered  Registered  Registered  Registered  Registered  ROSLINDA  Workshop  Repair				Driver Type				
Contact No. (Mobile)  Address 1  Address 2  Address 3  Address 3  Address 4  Address 4  Address 7pe Foreign address  Post Code  Driver Vehicle No.  Does he own a Singapore Registered car?  Claim 902 OD-MX  New  Claim 902 OD-MX  New  Claim 902 OD-MX  New  Claim 1pe *  Contact No. (Mobile)  Contact No. (Mobile)  Email Address  Claim Description  Preferred  Preferred Workshop, Name unknown V Claim Preferred Workshop, Name unknown V Claim Poptor Taken By  ROSLINDA				Driver NRIC			Driver DO	В
Address 1 Address 2 Address 3 Address 4 Address Type Foreign address Post Code Unit No. Does he own a Singapore Registered car?  Claim 002 OD-MX New  Claim 002 OD-MX New  Claim Type *  Contact No.(Mobile)  Contact No.(Mobile)  Contact No.(Home) (Home) Claim Description  Preferred Workshop Preferred Workshop Preferred Workshop Preferred Workshop Preferred Workshop Preferred Workshop, Name unknown  Report Taken By  ROSLINDA ROSLINDA ROSLINDA ROSLINDA ROSLINDA Repaire ROSLINDA Repaire ROSLINDA Repaire ROSLINDA Repaire ROSLINDA Repaire				Driver Age			Driving Ex	perience
Address 4  Address Type Foreign address  Post Code  Unit No.  Does he own a Singapore Registered car?  Yes * No  Driver Vehicle No.  Driver Vehicle No.  Driver Insured  Address Type Foreign address  Post Code  Driver Insured  Driver Insured  No.  (Home)  Contact No.(Mobile)  Email Address  Claim Description  Preferred  Workshop  Preferred  Workshop  Preferred  Workshop  Preferred Workshop, Name unknown  Preferred  Workshop  Preferred Workshop, Name unknown  Preferred Workshop, Name unknown  Preferred  Report Taken By  ROSLINDA  ROSLINDA  Workshop  Repairer  ROSLINDA  Workshop  Repairer  ROSLINDA  Workshop  Repairer				Contact No.(Office)			Contact N	ia.(Home)
Unit No. Does he own a Singapore Registered car?  Claim 002 OD-MX  New  Claim Type *  Contact No. (Mobile)  Email Address  Claim Description  Preferred Workshop Preferred Workshop Preferred Workshop, Name unknown Teport Preferred Workshop, Name unknown Teport Preferred Workshop, Name unknown Teport Preferred Workshop Preferred Workshop Preferred Workshop, Name unknown Teport Preferred Workshop Preferred Workshop Preferred Workshop, Name unknown Teport Preferred Workshop Preferred Workshop Preferred Workshop, Name unknown Teport Preferred Workshop Pre				Address 2			Address 3	591
Does he own a Singapore Registered car?  Yes # No Driver Vehicle No.  Driver Insured Registered Car?  Claim 002 OD-MX New  Claim 002 OD-MX New  Claim Type *  Contact No.(Mobile)  Email Address  Contact No.(Mobile)  Email Address  Claim Description  SLX2933B / UNKNOWN ON 31 Jul 2018  Preferred Workshop Preferred Workshop, Name unknown Preport  Registered  Report Taken By  ROSLINDA  ROSLINDA  Prepairer  ROSLINDA  Repairer	Address 4			Address Type	Foreign address		Post Code	6
Claim 002 OD-MX New  Claim 1/2pe *  Contact No. (Mobile)  Email Address  Claim Description  Email Address  Claim Description  SLX2933B / UNKNOWN ON 31 Jul 2018  Preferred Workshop, Name unknown V GIA Received V Repoir Option  Report Taken By  ROSLINDA  Professor								
Claim Type *  Contact No. (Mobile)  Contact No. (Mobile)  Email Address  Claim Description  Preferred  Preferr		Yes No		Driver Vehicle No.			Driver Ins	urer Com
Contact No. (Mobile)  Contact No. (Mobile)  Email Address  Claim Description  Claim Description  SLX2933B / UNKNOWN ON 31 Jul 2018	Modification History							
Contact No. (Mobile)  Contact No. (Mobile)  Email Address  Claim Description  Claim Description  SLX2933B / UNKNOWN ON 31 Jul 2018		D.						
Contact No. (Mobile)  Email Address  Contact No. (Home)  OI  Vehicle Number  Claim Description  Preferred  Workshop  Preferred  Workshop  Preferred Workshop, Name unknown  Date Registered  Report Taken By  Report Taken By  Contact No. (Home)  OI  Vehicle Number  SLX2933B / UNKNOWN ON 31 Jul 2018  SLX2933B / UNKNOWN ON 31 Jul 2018  Claim  Contact  No.  (Home)  OI  OI  OI  OI  OI  SLX2933B / UNKNOWN ON 31 Jul 2018  Claim  Contact  No.  OPI  OPI  OPI  OPI  OPI  OPI  OPI  OP	Claim 002 OD-MX Nev	¥						
Email Address  Claim Description  SLX2933B / UNKNOWN ON 31 Jul 2018  Preferred Workshop Workshop Preferred Workshop, Name unknown Ves Finalisation Date Registered  Report Taken By  No. (Home)  SLX2933B / UNKNOWN ON 31 Jul 2018  Received Preferred Workshop, Name unknown Preferred W	Claim Type *					OD-MX	Insured     Name	LIM TO
Claim Description  Preferred Workshop Regular No. Yes Finalisation Date Registered  Report Taken By  Vehicle Number  SLX2933B / UNKNOWN ON 31 Jul 2018  SLX2933B / UNKNOWN ON 31 Jul 2018  Fully at Fault  Freferred Workshop, Name unknown  Frequence  Received  Preferred Workshop, Name unknown  Report Taken By	Contact No.(Mobile)						No.	
Preferred Workshop Preferred Workshop Preferred Workshop Preferred Workshop, Name unknown Preferred Workshop Repairer Received  Received  Received  ROSLINDA  Workshop Repairer	Email Address						Vehicle	SLX293
Preferred Workshop Preferred Workshop Preferred Workshop, Name unknown Preferred Workshop, Name unk	Claim Description					SLX2933B / UNKNOWN (	ON 31 Jul 2018	
Workshop   Insured Liability   Fully at Fault   Tender No.   Ves   Ten	Preferred					V		
Date Registered  25/10/2018 18:01  Claim Close Date  Report Taken By  ROSLINDA  Workshop Repairer	Workshop	Preferered	fully at Fault					
Date Registered  25/10/2018 18:01  Close Date  Report Taken By  ROSLINDA  Repairer	Finalisation Yes	* Repair Prefe	rred Workshop, Name		•		Claim	
ROSLINDA Repairer	Date Registered	Spirot.				25/10/2018 18:01	Close	
	Report Taken By					ROSLINDA		
	Print AK letter							

Save Submit



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