| Date In: >7 NIP - 120 19 | | MA(18 153585 | | |
|--|---|--|---|----------------|
| The second secon | Job description | Date & Time Completed | Dor | e by |
| Rel No: WA INC180 21370 24 | SAS e-filing | | | |
| Veli No: SW8195R | E-mail (within 8hrs, AIC 2hrs) | | | |
| D.O.A : 76/11/18-16-45 | i-Motor Claim Form | 100-001 | 27/11/18 | 12:44 |
| OD (TP) Reporting Only | I-Motor W/O (Within: OD 2h | | | |
| OB . (11) responding Only | i-Photo Uploaded | | | |
| TP Insurer: | Assessment/Survey Report | | | |
| Tr Histori. | Ass't Report by Fax / Hand | to Owner/Wksp | | |
| Preferred Wksp / INC Assign Wksp / QW: (| | Tol: F | ax: | Cockell acress |
| TP Particulars: Veh No: P. J | 904 12 INC (|)/Non-INC() | 3 | |
| Owner / Driver: (| | Tel: |) | |
| Policy No: () F | Period: () | Cover Type: (|) | |
| Confirmed by : (| Date: | Time: |) | |
| Insured/Driver Liability: (%) | [Note-Est. Status (WO): N: 0-2 | 20%; P: 21-79%. P: 80-1 | 00%] | |
| Year of Registration: () | Warranty: YES () / NO (|) | | |
| | ,000()/\$2,000() | | | ASSESSED TO |
| General Remarks;- | | | Con Since | |
| () Walk-In Customar : Customer's int | formation strictly Confidential & St | trictly NO refer of repairer. | *** | -01 |
| () Total Loss Case : to e-mail Insu | rer URGENTLY. | | 193 | |
| Drive-In ()/ Towed-In (); Invoid | ce: YES() / NO(); T | Towing Co: (| * |) |
| Apply for Transport Allowance ()/ QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > 5] | Courtesy Car () () | | | |
| | , | | - 20 - 10 - 10 - 10 - 10 - 10 - 10 - 10 | |
| Indiana . | | 74 | | |
| Injury: | | | | |
| | 1. 1. 10 (0.14) | | na in i | er ex een per |
| | | | Marian I a | A |
| | | | 11 | A ox Mr. Po. |
| | | | | |
| | | | | |
| | | | | |
| Date/Time Actions | Invoice Pre | paration Checklist | Anit (5) | (Amt (3) |
| Onte Time Actions | 1) AR : Accident | paration Checklist Reporting (\$30); | Anic (5) | (Amt(3) |
| Date Time Actions VAISO7749: Almant's Particulars:- | 1) AR : Accident 2) DA : Damage | paration Checklist Reporting (\$30); Assessment (\$100); INC (\$80 | Anic (5) | (Amt(3) |
| Date Time Actions VA 18077-79 : aimant's Particulars :- iver/Owner: | 1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-Ti | paration Chrcklist Reporting (\$30); Assessment (\$100); INC (\$80); See \$40/2 | Ant (5) fit Bill) 145 | (Amt(3) |
| Date Time Actions VA 18077-79 : aimant's Particulars :- iver/Owner: | 1) AR : Accident 2) DA : Darrage 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti | paration Checklist Reporting (\$30); Assessment (\$100); INC (\$80 (\$60) \$40/4 (\$60) \$60 \$60 | Ant (5) | (Amt(3) |
| Date/Time Actions VA 18077-79 : aimant's Particulars :- iver/Owner: | 1) AR : Accident 2) DA : Darrage 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti For claiming as 6) TR : Re-inspec | paration Chrcklist Reporting (\$30); Assessment (\$100); INC (\$80 (\$60)); for a survey \$100 (\$60); Survey (\$6 | Anit (5) 7st Bill) 145 120 130 | (Amt (3) |
