NATIONAL Assessment Cer	ntre Services wet 1 Jamos M	NA 118146385	33 31	
Date In: 12/11/18 - 16:28	Jeb description	Date &Time Completed	Done	e by
REFNO: MA INCROLOY35/24	SAS e-filing			
Veh No: JVH 8737X	E-mail (within Shrs, AIC 2hrs)	T		7.0
D.O.A : 11/11/18 - 13:10	i-Motor Claim Form	100-(TYP101/m	1411/18	21,14
	i-Motor W/O (Within: OD 2h		11.7.	-
OD TP Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
Tr Insurer.	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tol: Fa	ix:	
TP Particulars: Veh No: 510	X76UM INC)/Non-INC()		5 F/25
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%. P: 80-10	0%1	
Year of Registration: ()	***)		
Excess: (\$) Loading: \$				
CANALAN TOTAL AND THE SECOND OF THE SECOND O		A STREET, STRE	SOUTH TO	
() Walk-In Customer: Customer's in	oformation strictly Confidential 8 St	Mark Delication College Annual	10th 127 - 1	
() Total Loss Case : to e-mail Ins		rictly NO refer of repairer.		
Part of the second seco		· · · · · · · · · · · · · · · · · · ·	3	
Drive-In ()/ Towed-In (); Invo	ice: YES() / NO(); T	owing Co: (75.)
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done	by
1) Apply for Transport Allowance ()	/ Courtesy Car ()		3712	
2) QC Check / Post Repair Inspection		*		
3) Upload Resurvey Photo [Repair Cost>	\$30001	 		
STORAGE CO.				
Injury:				
Onte/Time Actions	model and the second second	Control of the State of	Lapone Committee Com	77977
		•	DefCaCles.	-
	All Section 1			
				
1.3	Takana		Anit (S)	Amt (\$
41807377	Invoice Prep	paration Checklist	fat Bill	Add Bil
aimant's Particulars :-	1) AR : Accident			
iver/Owner:	2) DA : Damage A 3) TF : Towing Fe	Assessment (\$100); INC (\$80) 540/54	15	
Truirow.ici.	4) FT : Follow-Th	rough Survey \$12	-	
ntact No:		rough Survey (Resurvey) \$3 ainst INC Only (wef 10 Jan 2005)	0	
maged Portion:	6) TR : Re-inspect		5	
	7) N1 : Idno DA +		0	
Checked by (Face In Cl.	8) NTUC Addition	nal Services:-	+	
Checked by (Engr-In-Charge):	*N5: Courtesy (Car/Tpt Allowance 5	CONTRACTOR OF THE PARTY OF	
White production is a second control of the	*N6: Repair Co *N7: Fost Repair		the second second	
ditors' Comments :-	*N8: DV / Colle	et Excess Coordination 3	-	
1:	TP (N11): TP (9) N12: Idae Mobi	Non INC) against INC \$2	0	
2/3;	Invoice dated	Pee Charged	2	aka je
	Invoice dated	Fee Charged	SECTION .	000001=-000

5 . pa a 1 . 50

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

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,
- 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.

A THE REAL PROPERTY OF THE PARTY OF THE PART	ACCIDENT STATEMENT
Date Of Report	12/11/2018 16:28
Date Of Accident	11/11/2018 13:10
Exact Location Of Accident	PAYA LEBAR RD
Country/State of Loss	SINGAPORE
Committee of the Commit	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLH8737X
Insured/Policyholder	
Name Of Registered Owner	ONECLICK EXPRESS
Co Reg No	53349346C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	KIA
Model	FORTE K3 1.6A
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
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	NO
Policy Number	5086255697-01
Cover Note Number	
Driver	
Name of Driver	TEOH CHIA CHING
NRIC No	S7664516G
Date Of Birth	30/04/1976
Occupation	OUTDOOR
Date Of Driving Pass	25/10/2005
Driving Experience	13 YEARS AND 0 MONTHS

MALE

NOEMAIL

(LOCAL) +65-91526362

OFFICE-91526362

Address BLK 61 CIRCUIT ROAD

#06-229 370061

Was drives as small as Alba I as all 0

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

.

