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TP Particulars: Veh No:	GBE 3773 H.	. BNC(	)/Non-INC(	).		
Owner / Driver: (			Tel:		)	
Policy No: ( ) Per	iod: (	)	Cover Type: (		),	
Confirmed by : (		Dates	Time:		)	
Insured/Driver Liability: ( %) [1	Vote-Est. Status (V		0%; P: 21-79%. P:	80-1009	(0)	
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## SINGAPORE ACCIDENT STATEMENT

## 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 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.

Date Of Accident 21/11/2018 23:40  Exact Location Of Accident JUNC OF SENJA RD & SENJA WAY  Country/State of Loss  DETAILS OF OWN VEHICLE  Vehicle Registration Number SLL1948D  Insured/Policyholder  Name Of Registered Owner GD CARZ CO Reg No 53122597J Email Address NOEMAIL Mobile Phone No  Alternative Phone No  Alternative Phone No  OFFICE-97810887  Vehicle Particulars  Manufacturer HOLDEN SHUTTLE Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  Vehicle Category PRIVATE HIRE  Insurance Company  Vehicle Category NTUC INCOME INSURANCE CO-OPERATIVE LTD  Type Of Coverage COMPREHENSIVE Fleet Policy NO  Policy Number  Driver  NAME of Driver  ALVIN LOH CHIN LOKE (ALVIN LU ZHENLU)  NRIC No S8225145F  OVAUS 1948 AND 5 MONTHS  Gender  Mobile Number  Fax Number		ACCIDENT STATEMENT
Exact Location Of Accident Country/State of Loss SINGAPORE  DETAILS OF OWN VEHICLE  Vehicle Registration Number SLL1948D  Insured/Policyholder  Name Of Registered Owner Co Reg No S3122597J Email Address NoEMAIL Mobile Phone No Alternative Phone No OFFICE-97810867  Vehicle Particulars  Manufacturer Model SHUTTLE Exact Purpose for which vehicle was being used at time of accident If No, Please state action to be taken Vehicle Category PRIVATE HIRE  Insurance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage Cover Note Number  Driver  ALVIN LOH CHIN LOKE (ALVIN LU ZHENLU) NRIC No S8225145F Date Of Birth O7/08/1982 Occupation Date Of Driving Pass Driving Experience 13 YEARS AND 5 MONTHS Gender MALE Mobile Number Contact Number	Date Of Report	22/11/2018 16:20
Country/State of Loss  DETAILS OF OWN VEHICLE  Vehicle Registration Number  SLL1948D  Insured/Policyholder  Name Of Registered Owner Co Reg No S3122597J Email Address NOEMAIL  Mobile Phone No Alternative Phone Alternative Phone No Alternative Phone No Alternati	Date Of Accident	21/11/2018 23:40
Vehicle Registration Number  Insured/Policyholder  Name Of Registered Owner  Co Reg No  S3122597J  Email Address  NOEMAIL  Mobile Phone No  Alternative Phone No  OFFICE-97810867  Vehicle Particulars  Manufacturer  Model SHUTTLE  Exact Purpose for which vehicle was being used at time of accident  If No, Please state action to be taken  THIRD PARTY  Vehicle Category  PRIVATE HIRE  Insurance Company  Name of Insurance Company  Name of Insurance Company  Name of Insurance Company  Name of Orverage  Comprehensive  No  OPFICE-97810867  No  TUC INCOME INSURANCE CO-OPERATIVE LTD  COVER Note Number  OPPICY  ONO  ALVIN LOH CHIN LOKE (ALVIN LU ZHENLU)  NRIC No  S8225145F  Date Of Birth  Orvioa/1982  Occupation  OutDoor  Date Of Driving Pass  Driving Experience  13 YEARS AND 5 MONTHS  Male Insurance  Contact Number  Contact Number  Contact Number  Contact Number	Exact Location Of Accident	JUNC OF SENJA RD & SENJA WAY
Vehicle Registration Number  Insured/Policyholder Name of Registered Owner Co Reg No S3122597J Famil Address NOEMAIL Mobile Phone No Alternative Phone No OFFICE-97810867 Vehicle Particulars Manufacturer Manufacturer Model SHUTTLE Exact Purpose for which vehicle was being used at time of accident If No, Please state action to be taken THIRD PARTY Vehicle Category Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage Cover Note Number Cover Note Number  Driver Name of Driver NAME of Birth OCCUpation OUTDOOR Date Of Driving Pass Driving Experience 13 YEARS AND 5 MONTHS MALE Mobile Number Contact Number C	Country/State of Loss	SINGAPORE