| Date/Time Actions WAISO7749: airmant's Particulars:- iver/Owner: | 1) AR : Accident 2) DA : Darrage 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti For claiming as | paration Checklist Reporting (\$30); Assessment (\$100); INC (\$80 (\$60 (\$40)); Assessment (\$100); INC (\$80 (\$60 (\$60)); Assessment (\$100); INC (\$80 (\$60)); Assessment (\$100); INC (\$80 (\$60)); Beinst JNC Only (wef 10 Jen 2005); Blion (\$100); SMRT Survey (\$100); | Ant (\$) (fit Bill) 145 120 130 | (Amt (3) |
| Date Time Actions NAIS 07749 Inimant's Particulars:- iver/Owner: ontact No: maged Portion: | 1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti For claiming a: 6) TR : Re-inspec 7) N1 : Idae DA : 8) NTUC Additio | paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$80); See \$40/\displays (\$100); INC (\$80); Arough Survey (\$100); Seinst INC Only (wef 10 Jen 2005); Stion \$100; | Ant (5) 75 Bill 120 130 175 160 | (\$Amt(\$) |
| Date Time Actions NA 1807259 Laimant's Particulars:- iver/Owner: ontact No: imaged Portion: | 1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti For claiming as 6) TR : Re-inspec 7) N1 : Idae DA = 8) NTUC Additio OD' *N5: Courtesy | paration Checklist Reporting (\$30); Assessment (\$100); INC (\$80); See \$40/2 Arough Survey (Resurvey) Seainst INC Only (wef 10 Jan 2005) Stion \$4000; Stion \$4000; Strong \$4000; Stion \$4000; Strong \$40000; Strong \$40000; Strong | Anit (5) 7st Bill) 145 120 130 | (\$Amt(\$) |
| Date/Time Actions NA 1807749: Inimant's Particulars:- river/Owner: Ontact No: Inimaged Portion: Checked by (Engr-In-Charge): | 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Additio OIL* *N5: Courtesy *N6: Repair Co *N7: Fost Repair | paration Checklist Reporting (\$30); Assessment (\$100); INC (\$80); See \$40/2 hrough Survey (Resurvey) spainst INC Only (wef 10 Jan 2005) stion + SMRT Survey \$1 mal Services:- Car / Tpt Allowance p-ordination \$1 ir Inspection \$1 | Ant (5) 15 Bill 15 | Amt(3) |
| Date/Time Actions NAIS07749: Inimant's Particulars:- river/Owner: Ontact No: Imaged Portion: Checked by (Engr-In-Charge): Inditors' Comments:- | 1) AR : Accident 2) DA : Darrage 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti For claiming as 6) TR : Re-inspec 7) N1 : Idae DA = 8) NTUC Additio OID* *N5: Courtesy *N6: Repair Co *N7: Fost Repair *N8: DV / Coll | paration Checklist Reporting (\$30); Assessment (\$100); INC (\$80); See \$40/2 hrough Survey (Resurvey) spainst INC Only (wef 10 Jan 2005) stion + SMRT Survey \$1 shall Services:- Cer / Tpt Allowence pordination in Inspection \$1 lect Excess Coordination | Ant (\$) 75 Bill 145 120 130 160 155 | (Anit(1) |
| | 1) AR : Accident 2) DA : Darrage 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti For claiming as 6) TR : Re-inspec 7) N1 : Idae DA = 8) NTUC Additio OID* *N5: Courtesy *N6: Repair Co *N7: Fost Repair *N8: DV / Coll | paration Checklist Reporting (\$30); Assessment (\$100); INC (\$80); See S40// Arough Survey (Resurvey) Seainst INC Only (wef 10 Jen 2005) Stion + SMRT Survey \$1 Sinal Services: Cer / Tpt Allowence Deordination In Inspection \$1 Section Services Coordination (Non INC) against INC \$1 | Ame (\$) fit Bill 145 120 130 175 160 10 125 130 10 125 130 130 | (Anil(\$) |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy 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.
- 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.