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 3

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

0

Passenger 1

NAME:

: LAM HONG TUYET

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name GEYLANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-8486999 - FAX NO: 68486799

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20181112/2026.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKX7641Y

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

JOSEPH LEONG WENG KEONG

NRIC/Passport Number

S7077057A

Contact Number

96893321

Address

Page 2 of 37

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

.

90900515

3

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLA5988U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver NG WEI SOON
NRIC/Passport Number S7965065Z

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER:

DETAILS OF INJURED PERSON 1

Name TEOH CHIA CHING

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SLH8737X
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name LAM HONG TUYET

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SLH8737X
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

SKETCH PLAN

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

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature

Date & Time:

X Colin

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

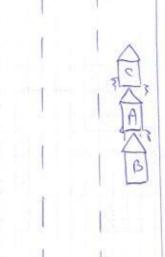
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Paya Lober Ro



DOA: 11/11/18

A: SLH 8737 X

B: SKX 7641 Y

C: SLA 5988 U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer	7	Pelice	Report			
	W.		1			
	-				 	
		-1.7700-8				
					-	
				- Walter		
						-

DECLARATION

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

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Personal Particulars	
Date of Accident: 11 11 18 Time of Ac	ccident1310 ha
Exact Location of Accident: Paya Leber	P-0'
Owner's Name: Oneclick Express	
Driver's Name: Tech Chia Ching	
Date of Birth: 30/04/1976 Driv ng Licence Passing Date: 10/0	03/2007 Occupation: Indoor / Outdoor
Address: BIK 61 CIRCUIT ROAD #06-229 SINGAPORE	370061
Relationship of Driver with Insufed:	: raymond teoh @ yahoo.com
Vehicle No: SLH 8737 × Make & Model:	KIA K3
Insurance Co: NTuc INCOME Coverage: Conf	oct has 4 Policy No: 5086255697 -01
*Purpose of Reporting? Own Damage Claim / 3rd (a	Av Claim / Not Claiming, Just Reporting Only
*Exact Purpose of The Vehicle Was Being Used At	
. /	
*Weather Condition? Jean / Raining / Others:	Wet / Dryy Others:
* Any passenger inside vehicle involved? (Yes / No	
A: 1+1 B. 1+0	C: 1/1 1+2 D:
*Was Anybody Injured ? (Yes) No) If yes,	Woman
Name / NRIC / In Vehicle:	boy
*Was The Accident Reported To The Police ?	
O No X Yes, Which Police Station? GEYLANG N.P.C	
· · · · · · · · · · · · · · · · · · ·	
*Does the Driver Own Any Other Vehicle?	
O No O Yes, Vehicle Registration No:Inst	
*Was any foreign vehicle involved? (Yes / No) If ye	es, Vehicle No & Category:
*Was there any video captured by Car Camera? (\	(es/Nes)
Third Party Driver's Particulars	
Vehicle & No: 5KX 7(4) Y Make & Mode	9689 332
Driver's Name: Ng Juseph	NEIC No: HP No:
	l:
	OOMRIC No: HP No:
Witness Particulars	9090051
Name:	NRIC No: HP No:





Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

1 of 4

Report No. T/20181112/2026

REPORT OF A TRAFFIC ACCIDENT

12/11/2018 10:29			Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
	f Informant: CHIA CHING		Address: APT BLK 61 CIRCUIT ROAD	#06-229 SINGAPORE 370061		
ID Type / ID No.: NRIC NO / S7664516G			Contact No.: Home/Office: Mobile: 91526362			
National SINGAF	lity: PORE CITIZ	EN	Email:			
Sex: Male	Age:	Date of Birth: 30/04/1976	Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: FIELD ENGINEER			Driving Licence Information: Class: 2B.3 Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/11/2018 13:10	Type of Location: Straight Road	
Location: Along Road 1 PAYA LEBAR Weather:		Road Surface:		Road Speed Limit:	
Drizzling Wet					
Drizziing	Traffic Flow: Traffi			Traffic Volume: Heavy	
		Traffic Control: Traffic Light - Wo	rking	Heavy	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKX7641Y	Car	BMW	520I AT 2WD 4DR LED NAV	White		0
SLA5988U	Car	HONDA	VEZEL 1.5X HYBRID CVT ABS D/AIRBAG 2WD	Maroon		0
SLH8737X	Car	KIA	FORTE K3 1.6A	White	Slightly Damaged	0