Insured/Policyholder  Name Of Registered Owner Co Reg No S3122597J Email Address NOEMAIL Mobile Phone No Alternative Phone No OFFICE-97810867  Vehicle Particulars Manufacturer Model Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Vehicle Category PRIVATE USE Insurance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage Cover Note Number Driver Name of Name	D	DETAILS OF OWN VEHICLE
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Co Reg No         53122597 J           Email Address         NOEMAIL           Mobile Phone No         OFFICE-97810867           Vehicle Particulars         Manufacturer           Model         SHUTTLE           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 HIRE           Insurance Company         NTUC INCOME INSURANCE CO-OPERATIVE LTD           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         5083196477-02           Cover Note Number         -           Driver         ALVIN LOH CHIN LOKE (ALVIN LU ZHENLU)           NRIC No         S8225145F           Date Of Birth         07/08/1982           Occupation         OUTDOOR           Date Of Driving Pass         25/05/2005           Driving Experience         13 YEARS AND 5 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-96199962	Insured/Policyholder	
Email Address NOEMAIL  Mobile Phone No  Alternative Phone No  Vehicle Particulars  Manufacturer HOLDEN  Model SHUTTLE  Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken THIRD PARTY  Vehicle Category PRIVATE HIRE  Insurance Company  Nume of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD  Type Of Coverage COMPREHENSIVE  Fleet Policy NO  Policy Number 5083196477-02  Cover Note Number -  Driver  Name of Driver ALVIN LOH CHIN LOKE (ALVIN LU ZHENLU)  NRIC NO  S8225145F  Date Of Birth 07/08/1982  Occupation OUTDOOR  Date Of Driving Pass 25/05/2005  Driving Experience 13 YEARS AND 5 MONTHS  Gender  Mobile Number  Contact Number  Fax Number  Contact Number	Name Of Registered Owner	GD CARZ
Mobile Phone No Alternative Phone No OFFICE-97810867  Vehicle Particulars  Manufacturer Model SHUTTLE Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Vehicle Category NO THIRD PARTY Vehicle Category PRIVATE HIRE Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD COMPREHENSIVE Fleet Policy NO Policy Number Cover Note Number  Driver Name of Driver NALIVIN LOH CHIN LOKE (ALVIN LU ZHENLU) NRIC No S8225145F Date Of Birth O7/08/1982 Occupation Date Of Driving Pass Driving Experience Gender MALE Mobile Number (LOCAL) +65-96199962 Fax Number Contact Number	Co Reg No	53122597J
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Model SHUTTLE  Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  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  COMPREHENSIVE  Fleet Policy  NO  Policy Number  Cover Note Number  Driver  Name of Driver  NAME OF Diriver  ALVIN LOH CHIN LOKE (ALVIN LU ZHENLU)  S8225145F  Date Of Birth  OCCUpation  Date Of Driving Pass  Driving Experience  Gender  MALE  Mobile Number  (LOCAL) +65-96199962  Fax Number  Contact Number	Vehicle Particulars	
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for repair to your vehicle?  If No, Please state action to be taken  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  So83196477-02  Cover Note Number  -  Driver  Name of Driver  NALVIN LOH CHIN LOKE (ALVIN LU ZHENLU)  NRIC No  S8225145F  Date Of Birth  O7/08/1982  Occupation  Date Of Driving Pass  Driving Experience  Gender  MALE  Mobile Number  Contact Number  THIRD PARTY  THE SHAD  THIRD PARTY  THE SHAD  THE SH	Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Vehicle Category  Insurance Company  Name of Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  Type Of Coverage  COMPREHENSIVE Fleet Policy  NO  Policy Number  5083196477-02  Cover Note Number	Are you claiming under your own insurance policy for repair to your vehicle?	NO