| Strategic and Advantage of the Control | ACCIDENT STATEMENT |
|--|--|
| Date Of Report | 27/11/2018 12:19 |
| Date Of Accident | 26/11/2018 16:45 |
| Exact Location Of Accident | JUNC BERNAM ST & ANSON RD |
| Country/State of Loss | SINGAPORE |
| 是基础的企业 | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SLU8195R |
| Insured/Policyholder | |
| Name Of Registered Owner | KUA RUI LING |
| NRIC No | S9246334F |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96201046 |
| Alternative Phone No | OFFICE-96201046 |
| Vehicle Particulars | |
| Manufacturer | AUDI |
| Model | A4 2.0 TFSI QU S-TRONIC |
| 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? | 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 | 5096689409 |
| Cover Note Number | |
| Driver | |
| Name of Driver | YEOH KAI WEN |
| NRIC No | S9632325E |
| Date Of Birth | 10/09/1996 |
| Occupation | INDOOR |
| Date Of Driving Pass | 17/08/2016 |
| Driving Experience | 2 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-84442422 |
| Fax Number | W W == |
| Contact Number | OFFICE-84442422 |
| | |

NOEMAIL

Address BLK 122 JURONG EAST STREET 13

#15-41

Postcode 600122

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured FRIEND

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE
Weather Conditions CLEAR

Road Surface DRY

Other Information

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

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.

Number of Passengers (Including Driver) 4

Passenger 1 NAME:

: TEO QUAN FU

GENDER: : MALE

Passenger 2

NAME: :

GENDER: : FEMALE

Passenger 3

NAME:

. .

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number PC5904D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category BUS

Name of Driver AB RIFAEE BIN ZAINAL RASHID

NRIC/Passport Number \$6939503A

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name YEOH KAI WEN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLU8195R YES

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name TEO QUAN FU

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLU8195R

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.
- 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
 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:

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

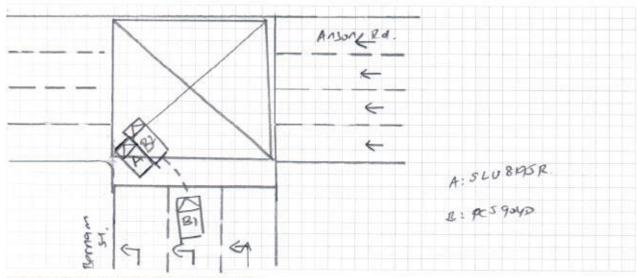
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| fo Hotemony. | |
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DECLARATION

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

Policyholder Signature
Date & Time:

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

NRIC/FIN No.:

ON STATED DATE AND TIME, I WAS MAKING A LEFT TURN ON THE STATED VENUE AS THE TRAFFIC JUNCTION WAS GREEN IN FAVOR. SUDDENLY VEHICLE B MAKE A LEFT ON LANE 2 AND HIT ONTO VEHICLE RIGHT PORTION.