T/20181112/2026

2 of 4

Report No. T/20181112/2026

Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

CONTINUATION OF REPORT

Details of Perso	n Involved				32/10/20	
Any Pedestrian I	nvolved: No					
No. of Pedestriar	The state of the s		Use of Pe	destriar	Cross	sing: NA
Driver		No. of Lots				
Name	JOSEPH LEONG V	VENG KEO	NG	ID No		S7077057A
Related Vehicle	SKX7641Y (Car)			Conta	ct No.	96893321
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
	ted Medical Leave	NIL	Degree of		NIL	***************************************
Driver		Leanning Co.			HP2 (184	
Name	NG WEI SOON			ID No.		S7965065
Related Vehicle	SLA5988U (Car)			Contact No.		90900515
Hospital/Clinic	NIL			Class Drivin Licend Expire	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	-	NIL	
	ted Medical Leave	NIL	Degree of			
Passenger			dall selections			
Name	LAM HONG TUYET	T.		ID No	e e	G0976315K
Related Vehicle	SLH8737X (Car)			Contact No.		83399303
Hospital/Clinic	PARKWAY EAST HOSPITAL			Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	12/11/2018		Date Disc	-		/2018
	ted Medical Leave	03	Degree of		Slight	





Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

3 of 4 Report No. T/20181112/2026

CONTINUATION OF REPORT

Driver			PA-LUMATE Y	ARE DE	John Die	Commission of the Commission o
Name	TEOH CHIA CHING			ID No).	S7664516G
Related Vehicle	SLH8737X (Car)				act No.	91526362
Hospital/Clinic	PARKWAY EAST HOSPITAL			Class Drivin Licen Expire	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	12/11/2018	Date Disc	harge	12/11	/2018	
No. of Days granted Medical Leave 03			Degree of			

Brief Details.

On 11 November 2018 at about 1:10pm, I was in vehicle SLH8737X along Paya lebar road. My vehicle was stationary. The traffic was heavy and the cars were lined up along the road awaiting the green light. Vehicle SLA5988U that was in front of me was also stationary. All of a sudden, I was hit from the rear by vehicle SKX7641Y. The impact resulted in my vehicle moving forward and bumping into vehicle SLA5988U.

After the collision, all 3 drivers exited their vehicles and exchanged particulars. The front and rear bumper of my vehicle was dented in due to the collision.





20101112/2020

4 of 4

Report No. T/20181112/2026

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999 CONTINUATION OF REPORT

Sketch Plan

NP168

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: G / Sgt 2 CHAN LIP YANG, DEMIAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/11/2018 10:29
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:



IDENTITY CARD NO. S7664516G REPUBLIC OF SINGAPORE



TEOH CHIA CHING

Date of birth

30-04-1976 CountryPlace of bith MALAYSIA

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

Class 2B Motorcycles =< 200 cc Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 25 Oct 2005 of the driver; and ether motor vehicles =< 2500kg

NP 428A

APT BLK 61 CIRCUIT ROAD #06-229 SINGAPORE 370061

NRIC No. S76645166 Date: 14/10/2015

NUIC No. S7664516G

Date of lesses 09-01-2015

张 住

5 N

Birth Date: 30 Apr 1976 fisher Date: 10 Mar 2007

001484029A

REPUBLIC OF SINGAPORE DRIVING LICENCE

TEOH CHIA CHING



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5086255697-01 Cover : drivo PREMIUM

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

: SLH8737X

: 22 Nov 2017

: 21 Nov 2018

: KNAFZ411MH5666316

: ONECLICK EXPRESS

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.
 - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) : S\$2,000 EXCESS (SECTION 2) : 5\$1,500 WINDSCREEN EXCESS : S\$100 ADDITIONAL EXCESS : N/A UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF REPAIR AT OWNER'S PREFERRED WORKSHOP : YES INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER**