Insurance Company  Name of Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  COMPREHENSIVE Fleet Policy NO  Policy Number 5083196477-02  Cover Note Number - Driver  Name of Driver  NAME of Driver  NRIC No S8225145F Date Of Birth 07/08/1982  Occupation Date Of Driving Pass Driving Experience 13 YEARS AND 5 MONTHS  Gender MALE Mobile Number  Contact Number  Contact Number	If No, Please state action to be taken	THIRD PARTY
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Cover Note Number         -           Driver         ALVIN LOH CHIN LOKE (ALVIN LU ZHENLU)           NRIC No         \$8225145F           Date Of Birth         07/08/1982           Occupation         OUTDOOR           Date Of Driving Pass         25/05/2005           Driving Experience         13 YEARS AND 5 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-96199962           Fax Number         Contact Number	Fleet Policy	NO
Driver         ALVIN LOH CHIN LOKE (ALVIN LU ZHENLU)           NRIC No         \$8225145F           Date Of Birth         07/08/1982           Occupation         OUTDOOR           Date Of Driving Pass         25/05/2005           Driving Experience         13 YEARS AND 5 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-96199962           Fax Number         Contact Number	Policy Number	5083196477-02
Name of Driver         ALVIN LOH CHIN LOKE (ALVIN LU ZHENLU)           NRIC No         \$8225145F           Date Of Birth         07/08/1982           Occupation         OUTDOOR           Date Of Driving Pass         25/05/2005           Driving Experience         13 YEARS AND 5 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-96199962           Fax Number         Contact Number	Cover Note Number	(*)
NRIC No         \$8225145F           Date Of Birth         07/08/1982           Occupation         OUTDOOR           Date Of Driving Pass         25/05/2005           Driving Experience         13 YEARS AND 5 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-96199962           Fax Number         Contact Number	Driver	
Date Of Birth         07/08/1982           Occupation         OUTDOOR           Date Of Driving Pass         25/05/2005           Driving Experience         13 YEARS AND 5 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-96199962           Fax Number         Contact Number	Name of Driver	ALVIN LOH CHIN LOKE (ALVIN LU ZHENLU)
Occupation         OUTDOOR           Date Of Driving Pass         25/05/2005           Driving Experience         13 YEARS AND 5 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-96199962           Fax Number         Contact Number	NRIC No	S8225145F
Date Of Driving Pass         25/05/2005           Driving Experience         13 YEARS AND 5 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-96199962           Fax Number         Contact Number	Date Of Birth	07/08/1982
Driving Experience         13 YEARS AND 5 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-96199962           Fax Number         Contact Number	Occupation	OUTDOOR
Gender         MALE           Mobile Number         (LOCAL) +65-96199962           Fax Number         Contact Number	Date Of Driving Pass	25/05/2005
Mobile Number (LOCAL) +65-96199962 Fax Number Contact Number	Driving Experience	13 YEARS AND 5 MONTHS
Fax Number Contact Number	Gender	MALE
Contact Number	Mobile Number	(LOCAL) +65-96199962
	Fax Number	
EMail Address NOEMAIL	Contact Number	
	EMail Address	NOEMAIL