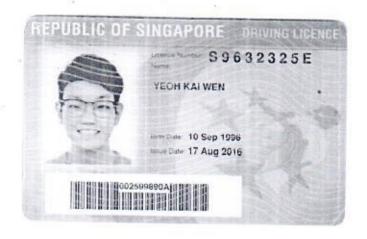
ACCIDENT STATEMENT

| ACC | DENT DATE: (26 /11 / 18)(DD/MM/YYYY |), TIME:(<u>16</u> : <u>\$5</u>)(HH:MM) |
|------------------------|---|--|
| LOCA | ITION: Bernam of x Anson R | d - |
| 1. | DETAILS OF VEHICLE | |
| | a) VEHICLE NUMBER: SUBJUTE | |
| | BINSURANCE COMPANY: NTOC | |
| | C)POLICY NUMBER: 5 0968 5409 | |
| | d)POLICY TYPE: (COMPREHENSIVE / THIRD PAR | TY / THIRD PARTY FIRE &THEFT) |
| | e)MAKE & MODEL: | (11) Thinks I have the same of |
| | F)TYPE:(SALOON / COUPE / MPV /VAN / LORR' | Y / MOTORCYCLE / OTHERS) |
| | g) VEHICLE CATEGORY: (PRIVATE / COMMERCI | |
| | h)PURPOSE OF USING AT ACCIDENT TIME: | 제품도 경하면 모양을 하다가 어느 없는 사람이 많아 나가 있다고 있다. |
| | I) ARE YOU CLAIMING UNDER YOUR OWN INSU | |
| | IF NO, PLEASE STATE (THIRD PARTY CLAIM / RE | PORTING ONLY) |
| 2. | INSURED / POLICY HOLDER | |
| | ANAME: Kug M. Ling | (MALE / FEMALE) |
| | b) NRIC/FIN/PASSPORT: 39246374F | CONTACT: 96 20 1046 |
| | c) ADDRESS: | |
| | | |
| San 1 | * CONTINUE TO 3.d IF DRIVER ALSO POLICY HO | DLDER |
| *Ho of passang3 | DRIVER (Care 1 in | 0 |
| (Including driver) | DINRIC/FIN/PASSPORT: S9632325E | CONTACT: 8444 2422 |
| (4.) | C)ADDRESS: BIL IN Jon Egst Street | |
| (male | CIADDRESS. SIE IF GAINEY EAST SING | 2 41 12-41 (0001-5) |
| | *d) DATE OF BIRTH: (1) 9 /1996) (DD/ | MM/YYYYI |
| 2 lenge. | e OCCUPATION: (INDOOR / OUTDOOR) | |
| -Ta 1 0 4400 4 | f) YEARS OF DRIVING EXPRERIENCE: 13 8 201 | 16 |
| nies name. | WAS DRIVER AN EMPLOYEE OF THE INSURE | The second secon |
| owan Fu (m) | IF NO, RELATIONSHIP OF THE DRIVER WITH | H INSURED: WILLAGUE. |
| on kai wen(m) - drivs! | 'a) WEATHER CONDITION: (CLBAR / RAINING / C | OTHERS |
| | b)ROAD SURFACE: (DR) / WET / OTHERS | |
| | WAS ANYBODY INJURED (YES NO) | |
| 10 | a) REPORTED TO POLICE (YES / NO) | |
| 0 | IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE | |
| 4 Mc of parconner | a) VEHICLE NUMBER: PCJ904D. | MODEL: |
| () d de de la | b) DRIVER'S NAME: Ab Kifge Din Zaing | |
| | C) NRIC/FIN/PASSPORT: S 69395034. | _CONTACT: |
| () | THIRD PARTY VEHICLE | |
| | d) VEHICLE NUMBER: | MODEL: |
| * No of prosunger | | _IVIOUEL |
| (Induding driver) | f) NRIC/FIN/PASSPORT: | CONTACT: |
| () | | |
| - | 55 | |
| | | Ÿ |

email =

fax =

VIDEO = V









Name

YEOH KAI WEN

姚凯文

CHINESE Date of birth Sex 10-09-1996 M

Country of birth
SINGAPORE

595323355

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

17 Aug 2016

Licence No:59632325E

NP 428A

Date of Issue
24-05-2011
Address
APT BLK 122 JURONG EAST STREET 13
#15-41
SINGAPORE 600122