: NO PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : GOLDBELL FINANCIAL SERVICES PTE LTD

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)

: CYCLE & CARRIAGE.FULCO MOTOR DEALER PTE LTD (00000613549)

Date of Issue Reprint

: 08 Nov 2017 12:08 hrs : 08 Nov 2017 12:09 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech										Genera	IClaim
Hello, NAC_PAYA_UBI_80	0601						• Chang	e Languag	e • Chan	ge Password	→ Log Ou
My Desktop	Poli	cy Query									
Notice of Loss Policy N		No.				Date	of Accident	1	11/11/2018 1	3:10	
	Vehicle	No.(For Motor)	SLH87	37X		Certi	ficate Numbe	r			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5086255697- 01		ONECLICK EXPRESS	53349346C	GPC	drivo PREMIUM	SLH8737X		22/11/2017	21/11/2018

Policy Information

	- see of anomalifully	11/19/2004/01/20	Ta v Ta		Endorsement Content
▼ Endors Sequence		Endorse	ment Type	Endorsement Status	Endorsement Content
	d Object: SLH8737X				
Jnit No.	06-229	Related Policy Number	5086255697-01		
Address 4	SINGAPORE 370061	Address Type	Singapore address	Post Code	370061
Address 1	BLK 61 #06-229	Address 2	CIRCUIT ROAD	Address 3	MACPHERSON GARDEN
▽ Policyh	nolder Mailing Address				
Certificate Info					
Policy Info					
Flag Open					
Co- insurance	No				
Agent	CYCLE & CARRIAGE, FULCO MOT	Agent Tel.	67460088	GST Flag	Υ
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Additional Excess	0	OS Premium	0		
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Policy issue Date	08/11/2017	Effective Date	22/11/2017 00:00	Expiry Date	21/11/2018 23:59
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Address	BLK 61 #06-229 CIRCUIT ROAD	MACPHERSON	N GARDEN SINGAPO	RE 370061	
Certificate No.					
Policy No.	5086255697-01	Policyholder Name	ONECLICK EXPRESS	S Policyholder NRIC	53349346C

Continue Cancel

	entrativas es	O'MANAGEMENT	1000300000000		1112620000	1720120111		
cy No. oficate No.	5086255697-01	Vehicle No.	SLH8737X		GST Regit	stration No.		
cynolder Name	DNECLICK EXPRESS				Policyhold	es Mane	533493460	
ruct Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM		Loading	er more	333493400	1
tact No.(Mobile)	70	Contact No.(Office)	0			o.(Home)	0	
III Address		Special Remark			eCode	20100001	No T	
	= No Yes	TEA	e No Yes		eCode Re	won	100	
D Protection	FAS	NCD Entitlement(%)	30		Private Hi		Yes	
Accident Details								
ort Date	12/11/2018 21:16	Accident Report Within 24 hrs	Yes		Accident 1	Vpe	Chain Collis	don
te of Accident	11/11/2018	Time of Accident his mm	13:10		Country o		Singapore	
porting Centre		Orange Force			ICM No.		-asilisissi	
cident speation	PAYA LEBAR RO							
Excuss								
vi damage Excess	2,000.00	Additional Excess	0		Windscree	in Excess	100.00	
named Driver Excess		Outside Singapore OD Excess		2,000.00				
ind Party Excess	1,500.00	Outside Singapore TP Excess		1,500.00				
# Benefits								
GST Registered Informat	tion							
T Registered	No		GST Reg	stration Date				
F Registration No.			GST Status Verified			No		
fication History								
Policyholder Mailing Add								
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QI Driver Info		Related Policy Number	5086255697-01					
ver Name	Unnamed Driver	Driver Type	Unnamed Driver					
named driver frame	TECH CHIA CHING	Driver NRIC	S7664S16G		Driver DO	8	30/04/1976	
gister Date of Driver License	25/10/2005	Driver Age	42		Driving Ex		13	
rifact No.(Mobile)	91526362	Contact No.(Office)	0		Contact N		0	
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