Address BLK 285 CHOA CHU KANG AVE 3 #10-300

Postcode 680285

Was driver an employee of the Insured's Company NO

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

Vehicle Registration Number of Driver's Own

Vehicle

.

Insurance Company of Driver's Own Vehicle

33

.

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

NO

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

NO

Was any other material or property damaged?

YES

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

NO

soliciting/oriening accident claims assistance

IVO

Number of Passengers (Including Driver)

1

**Details of Police Action** 

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

## Circumstances of Accident

I STOP AT THE TRAFFIC JUNC OF SENJA RD & SENJA WAY WAITING TO TURNING RIGHT INTO SENJA WAY. ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO GBE3773H) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

#### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

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

Vehicle Registration Number

GBE3773H

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

YAP YONH SHEN

NRIC/Passport Number

S9833077A

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

Name

ALVIN LOH CHIN LOKE (ALVIN LU ZHENLU)

Page 2 of 16

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

SLL1948D

YES

NO

## 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 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
- 7. 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)

understand, acknowledge, agree and consent that:

- 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)
  - (i) 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")
- 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
- 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.:

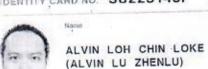
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DESCRIBE CIRCUMSTANCES O	OF THE ACCIDENT	
Please	Refer to S	tatement
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	/	
	/	
DECLARATION		
I/We declare the foregoing particu	alars are true in every respect.	
GO	1.	dont
(*( )°)	Shi	June 4
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:

(If driver is not the policyholder) Date & Time:

Name: NRIC/FIN No.:

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8225145F



0

CHINESE

Date of birth

07-08-1982 Country/Pisse of birth

卢振禄

SINGAPORE





5203087



MRC No. S8225145F

Dote of leader

07-08-2013

Address

APT BLK 285 CHOA CHU KANG AVENUE 3 #10-300 SINGAPORE 680285

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

Class 3 Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor fractors, /vahicles =< 2500 kg

25 May 2005

NP 428A

Licence No: S8225145F

eBao Tech GeneralClaim Hello, NAC\_PAYA\_UBI\_800601 · Change Language · Change Password · Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 21/11/2018 16:13 Vehicle No.(For Motor) SLL1948D Certificate Number Search Policyholder Name Certificate Policyholder NRIC Insured Object Expiry Date Select Policy No. Vehicle No. Commence Date Product Cover Type Number 5083196477drivo CLASSIC GD CARZ 531225973 **GFT** SLL1948D SLL1948D 19/08/2018 Continue

# Policy Information

The providence of	amorniation				
Policy No.	5083196477-02	Policyholder Name	GD CARZ	Policyholder NRIC	53122597)
Certificate No.		NAME THE		11110	
Address	210 TURF CLUB ROAD B16 TURF	CITY SINGAPO	RE 287995		
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	24/07/2018	Effective Date	19/08/2018 00:00	Expiry Date	18/08/2019 23:59
Third Party Excess	1000.00	Own damage Excess	1000.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	1000.00	Outside Singapore TP Excess	1000.00		
Agent	COWELL INSURANCE (AGENCY)	Agent Tel.	63392592	GST Flag	Ÿ
nsurance Flag	No			9679 (1923) (1925) <b>4</b> 76	
Open Policy Info					
Certificate Info					
Policyho	lder Mailing Address				
\ddress 1	210 TURF CLUB ROAD	Address 2	B16 TURF CITY	Address 3	SINGAPORE 287995
\ddress 4		Address Type	Singapore address	Post Code	287995
Jnit No.		Related Policy Number	5083196477-02		
Insured	Object: SLL1948D				
Endorse	ments				

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
					Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: CHASSIS NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. ZVW400029819 19-08-2018 \$2,060.02 In view of this amendment, an additional premium of \$2,060.02 (inclusive of GST) is payable under your
	19/08/2018 00:00	Basic Information Endorsement	000001286878393	Endorsement Take Effective	of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment.  Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque.  Alternatively, you could also make payment at any of our branches by cash or NETS.
	19/08/2018 00:00	Basic Information Endorsement	000001286875494	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLD2188R 19-08-2018 \$1,882.65 In view of this amendment, an additional