| eBao Tech | | | | OU SE | 超過 | | | | | Genera | alClaim |
|------------------------|----------|----------------|-----------------------|----------------------|----------------------|----------|------------------|----------------|-------------------|------------------|-------------|
| Hello, NAC_PAYA_UBI_80 | 0601 | | | | Section Street | | · Change | Language | + Chang | e Password | · Log Out |
| My Desktop | Polic | cy Query | | | | | | | | | |
| Notice of Loss | Policy N | lo. | | | | Date | of Accident | 2 | 6/11/2018 1 | 6:45 | |
| | Vehicle | No.(For Mator) | SLU81 | 95R | | Certif | icate Number | | | | |
| | | | | | 1 | Search | | | | | |
| | Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | 0 | 5096689409 | | KUA RUI LING | S9246334F | GPC | drivo CLASSIC | SLU8195R | SLU8195R | 19/12/2017 | 18/12/2018 |
| | | | | | 1 | Continue | Į. | | | | |

| Policy No. | 5096689409 | Policyholder Name | KUA RUI LI | NG | Policyholder NRIC | S9246334F | |
|--------------------------------------|------------------------------|-----------------------------------|------------|-------------------|----------------------|--------------|-----------------------------|
| Certificate No. | | - Milite | | | NRIG | | |
| Address | 28 JALAN DATOH #32-09 VIST | A RESIDENCES | SINGAPORE | 329426 | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | | Group Policy Flag | N | |
| Policy issue Date | 19/12/2017 | Effective Date | 19/12/2017 | 00:00 | Expiry Date | 18/12/2018 2 | 3:59 |
| Excess Type | | All Claims Excess | | | | | |
| Third Party Excess | 0 | Own damage Excess | 600 | | Windscreen Excess | 100 | |
| Additional Excess | ò | OS Premium | 0 | | | | |
| Outside Singapore OD Excess | 600 | Outside Singapore TP Excess | 0 | | | Young | /Inexperience Driver Excess |
| Agent | INXURE NETWORK SERVICES | Agent Tel. | 62956108 | | GST Flag | Υ | |
| Co- insurance Flag | No | | | | | | |
| Open Policy Info | | | | | | | |
| Certificate Info | | | | | | | |
| Policy | holder Mailing Address | | | | | | |
| Address 1 | 28 JALAN DATOH | Addre | ss 2 | #32-09 VISTA RE | SIDENCES | Address 3 | SINGAPORE 329426 |
| | | Addre | ss Type | Singapore address | 5 19 | Post Code | 329426 |
| Address 4 | | Product. | d Policy | 5096689409 | | | |
| | 32-09 | Numb | | 2030003403 | | | |
| Unit No. | 32-09 ed Object: SLU8195R | | | 3090009409 | | | |
| Address 4 Unit No. D Insure Endors | ed Object: SLU8195R | | | 3030003403 | | | |