Claim Handling

Accident MT/1021041					
Policy No.	5083196477-02	Vehicle No.	SLL1948D	GST Registration No.	
intificate No.					
ulicyholder Name	GD CARZ			Policyholder NRIC	531
roduct Code	FLEET INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	97810867	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
CFK	= No Yes	TCA	* No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details			1900		
coort Date	23/11/2018 09:30	Accident Report Within 24 hrs	Yes	Accident Type	Colli
aute of Accident	21/11/2018	Time of Accident hh:mm	23:40	Country of Accident	Sing
Tenerting Centre		Orange Force		ICM No.	
Socialint Location	JUNC OF SENJA RD & SENJA WAY				
Excess					
7iin damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	100.
Jonamed Driver Excess		Outside Singapore OD Excess	1,000.00		
P Benefits	1,000.00	Outside Singapore TP Excess	1,000.00		
<ul> <li>GST Registered Informati iST Registered</li> </ul>			GST Registration Date		
IST Registration No.	No		GST Status Verified	Yes	
Todification History			dat acada retirica	The state of the s	
Policyholder Mailing Add	ress	INCOME DE LA CONTRACTION DEL CONTRACTION DE LA C	AND SHIP LOS UPPOR		
Vidvoss 1	210 TURF CLUB ROAD	Address 2	B16 TURF CITY	Address 3	SING
Nddress 4		Address Type	Singapore address	Post Code	287
14.t No.		Related Policy Number	5083196477-02		
Ol Driver Info					
Sover flame	Unnamed Driver	Driver Type	Unnamed Driver	100 1000	227
Innamed driver Name Register Date of Driver License	ALVIN LOH CHIN LOKE (ALVIN L	Driver NRIC Driver Age	S822S14SF	Driver DOB	07/0
Current No.(Mobile)	25/05/2005	Contact No.(Office)	36	Driving Experience	13
Address 1	96199962		and the state of the	Contact No.(Home)	
Address 4	BLK 285 #10-300	Address 2	CHOA CHU KANG AVENUE 3	Address 3	SIN
int No.	10-300	Address Type	Singapore address	Post Code	680
locs he own a Singapore		K		12-10-21-10-10-10-10-10-10-10-10-10-10-10-10-10	
logistered car?	Yes a No	Driver Vehicle No.		Driver Insurer Company	
ecleration.					
iron halyser or Blood Test trading?	0 mg	Any injury?	• Yes No		
fedification History					
Claim 001 New					
Claim Type •			OD-MX	▼ Insured GD CARZ	
7,100			CO-MX	Name GD CARZ	
entuct No.(Mobile)			82331245	No. (Home)	
5000 10000000				01	
mail Address				Vehicle SLL1948D Number	
him Description			SLL1948D / G	BE3773H ON 21 Nov 2018	
Proferred Varioshop 0	Insured Liability Not at I	Fault *			
Solvines No. Yes	Repair Preferred Workshop Option	o, Name unknown Teport Receive	5 <b>*</b>	Claim	
late Registered	schron.		23/11/2018 0		
Loport Taken By			LIEW SHAN H	/3030	
Print AK letter					
			Save Submit		
Attachment					
Y		5.500 9.0			
Accident No.	MT/1021041	Claim No.	001		

Upload Date

23/11/2018 09:38



Attachment Li	ist				
Attachment		Uploaded By/Date	Category	Urgency	Description
+ 7 <u>41</u>	NAC_PAYA_UBI_800501(	NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2018 09:38	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-23
1	NAC_PAYA_UBI_800601(	NATIONAL ASSESSMENT CENTRE SERVICES) 0 23 Nov 2018 09:38	SAS	Normal	SAS 2018-11-23
	NAC_PAYA_UBI_800601(	NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2018 09:38	Photos	Normal	Photos 2018-11-23
	NAC_PAYA_UBI_800601(	NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2018 09:38	Photos	Normal	Photos 2018-11-23
Market Street	NAC_PAYA_UBI_800601{	NATIONAL ASSESSMENT CENTRE SERVICES) 6 23 Nov 2018 09:38	Photos	Normal	Photos 2018-11-23
梦	NAC_PAYA_UBI_800601(	NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2018 09:38	Photos	Normal	Photos 2018-11-23
12	NAC_PAYA_UBI_800601(	NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2018 09:36	Photos	Normal	Photos 2018-11-23
1	NAC_PAYA_UB1_800601(	NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2018 09:36	Photos	Normal	Photos 2018-11-23
7/0	NAC_PAYA_UB1_800601(	NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2018 09:36	Photos	Normal	Photos 2018-11-23
	NAC_PAYA_UB1_800601(	NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2018 09:36	Photos	Normal	Photos 2018-11-23
1500	NAC_PAYA_UB1_800601(	NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2018 09:36	Photos	Normal	Photos 2018-11-23
東盆	NAC_PAYA_UBI_BD0601(	NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2018 09:36	Photos	Normal	Photos 2018-11-23
Video List					
	Uploaded By/Date	Folder Date		File Name	Source

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