| cy No. | 5095689409 | Vehicle No. | SLU8195R | GST Registration No. | |
|--|-----------------------------------|-------------------------------|---|--|--|
| oficate No. | | | | | |
| shorder Name | KUA RUI LING | | | Policyholder NR3C | 59246334F |
| uct Code | PRIVATE CAR INSURANCE | Cover Type | drivo CLASSIC | Loading | |
| tact No.(Mobile) | 96201046 | Contact No. (Office) | 0 | | 0 |
| er Address | | Special Remark | | Contact No.(Home) | O . |
| | ® No ○ Yes | TCA | See One | eCode | The Y |
| Protection | 9 | | ® No ○ Yes | eCode Reason | |
| | No | NCD Entitlement(%) | 9 | Private Hire | No |
| Accident Details | | | | | |
| ort Date | 27/11/2018 12 41 | Accident Report Wehin 24 hrs. | Yes | Accident Type | Side Swipe |
| e of Acodem | 26/11/2018 | Time of Accident hin:mm | 16:45 | Country of Accident | Singapore |
| orong Centre | | Grange Force | | ICM No | (A) |
| ident Location | JUNC BERNAM STIS ANSON RD | | | | |
| Excess | | | | | |
| damage Excess | 600.00 | Additional Excess | 0 | The control will be | POLESTI I |
| amed Driver Excess | 2,500.00 | | | Windscreen Excess | 100.00 |
| II Party Excess | | Outside Singapore OD Excess | 600.00 | | |
| Benefits | 0.00 | Outside Singapore TP Excess | 0,00 | | |
| | | | | | |
| GST Registered Informa | etion | | | | |
| Registeres | No. | | GST Registration Date | | |
| Registration No. | | | GST Status VerMed | Yes | |
| Incation History | | | | | |
| | | | | | |
| Policyholder Mailing Ad | dress | | | | |
| Pess 1 | 28 JALAN DATOH | Address 2 | #32-09 VISTA RESIDENCES | Address 3 | SINGAPORE 329426 |
| tress 4 | | Address Type | Singepore address | Post Code | 329426 |
| t No. | 32-09 | Related Policy Number | 5096689409 | | |
| OI Driver Info | | | 100 A | | |
| er Name | Unnamed Onser | Driver Type | Unnamed Driver | | |
| amed dover Name | YEDH KAL WEN | Driver NRIC | 59632325E | Driver DG6 | FIRE CONTROL OF THE PARTY OF TH |
| ister Date of Driver License | 17/08/2016 | Driver Age | 22 | | 10/09/1996 |
| tact No.(Mobile) | 84442422 | | | Driving Experience | -1 |
| | | Contact No.(Office) | 0 | Contact No. (Home) | 0 |
| runs I | 122 JURONG EAST STREET 13 | Address 2 | IVORY HEIGHTS | Address 3 | SINGAPORE 600122 |
| ress 4 | | Address Type | Foreign address | Post Code | 600122 |
| No. | 15-41 | | | | |
| is he own a Singapore intered car? | ○ Yes ® No | Driver Vehicle No. | | Driver Insurer Company | |
| The same of the sa | | | | priver magner company | |
| arwtion | | | | | |
| athalyser or Brood Text | 0 mg | 10 10 1025 | | | |
| ding? | A TO | Any injury? | ∰ Yes: ☐ No | | |
| | | | | | |
| fication History | | | | | |
| name of the same | | | | | |
| aim 001 New | | | | | |
| | | | | | |
| n Type 1 | GD-HX | Insured Name | KUA RUI LING | Insured NO.10 | PONESTEE . |
| act No.(Hobile) | 1 | | DAY DAY LINE | Insured NR3C | S9246334F |
| | | Contact No.(Home) | | Contact No.(Office) | |
| 0 Address | Technology and the second | Of Vehicle Number | SLU8195R | TP Vehicle Number | PC5904D |
| nant Type Claimant Type * | Please Select | Type of Benefit * | Please Select | | |
| nam Name 4 | 22 | Claimant NRIC * | | | |
| nam Address | | | | | |
| n Description | SLUB195R / PC5904D ON 26 Nov 2018 | | | Name of Preferred Workshop | |
| irred Workshop Contact | | Insured Liability * | Not at Fault | The role in the ro | |
| ure Finalisation | Yes 😺 | | | 122/01/01 | |
| Registered | 27/11/2018 12:44 | Preferend Repair Option | Preferred Workshop, Name unknown | | Received |
| | | Claim Close Date | | Date Received | 27/11/2018 00:00 |
| rt Taken By | Tacksprt. | | | | |
| Virt AK Jetter | | | | | |
| | | 2 | | | |
| - Name of the last | | 1 | Save Submit | | |
| achment | | | | | |
| | | | | | |
| | | | | | |
| | MT/1021555 | Claim No. | 901 | | |
| unt No. | | | *********** | | |
| | ● Yes ○ No | Upload Date | ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ | | |
| | Yes No | Upload Date | 27/11/2018 12:46 | PROBALOWS | |
| | | | Category * | Confidential Urgani | |
| | Yes No | Browse | Category • Clear Please Select | Confidential Urgano | Description • |
| | Yes No | | Category * | | |
| stant No. | Yes No | Browse | Category • Clear Please Select | V Normal | ¥ |

